

March 3, 2022

Neil Berkett  
Chairman  
Guardian Media Group  
Kings Place  
90 York Way  
London, N1 9GU  
United Kingdom

**Re: Notice of Litigation  
The Kaul Cases**

Dear Mr. Berkett,

I write this letter to provide fair notice of litigation to the Guardian Media Group, its owner Scott Trust Limited and the owner's sole shareholder, Apax Partners, a private equity firm, that as you might be aware, and as is relevant to **The Kaul Cases** subject matter, invests in the insurance and healthcare industries.

The thrust of the action pertains to a violation of the Racketeer and Influenced Corrupt Act (RICO), and the ongoing publication of knowingly false, illegally derived and highly defamatory material within an article written by Guardian journalist, Alex Hannaford (**Exhibit 1**).

On March 3, 2022, Hannaford admitted, pursuant to Rule 36 of the Federal Rules of Civil Procedure, that in the production of the article, he committed wire fraud (**Exhibit 2**). This admission of fact has caused the article to become constituted as evidence of the felony of wire fraud, a RICO predicate act, the event of which further substantiates the "**pattern of racketeering**" as plausibly pled in **The Kaul Cases**, all of which can be found on [www.pacer.gov](http://www.pacer.gov).

Detailed below, by reference to the relevant section of Hannaford's article, are facts in support of the claims of wire fraud, defamation, slander and libel.

**Page 1 - Subheading:**

Hannaford: "**He told his patients ... guilty of manslaughter**". This is knowingly false, as evidenced by the attached affidavits from a physician and lawyer. Hannaford's statement

constitutes circumstantial evidence of his conspiracy with The Kaul Cases Defendant/NJ deputy attorney general, Doreen Hafner to defame my character, in furtherance of The Kaul Cases Defendants decade-long-plus “**racketeering**” scheme to have me eliminated, as plausibly pled in Kaul v ICE: 21-CV-06992 (K11-7). Hannaford knew that in 2003, an American judge had rendered a scathing opinion about the injustice of the UK case, finding it had no equivalent in the US, and that if the Bangura events had occurred in the US, it would at most have been a medical malpractice case, if at all: **“I have been in the criminal justice business as a prosecutor, defense counsel and judge since 1965 ... and I have never seen a prosecution, much less a conviction, for the facts upon which this conviction was based. I have spoken to others in the field, and no one has ever heard of a criminal charge premised on these facts.”** (January 2, 2003: Expert report Judge Barnert E. Hoffman) (Exhibit 3). Hannaford knowingly omitted this from his article, along with the fact that at the conclusion of the case on February 22, 2001, I walked out of court a free man.

**“... he was interviewed by the credentials committee, during which he discussed the events surrounding the UK case ... Dr. Kaul explained the political backdrop of the case in the UK and told me about his challenge in February 1999 to the Royal College of Anesthetists and the British Government to have his American training recognized in the UK.”** (June 30, 2021: Letter from Dr. David Basch to NYS Medical Board) (Exhibit 3).

**“Having interacted with Dr. Kaul at professional and personal levels of affair, I came to know the accounts of his professional history in the UK and US ... the UK case has been examined, re-examined and legally dissected by American judges, lawyers, politicians and physicians ...”** (May 7, 2021: Letter from David Detoffol, Esq to NYS Medical Board) (Exhibit 3).

#### Page 1 - Paragraph 1:

Hannaford: **“By 2012, he owned a \$2m home in New Jersey, a Manhattan penthouse and an \$8.3m brownstone on New York’s Upper West Side, which boasted a soundproof media room and nine fireplaces.”** This is false.

The house never had a **“media room”** and I never owned a **“Manhattan penthouse”**, but the gratuitous publicity surrounding a physician’s material possessions is a typical tactic of The Kaul Cases Defendants, Allstate/Geico/State of NJ, designed to create public antipathy towards the physician in the false narrative of ‘the bad rich doctor’ and ‘the poor helpless patient’. Of course, these types of articles never mention, for example, that the ex-CEO of Defendant Allstate, Richard Crist, lives in a palatial mansion and received a salary in 2017 of at least \$10 million, without ever having set foot in a medical school and attending a C rate college. It is American insurance company executives whose greed is obscene and who do nothing except ‘push paper’, but Hannaford did not write about this, and was more interested in fireplaces and fictitious media rooms.

#### Page 1 - Paragraph 2:

**“Kaul’s website attributed his success to his brilliance as a surgeon.”** This is false. There was no such claim on the website, which is why Hannaford’s statement is unsubstantiated. But even if there were such a claim, it would be consistent with the fact that a physician becomes successful not because he is bad, but precisely because he is good, and particularly so in private versus academic practice. This is common sense, but sense not applied in corrupted journalism, and evidently not by Hannaford.

**Page 1 to 2 - Paragraphs 3 to 8:**

Hannaford: **“Kaul told him he would perform minimally invasive spine surgery ... And I said no, no, no. No, you’re not touching me.”** This is false. Jarrell never made such a comment to Kaul, which is why Hannaford’s claim is without evidential support. As the November 7, 2005, patient note proves, Jarrell improved and returned to work after I had operated on him, a fact that Hannaford omitted from his article.

The fraudulence of the Jarrell case and Hannaford’s reporting are evidenced in a lawsuit filed by Kaul against the Jarrells on June 4, 2017: **On May 2, 2013, Jarrell perjured himself ... Jarrell lied under oath, in the belief that a revocation of Kaul’s license would result in further economic enrichment. Jarrell lies were further facilitated on May 2, 2013, by Solomon and Hafner ... Jarrell perjured himself four (4) days before the truth was extracted from Przybylski.” (Exhibit 4)** and in the November 7, 2005, clinical note: **“The patient is doing very well postoperatively. He is back to work. Will continue the home exercise program. A recent x-ray indicated good fusion placement and screw placement. He will return in 4 weeks.” (Exhibit 5).**

**Page 2 - Paragraphs 9 to 11:**

Hannaford: **“But it transpired that Jarrell wasn’t alone; he was one of 11 patients who claim to have been left injured after being operated on by Kaul. One, Patricia Maze, accused him ... banned from practicing medicine in Britain ... I wanted to know what Kaul was doing now. Was he remorseful? Did he accept the court and medical board’s findings- and would he talk to me?”** This is false and intentionally inaccurate reporting of the June 2014 interview with Hannaford:

<https://www.youtube.com/watch?v=lbX2vlqVP1g&t=355s>

See time segments 1:12:00, in which I provided Hannaford facts as to the superior outcomes and low complication rates of my practice, facts omitted by Hannaford with fraudulent intent. Posted on [www.drrichardkaul.com](http://www.drrichardkaul.com) under tab PATIENTS, are laudatory letters from patients in the UK and US, none of which were quoted by Hannaford. One such quote is:

**“I owe my life to Dr. Kaul ... My experience with this doctor has been very positive, he was caring, considerate and competent. If it had not been for his rapid response I would probably not be here today.” (November 10<sup>th</sup> 2000 – Patient Caroline Ford).**

Hannaford wrote nothing about the thousands of patients in the UK and US, whose lives I had saved and changed for the better, during my medical career (1988 to 2012). And he wrote nothing about the many British and American physicians whose letters of recommendation evidence a high regard of my character and competence.

The average patient outcomes in spinal surgery are 65-70% good to very good, while my rate was 90-95%. The average complication rate is 5-15%, while mine was 0.1%. My outcomes and complications were analyzed on in April 2012 by neurosurgeon, Dr. F. Richard Jordan, who, in his report, states: **“His outcomes are rather good.”**, a finding echoed by numerous other physicians (Exhibit 6).

Patricia Maze, as with all the 11 patients, signed a consent form and improved after surgery: **“The patient was examined twice before discharge, and was seen to be ambulating without assistance and had voided successfully. In addition, the patient has drunk, eaten and had stable vital signs.”** (Exhibit 7). Maze’s fraud, as with that of other fraudulent malpractice claims, was placed before the United States District Court in Kaul v Murphy: 21-CV-00439 (K11-4): **“Fraudulent medical malpractice claims ... In a period from at least 2009 to 2018, multiple lawsuits were filed against Kaul for alleged medical malpractice. The clinical notes in all of these cases evidence that there had been no malpractice, as in over ninety percent (90%) of these cases, the patients’ pain/disability improved, and in the remaining ten percent (10%) it remained the same ... A percentage of these monies constituted kickbacks to Defendant Christie and his political campaigns for the offices of the 2013 NJ Governor/2016 Republican Presidential nomination.”** (Exhibit 8).

Out of the eight hundred (800) patients upon whom I had operated (2003 to 2012), the five (5) that testified against me were encouraged to do so by NJ deputy attorney general/The Kaul Cases Defendant, Doreen Hafner, with the promise that if my license was revoked, they would make millions from a lawsuit: **“I believe that Hafner lied to me about Dr. Kaul, and about wanting to help me with my lawsuit, to make sure I testified against Dr. Kaul. She told me that if I testified against Dr. Kaul, it would help me with my lawsuit, “especially if Dr. Kaul had been stripped of his license to practice medicine.”** (Exhibit 9).

Hannaford’s insertion of **“Was he remorseful?”** evidences his grossly prejudicial state-of-mind, and clear intent to write a defamatory online article that was purposed to and has perpetuated the damage to my reputation, intended and caused by the crimes of The Kaul Cases Defendants. It also further evidences an illegal conspiracy conducted between Hannaford and The Kaul Cases Defendant, Doreen Hafner, a conspiracy that Hannaford has admitted was conducted across the US wires. It is the policy of NJ state actors involved in **“racketeering”** schemes against physician victims, to despite the physician’s innocence, have them express remorse as a condition of having their license reinstated, in order to prohibit future legal action by the physician, while legitimizing state-orchestrated crimes and causing further humiliation/punishment to the innocent physician victim. Most, if not all physicians capitulate out of desperation, but I did not, because as is now evident in The Kaul Cases, I was right, and

they were wrong. Hannaford knew I was right, but omitted it with fraudulent intent, consistent with his conspiracy with Hafner.

There would of course have been no reason for me to be **“remorseful”** and or **“accept the court and medical board’s findings”** as I had done nothing wrong. The guilt lay with The Kaul Cases Defendants, who had perpetrated a prolonged **“pattern of racketeering”** against me and egregiously violated my human/constitutional rights, culminating in me being kidnapped on May 27, 2021, as factually pled in K11-7 as the ‘Kaul Kidnapping Scheme’. In fact, my refusal to attend the medical board hearing on February 14, 2014, further evidences the fact that I was right, and they were wrong: **“I consider all actions taken against my license since June 2012 to be illegal and will pursue all options to remedy the damage caused to my reputation and estate.” (Exhibit 12)**. I provided these facts to Hannaford during the June 2014 interview, but their omission from the article is consistent with its defamatory purpose.

Hannaford’s insertion of these phrases, ones typically propagated by individuals such as Doreen Hafner, further evidence the conspiracy to defame and slander my name, as stated in 2010 by The Kaul Cases Defendant, Andrew Kaufman: **“... he [Kaufman] and a group of five doctors had been working together since at least 2011, to make sure Dr. Kaul’s medical license was revoked. He mentioned that they were going to have articles and stories published, that caused permanent damage to Dr. Kaul’s reputation, so that he would never be able to find work.” (Exhibit 9)**. Hannaford, through his communications with Hafner and others had and has information about the conspiracy pled in The Kaul Cases, but omitted these facts from the article, in keeping with its fraudulent intent. Hafner’s knowingly fraudulent information poisoned Hannaford’s complicit mind, the Guardian article, the US wires and the internet.

### Page 3/8 – Paragraph 3:

Hannaford: **“... Kaul had asked her to switch off an alarm monitoring Bangura’s blood pressure and oxygen level because the noise annoyed him ... talking on his phone ...”** This is a false and purposefully misleading account of the events of March 9, 1999.

The instruction I provided the assistant, as the court record proved, was not to silence the alarm or monitor, but to stop the intermittent beeping that occurred when the patient moved her hand on which the oxygen monitor was placed. She did because she felt pain as the dentist injected her gums and then commenced the procedure. Neither the oxygen or blood pressure alarm and monitor were silenced or turned off, and the monitor’s screen continued to display her oxygen level, heart rate and ECG. This point was never contested by the prosecution or found to be relevant by the judge. There is nothing in the court record that supports Hannaford’s false statement regarding alleged noise annoyance, a statement that as with the others, is purposed to defame my competence and character.

With regard to the phone, it was established by a telecommunications engineer and admitted by the prosecution, that I did not use one in a time period from 15:01 to 17:06 on March 9, 1999: **“I have examined certain call detail records drawn from archived data relating to**

mobile 'phones on the One 2 One Network on Tuesday March 9<sup>th</sup> 1999. I can confidently state that the One 2 One mobile 'phone number 0958-648599 was not used either to make calls or to receive calls between 15:01 and 17:06 on that day." (**Exhibit 10**). Hannaford was informed of this critical fact during the June 2014 interview (time segment 38:05) but omitted it from his article, as he knew this was the entire basis of the prosecution's case, and to report it would have undermined the so called 'manslaughter conviction' and Hafner's scheme to have me eliminated, as pled in Kaul v Intercontinental Exchange: 21-CV-06992 (K11-7).

Hafner lied to many of my patients regarding the details of the UK case (**Exhibit 9**) and conspired with Hannaford, as she did with **The Kaul Cases** Defendant and journalist, Lindy Washburn, to have published articles that contained knowingly fraudulent information, that Hannaford/Hafner/Washburn disseminated across the US wires, in Hannaford's March 3, 2022 admitted commission of wire fraud. Hafner believed her crimes would go undetected, as she expected, as did all **The Kaul Cases** Defendants, that I would **"pack my bags and leave"**, and that the public would continue to believe that the illegal NJ license suspension/revocation (April 2012/March 2014) was legitimate.

**Page 3/8 – Paragraph 4:**

Hannaford: **"Kaul failed to call an ambulance for 30 minutes after Bangura stopped breathing, ... and refused to accompany her to the hospital."** This is false.

The legal record proves that as soon as I had diagnosed a cardiac arrest, I gave an order to call an ambulance, while I commenced resuscitation. The ambulance arrived shortly thereafter, and it was the paramedics who told me they did not need me to accompany them, as I was about to get into the back of the ambulance. Mrs. Bangura remained in the ambulance for over an hour because no NHS beds were available. This critical fact of gross underfunding of the National Health Service, was a fact that Hannaford knew, but one he omitted from the article. This was consistent with both his and Hafner's intent of distorting the 'picture' to defame my character, as part of **The Kaul Cases** Defendant, Andrew Kaufman's admitted scheme, and Hafner's sinister obsession with the 1999 UK case. Hafner's malfeasance extended to the fraudulent coopting of the Office of the New Jersey Attorney General, which she converted into a **"racketeering enterprise"** with the propagation of lies about the case: **"She [Hafner] told me that Dr. Kaul fled the country before the authorities had completed their investigation and had been a fugitive."** (**Exhibit 9**). Hafner's purpose in defaming my character to my patients, was to manipulate them into testifying against me, and Hannaford's fraudulent article continues to perpetuate her illegal scheme, **'The Hannaford-Hafner Scheme'**, so that I **"would never be able to find work"** (**Exhibit 9**).

Mrs. Bangura's heart arrested because her pre-existing blood potassium was 2.3 mmol/L the normal range being 3.5 to 5.2, and because of chronic National Health Service underfunding, no pre-procedure blood screening was available, and thus I could not have known. I told Hannaford this during the June 2014 interview, but these facts, relevant to the telling of an

honest and uncorrupted story, were omitted from the article. The mechanism of a hypokalemic arrest was provided by Oxford University emeritus professor, John Leadingham (**Exhibit 11**).

#### **Page 4 – Paragraph 2:**

Hannaford: “...In fact, the first time he ever inserted a pedicle screw on a live patient was at a surgery center when he was on his own. There was no one to monitor the surgery or assess his skill level.” This is false. The case was competently performed with a full surgical team, as evident from the below video, the patient successfully recovered and no so called “monitor” was required by the surgical facility’s credentialing committee in which I performed the procedure.

<https://www.youtube.com/watch?v=JX4bnRPPucl&t=48s>

#### **Page 4 – Paragraph 3:**

Hannaford: “For claiming he was a minimally invasive spine specialist ... the state’s expenses of \$174,000.” This paragraph uses the US wires to republish the fraud committed against me by **The Kaul Cases** Defendants. I informed Hannaford of the fraud of the licensing proceeding during the June 2014 interview (time segment 1:10:07) but he omitted these facts from his article, in keeping with his intent of furthering the false narrative of **The Kaul Cases** Defendants. For example, I told Hannaford I had medical malpractice insurance and that this fact was presented in the hearing, but he falsely states: “He failed to maintain medical malpractice insurance.” This fraudulent comment further evidences the conspiracy that converted the Guardian into a “racketeering enterprise”, through which the RICO predicate act of wire fraud continues to be committed, in a knowingly “open-ended ongoing pattern of racketeering”, the purpose and effect of which has been to cause ongoing injury to my reputation. From approximately 2016 onwards, every piece of evidence I have filed in **The Kaul Cases**, has been emailed to Hannaford, who despite being in possession of this incriminating evidence, has failed to retract or amend his knowingly false article.

#### **Page 7 – Paragraph 2:**

Hannaford: “Kaul’s answers seem self-serving, unremorseful, or both. I wonder if his unwillingness to admit he was wrong, and his subsequent PR campaign and book are the hallmarks of a narcissist.” Hannaford’s false reasoning that because I refused to accept the legality of the license revocation, that I was a “narcissist”, instead of concluding, as would have an honest journalist, that maybe I was fighting for my rights against a massive injustice. This comment constitutes even further evidence of the conspiracy to continue the defamation of my character, in order to have me, as pled in K11-7, eliminated and thus unable to expose the crimes of **The Kaul Cases** Defendants, an exposition that I have achieved.

A copy of K11-7 is published to the home page of [www.drrichardkaul.com](http://www.drrichardkaul.com)

Yours sincerely

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RICHARD ARJUN KAUL, MD

cc: All Counsel of record in **The Kaul Cases**  
Mitchell Truwit, Co-CEO Apax Partners  
Andrew Sillitoe Co-CEO Apax Partners  
David Pemsel, Scott Trust Limited



## **Exhibit 1**



## Doctors

# Trust me, I'm a doctor: the case of the rogue spinal surgeon

He told his patients he was a spine surgery specialist. What he didn't tell them was that he'd been found guilty of manslaughter. We go in search of the real Richard Kaul

**Alex Hannaford**

Sat 1 Nov 2014 03.00 EDT

**I**t didn't take long for Richard Kaul's spine surgery practice in the middle-class New Jersey suburb of Pompton Lakes to turn a profit. The Indian-born, British-raised doctor had been performing procedures in small surgeries for a number of years before he opened his own place in 2011. By 2012, he owned a \$2m home in New Jersey, a Manhattan penthouse and an \$8.3m brownstone on New York's Upper West Side, which boasted a soundproof media room, three terraces and nine fireplaces.

Kaul's website attributed his success to his brilliance as a surgeon. He had, it said, "long been lauded as a pioneer in minimally invasive spine surgery" and had "performed the first outpatient spinal fusion in New Jersey". His medical training was "as extensive as it is impressive": he had graduated from the Royal Free Hospital School of Medicine in London in 1988 and trained in both the UK and US.

It was armed with this information, and desperate for help, that James Jarrell first visited Kaul. He had experienced sporadic back pain for more than 20 years - half his working life had been spent in the drilling and blasting industry. For a year, he'd received cortisone shots, spinal manipulation and anaesthesia from a chiropractor, but eventually, on 5 September 2005, he was referred to Kaul.

Kaul told him he would perform minimally invasive spinal surgery - he'd "make a cut down in the side and... put two very small holes where they can work through some tubes," Jarrell later recalled in court - and that he'd be back at work within two weeks.

Kaul performed a discogram, injecting dye into the spinal discs to pinpoint the cause of the pain; a discectomy, removing disc material that was pressing on the nerves or spinal cord; a lumbar interbody fusion, in which two mesh cages were implanted between the spinal discs; and the insertion of pedicle screws – bone screws used to secure rods and plates to support the spine. When he awoke in the recovery room, Jarrell's right side felt better, but his left side was in agony: "I remember touching and complaining about my left leg which had never bothered me before." He had difficulty moving it, and walking on it hurt.

When he got the x-rays back, Jarrell was told to return to the doctor immediately. "They would not tell me what was wrong. I remember thinking, am I crippled? I was very upset. I was scared." Jarrell went back to see Kaul. "He just flipped the x-rays up to the light and said, 'Oh, we can fix this: I just go up in there and scrape a little stuff out, and you'll be fine.' And I said no, no, no. No, you're not touching me."

A different doctor prescribed oxycodone and fentanyl patches for the pain. Jarrell was forced to wear a back and foot brace, but by March 2007 the pain was worsening and he developed depression. He sought treatment from a neurosurgeon who found that the implant material Kaul had installed was pinching a nerve; he also thought the screws had been misplaced. Jarrell underwent further surgery, after which he said he felt much better, but his ability to walk had been impaired.

Jarrell sued Kaul and his practice for medical malpractice – his wife Sheila claimed she had lost her husband's "companionship, consortium and services", while Jarrell claimed he was left unable to walk properly or work because of the pain. The jury found that Kaul had deviated from the applicable standard of care and awarded Jarrell \$500,000 for "pain, suffering, disability and the loss of the enjoyment of life" and \$187,890 for medical expenses; Sheila got \$250,000.

But it transpired that Jarrell wasn't alone: he was one of 11 patients who claim to have been left injured after being operated on by Kaul. One, Patricia Maze, accused him of leaving her disabled after surgery on her lower back in 2008. Her attorney said Kaul attempted to perform a spinal fusion and that the result was permanent damage to her spine, which left her wheelchair-bound and in a "living hell". Kaul settled with Maze in March for a reported \$450,000, just before her case went to trial.

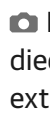
Kaul was found to have been grossly negligent and incompetent in those 11 cases; it also turned out that he wasn't a qualified spine surgeon at all – he was a doctor, yes, but an anaesthetist. Worse than that, he had a conviction for manslaughter in the UK. In 2001, a dental patient Kaul had anaesthetised died during routine treatment, and Kaul received a suspended prison sentence. He had neglected to tell the New Jersey medical board this – something he was required to do when he renewed his licence there, having been banned from practising medicine in Britain.

I wanted to know what Kaul was doing now. Was he remorseful? Did he accept the court and medical board's findings – and would he talk to me?

**B**orn in Hyderabad in southern India, Richard Kaul moved to the UK when he was two and the family settled in Kent. He graduated from London's Royal Free hospital in 1988 and worked there and at the Lister hospital in Chelsea,

before moving to the US in the 90s. After a handful of surgical internships in New York, Kaul began a three-year fellowship in anaesthesia in New Jersey, and was board certified by the American Medical Association in 1996. Visa restrictions meant he had to return to the UK for two years, where he undertook a one-year fellowship in pain management at the Bristol Royal Infirmary. He applied to the Royal College of Surgeons to get his American certification recognised in Britain, but it ruled that he would have to train for a further 18 months in a British hospital – a decision Kaul challenged but one that was upheld on appeal. Instead, with financial help from his brother, he purchased a dental clinic in Dalston, east London.

In March 1999, Isatu Bangura, 56, came in for a routine tooth extraction and two fillings, but the mother of six was anxious and asked for a general anaesthetic. Kaul gave her the sedative midazolam and the analgesic fentanyl. When the dentist began, Kaul later recalled, it became evident Bangura could still feel pain, so he gave her a dose of the barbiturate methohexital.

 Isatu Bangura died after a tooth extraction.

Photograph: Rex

What happened next formed the basis of a court case at the Old Bailey in which Kaul answered a charge of manslaughter: Bangura's heart stopped during the dental procedure and she died six days later. The court heard that a receptionist had acted as an unqualified dental

nurse; she testified that Kaul had asked her to switch off an alarm monitoring Bangura's blood pressure and oxygen level because the noise annoyed him. She also said he was looking out of the window and talking on his phone when she noticed Bangura wasn't breathing – claims Kaul denied.

William Boyce, prosecuting, said Kaul used “back door” methods not approved by the General Dental Council; that he administered anaesthetic too quickly or in too great a quantity. Kaul failed to call an ambulance for 30 minutes after Bangura stopped breathing, Boyce said, and refused to accompany her to hospital. In an 11-1 majority verdict, Kaul was found guilty and given a six-month suspended prison sentence.

But Kaul still had his US anaesthesia accreditation and had no intention of quitting. He sent off an application form to renew his medical licence, on which he was asked if he'd ever been charged with a crime, or if his licence had ever been suspended. Kaul ticked no to both – a move he would later say he made because he believed it referred to crimes in the US, not the UK.

It would be another year before the General Medical Council struck Kaul off its register, so for the time being he was still licensed to practise in the UK. He embarked on a business venture with his brother, Peter, taking telephone consultations from patients experiencing impotence issues and dispensing Viagra – then a new “wonder drug”.

When Kaul moved back to the US in September 2001, Peter, who was not a doctor, continued to operate the business. Shortly after, officers from the [Medicines and Healthcare Products Regulatory Agency](#) – the body responsible for ensuring the safety of medicines in the UK – raided the company's offices and seized their computers. In New York, Kaul was visited by agents from the US [Drug Enforcement Administration](#) and later received a summons to appear at court in London; but he told his brother that unless they extradited him, he was not returning. Peter was fined £200,000. Kaul claims he paid most of that sum himself – but that when the final court date arrived, the judge sent his brother to prison for a year – the amount hadn't been paid in full.

📷 Richard Kaul leaving the General Medical Council in London in January 2002 after being struck off its register. Photograph: Rex

News of Kaul's conviction for manslaughter and of the GMC hearing finally crossed the pond, and in 2002 he was told the New Jersey medical board intended to revoke his licence. It took a year for his licence hearing to come to court. Kaul argued that if Bangura's death had happened in the US, it would have resulted in a malpractice suit, not a charge of manslaughter. But the board fined him \$10,000 and suspended his licence for six months.

Kaul later wrote that he wanted to use this time to acquire skills in minimally invasive spine surgery which he could see was a developing field. He travelled to South Korea to attend a two-week spine surgery course. When he returned to New York, with his medical licence reinstated, he worked in pain management treatment centres and began performing spinal surgery on patients. Maze and Jarrell were among 11 whose testimony was taken into consideration by the New Jersey state attorney general after a complaint was filed with the board of medical examiners. Their findings were damning. Kaul had performed spine surgeries for which he was not qualified, the report said: "There was nothing in his education or training that provided him with the experience necessary to perform spinal surgeries. In fact, the first time he ever inserted a pedicle screw on a live patient was at a surgery centre when he was on his own. There was no one to monitor the surgery or assess his skill level."

For claiming he was a minimally invasive spine specialist, and telling patients he had the skills to perform those surgeries, the report said he "engaged in dishonesty, fraud, deception [and] misrepresentation". He also failed to maintain medical malpractice insurance. In March this year, the board revoked Kaul's licence and fined him \$300,000, ordering him to pay the state's expenses of \$174,000.

But Kaul refused to accept this. He launched an audacious PR campaign, including a billboard in Times Square and a YouTube channel - the first video, entitled Exposing Lies, dealt with what he said was the inaccuracy of press coverage he had received. He set up a Facebook page, on which he posted videos of patients claiming he'd been unfairly treated, and issued press releases on behalf of the Society for Advanced Spine Intervention, an organisation he had started.

So who exactly is Richard Kaul? One clue is his ghostwritten autobiography, self-published earlier this year, called [Arjun Rising](#). The book begins with a potted history of India's struggle for independence, into which Kaul weaves his family history. He says he feels "spiritually connected" to an Indian prince called Arjuna, who features in some ancient Sanskrit texts and from whom Kaul gets his middle name. It's a curious mix of self-aggrandisement and bizarre confessions: "Every year, up until 18, I ranked number one academically and I constantly won the award for best sportsman of the year"; "Once [as a toddler] when I was trying to make a statement, I took my nappy off and released my entire bowel in the middle of the living room floor."

Then there are lengthy sections that deal, in graphic detail, with Kaul's sexual exploits. There's the tally he kept at medical school "to see how many nurses we could have sex with over the years" and the time he "met this stunning girl from Athens and had great raw sex with her". He also writes of his mother's death from lung and skin cancer at the age of 43, how this affected him, and how he became addicted to recreational and prescription drugs, and spent periods in rehab. One line stayed with me: "The internal makeup of doctors is generally described as egocentric... [there's] a cliff of expectations, ambitions and goals that they're invincible and they will save the world."

Although he responds to my email fairly quickly, Kaul says he's going to be out of the country, and we don't meet until two months later. His office is on the ground floor of a nondescript building in a New Jersey suburb. He greets me at the door, smiling, wearing a black V-neck sweater and glasses. The office space he rents is empty save for some cardboard boxes and piles of paperwork: Kaul says that because he can no longer practise medicine, he's not renewing the lease.

We sit in an empty boardroom at a large wooden table. Kaul is disarmingly polite as he leads me through what he sees as the saga of his life. His girlfriend sits with us throughout. It all began, he says, with the death of Isatu Bangura. He insists his former receptionist was lying about him being on his mobile phone while Bangura stopped breathing in the dentist's chair. "Having experienced the loss of my mother, I understood very well what her family were going through and at the end of the trial. I wanted to apologise to them. But they weren't ready to accept the apology." Has he apologised to them since? "No, I haven't. And that's something that has always stuck with me."



📷 'When they first started this nonsense, if I had packed my bags and run away, that would have communicated to people that I was trying to hide something.' Photograph: 2014 Amy Newman/northjersey.com

Kaul insists he was trained sufficiently to carry out the spinal procedures, and that they formed part of his anaesthesia training. “I have done thousands of cases,” he says, “and the evolution from interventional pain management into minimally invasive spine surgery is a very logical, natural one.”

He says there is no recognised fellowship in minimally invasive spine surgery. “So when a doctor wants to get training, he goes and undertakes the same types of courses I had undertaken since 2002. There were no standards; there wasn’t one specific qualification or programme, and there still isn’t.” He says he performed “800 of these minimally invasive spinal procedures” and that out of those, only 11 people complained.

(Later on, I speak to Dr Russell Nelson, founder and medical director of the [Nelson Spine Institute](#) in California and a spine surgeon for 30 years. Nelson tells me that someone trained in anaesthesia is not trained in spinal anatomy. There are two ways to become a spine surgeon in the US: you either train in orthopaedics or neurosurgery - both of which would usually be followed by a year-long spine fellowship taught by expert physicians. Doctors would then have to keep up with the latest developments via courses throughout their careers.)

But Kaul believes New Jersey governor [Chris Christie](#) was given money by a small group of surgeons in return for asking the state’s medical board to take action against him, because he was operating on their turf. He insists he’s the victim of a “corrupt system” - that powerful interests came after him because “I was building a successful practice and moving medicine forward in a way that entrenched interests didn’t want.”

Kaul tells me that patients found out about him on the internet because of the press the Bangura case received, and brought it up during their consultations with him. It got to the point, he says, that he couldn’t ignore it, so he came up with the idea for the autobiography to “set the record straight. I still feel I did nothing wrong. You know, when they first started this nonsense, if I had packed my bags and run away, I think

that would have communicated to people that I was trying to hide something; that I was guilty of something. But that’s not the case.”

While he is candid and friendly during our meeting, Kaul’s answers seem self-serving, unremorseful, or both. I wonder if his unwillingness to admit he was wrong and his subsequent PR campaign and book are the hallmarks of a narcissist.“Yeah, there will be people who’ll say that,” he says. “But I don’t think so. I did a lot of charity work here and treated a lot of patients who had no medical insurance, and I did that for free. I took my own money and used that to set up the [Spine Africa Project](#), to do something positive where people had no healthcare.” Kaul set up his charity in 2008 to offer treatment to people across the continent suffering from degenerative spine injuries and deformities. Now that he’s closing his private practice in New Jersey, he says, he’ll channel all his efforts into that.

On the Spine Africa website, the charity promises to train local doctors, improve facilities and raise awareness; it will also be treating people afflicted with spinal conditions. There’s a [video documentary](#), too, that shows Kaul visiting the Panzi hospital in the Democratic Republic of the Congo in 2011. He meets the hospital’s director and various patients. At the end, accompanied by uplifting music, Kaul operates on a boy with a spinal condition. “We’re all very excited for him,” he says as he removes the dressing covering the boy’s back. “He seems to be making progress in the right direction here.”

Article count [on](#)  
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## Exhibit 2

Kaul v ICE: 21-CV-06992 - K11-7

1 message

Richard Kaul <drichardkaul@gmail.com>

Thu, Feb 24, 2022 at 4:55 PM

To: Alex Hannaford <alex@nofiction.co.uk>

Cc: Walter Eisner <robinyoung@ryortho.com>, jon.swaine@gmail.com

Alex,

In your November 1, 2014 story (<https://www.theguardian.com/society/2014/nov/01/uk-anaesthetist-practised-as-us-spinal-surgeon>) published in the Guardian, you state, amongst other things:

**"But Kaul refused to accept this [revocation]. He launched an audacious PR campaign, including a billboard in Times Square and a YouTube channel - the first video, entitled Exposing Lies ..."**

The exposition of the lies pertained principally to fraudulent claims by patients seeking to profit from the publicity surrounding the suspension/revocation.

Please find below a link to a video of patient Marietta Ernst, who improved after surgery I performed on her spine in 2010, but then sued me in August 2012, four months after the widely publicized suspension of my license. She and her lawyer defrauded my malpractice carrier out of almost \$1,000,000:

<https://www.youtube.com/watch?v=PB254LvG6HM&t=4s>

The defrauded carriers are in possession of this and other evidence related to Defendant Christie's **"racketeering"** schemes.

Multiple sections of your article evidence an exchange of knowingly fraudulent information between yourself and certain Defendants identified within **The Kaul Cases**. My questions to you are:

1. Were the exchanges of this fraudulent information conducted using the US wires?
2. Did the exchanges involve **The Kaul Cases** Defendant, Doreen Hafner, a New Jersey deputy attorney general?

If I receive no response by 5pm EST on March 3, 2022, I will conclude the answers are in the affirmative.

Regards,

Richard Arjun Kaul, MD

[www.drichardkaul.com](http://www.drichardkaul.com)



120803-Ernst v Kaul-Complaint.pdf

664K

## **Exhibit 3**

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Barnett E. Hoffman  
Of Counsel

January 2, 2003

Susan Volkert, Esq.  
DeCotiis, Fitzpatrick, Gluck and Cole, LLP  
Glenpointe Centre West  
500 Frank W. Burr Boulevard  
Teaneck, N.J. 07666

Re: Richard Kaul, M.D.

Dear Ms. Volkert:

I have received and read your letter of December 16, 2002, together with the enclosures. You asked me to make an assessment of this matter including my legal opinion.

Initially, I have certain questions about the proceedings in England. The judge at the trial was referred to as the Common Serjeant of London. Does this signify the level of the Court? What was the maximum penalty if found guilty of the crime he was found guilty? Why did the Court ask first for the jurors to obtain a unanimous verdict and then when they were unable, he accepted the majority verdict? (see page 90) If the Court in England accepts a majority verdict, does that lessen the severity of the conviction? The reason I ask these questions is that if the maximum penalty was less than a year then the conviction may not qualify as a crime here.

**GENERAL IMPRESSIONS:**

1. I have been in the criminal justice business as a prosecutor, defense counsel and judge since 1965 (except for two years in the Army), and I have never seen a prosecution, much less a conviction, for the facts upon which this conviction was based. I have spoken to others in the field and no one has ever heard of a criminal charge premised on these facts.

2. I have read the record of the Court's charge. There is no requirement of a unanimous verdict based on proof beyond a reasonable doubt. This alone would result in a reversal if heard in this state. Furthermore, clearly, just based on the enormous amount of comment on the evidence, such a conviction would not be sustained in this state.

3. In the charge on page 9, the Court gives a charge on the burden of proof. However, there is no mention of the standard of "beyond a reasonable doubt"--only that they must be sure. Also on page 9, the Court gives the four elements of the offense. These elements do not equate with reckless manslaughter under our statute. The elements "sound" like a charge for medical malpractice.

4. A key part of the transcript is found in paragraphs D and E on page 89. The Court states "If, on the other hand, you are sure that the cardiac arrest resulted from hypoxia, then you have to ask, 'why did the defendant fail to notice that?'" This is very significant in that NJSA 2C:2-2 sets forth the definitions of the various levels of culpability. When dealing with reckless acts our statute requires the actor to consciously disregard a substantial and unjustifiable risk ... Whereas, an actor acts negligently when he should be aware of substantial and unjustifiable risk... I have tried numerous manslaughter cases over the years. If applicable, I would also charge negligence or accident in contradistinction to reckless conduct. The consequence was that reckless conduct was a crime and negligent conduct was not.

5. An example of how the manslaughter charge in the U.K. differs from the crime of manslaughter in New Jersey is found at page 38. There, the Court allows a finding of inadvertence with regard to the issue of how far the patient was put under. In fact, at page 49, the Court refers to the expert from the Crown who opined that it what Dr. Kaul did was not deliberate. See also on page 51E. The Court referred to the testimony of the Crown's experts in stating that Dr. Kaul departed from good practice. See page 68F. These are instructions based on negligence rather than reckless conduct.

### SUGGESTIONS:

A. The strongest argument is the lack of a unanimous verdict that is required by the New Jersey Constitution. In dealing with the issue of an alternate juror, the Appellate Division in State v. Lipsky, 164 N.J. Super. 39(App. Div. 1978) interpreted Art. I, par.9 of the New Jersey Constitution as requiring a unanimous verdict of all twelve jurors in order to have a valid criminal conviction.

B. As mentioned above, although the Court in England properly instructs on the burden of proof. There is no mention of the standard of proof being beyond a reasonable doubt. 2C:1-13 requires this standard in all criminal cases.

C. The next strongest argument would be that the factual basis underpinning of the U.K. conviction would not be a crime in this state--rather, it would be medical malpractice. The basis of this position is that the Court in the U.K. did not require the jury to find that Dr. Kaul acted



recklessly as 2C:2-2 requires. Rather, that Court permitted a conviction based on our definition of negligent conduct (should have been aware of the risk). Reckless manslaughter, N.J.S.A. 2C: 11-4, requires reckless conduct (consciously disregarded the risk). In fact, the mental state of negligence is virtual rarity under our Code. The concept primarily appears in regard to Code defenses.

D. Lastly, it is my opinion that to enforce this conviction would be against the public policy of New Jersey and violates the doctrine of fundamental fairness. The Supreme Court of New Jersey as recently as State v. Cruz, 171 N.J. 419, 430, (2002), has acknowledged the judiciary's inherent authority, based, in part, on principles of fundamental fairness to create appropriate and just remedies. In the instant case, the lack of a unanimous verdict and the lack of proof beyond a reasonable doubt, both of which are bedrock concepts in the American system of justice, would support Dr. Kaul's position based on fundamental fairness doctrine.

E. From a judicial viewpoint, I am uncomfortable with the allegations that there was some political motive to Dr. Kaul's prosecution and conviction. Although this may, in fact, be true, my opinion is that most judges would feel that these arguments concerning Dr. Strupin sound like sour grapes.

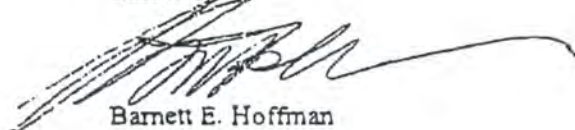
F. Notwithstanding what I said in paragraph 2 above, I feel that arguments about the integrity of the U.K. verdict (other than lack of a unanimous verdict based upon proof beyond a reasonable doubt) are not going to be fruitful.

G. As to the argument that Dr. Kaul's license should be revoked, the POD paragraph 4 states that the erasing of the license in the U.K. was based on the conviction for manslaughter. I like the argument that the U.K. conviction is void ab initio in this country for the reasons set forth in paragraph A immediately above.

H. As to comity, it seems to me that comity must "cut both ways". To use an extreme example, we are not going to give credit to a foreign conviction which is based on a law which prohibits praying in public. The comity argument is very much an integral part of public policy arguments.

After you receive this letter, I would like to speak with you about other practical solutions.

Sincerely,

A handwritten signature in dark ink, appearing to read "B. Hoffman", with a long, sweeping horizontal line extending to the right.

Barnett E. Hoffman

**In the Matter of Richard Kaul, M.D.**

I, Barnett E. Hoffman hereby certify:

1. I have been asked by counsel representing Richard Kaul, M.D. to offer an opinion as to whether the criminal conviction of Dr. Kaul in England would be valid in New Jersey.

2. I have been involved in the criminal system as a prosecutor, defense counsel and judge since 1965 (except for two years in the Army). I recently retired from the New Jersey Superior Court as Presiding Judge, Criminal Part, Middlesex County. In over 35 years, I have never seen a prosecution in New Jersey, much less a conviction, for the facts upon which the conviction of Dr. Richard Kaul was based. I have spoken to others in the field and no one has ever heard of criminal charges premised on these facts.

3. I have had an opportunity to review portions of the record. I specifically, have read that part of the record furnished to me relating to the British court's charge to the jury. The charge provided by the English judge to the jury would have been fundamentally and fatally flawed in the State of New Jersey. The judge failed to provide the basic, critical charge addressing the requirements of (1) a unanimous verdict and (2) based on proof beyond a reasonable doubt. These requirements are inextricably interwoven into our system of justice and failure to properly charge these alone would result in a reversal if the matter were heard in this state. To rely upon this verdict as any predicate whatsoever is inconsistent with not only with our Constitution, or system of justice, but our basic notion of fundamental fairness. A criminal verdict absent a unanimous jury and proof beyond a reasonable doubt is null and void and of no effect in this State.

4. The court in England gave instructions to the jury which omitted instructions on the standard of proof being beyond a reasonable doubt. Prior to conviction of an offense, N.J.S.A. 2C:1-

000643



13 requires each element of the offense must be proved beyond a reasonable doubt. If there is no such proof, the presumption of innocence of the defendant must stand.

5. In the court's charge on page 9, the court charges the jury on the burden of proof. There is no mention of the standard of "beyond a reasonable doubt" only that the jurors must be sure. Moreover, there is no mention that the jurors must make a finding as to each element of the alleged crime "beyond a reasonable doubt." Failure to require such a finding violates the defendant's rights to a fair trial and due process. The court's charge failed to provide a proper explanation of reasonable doubt and this failure constitutes reversible error. Importantly, in this State, the prosecution must prove every element of the offense charged beyond a reasonable doubt, and the burden of proving each and every element cannot be shifted to the defendant.

6. More significantly, the court in England originally required a unanimous verdict. However, the jury, after significant deliberations could not reach a unanimous verdict. In England, apparently there is some mechanism to accept a less than unanimous verdict in criminal cases. So in the case at Bar, the court in England, after the jury reported their inability to reach a unanimous verdict, permitted the jury to reach a non-unanimous verdict of guilt. Such a criminal verdict in this state would be void ab initio. **No legal consequences can flow from such a void verdict.**

7. In addition to the fact that Dr. Kaul's conviction in England is void ab initio because there was not a unanimous verdict, there were numerous additional errors which deprived the defendant a fair trial and which, if the trial had occurred in New Jersey, would be grounds for reversal as a matter of law. Most significantly, there is no equivalent crime in New Jersey for the crime the defendant was charged with and convicted of in England.

a. In New Jersey, a person cannot be guilty of either aggravated or reckless manslaughter unless he acted recklessly as defined by New Jersey law.

In New Jersey, a person acts "recklessly" with respect to a material element of an offense only when he **consciously disregards** a substantial and unjustifiable risk that the material element exists or will result from his conduct. The risk must be of such a nature and degree that, considering the nature and purpose of the actor's conduct and the circumstances known to him, its disregard involves a gross deviation from the standard of conduct that a reasonable person would observe in the actor's situation.

In this regard, a key part of the transcript is found in paragraphs D and E on page 89. The court stated "If, on the other hand, you are sure that the cardiac arrest resulted from hypoxia, then you have to ask, **"why did the defendant fail to notice that?"** This is very significant in that N.J.S.A. 2C:2-2 sets forth the definitions of the various levels of culpability. When dealing with **reckless** acts, our statute requires the actor to **consciously disregard** a substantial and unjustifiable risk. . . whereas, an actor acts **negligently** when **he should be aware** of substantial and unjustifiable risk.

With regard to aggravated manslaughter the government must prove additionally that he acted under circumstances manifesting extreme indifference to human life. That is, the risk level is elevated to a probability of death. No such instruction was given by the Judge to the jury.

b. Such an erroneous instruction in a manslaughter case in New Jersey would certainly be grounds for reversal.

c. The model jury charge for reckless conduct in this state defines that term as follows:

"A person who causes another's death does so recklessly when he/she is aware of and **consciously** disregards a substantial and unjustifiable risk that death will result from his/her conduct. The risk must be of such a nature and degree that considering the nature and purpose of defendant's conduct and the circumstances known to the defendant, (his/her) disregard of that risk is a gross deviation from the standard of conduct that a reasonable person would follow in the same situation. In other words, you must find that defendant was aware of and consciously disregarded the risk of causing death. If you find that defendant was aware of and disregarded the risk of causing death, you must determine whether the risk that (he/she) disregarded was substantial and unjustifiable. In doing so, you must consider the nature and purpose of defendant's conduct, and the circumstances known to defendant, and you must determine whether, in light of those factors, defendant's disregard was a gross deviation from the conduct a reasonable person would have observed in defendant's situation." (Emphasis added).

d. The definition of negligence under the Criminal Code, on the other hand, states:

"A person acts negligently with respect to a material element of an offense when he **should be aware** of a substantial and unjustifiable risk that the material element exists or will result from this conduct. The risk must be of such a nature and degree that the actor's failure to perceive it, considering the nature and purpose of his conduct and the circumstances known to him, involves a gross deviation from the standard of care that a reasonable person would observe in the actor's situation. 'Negligently' or 'negligence' when used in this code, shall refer to the standard set forth in this section and not to the standard applied in civil cases." (Emphasis added)

e. In the comment to the definition of negligence under the Code, it states:

**"There does not appear to be any New Jersey case which would find criminal liability based upon negligence as defined by the Code. Our cases stress the fact of the defendant's consciousness or**

awareness as being the element giving culpability to his conduct."  
(Emphasis added)

f. An example of how the manslaughter charge in the U.K. differs from the crime of manslaughter in New Jersey is found on page 38 of the court's charge. There, the court allows a finding of inadvertence with regard to the issue of how far the patient was put under. In fact, on page 40, the court refers to the expert from the Crown who opined that what Dr. Kaul did was not deliberate. See also on page 51E. The court referred to the testimony of the Crown's experts in stating that Dr. Kaul departed from good practice. See page 68F. These are instructions based on civil negligence rather than reckless conduct.

g. In criminal cases in New Jersey, the jury must be given accurate and understandable jury instruction. The standard of recklessness should not be given in the context of an abstract definition; rather, it should be compared with other mental states such as purposely, knowingly and negligently. I have tried numerous manslaughter cases over the years. If applicable, I would also charge negligence or accident in contradistinction to reckless conduct. The significance was that reckless conduct was a crime and negligent conduct was not. Accordingly, even if Dr. Kaul had been careless or negligent (which has not been established in New Jersey), his actions would not rise to the criminally culpable level in New Jersey, even if it was the proximate cause of the accident.

h. Additionally, the recklessness must have proximately caused the death for the defendant to be held criminally beyond responsible doubt. Causation has a special

meaning under New Jersey law. To establish causation, the State must prove two elements, each beyond a reasonable doubt. First, that "but for" the defendant's conduct, Mrs. Bangura would not have died. Second, her death must have been within the risk of which defendant was aware. If not, it must involve the same kind of injury or harm as the probable result of the defendant's conduct, and must not be too remote, too accidental in its occurrence, or too dependent on another's volitional act to have a just bearing on the defendant's liability or the gravity of the offense.

i. In New Jersey, it is required that a judge clearly define other culpability requirements in accordance with the Code. A proper explanation of the elements of a crime is especially crucial to the satisfaction of a criminal defendant's due process rights. There is reversible error when the court fails, whether or not requested, to instruct fully, clearly and accurately as to the fundamental and essential issues before the jury including each of the elements of the offense and the standard of culpability.

j. The court in England did not provide a charge that would substantiate a conviction for manslaughter or any other crime in New Jersey.

k. Even if it is assumed that the conduct on part of Dr. Kaul might have been "reckless" so as to justify the court's instruction regarding this element of the offense, under New Jersey law, the "recklessness" must have proximately caused the death of Mrs. Bangura for the defendant to be held criminally responsible for her death. Error in failing to provide the jury in Dr. Kaul's prosecution with the proper, even though unrequested, instructions on causation, was prejudicial. The charge given by the court tracked the prosecution's theory of the case. Instructions that were consistent

with the defendant's and defendant's expert version of the facts were essential to the jury's proper consideration of that version. The trial court's failure to define the statutory element of causation in instruction to the jury would require reversal in the State of New Jersey.


8. The factual basis underpinning the United Kingdom conviction would not be a crime in New Jersey. If there were a proceeding instituted, it would at best be a medical malpractice suit. The court in the U.K. did not require a jury to find that Dr. Kaul acted recklessly, as N.J.S.A. 2C:2-2 requires. Rather, the court permitted a non-unanimous conviction based on what is our equivalent of civil negligence.

9. It is my opinion that to enforce this conviction would be against the public policy of New Jersey and would violate the doctrine of fundamental fairness. The Supreme Court of New Jersey, as recently as State v. Cruz, 171 N.J. 419, 430 (2002), has acknowledged the judiciary's inherent authority, based, in part, on principles of fundamental fairness, to create appropriate and just remedies. In the instant case, the lack of a unanimous verdict, and the lack of proof beyond a reasonable doubt, both of which are bedrock requirements in the American system of justice, render any decision of the United Kingdom court null and void. The erasure of the license in the United Kingdom was predicated on the conviction for manslaughter, which, in my opinion, was null and void ab initio. Certainly, New Jersey courts cannot give comity in a situation where the laws are so diametrically opposite to our notion of fair play, justice and due process requirements. Comity must "cut both ways." It is my opinion that comity would not be appropriate to a conviction that is so offensive to the public policy of this State as evinced by our Constitution and Criminal Code. To suggest that New Jersey courts subsume into our system of justice, a foreign conviction that would

be null and void ab initio, is contrary to our doctrine of fundamental fairness, and, indeed, against the public policy of New Jersey.

10. The proceeding before the General Medical Council was predicated upon a foreign conviction that in my opinion would be null and void in New Jersey.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

  
Barnett E. Hoffman, Esq

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*Delivered Via Email to: Megan.Lawrence@nysed.gov*

May 7, 2021

Steven Boese, Executive Director c/o  
Office of the Professions N.Y. State Education Dept.  
Riverview Center  
150 Broadway, Suite 355  
Albany, N.Y. 12204

**re: Richard Kaul**  
**Application for Medical Physician Licensure**

Dear Members,

I have been asked by Dr. Kaul to submit an affidavit to the Office of the Professions N.Y. State Education Department in support of his application for medical licensure in the State of New York, and specifically regarding his moral character.

About me, I have practiced law in New York since 1995, after having graduated from St. John's Law School, and specialize in intellectual property law, medical negligence and personal injury law. I am admitted into (list the courts).

I first met Dr. Kaul in 2005 and have come to know him both personally and professionally. We were neighbors in Manhattan from 2005 to 2012, after which he relocated to New Jersey. Since then, we have remained in regular contact.

**Integrity:**

Dr. Kaul is a man of great morality, intelligence, integrity, wisdom and humility. My experiences have proven him to be a determined person, who has pursued his



life goals with a quiet perseverance and has repeatedly overcome seemingly insurmountable obstacles. Dr. Kaul's professional and personal achievements are many, but the most outstanding and enduring ones are his seemingly innumerable acts of kindness in caring and helping those less fortunate than himself. I believe that his inspirational element of his character would come from his own personal childhood experiences of loss, and his genuine appreciation and respect for well founded institutional principals, instilled in him by those that saw his potential and invested in his early development in England, namely Catholic eleemosynary orphanages and Jesuit schools that honed his personal fortitude and critical thinking and self reflection. Presumably evident in record, as well as one can garner from any topic of conversation with him, is that he had, and continues to excel in academics and athletics. These achievements, in the face of incredible odds, talk to the strength of his moral character. Having lived alone starting at the early age of sixteen, he demonstrated then an incredible discipline that does not fade to this day, to not engage in delinquent or anti-social behavior. Instead, he focused on achieving educational and professional excellence. This is who Dr. Kaul is. I know him very well, and he is not an individual that some would have you believe.

**Highly Competent:**

Dr. Kaul is a highly competent and ethical physician. I know this because since 2005, I have referred him several of my injured clients, and all, without fail, have expressed great satisfaction with the care and consultation he provided them. From the perspective of my interactions, I observed him to conduct his practice of medicine with diligence, professionalism and care and this was the opinion of numerous lawyers and physicians, whom I knew and who had worked with Dr. Kaul. His contributions to the field of spine medical treatment earn the high regard from his disclosures for invention contributions in 2005, for a procedure that permits spinal fusions to be performed in a same-day outpatient facility. It is my understanding that this percutaneous technique is now a standard if care. I have witnessed Dr. Kaul's expertise in multiple videos of him performing these procedures with apparent success.

**Honorable Gentleman:**

My view is that the patient public lost service from a talented physician when Dr. Kaul's New Jersey medical license was suspended in June 2012, and then revoked in March 2014. It was also a loss to many impoverished people in Africa, whom Dr. Kaul had been helping since 2008, when he established the Spine Africa Project with his own money, time and resources, and plans to expand the charity. The revocation caused him to fall into a state of poverty, and he was therefore, not able to sustain the work of the charity.

Facing the adversity of having his professional life swept from him, I witnessed Dr. Kaul's admirable character sustain. He did not give up despite losing everything, including his pursuit of happiness, his reputation and freedom. The harsh circumstances caused him to become estranged from his young son and daughter. He was arrested and jailed for non-payment of child support, and was made homeless on several occasions, one of which, in 2018, I was able to provide him shelter for four months.

In this period too, I admired his tenacity, focus and determination to find justice for himself and his children. In one of our conversations, he told me that the reason he remained in the U.S. after his license was revoked, was to fight for the truth as to why his license was really revoked. He wanted to leave his children with a legacy of which they would be proud. He remained steadfast to his word doing this, as just another example of his measured stable character. While living in a state of abject poverty, in which oftentimes he had no money for food, he taught himself the law, and then on February 22, 2016, he initiated legal action in the United States District Court against those who by his estimates and allegations conspired against him with the sequelae to have impact his erstwhile licensed status, and sadly too his own personal life.

Dr. Kaul is a righteous and principled individual, who since being divested from his medical license has sacrificed a lot in his quest for justice. He did not walk away, and he told me that in 2015, he was approached by certain individuals in New Jersey who attempted to extort him for money in return for having his license reinstated. He rejected that act, despite his desperate circumstances. This is the

conduct of an honorable man, one which the State of New York should be proud to have provide medical care within its borders. What happened to Dr. Kaul is may well be proven a travesty of justice, and from 2016 to the present he has remained within the law and used it in his favor to fight for that eventual justice. This talks to his character, determination and a moral fortitude that one rarely finds today.

**Generosity:**

I have seen and know many examples of Dr. Kaul's good moral character, generosity of time, money and spirit as his next-door neighbor for seven years, where he himself opened his door rent free to friends going through their own domestic disputes. During one of our conversations, he told me that his compassion for those encountering misfortune, came from his own experience from those who helped him during his earlier hardships. In one story, he described how, when he was a teenager he had no money to purchase bus or train tickets, and each time someone showed him generosity, he promised himself, that although he could not repay that particular person for that particular act, he would carry forward that spirit of generosity and help others when he had the money and resources. Dr. Kaul remained true to his promise and that is typical of his moral character. Time and time again his word has been his bond and so I am confident to regard him, to be his word.

**Evidence of Legally Good Moral Character:**

Having interacted with Dr. Kaul at professional and personal levels of affair, I came to know the accounts of his professional history in the UK and US. Regarding any residuum of his case in the UK, it is my understanding that Dr. Kaul, after a six-month suspension in 2003, had his license to practice medicine and surgery reactivated. Since 2001, the UK case has been examined, re-examined and legally dissected by American judges, lawyers, politicians and physicians and the New Jersey Medical Board, and has been found to have no legal weight in American jurisprudence. In fact, a hearing examiner in Pennsylvania, issued a decision on May 28, 2020 that likened the case to a medical malpractice action in

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To: OP NYS ED  
Date: May 7, 2021

the US. Noteworthy to this point, the Pennsylvania hearing examiner did not find lack to good moral character.

I believe that the New Jersey Board of Medical Examiners too concluded in 2003 that the UK 'conviction' provided no basis for discipline. And in approximately 2007, Dr. Kaul was granted permanent residence status in the U.S. where I was told that Dr. Kaul's lawyer submitted legal briefs that argued the UK case was not a 'crime' of moral turpitude, and became the same position agreed and adopted by the U.S. Government. It is my understanding that the legal standards used by the Immigration and Naturalization Service would mirror those applied by the states in their evaluation of professional law and medical licenses.

From 2001, Dr. Kaul paid his taxes and from 2003 to 2012, he generously supported his children and ex-wife. As I witnessed too, he is a responsible man, who maintained a cordial relationship with his ex-wife after a bitter divorce, in order to provide his children with a harmonious environment. From 2005 to 2012, his children would stay with him every other weekend, and I was able to see him as an amazing father. His children loved spending time with him, and on several occasions, when he invited friends with children to have lunch with him and his children, I would 'stop-by', and all I remember was a house full of joy.

#### **Other Legal Standards of Good Moral Character:**

As a lawyer, I am familiar with the legal standards regarding moral character evaluation to become licensed in law, as well as similar and many more standards for review applied in the courts so as to arrive upon a well-founded judgment.

Although draconian doles of administration have burdened Dr. Kaul since 2012, he remained determined to reach a place of justice for himself, to once again provide for his children and masses of patients in need, including those erstwhile his own whom apparently continue to support him and await for his return.

During the last decade though, the events that officially began on April 2, 2012 caused his time with his children to become notably constricted. In 2015, he became subject to arrest warrant for unpaid child support, was arrested and jailed



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Date: May 7, 2021

in September 2016, and was prevented from seeing or even talking to his children from 2015 to 2018, when he was eventually able to have his ex-wife lift the warrant.

All the while and despite having suffered burdensome effect and unjust turn in life circumstances from bureaucratic edict, I have never once witnessed him carp or wish destructive harm to anyone. Instead he shouldered the yoke on a proper pathway to restore his lifelong vocation here now before you. He is a deeply philosophical person, who along the way remained consistent in character to his earlier life's great personal and professional achievements - who when confronted with challenges that would have destroyed most people, on each occasion has fairly overcome the obstacle, as is the mark and type of professional individual that society needs more.

I state with certainty that the moral character of Dr. Kaul meets and exceeds all relevant standards of moral fitness, and as such, an asset to the medical profession in the State of New York and its people, and on which I indeed support his application for State of New York medical licensure.

A handwritten signature in blue ink, appearing to read 'David DeToffol', written over a horizontal line.

David DeToffol, Esq.

S.S.: N.Y. County:

On this date and before me, the above individual known to me, signed this statement acknowledging its contents and truthfulness as stated therein.

NOTARY

A handwritten signature in blue ink, likely belonging to the Notary Public, written over a horizontal line.

Dated:

5/7/21

JOSHUA GITTLEMAN  
NOTARY PUBLIC-STATE OF NEW YORK  
No. 02GI6392290  
Qualified in New York County  
My Commission Expires 05-28-2023

From:

June 30, 2021  
David B Basch, MD  
Spine and Orthopedic Center  
90 S Sparta Avenue, Sparta, NJ 07871

Attention:

The State Education Department  
The University of the State of New York  
One Gateway Plaza  
Port Chester, NY 10573  
55 So. Main St. 3<sup>rd</sup> Floor

**Re: Application of Richard Arjun Kaul for physician license in New York  
NYS File No. 4102492**

Dear Sir/Madam,

I write this letter in support of Dr. Kaul's application for a physician license in the State of New York, and specifically in response to point three of the June 22, 2021 letter sent to Dr. Kaul from the State Education Department (copy enclosed).

I am a physician licensed in the State of New Jersey and have practiced medicine since 1995. I am a board certified/fellowship trained orthopedic spine surgeon. I first met Dr. Kaul in 2003 and from this time I have come to know him both professionally and personally. I can unreservedly state that he is man of great moral character, integrity, wisdom and compassion, in addition to being an excellent physician, and I wholeheartedly support his application for licensure.

I understand that an element of this letter requires me to describe the circumstances in which I came to know about a case from 1999 in the UK, which involved Dr. Kaul.

I first met Dr. Kaul in 2002, when he joined the pain management group at St. Clare's Hospital in Denville, New Jersey. Prior to gaining clinical privileges, he was interviewed by the credentials committee, during which he discussed the events surrounding the UK case. I know this because it became common knowledge in the hospital and was openly discussed by numerous individuals. In approximately September 2002, I was introduced to Dr. Kaul by the head of the anesthesia group, and shortly thereafter we met for dinner.

At this dinner, Dr. Kaul explained the political backdrop of the case in the UK and told me about his challenge in February 1999 to the Royal College of Anesthetists and the British Government to have his American training recognized in the UK. He explained that the case was a "**landmark**" legal challenge that had the potential to change the British National Health Service, a change that he stated would force the British Government to increase physician's salaries.

The challenge was politically contentious, and gained a substantial amount of press coverage, that was not favorable to the National Health Service. Dr. Kaul lost the appeal, but while he was planning to return to the US, he was involved in a case that resulted in his being charged in October 1999 with what is referred in the UK as 'medical manslaughter'.

Dr. Kaul has been forthright and honest about the case in the UK, and not just with me, but with every facility at which he has worked since February 2002. I am aware, as it has been widely reported and Dr. Kaul himself has told, that prior to his return to the US in September 2001, he did not disclose the UK case in his applications for licensure and other certifications and privileges. I also understand that these omissions were based on the fact that the question regarding criminal convictions pertained specifically to American state or federal jurisdictions, and that this was how he answered the question.

Since that point in time, he was licensed in New Jersey, obtained clinical privileges at multiple surgical centers and hospitals, was credentialed by Medicare to perform minimally invasive spine surgery, and did disclose the UK case to the federal government. In addition, he was also granted permanent resident status in the US and did disclose the UK case to the US Government.

It is my pleasure to provide this letter, but I must admit I am little perplexed as to why, after twenty years, this case has any relevance to any aspect of Dr. Kaul's career. He and his professional history are public, and a basic internet search of his name reveals forensic detail of his life. I can honestly say, I don't know another physician who is as brutally honest about his life as Dr. Kaul. This, I believe, talks to his moral character and courage, and he is a man that I, and many others, are proud to know.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'David Basch', followed by a stylized flourish.

David Basch, MD

Email: [dbbortho@yahoo.com](mailto:dbbortho@yahoo.com)  
201 396 0346

## **Exhibit 4**



**Plaintiff or Filing Attorney Information:**

Name RICHARD ARJUN KAUL, MD  
NJ Attorney ID Number PROPRIA PERSONA  
Address 120 TEMPLE TERRACE, PALISADES PARK,  
NJ 07650  
Telephone Number 201 989 2299

RICHARD ARJUN KAUL, MD,  
Plaintiff,  
v.  
JAMES JARRELL + JOHN FORD  
RICHARD HODOSH + SHEILA JARRELL,  
Defendant(s).

Superior Court of New Jersey  
LAW Division Essex ☒ County  
Part  
Docket No: \_\_\_\_\_  
(to be filled in by the court)

Civil Action  
**Complaint**

Plaintiff, RICHARD ARJUN KAUL, MD, residing at  
(your name)  
120 TEMPLE TERRACE, City of PALISADES PARK  
(your address) (your city or town)  
County of Bergen ☒.  
(your county)

State Of New Jersey, complaining of defendant, states as follows:

1. On See attached complaint, 20\_\_\_\_, JAMES JARRELL, et al., Defendant  
(name of person being sued)

(Summarize what happened that resulted in your claim against the defendant. Use additional pages if necessary.)

See attached complaint

The defendant in this action resides at 54 LIME KILN ROAD, PORT JERVIS NY 12771,  
(defendant's address)

In the County of Orange, State of New Jersey,  
(name of county where defendant lives) New York

2. Plaintiff is entitled to relief from defendant under the above facts.

3. The harm that occurred as a result of defendant's acts include: (list each item of damage and injury)

1. See attached complaint

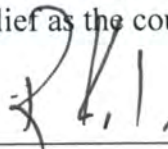
2.

3.

Wherefore, plaintiff requests judgment against defendant for damages, together with attorney's fees, if applicable, costs of suit, and any other relief as the court may deem proper.

Dated: 06/04/2017

Signature:

A handwritten signature in black ink, appearing to be 'R. L. I.', written over a horizontal line.

## **CERTIFICATION OF NO OTHER ACTIONS**

I certify that the dispute about which I am suing is not the subject of any other action pending in any other court or a pending arbitration proceeding to the best of my knowledge and belief. Also, to the best of my knowledge and belief no other action or arbitration proceeding is contemplated. Further, other than the parties set forth in this complaint, I know of no other parties that should be made a part of this lawsuit. In addition, I recognize my continuing obligation to file and serve on all parties and the court an amended certification if there is a change in the facts stated in this original certification.

Dated: 06/04/2017

Signature: 2K1.

**OPTIONAL:** If you would like to have a judge decide your case, do not include the following paragraph in your complaint. If you would prefer to have a jury to decide your case, please sign your name after the following paragraph.

## **JURY DEMAND**



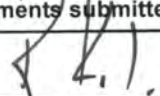
The plaintiff demands trial by a jury on all of the triable issues of this complaint, pursuant to New Jersey Court *Rules* 1:8-2(b) and 4:35-1(a).

Dated: 06/04/2017

Signature: 2K1.



**Appendix XII-B1**

	<b>CIVIL CASE INFORMATION STATEMENT (CIS)</b>		<b>FOR USE BY CLERK'S OFFICE ONLY</b>	
	<p>Use for initial Law Division Civil Part pleadings (not motions) under <i>Rule 4:5-1</i> <b>Pleading will be rejected for filing, under <i>Rule 1:5-6(c)</i>, if information above the black bar is not completed or attorney's signature is not affixed</b></p>		PAYMENT TYPE: <input type="checkbox"/> CK <input type="checkbox"/> CG <input type="checkbox"/> CA	
			CHG/CK NO.:	
			AMOUNT:	
			OVERPAYMENT:	
		BATCH NUMBER:		
ATTORNEY / PRO SE NAME RICHARD ARJUN KAUL, MD		TELEPHONE NUMBER (201) 989-2299		COUNTY OF VENUE Essex <input type="checkbox"/>
FIRM NAME (if applicable)			DOCKET NUMBER (when available)	
OFFICE ADDRESS 120 TEMPLE TERRACE, PALISADES PARK, NJ 07650			DOCUMENT TYPE COMPLAINT	
			JURY DEMAND <input type="checkbox"/> Yes <input type="checkbox"/> No	
NAME OF PARTY (e.g., John Doe, Plaintiff) RICHARD ARJUN KAUL, MD		CAPTION RICHARD ARJUN KAUL, MD V JAMES JARRELL, et al.,		
CASE TYPE NUMBER (See reverse side for listing) 699-Fraud + Tort	HURRICANE SANDY RELATED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IS THIS A PROFESSIONAL MALPRACTICE CASE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YOU HAVE CHECKED "YES," SEE N.J.S.A. 2A:53 A -27 AND APPLICABLE CASE LAW REGARDING YOUR OBLIGATION TO FILE AN AFFIDAVIT OF MERIT.		
RELATED CASES PENDING? <input type="checkbox"/> YES <input checked="" type="checkbox"/> No		IF YES, LIST DOCKET NUMBERS		
DO YOU ANTICIPATE ADDING ANY PARTIES (arising out of same transaction or occurrence)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> No		NAME OF DEFENDANT'S PRIMARY INSURANCE COMPANY (if known) <input type="checkbox"/> NONE <input checked="" type="checkbox"/> UNKNOWN		
<b>THE INFORMATION PROVIDED ON THIS FORM CANNOT BE INTRODUCED INTO EVIDENCE.</b>				
CASE CHARACTERISTICS FOR PURPOSES OF DETERMINING IF CASE IS APPROPRIATE FOR MEDIATION				
DO PARTIES HAVE A CURRENT, PAST OR RECURRENT RELATIONSHIP? <input checked="" type="checkbox"/> YES <input type="checkbox"/> No		IF YES, IS THAT RELATIONSHIP: <input type="checkbox"/> EMPLOYER/EMPLOYEE <input type="checkbox"/> FRIEND/NEIGHBOR <input type="checkbox"/> OTHER (explain) <input type="checkbox"/> FAMILIAL <input type="checkbox"/> BUSINESS		
DOES THE STATUTE GOVERNING THIS CASE PROVIDE FOR PAYMENT OF FEES BY THE LOSING PARTY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> No				
USE THIS SPACE TO ALERT THE COURT TO ANY SPECIAL CASE CHARACTERISTICS THAT MAY WARRANT INDIVIDUAL MANAGEMENT OR ACCELERATED DISPOSITION				
 DO YOU OR YOUR CLIENT NEED ANY DISABILITY ACCOMMODATIONS? <input type="checkbox"/> YES <input type="checkbox"/> No		IF YES, PLEASE IDENTIFY THE REQUESTED ACCOMMODATION		
WILL AN INTERPRETER BE NEEDED? <input type="checkbox"/> YES <input type="checkbox"/> No		IF YES, FOR WHAT LANGUAGE?		
I certify that confidential personal identifiers have been redacted from documents now submitted to the court, and will be redacted from all documents submitted in the future in accordance with <i>Rule 1:38-7(b)</i> .				
ATTORNEY SIGNATURE: 				

## SUMMONS

Attorney(s) RICHARD ARJUN KAUL, MD

Office Address 120 TEMPLE TERRACE

Town, State, Zip Code PALISADES PARK, NJ 07650

Telephone Number 201 989 2299

Attorney(s) for Plaintiff

RICHARD ARJUN KAUL, MD

Plaintiff(s)

vs.

JAMES JARRELL, et al.,

Defendant(s)

## Superior Court of New Jersey

County

Division

Docket No:

## CIVIL ACTION SUMMONS

From The State of New Jersey To The Defendant(s) Named Above:

The plaintiff, named above, has filed a lawsuit against you in the Superior Court of New Jersey. The complaint attached to this summons states the basis for this lawsuit. If you dispute this complaint, you or your attorney must file a written answer or motion and proof of service with the deputy clerk of the Superior Court in the county listed above within 35 days from the date you received this summons, not counting the date you received it. (A directory of the addresses of each deputy clerk of the Superior Court is available in the Civil Division Management Office in the county listed above and online at [http://www.njcourts.gov/forms/10153\\_deptyclerklawref.pdf](http://www.njcourts.gov/forms/10153_deptyclerklawref.pdf).) If the complaint is one in foreclosure, then you must file your written answer or motion and proof of service with the Clerk of the Superior Court, Hughes Justice Complex, P.O. Box 971, Trenton, NJ 08625-0971. A filing fee payable to the Treasurer, State of New Jersey and a completed Case Information Statement (available from the deputy clerk of the Superior Court) must accompany your answer or motion when it is filed. You must also send a copy of your answer or motion to plaintiff's attorney whose name and address appear above, or to plaintiff, if no attorney is named above. A telephone call will not protect your rights; you must file and serve a written answer or motion (with fee of \$175.00 and completed Case Information Statement) if you want the court to hear your defense.

If you do not file and serve a written answer or motion within 35 days, the court may enter a judgment against you for the relief plaintiff demands, plus interest and costs of suit. If judgment is entered against you, the Sheriff may seize your money, wages or property to pay all or part of the judgment.

If you cannot afford an attorney, you may call the Legal Services office in the county where you live or the Legal Services of New Jersey Statewide Hotline at 1-888-LSNJ-LAW (1-888-576-5529). If you do not have an attorney and are not eligible for free legal assistance, you may obtain a referral to an attorney by calling one of the Lawyer Referral Services. A directory with contact information for local Legal Services Offices and Lawyer Referral Services is available in the Civil Division Management Office in the county listed above and online at [http://www.njcourts.gov/forms/10153\\_deptyclerklawref.pdf](http://www.njcourts.gov/forms/10153_deptyclerklawref.pdf).

  
Clerk of the Superior Court

DATED: 06/04/2017

Name of Defendant to Be Served: J. JARRELL + S. JARRELL + R. HODOSH + J. FORD

Address of Defendant to Be Served: 54 LIME KILN ROAD, PORT JERVIS, NEW YORK 12771



**RICHARD ARJUN KAUL, MD**  
**PROPRIA PERSONA**  
120 Temple Terrace  
Palisades Park  
New Jersey 07650

RICHARD ARJUN KAUL, MD

Plaintiff,

v.

JAMES JARRELL + SHEILA JARRELL  
RICHARD HODOSH + JOHN FORD

Defendants.

SUPERIOR COURT OF NEW JERSEY  
LAW DIVISION: ESSEX COUNTY

Civil Action

**COMPLAINT + JURY DEMAND + CERTIFICATION**

Plaintiff, RICHARD ARJUN KAUL, MD, whose address is 120 Temple Terrace, Palisades Park, New Jersey, by way of the Complaint says:

## **PRELIMINARY STATEMENT + STATEMENT OF FACTS**

1. Plaintiff brings this action to recover the losses suffered by Richard Arjun Kaul, MD ("Kaul") at the hands of defendants, James Jarrell + Sheila Jarrell + John Ford + Richard Hodosh for compensatory damages, punitive damages, as well as injunctive and declaratory relief.
2. In July 1988, Kaul graduated from the Royal Free Hospital School of Medicine, London University, UK, and subsequently procured twenty-four (24) years of post-graduate training and clinical experience in general surgery, anesthesiology, interventional spine and minimally invasive spine surgery. From 2002 to 2012 Kaul's practice became devoted to minimally invasive spine surgery, and in 2005 he was the first physician to successfully perform a minimally invasive outpatient lumbar fusion.
3. On September 9, 2005 Kaul performed an initial consultation on Jarrell, who described his back and leg pain as severe, and a pain that had existed for many years (exhibit 39). On September 3, 2008, during her deposition, Jarrell's second wife, Sheila, in response to the question, ***"Okay. How long had your husband been suffering from back pain? "***, answered, ***"My goodness, off and on, off and on for years".*** (exhibit 1-5:25)
4. On October 3, 2005 Kaul performed discography on Jarrell. It confirmed concordant discs at the L4-5 + L5-S1 levels. The post procedure CT was interpreted by the radiologist as, ***"L5/S1: The disc space is severely flattened. Contrast is present within the disc space with evidence of extravasation of contrast into the epidural space posteriorly within the central aspect of the canal ... central disc herniation."*** (exhibit 2). This correlated with the "Right-sided Grade III posterolateral tears", noted in Kaul's operative note, and with Jarrell's complaints of severe back and leg pain, and thus Kaul recommended a fusion at the L4-5 and L5-S1 with instrumentation. On January 24, 2012, Kaul's expert, David Basch, M.D., testified regarding the importance of discography, ***"The discogram is a very important piece to the puzzle because it gives you the patient's feedback as to which discs are causing pain."*** (exhibit 3-175:13).
5. On October 11, 2005 Kaul performed a minimally invasive outpatient same day fusion, with instrumentation at the L4-5 + L5-S1 levels. Jarrell was noted to have been, ***"discharged in a stable neurological and cardiovascular state"*** (exhibit 4). On September 3, 2008, during a deposition, Jarrell in response to the question regarding his immediate post-operative course,

stated, *"I remember being down there in the morning, being prepared ... I walked out the same day."* (exhibit 5-66:14-19). However, six (6) questions later Jarrell contradicted himself with the statement. *"When I woke up, I had pain running in my left leg, which before the surgery was very good and strong"* (exhibit 5-68:4). Walking out of a surgical facility, without any assistance, is not consistent with a weak leg. Jarrell's testimony was knowingly fraudulent.

6. On October 27, 2005 Jarrell had an x-ray of his lumbar spine was interpreted as showing the spine to be *"stable without evidence of loosening"* (exhibit 40). This was evidence that contradicted Steinberger's rationale for operating on January 31, 2006. As Kaul's expert, Basch testified on January 24, 2012, it takes at least six (6) months for a fusion to heal.

7. On November 7, 2005 Kaul performed a follow-up examination on Jarrell, in which it was noted that, *"The patient is doing very well with regard to his back and leg pain."* (exhibit 6). However, on May 2, 2013 Jarrell provided fraudulent testimony during the administrative law hearing I/M/O Richard A. Kaul. Jarrell was asked the question, *"Did you – if you can remember, do you remember if you told him on that date about the pain on your left side?"*, to which he answered, *"Yes. Him and I discussed this"* (exhibit 7-134:12). Jarrell lied.

8. On December 2, 2005 Kaul performed a follow-up examination on Jarrell, in which it was noted, *"The patient had an episode at work where he tripped and fell"* (exhibit 8). Jarrell never told Kaul that he had just had his spine manipulated by chiropractor, John Ford, and that the manipulation had caused Jarrell to fall off the treatment table (exhibit 48-59:2), and yell, *"He broke my fusion"*. On September 3, 2008, during a deposition Jarrell testified in regards to the manipulation, *"I didn't say anything to Dr. Kaul at the time"* (exhibit 5-73:4) Jarrell knew what had just happened (exhibit 49-7:4), but did not provide the information to Kaul, who had instructed Jarrell post-operatively, that he was not to commence any therapy until Kaul gave the order. Jarrell, a construction worker, returned to work in November after the fusion surgery on October 11, 2005. Jarrell testified that he fell at work in November, *"Being the drilling and blasting superintendent, we had just made a big shot in New York City and I'm required to survey the blast site ... I kind of fell on to the angle"* (exhibit 5-73:24) Jarrell concealed this information from Kaul. Jarrell testified that he had fallen a second time at work in December, *"That's the one where the excavator came up"* (exhibit 5-76:14) Jarrell concealed from Kaul



the fact that an excavator had been involved in the fall, and on May 2, 2013 I/M/O Richard A. Kaul, when asked about his foot, he failed to tell the court about the ***"drilling and blasting"*** episode, that caused his first fall after the surgery. Upon information and belief Jarrell was encouraged by the Deputy Attorney General, Doreen Hafner, to not tell the whole truth. As a consequence of Jarrell's alleged leg pain, Kaul ordered a CAT scan of his spine.

9. On December 16, 2005 Kaul performed a follow-up on Jarrell, in which it was noted, ***"He has continued to do well. He is still [sic] some left sided leg pain but this is improving"***. (exhibit 9). Jarrell had failed to have his CAT scan performed.

10. On December 26, 2005 Kaul performed a follow-up examination on Jarrell, and reviewed the results of the CAT scan. Jarrell, unintentionally told Kaul about the Ford manipulation episode on December 2, and upon information and belief had been instructed by Ford not to discuss the episode with Kaul. Ford, a chiropractor with close professional and business links to Kaul's attorney, Jeffrey Randolph, was released from the case on January 23, 2012, and then on January 24, 2012 testified against Kaul. The court then subsequently refused to give the jury a 'superseding' charge, which would have allowed the jury to connect Jarrell's alleged pain to the Ford manipulation. Kaul included the Ford episode in his notes, ***"The patient ... was doing extremely well. The patient underwent manipulation on the 2<sup>nd</sup> of December which resulted in an onset of pain radiating down the left leg"*** (exhibit 10). Both Ford and Jarrell knew that Kaul had given instructions that there was to be no physical therapy or chiropractic care until ordered by Kaul.

11. On May 4, 2006 Kaul's office received a clinical note from Market Street Surgical Center regarding Jarrell's pain level since December 2005 (exhibit 11).

12. On May 19, 2007 James Jarrell + Sheila Jarrell filed a lawsuit against the Plaintiff.

13. On January 9, 2012, the attorney for defendant Market Street Surgical Center, sent a letter to Stein, that advised it would be a violation of court rules, if Steinberger testified that Kaul's surgery caused Jarrell's pain (exhibit 42). Stein ignored the rules, as did the judge. Kaul's attorney sent a similar letter, dated January 19, 2012 (exhibit 43).

14. On January 17, 2012 the trial commenced. It concluded on January 25, 2012, with a verdict against the Plaintiff. The matter was appealed and reached the New Jersey Supreme

Court on September 29, 2015, which ruled (5-2) in the Plaintiff's favor on a component of the case.

15. On April 2, 2012, in a maliciously and highly publicized manner, Kaul's medical license was suspended by the New Jersey Board of Medical Examiners, based on false allegations that he was not qualified to perform minimally invasive spine surgery. Kaul graduated from medical school in 1988 with a Bachelor's Degree in both medicine + surgery, and became licensed in New Jersey in 1996 to practice medicine + surgery. From 2002 to 2012 Kaul was credentialed by at least six (6) state licensed surgical centers to perform minimally invasive spine surgery, was credentialed by the federal government (Medicare) to perform minimally invasive spine surgery, was credentialed by AAAHC to perform minimally invasive spine surgery, was recognized by the National Arbitration Forum as being qualified to receive compensation for performing minimally invasive spine surgery, and had performed eight hundred (800) minimally invasive spine surgeries between 2002 to 2012 with good to very good outcomes in 90-95% of cases (average 65-70%) and complication rate of 0.1% (average 5-15%). In March 2011 Kaul opened the NJSR Surgical Center, in Pompton Lakes.

16. On March 18, 2013, Doreen Hafner, filed a fraudulent motion I/M/O Richard A. Kaul, in which she alleged, "Respondent Performed Spinal Procedures Without Medical Malpractice Insurance Coverage" (exhibit 50). This was a false statement. Kaul had the appropriate coverage in place (exhibit 38).

17. On May 2, 2013 Defendant James Jarrell testified against the Plaintiff I/M/O Richard A. Kaul in the New Jersey office of Administrative Law. The testimony was fraudulent and contributed to the revocation of Kaul's medical license.

18. On June 27, 2013 Kaul testified I/M/O Richard A Kaul, as to the skill of Fluoroscopic Guidance + Interpretation (FGI), the most critical component of MISS, and the manner he which he both acquired, and then taught it to neurosurgeons, "Yes. They were orthopedic spine surgeons and there was one neurosurgeon. And the central, the foundational elements of the course ... related to fluoroscopic guidance and interpretation". (exhibit 52-73:14-20).

19. The suspension and subsequent revocation on February 12, 2014, were a consequence of the Defendants' wrongful conduct and that of Kaul's competitors in the neurosurgical and

hospital communities, who bribed the governor of the state. Involved in the racketeering were two insurance companies, Allstate and GEICO, who were, and are, partly responsible for \$45 million owed to Kaul's corporations. The CARRIERS, along with the neurosurgeons, hospitals and politician, are defendants in a federal RICO action, captioned Kaul v Christie, et al., (Docket No. 16-CV-02364) filed on February 22, 2016, and currently pending in the District of New Jersey. The claims, which under Twombly + Iqbal, have an "assumption of truth", assert, amongst other things, that the defendant politician, through lobbyists and public relation firms, received kickbacks from lawyers who had procured insurance settlements from fraudulent medical malpractice claims, that were a consequence of the publicity that surrounded the revocation of Kaul's license.

20. Consequent to the stress associated with the loss of the Plaintiff's license (2012), his reputation (2012 -2017), his livelihood (2012), his houses in Bernardsville (2016) and Manhattan (2013), his surgical center in Pompton Lakes (2014), the bankrupting of his four medium sized corporations (2013-2017), and a period in 2013 of homelessness, the Plaintiff, on April 27, 2015 suffered two grand mal epileptic seizures, that caused a complex laceration of his tongue, that required emergency corrective surgery

21. On June 21, 2016 the Plaintiff's house in Bernardsville, in which his children had lived their entire lives, was forced into foreclosure. The Defendants' fraudulent conduct contributed to the economic hardship forced upon Kaul's children.

## **PARTIES**

1. Plaintiff, Richard Arjun Kaul, MD ("Kaul") is a person residing in Palisades Park, New Jersey 07650.
2. Defendant, James Jarrell ("JJ") is a person residing at 54 Lime Kiln Road, Port Jervis, New York.
3. Defendant Sheila Jarrell ("SJ") is a person residing at 54 Lime Kiln Road, Port Jervis, New York.
4. Richard Hodosh is a person with a business address at 99 Beauvoir Avenue, Summit, New Jersey 07901
5. John Ford is a person with a business address at 274 Spring St. Newton, NJ 07860



## **FIRST COUNT**

(Common Law Fraud)

James Jarrell

Sheila Jarrell

1. Kaul repeats and reasserts the facts set forth above in the PRELIMINARY STATEMENT + PARTIES + STATEMENT OF FACTS
2. On October 11, 2005 Kaul performed a minimally invasive outpatient same day fusion, with instrumentation at the L4-5 + L5-S1 levels. Jarrell was noted to have been, ***"discharged in a stable neurological and cardiovascular state"*** (exhibit 4-3). On September 3, 2008, during a deposition, Jarrell in response to the question regarding his immediate post-operative course, stated, ***"I remember being down there in the morning, being prepared ... I walked out the same day."*** (exhibit 5-66:14-19). However, six (6) questions later Jarrell contradicted himself with the statement. ***"When I woke up, I had pain running in my left leg, which before the surgery was very good and strong"*** (exhibit 5-68:6). Walking out of a surgical facility, without any assistance, is not consistent with a weak leg. Jarrell's testimony was knowingly fraudulent.
3. On November 7, 2005 Kaul performed a follow-up examination on Jarrell, in which it was noted that, ***"The patient is doing very well with regard to his back and leg pain."*** (exhibit 6). However, on May 2, 2013 Jarrell provided fraudulent testimony during the administrative law hearing I/M/O Richard A. Kaul. Jarrell was asked the question, ***"Did you – if you can remember, do you remember if you told him on that date about the pain on your left side?"***, to which he answered, ***"Yes. Him and I discussed this"*** (exhibit 7-134:12). Jarrell lied.
4. On September 19, 2007 Jarrell filed a complaint that falsely alleged in Count Five, "Kaul's lack of credentials and qualifications to perform spine surgery" (exhibit 41). Jarrell made this knowingly fraudulent statement. Kaul, as pled in Kaul v Christie, was credentialed to perform minimally invasive spine surgery at the facility in which he operated on Jarrell. Jarrell knew this. Kaul was licensed by the state to perform both medicine and surgery. Jarrell knew this. Kaul had provided Jarrell with a copy of a video of him performing the procedure. Jarrell knew Kaul was qualified. In his complaint Jarrell falsely alleged, ***"The treatment rendered to the Plaintiff by Defendant Richard A. Kaul was of such nature that it departed from the standard***

*of care with respect to indications, choice of procedure, and medical equipment and devices used".* On May 6, 2013 I/M/O Richard A Kaul, neurosurgeon, Gregory Przybylski, the 2011 president of the North American Spine Society, a member of the Congress of Neurological Surgeons, and a business competitor of Kaul, testified under cross examination, ***Q. "So as we sit here today, we know there is no standard by which individuals similarly situated as you, Doctor, are guided with regard to the applicability or use of a fusion, true? – A. Again it would depend on how you use the term standard. If you use the term standard in terms of standard, guideline and option, then I would agree with you" (exhibit 12-37:2-9).*** Przybylski admitted in 2013 there was no standard. Hodosh knew in 2007 there was no standard for minimally invasive fusions, but yet made false representations to the court that Kaul had deviated from a standard. The purpose of the falsehoods was to defraud Kaul of the property rights of his money and reputation, as Kaul's work presented a threat to Hodosh, the hospitals at which Hodosh worked, and the neurosurgeons who belonged to the Congress of Neurological Surgeons.

5. On September 3, 2008 Jarrell falsely testified that he had not seen or spoken to Ford since December 2005, ***Q. "When was your last contact with Dr. Ford? – A. In December of '06 – Q. And you believe you have not seen him since then – A. I believe that I have not seen him since then" (exhibit 5-90:11-24)*** This contradicted a note received by Kaul on May 4, 2006, which states, ***"Dr. Ford's office said pt has not had pain ... since December, pt is OK" (exhibit 11).*** Jarrell lied under oath.

6. On September 3, 2008 Jarrell's second wife, Sheila, testified during a deposition about the Ford manipulation, ***"And he had Jim lay on the table and we weren't sure what he had in mind. I thought maybe he was going to just feel, you know, and see if he could feel anything. And that was when he --- the table breaks. I'm not sure what you call it, that he pushed down" (exhibit 1-9:21).*** Jarrell withheld this information from Kaul, as did Ford, when Ford took Jarrell to see Kaul immediately after the event on December 2, 2005 ***(exhibit 5-72:14-25).*** Had Jarrell informed Kaul of the Ford manipulation, Kaul would have discussed the details of the event with Ford, and would have reminded Ford and Jarrell that he had given specific instructions that there was to be no physical therapy or manipulation until he ordered. The



Defendants deprived Kaul of his right to discontinue his participation in Jarrell's care. The Defendants knowingly deceived Kaul into providing care. Jarrell knowingly violated Kaul's post-operative instructions, and then concealed with fraudulent intent, information about the Ford manipulation, in order to lay liability at Kaul's feet. The Defendants' fraudulent concealment, caused immense economic and reputational harm, to Kaul and his children.

7. On January 8, 2010 Jarrell improperly procured a prescription for one hundred and twenty (120) tablets of oxycodone (exhibit 13). Jarrell did not tell Kaul's office that he had commenced treatment with pain management physician, Dr. Carano, in 2008, from whom he was receiving the same medication. Jarrell lied to Kaul's office, and then upon information and belief, lied to a pharmacy in order to have the prescription filed. Jarrell's illegal act placed Kaul at professional risk.

8. On April 13, 2011 Steinberger performed a follow-up examination, in which he asserted, ***"The patient is doing well"*** (exhibit 14). However, this statement is clinically inconsistent with the fact that he permitted the patient to continue taking opiate painkillers. If Jarrell's pain had in fact decreased with the surgery, then his requirement for opiates should have similarly decreased. Steinberger did not recommend Jarrell decrease his medications, nor advise his pain management physician that such a change should be instituted. Either, Steinberger was dishonest in stating Jarrell's pain had decreased, or negligent in not decreasing the medications. Similarly, either Jarrell's pain decreased after the surgery, but he continued to lie to his pain management physician, Dr. Carano, in order to procure opiates, or his pain did not change after the surgery, which would have been consistent with his "chronic pain", but which would confirm that Steinberger had lied. The truth likely lies somewhere in between, with both Jarrell and Steinberger having engaged in a prolonged pattern of dishonesty, that served their professional and economic agendas.

9. On May 2, 2013 Jarrell perjured himself, when in response to a question from Hafner, ***"Did you – if you can remember if you told him on that date about the pain on your left side"***, he answered, ***"Yes. Him and I discussed this"*** (exhibit 7-134:9-12). The clinical note from November 7, 2005 that pertains to Jarrell's post-operative course, contradicts Jarrell's falsehood, ***"The patient is doing very well with regards to his back and leg pain"*** (exhibit 6).

Jarrell never told Kaul, and if he had, Kaul would have ordered investigations, just as he did when Jarrell walked into his office with Ford, after the Ford manipulation, on December 2, 2005. Jarrell lied under oath, in the belief that a revocation of Kaul's license would result in further economic enrichment. Jarrell lies were further facilitated on May 2, 2013, by Solomon and Hafner.

10. On June 5, 2013 an article, written by Walter Eisner, was published in a Orthopedics This Week, one of the most widely read trade publications (exhibit 51). Entitled 'Spine on Trial' it was Eisner's eye witness account of Przybylski's cross examination in which he admitted there were no specific standards for either the educational, or clinical aspects of minimally invasive spine surgery, and in particular, fusions, such as the one Kaul performed on Jarrell. Przybylski, the 2011 president of the North American Spine Society, and a self professed proponent of ethical testimony, repeatedly lied under oath on June 13, 2012 and then on April 10 + 15 + 16 + 17, 2013. Jarrell perjured himself four (4) days before the truth was extracted from Przybylski.

**WHEREFORE**, Plaintiff seeks judgment against the Defendants, jointly and severally, as follows:

- (a) Compensatory damages for fraudulently inducing Kaul into providing clinical services;
- (b) Consequential damages;
- (c) Compensatory damages for injury resulting from loss of current employment and prospective income, emotional distress, loss of reputation and livelihood;
- (d) Punitive damages for the wanton, malicious and intentional nature of Defendants' misconduct, to deter them from further such conduct;
- (e) Interest, costs and reasonable attorneys' fees incurred by Kaul in prosecution of this action;
- (f) An order that the Defendants issue a public apology, and admittance that they conspired to manufacture a frivolous lawsuit;
- (g) A declaration that:



- (1) Kaul's minimally invasive spinal fusion did not cause injury to the Defendant James Jarrell's spine;
  - (2) The Defendants lied to the court and the public;
  - (3) The Defendants and or, their agents, conspired with other patients, and the Office of the New Jersey Attorney General to cause reputational and economic harm to the Plaintiff, Kaul.
- (h) An order that the Defendants cease their defamatory conduct, of falsely alleging, that the Plaintiff is not qualified to perform minimally invasive spine surgery.
- (i) Any other such relief as the court deems just and proper.

## **SECOND COUNT**

(Civil Conspiracy)

Richard Hodosh

John Ford

James Jarrell

Sheila Jarrell

11. On December 2, 2005 Kaul performed a follow-up examination on Jarrell, in which it was noted, ***"The patient had an episode at work where he tripped and fell"*** (exhibit 8). Jarrell never told Kaul that he had just had his spine manipulated by chiropractor, John Ford, and that the manipulation had caused Jarrell to fall off the treatment table, and yell, ***"He broke my fusion"*** (exhibit 46-7:4). On September 3, 2008, during a deposition Jarrell testified in regards to the manipulation, ***"I didn't say anything to Dr. Kaul at the time"*** (exhibit 5-73:4). Jarrell knew what had just happened, but did not provide the information to Kaul, who had instructed Jarrell post-operatively, that he was not to commence any therapy until Kaul gave the order. The Defendants maliciously deprived Kaul of his right to discontinue his participation in Defendant, Jarrell's care. Jarrell, a construction worker, returned to work in November after the fusion surgery on October 11, 2005. Jarrell testified that he fell at work in November, ***"Being the drilling and blasting superintendent, we had just made a big shot in New York City and I'm required to survey the blast site ... I kind of fell on to the angle"*** (exhibit 5-73:24). Jarrell knowingly and with fraudulent intent, concealed this information from Kaul. Jarrell testified that he had fallen a second time at work in December, ***"That's the one where the excavator came up"*** (exhibit 5-76:14). Jarrell concealed from Kaul the fact that an excavator had been involved in the fall, and on May 2, 2013 I/M/O Richard A. Kaul, when asked about his foot, he failed to tell the court about the ***"drilling and blasting"*** episode, that caused his first fall after the surgery. Upon information and belief Jarrell was encouraged by the Deputy Attorney General, Doreen Hafner, to not tell the whole truth. As a consequence of Jarrell's alleged leg pain, Kaul ordered a CAT scan of his spine.

12. On December 26, 2005 Kaul performed a follow-up examination on Jarrell, and reviewed the results of the CAT scan. Jarrell, unintentionally told Kaul about the Ford manipulation episode on December 2, and upon information and belief had been instructed by Ford not to

discuss the episode with Kaul. Ford, a chiropractor with close professional and business links to Kaul's attorney, Jeffrey Randolph, was released from the case on January 23, 2012 and then testified against Kaul on January 24, 2012 (exhibit 44). The court subsequently refused to give the jury a 'superseding' charge, which would have allowed the jury to connect Jarrell's alleged pain to the Ford manipulation. Kaul included the Ford episode in his notes, ***"The patient ... was doing extremely well. The patient underwent manipulation on the 2<sup>nd</sup> of December which resulted in an onset of pain radiating down the left leg"*** (exhibit 10). Both Ford and Jarrell knew that Kaul had given instructions that there was to be no physical therapy or chiropractic care until ordered by Kaul. The Defendants deprived Kaul of his right to discontinue participation in Defendant Jarrell's care, and the deprivation caused immense economic and reputational harm to Kaul and his children.

13. On March 2, 2011, Steinberger, who had operated on Jarrell in January 2006, performed a follow-up examination (exhibit 15). The 2006 surgery had failed. Steinberger, not able to diagnose the cause of Jarrell's "chronic pain", indicated him for removal of the hardware and a foraminotomy. Steinberger had failed to reduce Jarrell's pain after having delivered five (5) years of clinical care. Hodosh, a neurosurgical colleague of Steinberger, omitted with fraudulent intent, these facts from his report dated July 22, 2009 (exhibit 16). Hodosh did not disclose this conflict of interest to the court, nor provide the jury with information that Steinberger's surgery had failed to alleviate Jarrell's "chronic pain", a pain that Jarrell's second wife had described during a deposition on September 3, 2008 as ***"For let me say in the ten-year period prior to it getting really, really bad, he would have episodes where his back would go out for a few days, he'd suffer and walk around bent"*** (exhibit 1-7:10-13).

14. On March 22, 2011 Steinberger and his practice partner, Frank Moore, operated on Jarrell, and performed an augmentation of fusion from L4 to S1 bilaterally (exhibit 17). However, this component of the surgery is at odds with Steinberger's previous note, in which he states, ***"He has a solid fusion L4 to the sacrum"*** (exhibit 15). If there was in fact a "solid fusion", then there would have been no need for Steinberger and Moore, to augment the fusion. Moore is a defendant in Kaul v Christie, in which there is a motion pending for entry of default judgment. Jarrell's attorney, Lewis Stein, is also a defendant in Kaul v Christie, and Kaul



filed a motion on May 5, 2017 to enter default judgment against Stein. Steinberger and Moore did not remove the right L5 screw, and thus did not achieve their operative goal. Their technical insufficiencies, and failures, were completely ignored by their neurosurgical colleague, and Kaul v Christie defendant, Gregory Przybylski, in his testimony on April 15, 2013 I/M/O Richard A. Kaul. Steinberger and his practice partner, Marc Arginteanu, operated on Jarrell on January 31, 2006, and according to Przybylski's testimony performed a ***"laminectomy partially at L3, at L4, and at L5 with decompression of the left L4, L5 and S1 nerves"*** (exhibit 18-98:12-14). However, Steinberger and Moore, allegedly repeated the decompression on March 22, 2011, at the exact level they claim to have decompressed on January 31, 2006, ***"Attention was turned to L3-4 ... An interlaminar laminotomy, wide foraminotomy, and medial facetectomy were carried out"*** (exhibit 17). Either Steinberger is lying about having performed the decompression on January 31, 2006, or he performed it inadequately and with negligence, or alternatively the surgery was performed successfully, and Jarrell fabricated the complaints, knowing that it would assist his case against Kaul. During his April 15, 2013 testimony I/M/O Richard A Kaul, Przybylski chose to ignore Steinberger's March 22, 2011 operation, because he realized it would have exposed Steinberger's incompetence, and or dishonesty, as well as Jarrell's dishonesty.

15. On January 23, 2012 Ford was released from the case. Kaul's attorney did not object. Randolph was the attorney for the New Jersey Chiropractic Society, of which Ford was a member. Ford held commercial interests in The North Jersey Surgery Center, for which Randolph was the attorney. Upon information and belief, it was this nexus that accounted for Randolph's silence on Ford's release. On February 22, 2016, Kaul v Christie was filed in the United States District Court, District of New Jersey. In the complaint Kaul asserts, ***"Jeffrey Randolph has legally represented NJCS since 2006 and it was through Casatelli that Dr. Kaul met chiropractor, John Ford who referred James Jarrell, Richard Barbetta and Carlene Friedrich to Dr. Kaul. All three had their attorneys file lawsuits that now, under the microscope of this action, look highly questionable. Randolph is also counsel to the New Jersey Chiropractor Society to which Ford belongs"***. Ford, in return for being released from the case, testified against Kaul on January 24, 2012. However, when the court asked Kaul's

attorney, ***"Do you have any questions for him?"***, he responded, ***"No questions"*** (exhibit 19-245-1).

16. On January 25, 2012 Steinberger's video testimony was played to the jury, in which he fraudulently mischaracterized the position of the screws, ***"When you ... So ideally you want to have it placed within the pedicle and not inside the spinal canal"*** (exhibit 20-37:17). On December 22, 2005, Jarrell had a CT of the lumbar spine, which showed that, ***"the left pedicle screw at L5 is medially located within the pedicle"*** (exhibit 21), and was not in the spinal canal, as Steinberger misrepresented under oath during his video deposition on January 11, 2012. Kaul's attorney recounted how Jarrell had testified that the Ford manipulation had ***"broke my fusion"*** (exhibit 22-58:17), a fact that if Jarrell had told Kaul, would have caused Kaul to discuss and document the details of the event with Ford, and would have caused Kaul to consider whether he wanted to continue treating Jarrell. Jarrell, by not telling Kaul, defrauded him into providing clinical services, and deprived Kaul of his right to discontinue participation in Defendant Jarrell's care. Ford injured Jarrell's spine, and then the two conspired to lay the blame at Kaul's feet. Jarrell fraudulently concealed information from Kaul. Steinberger committed perjury by testifying that Kaul's surgery was the cause of Jarrell's pain. Hodosh committed perjury by testifying that Kaul deviated from the standard of care because, amongst other things, he did not have hospital privileges. Hodosh knew that Kaul had acted within the law, in his performance of minimally invasive spine surgery. Stein conspired with Coburn to pollute the jury's mind by allowing the entry of Steinberger's improper causation testimony, and 'court whispers' that alerted the jury to Kaul's prior professional history. Stein was the head of the New Jersey Bar, of which Coburn is a member. As a consequence, the jury entered a verdict against Kaul for over \$1.1 million. Jarrell, through his deceitful conduct, deceived Kaul into providing clinical services, and then defrauded Kaul of his reputation and economic assets. Hodosh violated the American Association of Neurological Surgeons code of ethics, and perjured himself, by providing knowingly false testimony.

17. On June 11, 2012 an individual named Frances Kuren was deposed. She had initiated a similarly fraudulent lawsuit against Kaul in 2008. Kuren had a long and complicated history of back pain, had undergone several failed surgeries by neurosurgeons and orthopedic surgeons,

and had improved after Kaul operated on her in July 2008. Two months after the surgery, Kuren, whilst in her house, knocked over a fish tank, which fell on her leg. She then sued Kaul, and blamed him for her alleged leg pain. Kuren's attorney, John Hoyt, was based in Morris County, as was Stein. Kuren was observed on surveillance video performing all of the activities, that she falsely claimed she could not, due to Kaul's surgery. The cases were almost medically identical, in that they involved individuals from lower socio-economic brackets, for whom frivolous lawsuits are viewed as a source of income, and who had long complicated histories of spinal pain. In both cases the patients committed a fraud on Kaul, and conspired with local neurosurgeons and lawyers to file frivolous lawsuits. Kuren was encouraged by neurosurgeon, Robert Heary, to file a medical complaint against Kaul. On June 11, 2012, during a deposition Kuren was asked the following questions, Q. ***"And what did Dr. Heary tell you about Dr. Kaul?"***, - A. ***"That he wasn't qualified to do what he did to my back"*** (exhibit 23-19:21) - Q. ***"Why did you start to research Dr. Kaul's qualifications following your July 2008 surgery?"*** - A. ***Cause I was informed by the doctor about Dr. Kaul*** (exhibit 23-21:7-9). Hodosh and Heary are neurosurgeons and engage in healthcare commerce with Morris County based Atlantic Health System, whose hospitals include Morristown Memorial Hospital and Overlook Hospital. All viewed Kaul as a threat. Hoyt referred Kuren to Richard Winnie, a pain management physician at Morristown Memorial Hospital. Winne advised Kuren to treat with Heary, in order, to manufacture a case for the purposes of a lawsuit. This same pattern was employed in the Jarrell case. Hoyt and Stein were the 'quarterbacks' for the Kuren and Jarrell cases.

18. On June 20, 2012 Kaul was deposed by Stein, who asked questions about Kaul's economic position. However, at the end of the deposition, Stein bizarrely asked a question about an individual who had rented Kaul's Manhattan townhouse, ***"Do you know what Boruch Freedman's occupation is?"***, to which Kaul responded, ***"No, not really"*** (exhibit 24- 37:24). As Kaul subsequently found out from the rental broker, Freedman was an arms dealer, who Kaul, through the gathering of intelligence, suspected of being involved in the sale of chemical weapon precursors to Syrian rebel forces in late 2012-early 2013. Kaul sent a letter, dated November 11, 2015, to the International Criminal Court in The Hague, that requested an investigation into the matter (exhibit 25). Stein's association with criminal elements of the New



Jersey legal community, is consistent with the fraud he, Jarrell, Hodosh and Steinberger perpetrated on Kaul, and his children. Kaul sent Stein a letter, dated December 14, 2015, that brought his attention to the ICC letter, and an action against the Jarrells, "I advise you and you[sic] clients to give this communication the serious consideration it deserves, as I intend to prosecute the above matters to their fullest extent under both domestic and international law." (exhibit 53). Stein ignored the letter, and Kaul sent a further correspondence, dated January 6, 2016, in which he requested a copy of the June 20, 2012 asset deposition transcript, "I can assure you that as this matter proceeds if you or any of the attorneys involved committed ethical, civil or criminal violations you will be accountable in both the court of public opinion and that of the law". (exhibit 54).

19. On March 30, 2013 Kaul's expert, Solomon Kamson, rendered an opinion I/M/O Richard A. Kaul, in which he stated, ***"He has been able to perform lumbar fusion surgeries in an outpatient setting in a safe and effective manner. His technical skills are excellent and his attention to detail and safety are obvious."*** (exhibit 26). Hodosh, who had never witnessed Kaul operating, rendered a fraudulent report on July 22, 2009 that stated, ***"the fact that this significant surgery was performed by a medical professional, who lacks surgical training in the specialties of neurosurgery or orthopedic spine surgery. Performance of this type of surgery by someone who has taken a multi-day course ... deviation from the standard of care."*** (exhibit 16). Hodash's assessment of Kaul's expertise and qualifications to perform MISS were contradicted by Kamson (exhibit 16) + Basch (exhibit 27-169:1-7) + Coburn (exhibit 28-21:1-13), and neurosurgeon Przybylski is now a Kaul v Christie defendant, accused of racketeering, mail fraud and wire fraud. Jarrell's verdict was procured through the fraudulent testimony of a Morris County based neurosurgeon, who belongs to the cabal of neurosurgeons that are alleged in Kaul v Christie, to have engaged in an eight-year campaign of bribery, extortion, fraud, kickbacks, forged transcripts and obstruction of justice. Jarrell, as with Kuren, and their respective Morris County based attorneys, Hoyt and Stein, were willing and active participants in the criminal enterprise.

20. On April 15, 2013 Przybylski, knowingly, and with fraudulent intent, omitted any reference to the contributory effect that Steinberger's failed 2011 surgery had on Jarrell.

Solomon, the administrative law judge, and now a Kaul v Christie defendant, facilitated the deception, ***“Let me ask you this, Doctor, before you even get to your list ... Are you able to come to that conclusion without consideration of Dr. Steinberger’s material?”***, to which Przybylski answered, ***“Yes”*** (exhibit 18-106:15-17). Solomon knew that Steinberger’s surgery had failed, and was a major cause of Jarrell’s alleged pain, if indeed Jarrell had any pain. However, Solomon wanted to keep this information off the record, in case Kaul appealed the matter. Jarrell’s fraud had commenced in 2005, when he failed to inform Kaul of the Ford manipulation and two falls, and had continued on May 2 2013, when he provided false testimony, and conspired with Hafner and Przybylski to manufacture a fraudulent legal record, from which Kaul’s license was revoked. Jarrell’s pain management physician, Dr. Carrano, even testified that Jarrell concealed this information from her (exhibit 45-155:1-13). Jarrell had been advised by Stein not to divulge this information, as Stein wanted Carrano’s record to falsely indicate that Jarrell’s pain was a consequence of Kaul’s surgery. Przybylski’s fraudulent testimony continued when he issued a written report on April 2, 2012 that Kaul’s use of a unilateral pedicular construct in the treatment of Kuren was a gross deviation (exhibit 29). Unilateral pedicular constructs are commonly used in spinal procedures, but more telling of his fraud, was the fact that when Heary, when deposed by Kuren’s attorney, Hoyt, in 2012, admitted that he used unilateral constructs.

**WHEREFORE**, Plaintiff seeks judgment against the Defendants, jointly and severally, as follows:

- (a) Compensatory damages for fraudulently inducing Kaul into providing clinical services;
- (b) Consequential damages;
- (c) Compensatory damages for injury resulting from loss of current employment and prospective income, emotional distress, loss of reputation and livelihood;
- (d) Punitive damages for the wanton, malicious and intentional nature of Defendants’ misconduct, to deter them from further such conduct;



- (e) Interest, costs and reasonable attorneys' fees incurred by Kaul in prosecution of this action;
- (f) An order that the Defendants issue a public apology, and admittance that they conspired to manufacture a frivolous lawsuit;
- (g) A declaration that:
  - (1) Kaul's minimally invasive spinal fusion did not cause injury to the Defendant James Jarrell's spine;
  - (2) The Defendants lied to the court and the public;
  - (3) The Defendants and or, their agents, conspired with other patients, and the Office of the New Jersey Attorney General to cause reputational and economic harm to the Plaintiff, Kaul.
- (h) An order that that the Defendants cease their defamatory conduct, of falsely alleging that the Plaintiff is not qualified to perform minimally invasive spine surgery;
- (i) Any other such relief as the court deems just and proper.

### **THIRD COUNT**

**(Tortious interference)**

**James Jarrell**

**Sheila Jarrell**

**Richard Hodosh**

21. On September 4, 2007 Hodosh provided a certification to the court, in which he falsely alleged, ***"I have no financial interest in the outcome of this case"*** (exhibit 30). Hodosh, a neurosurgeon, did have a vested interest in the outcome of the case, as the court alluded to in its jury charge (exhibit 47-96:22). Hodosh engaged in healthcare business with Atlantic Health System, which included Overlook and Morristown Memorial Hospitals, two facilities that competed with the surgical centers in which Kaul performed his cases. Hodosh was a member of the Congress of Neurological Surgeons, a medical society that is now a defendant in Kaul v Christie (Docket No. 16-CV-02364), pending in the United States District Court, District of New Jersey. The society, as with a number of its other members, are accused of having engaged in bribery, extortion, fraud, kickbacks, obstruction of justice and forged transcripts. Hodosh is part of this cabal, and provided false testimony to the court in order to further his economic agenda and that of the Kaul v Christie defendants. Hodosh made a knowingly fraudulent certification to the court, and that fraud caused immense economic and reputational to Kaul and his children, for which Defendant Hodosh is liable.

22. On July 22, 2009 Hodosh issued a report in which he falsely stated, ***"Performance of this type of surgery by someone who has taken a multi-day course ... a gross deviation from the standard of care"*** (exhibit 16). Kaul had commenced performing minimally invasive spine surgery in 2002, had been credentialed by multiple state licensed surgical centers to perform MISS, had been deemed qualified to perform MISS by his malpractice carrier (exhibit 38), had been issued a license in 1996 to practice medicine and surgery, had undergone training in general surgery, anesthesiology, interventional pain and minimally invasive spine surgery from 1988 to 2009 (exhibit 31). Hodosh possessed this knowledge. On May 6, 2013 I/M/O Richard A Kaul, neurosurgeon, Gregory Przybylski, the 2011 president of the North American Spine Society, a member of the Congress of Neurological Surgeons, and a business competitor of Kaul,

testified under cross examination, *Q. "So as we sit here today, we know there is no standard by which individuals similarly situated as you, Doctor, are guided with regard to the applicability or use of a fusion, true? – A. Again it would depend on how you use the term standard. If you use the term standard in terms of standard, guideline and option, then I would agree with you" (exhibit 12-37:2-9).* Przybylski admitted in 2013 there was no standard. Hodosh knew in 2009 there was no standard for minimally invasive fusions, but yet made false representations to the court that Kaul had deviated from a standard. The purpose of the falsehoods was to defraud Kaul of the property rights of his money and reputation, as Kaul's work presented a threat to Hodosh, the hospitals at which Hodosh worked, and the neurosurgeons who belonged to the Congress of Neurological Surgeons. On March 30, 2013, minimally invasive spine surgeon, Solomon Kamson, issued a written opinion regarding Kaul's level of expertise, *"I have personally witnessed Dr. Kaul operating and can attest to his competence ... His technical skills are excellent and his attention to detail and safety are obvious" (exhibit 26).*

23. On June 8, 2012 Jarrell obtained an arrest warrant from the court, because Kaul, due to the events that commenced on April 2, 2012, had been unable to attend a discovery deposition (exhibit 32). Stein, aware that a medical board hearing had been scheduled on June 13, 2012 in Trenton, scheduled the discovery deposition the same day, in order to create a situation, in which the court would re-enter the arrest warrant.

24. On June 13, 2012 The pattern of dishonesty and perjury that occurred throughout the Jarrell matter continued with the fraudulent testimony of Przybylski I/M/O Richard A. Kaul. Przybylski knew that Coburn had discredited the testimony of his neurosurgical colleague, Hodosh, who had fraudulently attempted to establish a standard based on board certification, hospital privileges and residency training in orthopedics or neurosurgery. Przybylski engaged in the following dialogue with Doreen Hafner, *"In my experience at JFK Medical Center, as well as other hospitals that I have practiced at, in order to have credentials for performing spinal surgery, one had to have undergone an adequate --- a residency training program. And in most cases now hospitals require board certification in the specialties of orthopedic surgery and neurological surgery to do that". – Q. So based upon your opinion, it's your opinion that*



*he deviated from the standard of care by performing these surgeries? – A. It is my opinion that he deviated from the standard of care by performing these surgeries. – Q. Can you quantify for us the degree of that deviation? – In my opinion, that is a gross deviation (exhibit 33-93:5-21).* Przybylski, as with Hodosh, knew that hospital privileges, board certification and alternative privileges had been found by the judge in the Jarrell matter to have no bearing or relevance to any medical standard, let alone one for the performance of minimally invasive spine surgery. The standard is defined by the technical components of the diagnostic and surgical algorithms, and not by a collection of unscientific, and evidentially unsupported regulations, that are rooted in local political and economic agendas.

25. On June 14, 2012 Kaul sustained a renal colic attack, that necessitated intravenous hydration and analgesia. Stein threatened to have Kaul arrested unless he provided a copy of the ER visit (exhibit 34).

26. On July 20, 2012 Jarrell served a Garnishment Order on Kaul's bank. Jarrell's fraud caused Kaul to become unable to satisfy his child support obligations. Jarrell's fraud caused damage to the lives of Kaul's children (exhibit 35).

27. On July 20, 2012 Jarrell had the Passaic County Sheriff serve a writ of execution on Kaul's bank (exhibit 36).

28. On April 17, 2013 Przybylski provided fraudulent testimony that he knew contradicted the law, as enunciated by Coburn in regards to Hodosh, when in response to a question from Solomon, *"So whether you can't draw a conclusion whether this was minimally invasive or invasive surgery, you're still of the opinion that this doctor with his training should not have been using screws in the first place"*, he answered, *"That is a correct statement"* (exhibit 37-53:15-20). Przybylski knew that Solomon's statement was false, as did Solomon, an individual who had practiced law in New Jersey for about the same time as Coburn. A dance of deceit, intended to manufacture a fraudulent record.

29. On May 6, 2013 Przybylski, after having issued multiple reports and falsely testifying under oath on June 13, 2012, that Kaul had "grossly deviated" from a standard of care that he, like Hodosh, had based on issues of hospital privileges, board certification, residency training, alternative privileges and criticisms of the manner in which Kaul performed minimally invasive

spinal fusions, admitted under cross examination, *Q. "So as we sit here today, we know there is no standard by which individuals similarly situated as you, Doctor, are guided with regard to the applicability or use of a fusion, true? – A. Again, it would depend on how you use the term standard. If you use the word standard in terms of standard, guideline and option, then I would agree with you" (exhibit 12-37:2-9).* And thus Przybylski's fraudulent testimony was exposed, and he subsequently withdrew as an expert from all cases against Kaul, in which he had acted as an 'expert'.

**WHEREFORE**, Plaintiff seeks judgment against the Defendants, jointly and severally, as follows:

- (a) Compensatory damages for fraudulently inducing Kaul into providing clinical services;
- (b) Consequential damages;
- (c) Compensatory damages for injury resulting from loss of current employment and prospective income, emotional distress, loss of reputation and livelihood;
- (d) Punitive damages for the wanton, malicious and intentional nature of Defendants' misconduct, to deter them from further such conduct;
- (e) Interest, costs and reasonable attorneys' fees incurred by Kaul in prosecution of this action;
- (f) An order that the Defendants issue a public apology, and admittance that they conspired to manufacture a frivolous lawsuit;
- (g) A declaration that:
  - (1) Kaul's minimally invasive spinal fusion did not cause injury to the Defendant James Jarrell's spine;
  - (2) The Defendants lied to the court and the public;
  - (3) The Defendants and or, their agents, conspired with other patients, and the Office of the New Jersey Attorney General to cause reputational and economic harm to the Kaul.

- (h) An order that the Defendants cease their defamatory conduct, of falsely alleging, that the Plaintiff is not qualified to perform minimally invasive spine surgery.
- (i) Any other such relief as the court deems just and proper.

## **FOURTH COUNT**

**(Unjust Enrichment)**

**James Jarrell**

**Sheila Jarrell**

**Richard Hodosh**

30. As a result of the conduct described above, defendants have been unjustly enriched at the expense of the Plaintiff.

31. Defendants should be required to disgorge all monies, profits and gains which they have obtained or will unjustly obtain in the future at the expense of the Plaintiff, and a constructive trust should be imposed thereon for the benefit of the Plaintiff

**WHEREFORE**, Plaintiff seeks judgment against the Defendants, jointly and severally, as follows:

- (a) Compensatory damages for fraudulently inducing Kaul into providing clinical services;
- (b) Consequential damages;
- (c) Compensatory damages for injury resulting from loss of current employment and prospective income, emotional distress, loss of reputation and livelihood;
- (d) Punitive damages for the wanton, malicious and intentional nature of Defendants' misconduct, to deter them from further such conduct;
- (e) Interest, costs and reasonable attorneys' fees incurred by Kaul in prosecution of this action;
- (f) An order that the Defendants issue a public apology, and admittance that they conspired to manufacture a frivolous lawsuit;
- (g) A declaration that:
  - (1) Kaul's minimally invasive spinal fusion did not cause injury to the Defendant James Jarrell's spine;
  - (2) The Defendants lied to the court and the public;




- (3) The Defendants and or, their agents, conspired with other patients, and the Office of the New Jersey Attorney General to cause reputational and economic harm to the Plaintiff, Kaul.
- (h) An order that the Defendants cease their defamatory conduct, of falsely alleging, that the Plaintiff is not qualified to perform minimally invasive spine surgery.
- (h) Any other such relief as the court deems just and proper.

### CERTIFICATION

I hereby certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements are willfully false, I am subject to punishment

June 4, 2017



---

Richard Arjun Kaul, MD

**DEMAND FOR JURY TRIAL**

Kaul respectfully demands a trial by jury for the issues so triable in this action:

Dated: June 4, 2017

By:   
Richard Arjun Kaul, MD

Richard Arjun Kaul, MD  
120 Temple Terrace  
Palisades Park, New Jersey 07650  
201 989 2299  
[www.drrichardkaul.com](http://www.drrichardkaul.com)

## Exhibit 5

## **FOLLOW-UP CONSULTATION**

**DATE OF CONSULTATION:** 11/07/05

**REFERRED BY:** Dr. Ford

**LOCATION OF CONSULT:** North Jersey Center for Surgery, Newton, NJ

**PATIENT'S NAME:** James Jarrell

**CONSULTING PHYSICIAN:** Dr. Kaul

**REASON FOR CONSULTATION:** The patient was seen today after having been seen approximately 2 weeks ago. The patient is doing very well with regard to his back and leg pain. He is improving, is back to work, and is very happy with the outcome of the surgery.

### **PHYSICAL EXAMINATION:**

**NEUROLOGICAL EXAMINATION:** Higher functions intact, alert, and oriented x3. Cranial nerves II to XII intact.

**Motor examination:** Grossly intact.

**Sensory examination:** Intact, except for some mild deficits over the L5 dermatomal distribution of the left lower extremity.

**Musculoskeletal examination:** Indicates some vague paraspinal tenderness in the lumbosacral spine with good range of motion. Straight leg raising is negative on the right and negative on the left. Heel-to-toe walking is normal.

**REFLEXES:** Intact.

### **DIFFERENTIAL DIAGNOSIS:**

- 1) Status post lumbar interbody fusion, two level with posterior instrumentation.

**PLAN:** The patient is doing very well postoperatively. He is back to work. Will continue the home exercise program. A recent x-ray indicated good fusion implant placement and screw placement. He will return in 4 weeks.



Richard Kaul, M.D.

RK/lh

Date of Dictation: 11/07/05

## **Exhibit 6**



# F. Richard Jordan M.D., P.A.

Neurological Surgery  
4020 Richards Road , Suite A  
North Little Rock , Arkansas 72117

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*Telephone: (501) 945-4845 Fax: (501) 945-4865*

April 25, 2012

Paul Jordan, MD  
President, New Jersey Board of Medical Examiners  
140 E. Front St.  
Trenton, NJ 08625

Re: Richard Kaul, MD

Dear Dr. Jordan:

What a coincidence to find that I am writing to another Dr. Jordan! And my son's name is Paul as well. I am obviously a neurosurgeon in Arkansas, board certified since 1984, who has been doing general neurosurgery in this location since 1982. I have an interest in pain and spine, but also do craniotomies and all other forms of neurosurgery, except that in recent years I have stopped doing aneurysms and basilar skull tumors.

Dr. Kaul has asked me to do a review of his practice. I came up and did so over this past weekend and until Tuesday. We spent a great deal of time in chart review and discussions of patient care and surgical technique. Although I saw a video of him operating, I was denied the opportunity to actually observe an operation as he is on a hiatus.

Herewith is a summary of my observations: he seems to know what he is doing. He is, in general, conservative. Most of his patients have been with him for some time and have undergone conservative care including epidural injections, facet injections, and extensive evaluation including MRIs, diskograms with post-procedure CT, and neurophysiologic studies before any surgery is done. I played devil's advocate to try to point out the flaws in procedure. The only thing I found is that he is operating on smokers, and we have discovered that spinal fusions, especially the multi-level type, do not heal well in smokers, particularly if they are post-menopausal women. I encouraged him to try to make them stop smoking before he agreed to operate on them. He will, on occasion, try to compensate by putting them in a bone growth stimulator.

In surgery he uses neuromonitoring. He always uses multiplanar fluoroscopy. Anesthesia is given by anesthesiologists. If a patient has to stay overnight, there are two nurses and a physician who monitor them.

I realize that Dr. Kaul does not have the same type training that most of us have, having been trained partially here, partially in England, and partially in Korea, but he has a good grasp of principles and techniques. His outcomes are rather good. We discussed some oddities of his practice, such as doing stages procedures. His feelings are that this avoids long anesthesia times and minimizes the need for overnight stays, and that is valid. In a hospital setting, I would do those cases at one sitting because I would expect them to stay a day or two in hospital. He does not have that option.

He has started a project called SpineAfrica, whereby he goes to Ethiopia and Congo twice a year to do spine surgery in areas that have no spine surgeons. He funds much of this out of pocket and his only reward is satisfaction in helping disadvantaged peoples.

I am aware that there is a hearing on the horizon to review his credentials. We have a neurosurgeon in our area who is from Iran. They are very similar in their approaches. It is sometimes different from our own, but not necessarily bad. I would certainly see no reason to censure him or threaten his license. I gave him some good advice and hope he follows it, but it is just fine-tuning. We all hope to get better with time, and I am sure that he will.

Sincerely,

---

F. Richard Jordan, MD

LUIS RAMIREZ-PACHECO, M.D.  
719 Cypress Street  
New Milford, N.J. 07646

Re: Richard Kaul, M.D. (Medical License)

8/13/2014

Dear Members of the New Jersey Medical Board:

I am writing this letter in support of the application of Dr. Richard Kaul to have his NJ medical license re-instated. I am an interventional pain physician and have been licensed for the practice of medicine in P.R, and N.J. since 1976.

I have known Dr. Kaul professionally for over 10 years and have had the opportunity to witness on many occasions his great technical competence in the performance of Interventional Pain Management specific on spinal procedures. His professionalism, focus and the patient rapports are outstanding and like me, there many instances during which other doctors would spend time observing his technique.

Within the interventional pain community Dr.Kaul has always had the reputation of being a highly skilled and technically competent physician who takes the welfare of his patients very seriously. It would be a great thing for the community if Dr. Kaul were allowed to return to practice.

I would therefore respectfully ask the medical board to consider the re-installation of the N.J. medical license to Dr. Richard Kaul.

Should there be any further information you need please contact me at my address or to my phone (201) 615-8488.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read 'Luis Ramirez-Pacheco', written in a cursive style.

Luis Ramirez-Pacheco, M.D.

# **ANESTHESIOLOGY & PAIN PROFESSIONAL PRACTICE**

55 Hardwick Lane, Wayne NJ 07470

Tel 201 894 1313 Fax 201 894 1335

To: New Jersey Medical Board

Re: Richard Kaul, MD

I am board certified Anesthesiologist and Interventional Pain specialist. I have been in private practice in New Jersey and New York for over 20 years.

I am writing this letter to support Dr.Kaul in his application for the reinstatement of his medical license.

I first met Dr.Kaul in 2006 when we were both working at the same surgical center and got to know him both professionally and personally.

From 2006 onwards I was able to observe him - both as an anesthesiologist and pain management specialist - performing procedures and surgeries on the spine.

He is very skilled and competent physician that truly cares about the welfare of his patients. His technical abilities are among the best in the field of interventional pain practice. His medical and clinical knowledge is superior.

His judgment is sound. His clinical skills are superior.

I also observed his interactions with the nursing and administrative staff and found him to be very professional. His communication and interpersonal skills including ability to work with others, relationship with patients and their families, relationship with healthcare team and clarity and legibility of records are superior. His professionalism including responsiveness and accountability to patients and profession, adherence to ethical principles, efficiency in utilization of resources are superior.

Dr. Kaul is a respected physician within the interventional pain community as a practicing physician. Dr Kaul has been at the forefront of interventional spine specialty and has been instructor to other physicians in this field.

I would therefore fully and without reservation support Dr Kaul in his efforts to have the license to practice medicine fully reinstated.

(Should there be any further information you require please contact me directly at my cell number 646 431 8560).

Respectfully submitted,

---

Dariusz Nasiek, M.D.

Board Certified by American Board of Anesthesiology

Board Certified by American Board of Pain Medicine

Board Certified by American Board of Interventional Pain Physician

# **PAIN RELIEF CENTER, P.A.**

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**Felix E. Roque, M.D.** \* Interventional Pain Management Center  
211 60<sup>th</sup> Street - West New York, NJ 07093 Tel (201) 662-5437 Fax (201) 662-7195

September 3<sup>rd</sup>, 2014

Law Office of Dughi, Hewit & Domalewski  
Atn: Mr. Michael J. Keating  
340 North Ave  
Cranford, NJ 07016

Dear Mr. Keating,

I am an interventional pain specialist and have been in practice for almost 25 years with an entire focus on the diagnosis and treatment of painful spinal conditions through the use of fluroscopically guided injections and procedures. My education and training has included medical school with post graduate training in anesthesiology and a subsequent fellowship in interventional pain management.

As stated earlier I have been in practice for almost 25 years and during this period I have performed over 10,000 procedures which have included the entire range of pain management interventions in the cervical, thoracic and lumbar spine. My practice also includes the performance of disco grams, dorsal column stimulation and intrathecal pump device insertion. I have within the last 5 years included lumbar endoscopic decompression techniques for the treatment of painful herniated discs.

I am currently the Director of the Pain Department at St.Mary's Hospital in Passaic and am responsible for the credentialling of physicians and quality control measures in the department. I also practice at several outpatient surgical centers where I regularly perform about forty procedures a week.

I have known Dr.Kaul professionally since 2008 and have witnessed him operating on patients on multiple occasions. Within the field of interventional pain and minimally invasive spine surgery the use of fluoroscopic guidance and interpretation is critical to the safe and effective performance of the spinal procedures and during my many observations of Dr.Kaul operating I observed his great skill at the safe fluroscopically guided placement of needles, probes and other instruments into the spine. I never witnessed or was aware of any complications during the times I observed him working.I was able to gather this



# **PAIN RELIEF CENTER, P.A.**

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**Felix E. Roque, M.D.** \* Interventional Pain Management Center  
211 60<sup>th</sup> Street - West New York, NJ 07093 Tel (201) 662-5437 Fax (201) 662-7195

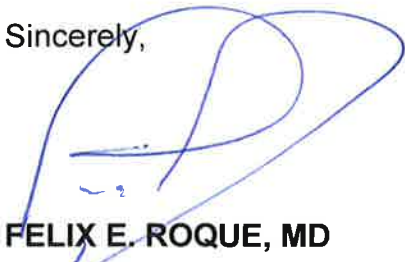
information by spending time in the OR with Dr.Kaul and directly observe his technique and in my discussions with him about treatment protocols it became clear that he possessed a thorough understanding of spinal disease and the appropriate treatments.

Dr.Kaul is a caring and compassionate physician and I have observed his empathetic interactions with his patients both before and after their procedures. If Dr.Kaul has his medical license reinstated he will work under my direct supervision and all clinical decisions and patient care treatment will be discussed and authorized by myself before Dr.Kaul is permitted to treat the patient. His work will be directly observed and regularly audited for outcomes and any complications .He will work directly with me consulting patients at my two offices in West New York and Clifton and performing interventional pain procedures at the Endo Surgical Center in Clifton. The spectrum of patients treated would include principally people with degenerated painful spinal conditions in the cervical, thoracic and lumbar regions and his scope of practice would be strictly limited to interventional pain management.

Dr.Kaul will work with administrative staff in the office setting when consulting patients and will work with anesthesiologists, nurses and surgical technicians when performing procedures in the OR.

I am willing to supervise all aspects of Dr.Kaul's clinical performance for a fixed period of time and will submit periodic reports to the medical board detailing his progress.

Sincerely,

A handwritten signature in blue ink, appearing to be 'F. Roque', written over a horizontal line.

**FELIX E. ROQUE, MD**

**Director**

Pain Management Center

St. Mary's Hospital

Passaic, NJ

## **Exhibit 7**

**Richard Kaul, M.D.**  
**New Jersey Spine & Rehabilitation**  
**111 Wanaque Avenue**  
**Pompton Lakes, NJ 07442**  
**Telephone: 201-291-2742**  
**Facsimile: 973-248-8844**

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**Attention:** *Patricia Maze*

Attached, please find consent forms for your upcoming surgery.

Please read carefully, initial and sign in the appropriate areas.

Once completed, you may fax or mail the forms back to our office.

**\*\*Please be advised, consent forms must be received before your surgery. In the event we are unable to receive the consent forms before then, please bring the originals with you at the time of your surgery.**

If you have any questions, please contact the office at the number listed above.

**Richard Kaul, M.D.**  
**New Jersey Spine & Rehabilitation**  
111 Wanaque Avenue  
Pompton Lakes, NJ 07442  
Telephone: 201-291-2742  
Facsimile: 973-248-8844

---

Patient's Name: *Patricia Maze*

Date of Surgery: *November 21, 2008*

Description of Surgery: *lumbar interbody fusion at L2-3, L3-4, L4-5 with interbody mesh cage and allograft bone and with insertion of posterior hardware*

Consent to Spinal Surgery

**Please read each paragraph thoroughly, if you agree with what the paragraph says, please initial on the line next to the paragraph.**

 1.

This is consent for Richard Kaul, M.D., together with any other surgeon who is working with him, to perform spinal surgery as previously explained to me and to perform other procedures deemed necessary or advisable in the opinion of the surgeon to complete the planned operation. I have made my decision for surgery voluntarily and freely.

 2.

It has been explained to me and I fully understand that occasionally there are complications of the surgery. I accept the possibility that these complications may occur.

 3.

It has been explained to me and I fully understand that there are certain risks associated with this procedure. The risks include, among other things, death, permanent full paralysis, permanent partial paralysis, voice box paralysis in cervical surgery, permanent brain damage, permanent partial blindness, permanent complete blindness, temporary or permanent infection and temporary or permanent severe pain.

 4.

It has been explained to me and I fully understand that there are possible benefits associated with this surgery. However, it has been explained to me and I fully understand that there is no certainty that I will receive these benefits. No guarantees have been made to me about the outcome of this surgery.

 5.

The alternatives to this surgery, including no treatment at all, have been explained to me. The advantages and disadvantages of each of the alternatives have been explained to me. I have decided to proceed with the spinal surgery.

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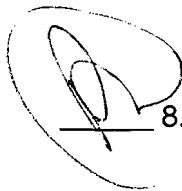
6.

I know that during the operation unexpected conditions may require additional or different procedures than those described to me. Since at the time I may be under anesthesia or otherwise unable to give consent, I give permission and ask that the surgeon performing this operation and his assistants or designees, perform procedures which the surgeon thinks are necessary and desirable, involving, but not limited to procedures involving surgery. This permission includes treating all conditions that the physician thinks require treatment, even if the condition was not known when the operation began.



7.

It has been explained to me and I fully understand that more treatments may be required in the future and that the future treatments may include further surgery.



8.

I have had an opportunity to discuss with Richard Kaul, M.D., my complete past medical and health history including any serious problems and/or injuries. Dr. Kaul has answered all of my questions concerning the surgery, risks, benefits and alternatives. I am satisfied with Dr. Kaul's answers.

9.

I understand that there is no warranty or guarantee as to the result and that my condition may return or become worse.

**I have read and I fully understand the terms and words in this consent for spinal surgery.**

  
Patient, Parent or Guardian

Date

  
Surgeon

Date

  
Witness

Date



**Richard Kaul, M.D.**  
**New Jersey Spine & Rehabilitation**  
111 Wanaque Avenue  
Pompton Lakes, NJ 07442  
Telephone: 201-291-2742  
Facsimile: 973-248-8844

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**Patient Name:** Patricia Maze

1. Do you now or have you ever had any heart problems?
2. Has your family a history of heart problems?
3. Do you now, or have you ever had a problem/incident with your blood/bleeding?
4. Has anyone in your family ever had a problem with blood/bleeding?
5. Have you ever had any sort of reaction or problem with anesthesia?
6. Are you allergic to anything, including metal?
7. Are you allergic to latex?
8. Do you now or have you ever had a problem with breathing?
9. Have you ever tested positive for Hepatitis A, B or C?
10. Have you ever tested positive for HIV?
11. Have you ever tested positive for viruses or infections that may be important in decision making regarding patient care and management?
12. Are you taking any aspirin based medication or anti-inflammatory medication?
13. Are you taking Plavix or any other blood thinners?
14. Do you smoke? yes Did you ever smoke? \_\_\_\_\_ How many? 1 pack per day
15. Is there anything about your medical history that you may have forgotten to mention to the doctor that is relevant, now you are going for surgery?

  
**Patient Signature**

11/21/08  
**Date**

**Richard Kaul, M.D.**  
**New Jersey Spine & Rehabilitation**  
111 Wanaque Avenue  
Pompton Lakes, NJ 07442  
Telephone: 201-291-2742  
Facsimile: 973-248-8844

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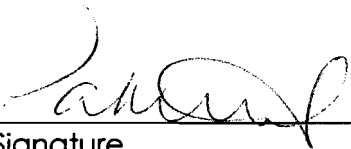
Date of Surgery: November 21, 2008

I, Patricia Maze, have been advised of the following:  
(please print name)

- ✓ Pre-Operatively I must have the following completed:
- ✓ All questions that I have regarding the surgery have been answered.
- ✓ I am aware that my first post-operative appointment will be 10 – 14 days after the surgery with Dr. Kaul.
- ✓ I should not participate in any exercise or physical therapy program until advised to do so by one of the surgeons. For the first six weeks the only exercise is progressive ambulation – that is walking more as time passes.
- ✓ I have received a copy of the patient information packet.

The Surgical Center will call me the day before the surgery to advise me of the time to come to the center.

If I have any additional non-medical questions, I have been given the contact details of Kelly Poppe, the Practice Administrator; I have also been told that Dr. Kaul will answer, to the best of his ability, any further questions that I might have.

  
Patient Signature

11/21/08  
Date

**Richard Kaul, M.D.**  
**New Jersey Spine & Rehabilitation**  
**111 Wanaque Avenue**  
**Pompton Lakes, NJ 07442**  
**Telephone: 201-291-2742**  
**Facsimile: 973-248-8844**

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**Some Things You Should Know About Spinal Surgery**

It is important to understand that medicine is not an exact science. Although we plan and carry out our surgery as carefully as possible, the results can vary in their degree of success. It is only natural for a patient undergoing spinal surgery to want to be reassured that everything will turn out alright. Most of the time it will, but most of the time is not all of the time, so it is necessary to talk about what can go wrong.

In the "old days", physicians did not always emphasize the risks of surgery because they did not want their patients to worry about things that they felt were their responsibility. But now it is very important that you be aware of the risks involved and actively participate in the decision to operate. You should also be aware of the alternatives to surgery, which does not always include doing the surgery. We cannot promise you a good result because it is impossible to deliver that every time, but we can promise you to do our best.

It is very important that you think about all of this, ask questions, and be sure you feel that you are doing the right thing, at the right time, with the right doctor... if you are not sure then you should let me know.

Please now go on to the following pages which discuss informed consent. Any questions you have should be brought to my attention and I will attempt to answer all of your questions to your satisfaction.

**Richard Kaul, M.D.**  
**New Jersey Spine & Rehabilitation**  
111 Wanaque Avenue  
Pompton Lakes, NJ 07442  
Telephone: 201-291-2742  
Facsimile: 973-248-8844

---

Dr. Kaul has explained my diagnosis to me and why the procedure is indicated. He has given me ample opportunity to ask questions and has provided sufficient information on risks, common complications and alternative to the procedure for me to consent to lumbar interbody fusion at L2-3, L3-4, L4-5 with performed by Dr. Kaul. interbody mesh cage and allograft bone and with  
insertion of posterior hardware.

Patricia Maze  
Patient Name (please print)

[Signature]  
Patient Signature

11/21/08  
Date

I, Dr. Kaul, have explained the diagnosis and indications for surgery and have answered all questions concerning these. I have provided information on risks, common complications and alternatives to the procedure.

[Signature]  
Richard Kaul, M.D.

11/21/08  
Date

[Signature]  
Signatures witnessed by

11/21/08  
Date

## **OPERATIVE REPORT**

### **BERGEN PASSAIC AMBULATORY SURGERY CENTER**

**1084 Main Avenue**

**Clifton, NJ 07011**

**PATIENT:** Patricia Maze

**SURGEON:** Richard Kaul, M.D.

**ASSISTANT:** John Woods, ST, SFA

**NEURO TECHNICIAN:** Anthony Benevenga

**DATE OF SURGERY:** 11/21/2008

**PREOPERATIVE DIAGNOSES:**

- 1) Herniated lumbar disk, L2-L3.
- 2) Herniated lumbar disk, L3-L4.
- 3) Herniated lumbar disk, L4-L5.
- 4) Lumbar radiculopathy.
- 5) Concordant diskogenic back pain, L2-L3.
- 6) Concordant diskogenic back pain, L4-L5.

### **POSTOPERATIVE DIAGNOSES:**

- 1) Status post lumbar interbody fusion with mesh cage and allograft bone at the L2-L3 level.
- 2) Status post lumbar interbody fusion with mesh cage and allograft bone at the L3-L4 level.
- 3) Status post lumbar interbody fusion with mesh cage and allograft bone at the L4-L5 level.
- 4) Insertion of transfacet pedicular screws bilaterally at the L3 pedicles.
- 5) Insertion of transfacet pedicular screws bilaterally at the L4 pedicles.
- 6) Insertion of transfacet pedicular screws bilaterally at the L5 pedicles.

**ANESTHESIA:** General endotracheal intubation.

**ANESTHETIST:** Dr. DiGiovanni.

**FLUID GIVEN:** Lactated ringers.

**CONDITION ON TRANSFER TO PACU:** Good.

**BLOOD LOSS:** Less than 100 cc.

**COMPLICATIONS:** None.

**OPERATION:**

- 1) Lumbar interbody fusion with mesh cage and allograft bone at the L2-L3 level.
- 2) Lumbar fusion with interbody mesh cage and allograft bone at the L3-L4 level.



- 3) Lumbar fusion with interbody mesh cage and allograft bone at the L4-L5 level.
- 4) Insertion of transfacet pedicular screws at the L3 pedicles bilaterally.
- 5) Insertion of transfacet pedicular screws at the L4 pedicles bilaterally.
- 6) Insertion of transfacet pedicular screws at the L5 pedicles bilaterally.
- 7) Multiplanar fluoroscopy.
- 8) SSEP and intraoperative neurophysiological monitoring performed by Anthony Benevenga.
- 9) Injection of caudal epidural for postoperative pain relief with epidurogram under fluoroscopic control.
- 10) Selective nerve root block at the L2-L3 levels on the left and right sides.

**INDICATION FOR PROCEDURE:** The patient was initially consulted on 11/08/2007. At that time she was a 44-year-old female who gave a history of having been involved in an accident on 10/12/2005 resulting in an injury to her lumbosacral spine. The patient subsequently underwent an extensive course of conservative therapy with a laminectomy being carried out at the L4-L5 level. The patient however continued to experience back and leg symptomatology and at her initial consult had positive neurological and musculoskeletal findings which supported the recommendation for the lumbar diskogram. The diskogram was carried out by Dr. Qureshi and indicated concordancy and disruption of the disks at the L2-L3 and L4-L5 levels. The patient was followed up on 09/03/2008 with the results of the diskogram for a discussion of the therapeutic options. The patient continued to demonstrate positive neurological and musculoskeletal findings which in conjunction with the positive diskogram and the previous MRI indicating herniations at the L2-L3, L3-L4, and L4-L5 levels. The patient was recommended for a lumbar interbody fusion. At that time, a discussion was held with the patient with regards to the various therapeutic options available to her and she was advised that she could undergo further conservative therapy, have no therapy, undergo interventional pain therapy, or undergo surgical intervention. The surgical options were discussed and described as including lumbar interbody fusion with posterior instrumentation. The patient was advised that this would be carried out in a minimally invasive fashion to minimize trauma to the paraspinal structures. The risks and benefits of the surgery were fully discussed with the patient and these were described as including, but not limited to infection, nerve damage, bleeding, paralysis, failure to get better, and possibility of getting worse. The patient was allowed to ask questions, which were fully answered to the patient's satisfaction and in addition, the patient was also advised of the training and experience of the surgeon carrying out the procedure. After a full and thorough discussion during which the risks and rationale of the surgery were fully discussed, and during which the patient made it clear that she understood that her disks would be removed and replaced with allograft bone and that she would have hardware inserted, the

patient decided to proceed with the lumbar interbody fusion at the L2-L3, L3-L4, and L4-L5 levels with insertion of posterior hardware.

**DETAILS OF PROCEDURE:** The patient attended the surgical center on 11/21/2008 with her husband. The patient was admitted by the nursing staff and was taken from the reception area to the preoperative holding area. The appropriate paperwork including the consent form was signed and the patient placed in a gown. The patient was interviewed by the anesthesiologist who explained the risks and benefits associated with the anesthetic component of the surgery and intravenous access was obtained. The patient was taken to the operating room where the monitors, the EKG, blood pressure, and pulse oximetry monitors were applied. The patient was induced and intubated and then turned prone on to a Kambin frame with the pressure points in the head, eyes, neck, upper and lower extremities fully protected. Compression stockings were then applied to the patient's legs for DVT prophylaxis. In addition, the patient was given a gram of antibiotics Ancef 1 gram. Once the patient have been properly and safety position on the Kambin frame, using the C-arm in both AP and lateral views, the midline of the spine was identified at the levels of the L2-L3, L3-L4, and L4-L5 levels marked out clearly. The entry points for these sheaths were identified as being located between 8 to 10-cm on the midline at the L2, L3, and L4 levels. The back was then prepped and draped in sterile fashion and the surgical procedure was then begun.

The initial levels to be addressed were the L2-L3 level and the exact same technique was used at L3-L4 and L4-L5. A description of that technique will be given in this paragraph and it should be noted that the exact same technique was replicated at the L3-L4 and at the L4-L5 levels.

The procedure was started from the patient's left hand side. A 10-inch 18-gauge needle was inserted under fluoroscopic guidance fully to the posterolateral margin of the disk. The needle was inserted into the disk. The stylette was removed and indigo carmine was injected to carry out a diskogram of the disk. The diskogram indicated disruption of the disk with leakage of the contrast into the epidural space. A guidewire was inserted through the needle and the needle was removed over the guidewire and incision was made and a set of serial dilators were advanced under fluoroscopic guidance to free the posterolateral margin of the disk. Once the dilators were in place, the sheath was inserted over the dilators and secured. The same technique was used for inserting a sheath from the patient's right hand side as a biportal technique was used at the L2-L3, L3-L4, and L4-L5 levels for decompression, endplate preparation and graft insertion. Having secured a biportal approach at the L2-L3 level, the discectomy was carried out using pituitaries, suction, and a special shaper. The disk material was removed and then the endplates were prepared using a special shaper. Brisk bleeding was seen to occur into the intervertebral space as evidenced by the insertion of an endoscope opposite the working portal. Under both video and fluoroscopic guidance, the discectomy was carried out, the endplates were prepared, ready for insertion of the allograft bone and the mesh cage. The mesh cage was inserted into the joint

and under fluoroscopic guidance, and allograft bone was then tapped into the mesh cage expanding the mesh cage during distinct visualized fluoroscopically and on the video monitor. Once the mesh cage had been successfully placed into the intervertebral space and position had been secured, the sheaths were removed from the left and from the right. The exact same technique was used at the L3-L4 and the L4-L5 levels to insert the mesh cages at those particular levels.

Once the interbody devices had been successfully placed and confirmed in position fluoroscopically and on video, the transfacet pedicular screws were inserted at the L3, L4, and L5 pedicles bilaterally. The same technique was used for inserting the transfacet pedicular screws at each of the levels. A small midline incision was made at L2-L3 and dissected down to the lumbodorsal fascia. Using the Jamshidi needle under fluoroscopic guidance, the needle was advanced down on to the facet joints at the aforementioned levels. The stylette was removed from the needle and a K-wire was used to drill for the facet into the pedicle and into the body. Having created the track, a drill and then an awl were then used to prepare the bone for insertion of the transfacet pedicular screw. Having prepared the track, the screw was then inserted under fluoroscopic guidance through the facet into the pedicle. The same technique again was used for each of the six screws inserted and the procedure was carried out with intraoperative neurophysiological monitoring which indicated normal and intact neural function and structure during the procedure. Having successfully placed the screws at the multiple levels with the interbody devices, the patient's back was then closed in interrupted 2-0 Vicryl layers. The patient had a caudal epidural injection carried out and had a selective nerve root block carried out at the L2-L3 level on the left and right sides with minimization of post-neural inflammation. The patient was then turned on to her back extubated and taken to the recovery room. The patient made an uneventful recovery and was discharged from the facility in stable neurological and cardiovascular state. The patient was examined twice before discharge, and was seemed to be ambulating without assistance and had voided successfully. In addition, the patient had drunk, eaten and had stable vital signs. The patient was given a full set of postop instructions, number to contact in case of an emergency, a prescription of antibiotics, muscle relaxants, and painkillers, and the date of her next appointment.



Richard Kaul, M.D.

RK/MED

Date of Dictation: 11/23/08

## **Exhibit 8**

## **Statement of Fact**

### **Fraudulent medical malpractice claims:**

55. In a period from at least 2009 to 2018, multiple lawsuits were filed against Kaul for alleged medical malpractice. The clinical notes in all of these cases evidence that there had been no malpractice, as in over ninety percent (90%) of these cases, the patients; pain/disability improved and in the remaining ten percent (10%) it remained the same. The majority of these fraudulent insurance claims were filed after the widely publicized illegal suspension/revocation of Kaul's NJ license (2012/2014) in NJ state courts corrupted/controlled by Defendants Christie/Allstate/Brown. In the period from 2012 to 2015 on at least seven (7) occasions, the Defendants defrauded Kaul's medical malpractice carriers. The theft included the following amounts: **(i)** \$200,000; **(ii)** 450,000; **(iii)** 125,000; **(iv)** 425,000; **(v)** 750,000; **(vi)** 1,000,000; **(vii)** 605,000. A percentage of these monies constituted kickbacks to Defendant Christie and his political campaigns for the offices of the 2013 NJ Governor/2016 Republican Presidential nomination.
56. From 2009 to 2016, Defendants Allstate/Hafner used the US mail/wires to propagate these knowing fraudulent judgments to every state/federal healthcare agency, including the National Practitioners Data Bank.
57. These fraudulent judgments have been reported and re-reported hundreds of times over the US mail/wires and into the public domain using the media/internet.
58. On May 27, 2020, these fraudulent judgments were reported by the State of Pennsylvania, in a proposed order that granted Kaul's application for licensure. These fraudulent judgments, a perpetuation/consequence of the Defendants' crimes, constitute an obstruction of justice that will significantly impede Kaul's ability to procure medical malpractice insurance for future medical malpractice, unless made null/void with restitution of all monies to his prior medical malpractice carriers.
59. The Pennsylvania Medical Board, a defendant in K11-1, conspired/colluded with Defendants NJBME/Hafner/Allstate to continue violating Kaul's legal rights by filing an untimely order to review the May 27, 2020 order of the State of Pennsylvania. However, on February 8, 2021, after Kaul had filed: **(i)** a petition for a writ of mandamus in the Supreme Court of Pennsylvania (December 2, 2020); **(ii)** motion for judicial disclosure of conflicts of interest-ex parte communications; **(iii)** K11-1 (includes Defendants Pennsylvania Medical Board/Mark B. Woodland-President of PMB/University of Pittsburgh (employs member of Defendant PMB), Defendant PMB adopted in its entirety the May 27, 2020 opinion/order.
60. The May 27, 2020, however, perpetuates the Defendants schemes in that it requires Kaul to undertake a cost prohibitive 'remediation' course, employ a physician



monitor for five (5) years, a period for which his license will remain on probation. The order is engineered to entrap Kaul and further deprives Kaul of any right to defend himself against any future arbitrary/capricious/patently illegal efforts to defraud Kaul of the property of his PA medical license. As of March 15, 2021, Kaul and Defendants PMB/Woodland/University of Pittsburgh are adversaries in the United States District Court for the Northern District of Texas (K11-1). Kaul will be moving in the Supreme Court of Pennsylvania/PA Legislature to have an independent ombudsman/committee oversee Defendants PMB/Woodland/University of Pittsburgh. The oversight/watchdog element will be incorporated into **The Kaul Act**, a piece of legislation purposed to protect physicians' constitutional right to due process, in regard to the property of their medical license.

61. Since at least the late 1970s for-profit corporations (insurance/pharmaceutical/medical device/hospital) have increasingly and with lethal impunity, deprived American physicians of their legal rights/property/livelihood/liberty and on many tragic occasions, their lives (400 suicides/year). This genocidal scheme has been perpetrated in conspiracy/collusion with corrupt politicians/judges/journalists, in violation of RICO/Antitrust law and in the sole pursuit of corporate/executive profit.

62. Cited below are some examples of the blatant fraud committed by the Defendants and their equally culpable clients/patients through/by/with the politico-legal apparatus of the State of New Jersey.

63. **DOLORES SICA:**

**Dolores Sica v Richard Kaul, MD et al: ESX-L-7421-12** - Lawyer/Law Firm - Abbott Brown/Lomurro/Schottland Law: Judge/Court - NJ Superior Court: Essex County: Insurance Carrier - Caitlin/Rockbridge: Physician - Michael Murphy, MD: Amount of insurance fraud - Approximately \$1.5 million (Kaul/Bergen Passaic Surgical Center)

July 5, 2007 - Consultation:

**"This is a 50-year-old female, who has a history that goes back approximately five to six months and is one of severe pain in the lower back, which goes into the left leg ... The patient states that walking has become difficult ... going to the bathroom also are difficult."**

March 12, 2008 - Follow-Up Consultation:

**"The patient was in today after having last been seen on 02/23/08 at which time the patient underwent the third in a series of three radiofrequency lesioning of the lumbar facet joints. The patient is having an excellent outcome to the neurotomies of the lumbar facet joints and has done very well with regards to her lower back."**

January 8, 2009 - Letter from Sica to Kaul:

**"I will never forget you for your kindness and excellent work ... I hope and pray life gives you the best in life because you deserve it. Thank you again for all the help you have given me."**

October 5, 2012 - Malpractice claim filed:

**"Dolores Sica was caused severe injuries, causing her great pain and suffering, causing her to seek further medical treatment and incur further medical treatment ... disabling her from her normal activities ... caused to seek medical treatment ... disabled from her normal activities and employment."**

In 2017, as part of Kaul's motion to vacate a default judgment, Kaul submitted a chronology of the preceding/surrounding political/legal/medical/media events.

January 11, 2017 - Sica v Kaul: Chronology of Defendants Professional Jealousy/Political Corruption/Evidence Tampering + Kaul's Professional/Personal History:

**"... upper crust British accent ... widespread publicity that both attacked Dr. Kaul's reputation, and disseminated information about his assets ..."**

**"Dr. Kaul was credentialed by a state licensed surgical center to perform minimally invasive spine surgery. The granting of privileges was based on his qualifications, credentials, experience, peer recommendations and possession of insurance coverage. From 2002 to 2012, Dr. Kaul obtained minimally invasive spine surgery privileges at least six (6) state licensed surgical centers ..."**

**"Cheryl Schwartz described how Kuren had improved after the surgery, [lumbar spinal fusion] and then decided to sue after she tripped, and a fish tank had fallen on her leg."**

**"The pattern is almost identical, and both cases involve neurosurgeons. Schwartz concluded the letter by stating "She did this herself and she is to blame not him. I think this is insanity."**

**"So, the surgical procedures performed by Dr. Kaul in this case are commonly and ubiquitously performed by anesthesiologists, physiatrists, neurosurgeons and orthopedic surgeons. Furthermore, we have the benefit of two- and three-dimensional imaging studies taken after Dr. Kaul's procedure that show that the hardware he implanted was appropriately positioned and deployed."**

**"What did Heary say to you at your first appointment?" Kuren stated "He spoke to me about Dr. Kaul." The neurosurgeons regularly engaged in slanderous gossip about Dr. Kaul ..."**

**“The proceeding exposed the medical board, under the Christie regime, to be a state agency that performed his political ‘dirty work’. Christie used the medical board in a quid pro quo scheme with neurosurgeons ...”**

**“Truth + Justice - Dr. Kaul will submit an application for a medical license in New York State.”** (On February 8, 2021, the Pennsylvania Medical Board concurred with the May 27, 2020 order of the State of Pennsylvania to grant Kaul a license. In early 2021, Kaul submitted an application to the State of New York. The matter is pending. In due course, Kaul will move Governor Philip Murphy to have Kaul’s NJ license reinstated with a public apology/compensation).

January 6, 2017 - Sica v Kaul: ESX-L-7421-12: K8 - Kaul CRITIQUE OF ‘EXPERT’ REPORTS:

Kaul submitted fact that proved the three so called ‘experts’ (Murphy/Skolnick/Deluty) were not qualified under the law to testify as to the standard regarding the performance of minimally invasive spine surgery:

**“Murphy is not qualified to opine because he has no education, training, experience, or qualifications in minimally invasive spine surgery ... Murphy has no education, training, qualifications or experience in interventional spinal techniques. Murphy has rendered similarly flawed reports for the same counsel [Defendant Brown] in matters that were part of the plaintiff’s bar ‘feeding frenzy’.**

**“Sica’s ongoing pain is a consequence ... the two destabilizing surgeries performed with antiquated techniques, by a neurosurgeon. Sica did well after the Dr. Kaul surgery.”**

February 24, 2017 - Sica v Kaul: ESX-L-7412-12: K8 - Reply to Plaintiff’s opposition to motion to vacate default judgment:

Defendant Brown opposed Kaul’s motion to vacate the default judgment, and thus Kaul alerted the court to crimes orchestrated by Defendant Christie/State of New Jersey, that included the felony of Evidence Tampering. In early 2017, Kaul made oral argument in front of Judge Annette Scoca. Defendant Brown’s colleague, Matthew Schiappa was present

**“Within these arguments the ‘excusable neglect’ and ‘meritorious defense’ elements are substantiated by the plaintiff’s allegations of forged transcripts [The Solomon Critique: K1-D.E. 225 + The Solomon Critique 2: K1-D.E. 299], corruption of public officials, racketeering, mail fraud, wire fraud, new evidence and obstruction of justice. The evidence necessary to prove these elements, as is articulated in the BRIEF, did not become available to Dr. Kaul until recently.”**

February 2, 2018 - Sica v Kaul: ESX-L-7412-12: K8 - Kaul motion for summary judgment/dismissal of Plaintiff’s Amended Complaint:

Kaul, cognizant of the facts that Defendant Brown had no qualified experts and the case was filed after the statute of limitations, filed a motion to have the case dismissed:

**“... either suspend or revoke Kaul’s medical license ... based on the fraudulent opinions of neurosurgeons, Gregory Przybylski, MD, and interventional pain physician, Andrew Kaufman, MD, that Kaul had allegedly deviated from the standard of care because he did not possess training or board certification, in either orthopedics or neurosurgery. These two individuals also opined, with knowing falsity that the care Kaul delivered to certain patients allegedly deviated from the standard of care.”**

**“Here, summary judgment is appropriate for the reasons articulated below. There are no genuine issues of material fact regarding the admitted lack of any generally accepted standard in the field of minimally invasive spine surgery, and the fact that the Plaintiff’s experts pursuant to *Edward Nicholas v Christopher Mynster* (NJ Supreme Court - April 25, 2013) are not qualified to opine regarding the standard (even if one existed, which it does not) for minimally invasive spine surgery.”**

The state court denied Kaul’s motion, as it was in collusion/conspiracy with **The Kaul Cases Defendants**, which include the State of New Jersey. By 2018, Judge Scoca had removed herself from the case, recognizing the criminal liability of the matter, and was replaced by Judge Jeffrey Beacham, a jurist who used the bench to perpetuate the Defendants’ crimes.

May 18, 2018 - Sica v Kaul: ESX-L-7412-12: K8 - Court Order re: scheduling of trial:

Long-time NJ state court judge, Dennis Carey, entered a trial-date order despite knowing that the revocation of Kaul’s license was illegal, and with the intent of permitting Defendant Brown to introduce the revocation into evidence, in order to prejudice the jury and secure a judgment against Kaul. Defendant Brown had already received monies from the Bergen Passaic Surgical Center. Carey permitted his court to be corrupted by the Defendants.

June 18, 2018 - Sica v Kaul: ESX-L-7412-12: K8 - Letter from Kaul to Defendant Murphy re: Professional Liability + Fraud:

Kaul, recognizing that Defendant Murphy has committed a ‘Fraud on the Court’ and forewarned him of his liability. As a consequence of the letter, Defendant Murphy withdrew from the case.

**“The evidence in *Kaul v Christie* proves that the conspiracy that caused the revocation of my license of my license was conducted over a protracted period, involved multiple parties in different states, and schemes in which patients were encouraged by orthopedic surgeons and neurosurgeons to file frivolous lawsuits**

against me. If evidence emerges, as the federal case proceeds, that you were part of this conspiracy, then your name and that of your practice, will be added to the list of defendants.”

“This case is frivolous and is a direct consequence of the professional jealousy and political corruption that caused the illegal revocation of my license. Kaul v Christie is a case with conclusive evidence, that I firmly believe will be successful ... move to have disciplinary proceedings instituted against the ‘experts’ involved in these cases, of which you were one.”

June 27, 2018 - Sica v Kaul: ESX-L-7412-12: K8 - Letter from Kaul to Marna P. Bergstrom, CEO, Yale New Haven Health System re: Fraud Complaint against Michael Murphy, MD:

Kaul noticed the Yale New Haven Health System, one that conducts healthcare business with Defendant Murphy, of its vicarious liability.

“Murphy’s knowingly fraudulent ‘expert’ testimony caused a number of these frivolous cases to be settled by my insurance carrier, with whom I have filed a complaint regarding the fraud and perjury committed by Murphy, the patient[s] and their lawyers.”

“Murphy continues his misconduct to this day, despite having been forewarned of its serious consequences.”

July 23, 2018 - Sica v Kaul: ESX-L-7412-12: K8 - Letter from Kaul to NJ state court judge, Dennis Carey, III re: adjournment of trial:

Kaul, having procured an expert in the field of minimally invasive spine surgery, did inform the Essex County Court and Defendant Brown, with a request for an adjournment of the trial.

“... I sent Plaintiff’s counsel an email that informed him that I would be submitting a letter on Monday July 23, 2018 ... I have received no response.”

July 27, 2018 - Sica v Kaul: ESX-L-7412-12: K8 - Court Order re: scheduling of trial:

The court, corrupted by the Defendants, and in seeking to have expedited a judgment against Kaul, did adjourn the trial by only four weeks, in full knowledge that Sica had not been produced for discovery and it would be impossible for Kaul to prepare for trial.

64. LAURA MCLEAN:

Laura McLean v Richard Kaul, MD et al: ESX-L-802-14



Lawyer/Law Firm - Bendit Weinstock/Lomurro Law/Abbott Brown: Judge/Court - NJ Superior Court, Essex County: Physician - Michael Murphy, MD: Amount of insurance fraud - Approximately \$1 million (Kaul/New Jersey Spine and Rehabilitation Surgical Center)

March 30, 2012 - Lumbar Interbody Spinal Fusion:

The clinical evidence substantiated the need for surgery.

**“The patient is a female in her 50s who was initially consulted on April 3, 2012 having sustained injuries to her cervical and lumbosacral spine.”**

April 10, 2012 - Consultation:

The follow-up note indicated that the surgery had improved the patient's condition.

**“The patient ... is doing very well with an improvement of symptomatology in the lower back and the legs ... The patient is making excellent progress in the postsurgical phase.”**

In 2014, Defendant Brown submitted a knowingly false legal instrument into a corrupted state court, purposed to defraud Kaul's medical malpractice carrier.

In early 2017, Kaul made oral argument in front of Judge Annette Scoca in support of his motion to vacate a default judgment. Defendant Brown's associate, Matthew Schiappa was present with his client, Laura McLean. The latter individual briskly walked into the courtroom and upon the judge entering, she did rapidly move from the sitting to the standing to the sitting position. It was at this hearing that Kaul informed Judge Scoca of the falsification of the opinion (December 13, 2013) of The Kaul Cases Defendant/NJ OAL Judge, Jay Howard Solomon. Judge Scoca appeared to be shocked and asked Kaul: **“Do you have evidence?”** to which Kaul responded **“Yes”**. Schiappa, despite knowing that of The Kaul Cases Defendants crimes, characterized as **“specious”** this irrefutable fact, that of evidence tampering.

65. **FRANCES KUREN:**

**Frances Kuren v Richard Kaul, MD et al: BER-L-2867-11**

Lawyer/Law Firm - John Hoyt/Hoyt + Hoyt: Judge/Court - NJ Superior Court: Bergen County: Physicians - Defendant Kaufman/The Kaul Cases Defendant, Gregory Przybylski, MD: Amount of insurance fraud - Approximately \$2 million (Kaul/Bergen Passaic Surgery Center)

April 4, 2008 - Initial Consultation:

Kaul documented Kuren's severe pain/disability at the initial consultation.

**“... the patient has continued to experience back and leg symptomatology, which is most likely attributable to ongoing intervertebral and lumbar facet pathology.”**

August 8, 2008 - Follow-Up Consultation:

Kaul's surgery caused a diminution in Kuren's pain/disability.

**“The patient comes in today after having undergone a revision of lumbar interbody fusion ... the patient seemed to be doing very well ... patient seems very happy with the outcome of the surgery ...”**

In 2006 Kuren was operated on by orthopedic spine surgeon Arash Emami, whose fusion surgery failed and caused nerve damage that resulted in Kuren developing a foot drop/persistent pain. Kaul was revising this failed operation. Emami was recruited by Defendant Hafner to testify against Kaul in the administrative proceedings (April 9 to June 28, 2013) that resulted in the illegal revocation of his license (March 24, 2014).

October 27, 2010 - Malpractice Claim Filed:

Kuren was encouraged by The Kaul Cases Defendant, Robert Heary, MD (neurosurgeon) to file a complaint/lawsuit against Kaul with **The Kaul Cases** Defendant, NJBME, and in the NJ Superior Court. Kuren's lawyer submitted a knowingly false legal instrument that defrauded the medical malpractice carriers of Kaul/Bergen Passaic Surgical Center of almost \$2 million.

**“In or about 2008 defendants rendered medical care to plaintiff. The medical care rendered by defendants fell below accepted standards of medical care and deviated from the accepted standards of care. As a direct and proximate result of such deviations, plaintiff was severely injured, was caused to expend great sums to remedy her resultant medical conditions and remains severely injured and damaged.”**

Kaul obtained surveillance footage of Kuren that showed her conducting activities she/her lawyer had falsely claimed Kaul's surgery had prevented her from doing so. On September 17, 2009, Cheryl Schwartz, an acquaintance of Kuren/patient of Kaul submitted a letter to **The Kaul Cases** Defendant, NJBME, who had commenced an investigation of Kaul ordered by Defendant Christie, who had received bribes from, amongst others, **The Kaul Cases** Defendant Heary and **The Kaul Cases** Defendant, Congress of Neurological Surgeons, all purposed to eliminate Kaul from the American minimally invasive spine surgery market, in order to illegally monopolize it, along with **The Kaul Cases** Defendants, Atlantic Health System/University Hospital.

January 15, 2013 - Kuren v Kaul: BER-L-2867-11 - K8: Letter from Juliana Barno Spitzer, Esq to Kaul re: K1/K2/K5/K11-2 Defendant Heary obstruction of justice:

**“This issue was raised with Judge Slomenski ... regarding Dr. Harry so the Court can enter an Order compelling Dr. Heary to appear at the courthouse for his deposition or a Bench Warrant will be issued for his arrest.”**

Defendant Heary, after having conspired with Kuren and many of The Kaul Cases Defendants to have Kaul's license revoked and have initiated schemes to recruit Kaul's patients to sue him, did then conspire with politicians/lawyers/judges to obstruct justice and further violate Kaul's constitutionally protected right to due process, while having adopted the color of state, consequent to a **“sympbiotic”** relationship with state actors.

In a period from late 2012 to the present, Defendant Heary, in collusion/conspiracy with the NJ state government and medical board/administrative/state/bankruptcy/federal courts within the geographic boundaries of New Jersey has evaded justice.

In June 2013, Kaul served Defendant Heary with a subpoena to testify in the NJ OAL, but he failed to appear (June 27, 2013) and The Kaul Cases Defendant Solomon refused to enter an order compelling him to appear and then promptly closed the case on June 28, 2013.

In 2020, in K5, Defendant Heary conspired with K11-1 Defendant/Senator Cory Booker to have the United States District Court for the District of Columbia enter an order that prevented Kaul from prosecuting Heary.

On March 3, 2021, The Kaul Cases Defendants filed a motion in K5 in the United States District Court for the District of New Jersey-Newark (Defendant in K11-1) in front of U.S.D.J. Vazquez (Defendant in K11-3) that seeks to have an order entered that absolves the Defendants of their legal obligation to respond to claims filed by Kaul in other courts of the United States District Court.

The Kaul Cases Defendants are defenseless and guilty of the levied charges. The testimony of any one of The Kaul Cases Defendants/their co-conspirators/Third Party Witnesses, will irrefutably prove their guilt to a criminal standard.

March 22, 2013 - Kuren v Kaul: BER-L-2867-11 - K8: Letter from Juliana Barno Spitzer, Esq to Kaul re: arrest warrant for K1/K2/K5/K11-2 Defendant Heary:

Defendant Heary, after having conspired with Kuren to have Kaul's license revoked, obstructed/ignored court orders for his deposition. Kaul, having become aware that Defendant Heary was central to the conspiracy, moved to have him arrested/deposed:

**“After the arrest, the court will then set a date for Dr. Heary's testimony.”**

Defendant Heary's state lawyer produced him for deposition in late 2013, after the conclusion of the hearing in the NJ OAL (April 9 to June 28, 2013), but before K2/K5/K11-2 Defendant/NJ OAL Judge Jay Howard Solomon rendered his fraudulent opinion (December 13, 2013). Kaul attended the deposition with his lawyer, who had

retained a court videographer. Kuren's lawyer, John Hoyt, became very agitated about the filming and screamed:

**"This is not Dr. Kaul's fucking deposition"**

Defendant Heary appeared extremely anxious, and Hoyt demanded the videographer be removed. He then began his examination of Defendant Heary, who testified that Kaul's use of unilateral facet screws was within the standard of care, a statement that contradicted/undermined the testimony/reports (April 2, 2012 to June 28, 2013-BDS-08959-12) provided by K1/K2/K5/K11-2 Defendant/neurosurgeon, Gregory Przybylski, MD that Kaul's placement of unilateral facet screws allegedly constituted a **"gross deviation"** from the standard of care. This fraudulent testimony was incorporated by Defendant Solomon into his knowingly illegal order to revoke Kaul's license.

On March 22, 2013, Kaul filed a lawsuit (BER-L-2256-13) against: (i) Robert Heary, MD (neurosurgeon); (ii) William Mitchell, MD (neurosurgeon); (iii) Frank Moore, MD (neurosurgeon); (iv) Gregory Przybylski, MD (neurosurgeon); (v) Peter Carmel, MD (neurosurgeon), the thrust of which pertained to a massive conspiracy to illegally eliminate Kaul.

The case was dismissed on November 15, 2013 for lack of prosecution as Kaul's then lawyer, John Whipple, unexpectedly withdrew from the case and Kaul was unable to find another lawyer willing to litigate the matter. In retrospect it would have made no difference as Defendant Christie had converted the judicial arms of the State of New Jersey into a **"racketeering enterprise"**, that he exploited in furtherance of his political ambitions. Defendant Christie's **"pattern of racketeering"** within state/federal investigative/prosecutorial agencies commenced in the late 1990s and involved an abuse of power in which he entrapped his political opponents in sting operations that he used to extort money/political favors under threat of incarceration. Democratic politician, Lou Manzo, was one such individual. In 2014 he published a book entitled: **"Ruthless Ambition: The Rise and Fall of Chris Christie"**. An article published on April 27, 2014 in the Hudson Reporter, states:

**"From the beginning, Manzo's legal team contended that the charges were part of a conspiracy by some members of the U.S. Attorney's office to get Gov. Christopher Christie elected governor, something Christie's office denies. The Republican governor had been the U.S. Attorney in New Jersey at the launch of the investigation, and many of the people who were involved with it have moved on to work under him when he was elected governor in November 2009. Almost all of the politicians arrested in the sting were Democrats."**

In a period from late 2012 to 2013, Defendant Christie perpetrated the RICO predicate act of the trafficking of chemical weapons to Syrian rebel forces, in violation of NJ state law/US federal law/international law (Rome Treaty). On October 15, 2020, Defendant Christie admitted to knowing that these agents would be, and were used, to murder in the most horrific manner innocent children/women/men in the 2011 Syrian civil war. On

November 11, 2015, the International Criminal Court in The Hague became aware of these crimes, and in a seemingly unrelated factual matter, it extended its jurisdiction to investigate war crimes committed by the State of Israel against Palestinians. That jurisdiction, as its international mandate authorizes, extends to persons who have committed crimes against humanity in signatory states, of which Jordan is one. The Port of Aqaba in Jordan was the entry point of the chemical weapon components. On April 28, 2013 in the London Independent, its chief Middle East correspondent, Robert Fisk stated:

**“And if we mention Saddam's chemical weapons, there's another glitch: because the components of these vile weapons were manufactured by a factory in New Jersey and sent to Baghdad by the US.”**

On October 16, 2017, Kaul sent a letter to NJ Governor candidate, Phillip Murphy, that requested he have Defendant Christie investigated if he were to become Governor. In the letter Kaul states:

**“I will continue to pursue and publicize this issue until I find the truth, and as suggested in the letter from the ICC, I intend on contacting international authorities to have the matter independently investigated. I hope that if you become the Governor, you will employ state resources to ascertain the culpability of the named offenders. These heinous crimes must not go unpunished, and I will not rest till those responsible are brought to justice.”**

Murphy has not investigated these crimes.

66. **MARIETTA ERNST:**

**Marietta Ernst v Richard Kaul et al: OCN-L-2256-12:**

Lawyer/Law Firm - WEISS & PAARZ: Pamela Brown Jones: Judge/Court - NJ Superior Court, Ocean County: Physician - Defendant Murphy: Amount of insurance fraud - Approximately \$500,000 (Kaul/New Jersey Spine and Rehabilitation Surgical Center)

**August 17, 2010 - Lumbar Interbody Spinal Fusion**

Kaul noted the clinical evidence in support of his recommendation for a minimally invasive lumbar fusion, to which Ernst consented.

**“The patient was seen at consult on October 20, 2009. The patient has been evaluated and has persistent low back and leg pain which has not improved with conservative treatment.”**

**July 5, 2011 - Consultation:**

Ernst improved after the successful surgery.



**“The patient comes in today after having last been seen on 05/30/2011 at which time the patient was doing very well status post lumbar interbody fusion at the L3-4 level.”**

Ernst gave a video testimonial in which she stated:

(2) Dr. Kaul - YouTube

**“My life now feels complete because I can do whatever I want to do.”**

July 23, 2012 - Malpractice claim filed:

Ernst, having been recruited by Defendant Hafner, was referred to a so called ‘politically connected’ law firm, that then used the US mail/wires to transmit a knowingly fraudulent legal instrument, that was submitted into the apparatus of the American legal system, an act that constitutes a ‘Fraud on the Court’ and an ongoing **“racketeering injury”** to Kaul. This fraudulent judgment, as with every other, was reported to the National Practitioners Data Bank and is cited in the May 27, 2020 opinion issued by the State of Pennsylvania. (the order/opinion is published on a state issued document, that is now in the public domain). Kaul’s malpractice carrier was defrauded consequent to a massive **“racketeering”** scheme orchestrated by Defendant Christie and perpetrated through the State of New Jersey, in collusion/conspiracy with **The Kaul Cases** Defendants.

**“Defendants Kaul, Lager, Datta and Shahid were negligent in their care and treatment of the plaintiff and or deviated from the applicable standards of care during the time each provided care to the plaintiff ... The above said deviations and negligence by defendants Kaul, Lager, Datta and Shahid were a proximate cause of severe and permanent neurological and physical damage to plaintiff, and/or substantially increased her risk of same, as well as causing her to incur losses, damages and expenses with respect thereto.”**

67. **PATRICIA MAZE:**

**Patricia Maze v Richard Kaul et al: ESX-L-10253-10**

Lawyer/Law Firm - John Hoyt/Hoyt + Hoyt: Judge/Court - NJ Superior Court: Essex  
Physician - Defendant Kaufman/**The Kaul Cases** Defendant Przybylski: Amount of  
insurance fraud - approximately \$2 million (Kaul/Bergen Passaic Surgical Center)

November 21, 2008 - Lumbar Interbody Spinal Fusion:

Kaul identified the clinical evidence on which his treatment plan was based.

**“The patient was initially consulted on 11/08/2007. At that time, she was a 44-year-old female ... continued to experience back and leg symptomatology and at her**

initial consult had positive neurological and musculoskeletal findings which supported the recommendation for the lumbar discogram.”

January 8, 2009 - Consultation:

Maze improved after Kaul had performed a minimally invasive lumbar fusion.

**“ .. has been significant improvement in her lower back and leg symptomatology and that she seems to be making a significant improvement in her condition.”**

December 14, 2010 - Malpractice claim filed:

Maze, a friend of Kuren, was similarly encouraged by Kaul's competitors to file a knowingly fraudulent lawsuit and submit a complaint to **The Kaul Cases** Defendant, NJBME. Maze, as with Kuren, was told by her lawyer, that the State of New Jersey/NJ AG were planning to revoke Kaul's license, and that he would not be in a position to contest the claims, a claim from which she knew she would illegally defraud Kaul's medical malpractice carrier.

**“As a direct and proximate result of such deviations, plaintiff was severely injured, was caused to expend great sums to remedy her resultant medical conditions and remains severely injured and damaged.”**

Maze and her lawyer became unjustly enriched in late 2013/early 2014.

**Fraudulent claim by State of New Jersey/Defendants NJBME/Hafner/Kaufman and The Kaul Cases Defendant, Gregory Przybylski/Jay Howard Solomon re: Kaul lack of qualifications to perform minimally invasive spine surgery:**

**68. STATE OF NEW JERSEY v RICHARD ARJUN KAUL: BDS-08959-2012:**

March 25, 2012 - Letter from Defendant Kaufman to K2/K5/K11-2 Defendant Hafner re: standard of care:

In approximately 2006, Defendant Kaufman commenced conspiring with **The Kaul Cases** Defendants to have Kaul's license revoked and attempt to eliminate him from the practice of medicine, for no reason other than professional jealousy, and did, on March 25, 2012, use the US mail/wires to submit a knowingly fraudulent report to Defendant Hafner.

In the report, Defendant Kaufman did falsely state:

**“... in performing total discectomies as well as fusions with the use of pedicle screws in both the lumbar spine and cervical spine has overstepped the bounds of Interventional Pain Management and as such has put patients at great risk.**

## Exhibit 9

**UNITED STATES DISTRICT COURT**  
**DISTRICT OF NEW JERSEY**

RICHARD ARJUN KAUL, MD

Plaintiff,

v.

CHRISTOPHER J. CHRISTIE, ESQ, et al.,

Defendants

CIVIL ACTION NO. 2:16-cv-02364-KM-SCM

**CERTIFICATION OF JOHN ZERBINI**

Richard Arjun Kaul, MD  
Propria Persona  
120 Temple Terrace  
Palisades Park, NJ 07650  
201 989 2299

John Zerbinini hereby certifies to the Court as follows:

1. I am forty-three (43) years old, a United States citizen and was a patient of Dr. Kaul from November 24, 2010 to July 21, 2011.
2. I make this statement in support of the claims that Dr. Richard Arjun Kaul has filed against the Defendants in the above matter.
3. In late July 2017 I spoke with Dr. Richard Kaul several times regarding various issues that pertain to the above matter. The following represents the essence of what was discussed. The information contained in this statement is a representation of the conversations that took place between March 2012 to late 2013, between myself, Dr. Kaufman and Deputy Attorney General, Doreen Hafner. Where the conversation is quoted verbatim it is marked in "". I have examined this record and signed it as

representative of what was said in the conversations. I have organized the conversations into 5 sections for ease of interpretation:

**(a) Report of conversations between Dr. Kaufman and myself**

I had several conversations with Dr. Kaufman in which he expressed his opinion of Dr. Kaul and also his intention to destroy Dr. Kaul's medical career. Dr. Kaufman frequently directed these opinions to me, in front of the nurses who assisted him and usually after he had performed procedures on my spine.

Dr. Kaufman was not interested in the care I had received from Dr. Kaul, but was more preoccupied with how he was planning to have Dr. Kaul's license revoked. It was obvious to me that he had no concern for my welfare, as all of the time we spent together from March 2012 to November 2012, he devoted to telling me and others how he was going to destroy Dr. Kaul. It was, to say the least, extremely unprofessional and rather disturbing.

These conversations occurred mainly in a curtained consulting room in the pain management lab, at Overlook Hospital New Jersey. The curtains of my cubicle were not always drawn, and the area was an open space, in which at any one time, there were a least fourteen other people, comprised of patients and staff. I would always sit in a cardiac chair, and Dr. Kaufman's comments were loud enough for all patients and nurses to have clearly heard what was being said.

Dr. Kaufman 'ranted' about Dr. Kaul, on numerous occasions. I felt that Dr. Kaufman was bragging about his actions towards Dr. Kaul. He made it clear that he had instigated proceedings against Dr. Kaul and said that he and "a few other doctors" were going after Dr. Kaul. I was not aware of the names of the other doctors.

The first time that Dr. Kaufman discussed these things with me was in April 2012.

Dr. Kaufman seemed to have some kind of vendetta against Dr. Kaul, and made comments to the effect that he was going to destroy Dr. Kaul's medical career, his reputation, and make sure he never worked again as a doctor. He stated that he was going to make sure Dr. Kaul was ostracized, and that he and a group of five other doctors had been working together since at least 2011, to make sure Dr. Kaul's medical license was revoked. He mentioned that they were



going to have articles and stories published, that caused permanent damage to Dr. Kaul's reputation, so that he would never be able to find work. Dr. Kaufman told me, "Dr. Kaul is a criminal", and that he [Kaufman] had instigated the plan to have Dr. Kaul's license revoked. His venomous conduct led me to believe that that he would not stop until he had achieved those ends.

I recall that Kaufman said that he had found something about Dr. Kaul that really pissed him off which is why he acted in this way. Kaufman said, "Dr. Kaul has no business being a doctor" and "he has no business practicing medicine". He told me that he would make sure Dr. Kaul never practiced medicine again.

During my conversations with Dr. Kaul I told him that I could not understand why Dr. Kaufman had such hatred towards him. I had never witnessed such venom, and he [Kaufman] seemed to have the small man angry syndrome. Kaufman is about five foot six inches, and one hundred and forty pounds.

Dr. Kaufman ranted about Dr. Kaul, in this way, at about two thirds of our consultations. I consulted with Dr. Kaufman every six weeks over period of one year, from March 2012 to late 2012.

The comments that Kaufman made about Dr. Kaul were made directly to me, and frequently in the presence of other staff and patients. My recollection of these comments was so vivid that I even remember the clothes I was wearing at each consultation, and on one occasion it involved a particularly bright stripped collared shirt.

In my opinion there was clear evidence for defamation of character, as when Dr. Kaufman was ranting, there were approximately 14 other people within earshot.

I told Dr. Kaul, during our conversations, that Dr. Kaufman "went after you (Dr. Kaul) like fury". "he was on fire."

I recounted how, in my earlier conversations with Dr. Kaufman, he said, "Check up on this guy (Dr. Kaul) on the internet and you will see that I and five other doctors have already taken action against him". When I went home I checked the internet and found what Dr. Kaufman had said, as well as the name of several other doctors who were involved.

During one of my conversations with Dr. Kaul, I told him, "I left Kaufman but I think he would tell you that he left me". I described to Dr. Kaul how Dr. Kaufman would not return my calls, when I telephoned his office, because my pain pump was not working, and I was in severe pain. This happened on multiple occasions. On one occasion, as a result of not having received a response from Dr. Kaufman after one week, and being in severe pain, I went to see my family physician. I subsequently told Dr. Kaufman that I had consulted with another doctor, and initially he said "no problem". However, 3 months later he became angry and told me that I had "violated his trust" and that he would no longer treat me. He started screaming at me, and I felt humiliated and began to cry. I pleaded with him not to suddenly stop prescribing my medications, but he didn't seem to care, and became very cold and callous. This was in November 2012. In fact, his uncaring attitude had caused me on several prior occasions to ask him, with tears in my eyes, "Why do you hate me?". It seemed to me, that his hostility, was a consequence of the fact that I had been under the care of Dr. Kaul, as I noticed he had a different attitude with other patients. I told Dr. Kaufman that I had never been spoken to by any of my treating physicians, in the derogatory manner in which he publicly berated me. After having been abandoned by Dr. Kaufman, I attempted to find another physician to manage my pain. However, it proved very difficult, because of the complicated nature of my medical conditions. However, Kaufman threatened to contact my internal medicine doctor, and any future pain management doctor, and tell them I had violated an agreement with him. Dr. Kaufman would then call me and berate me on the phone for "violating his trust". I eventually went to see Dr. Sukdeb Datta.

**(b) My comments regarding my perception of the relationship between Dr. Kaufman and Deputy Attorney General, Doreen Hafner**

During my conversation with Dr. Kaul I commented that "he [Kaufman] was "very chummy with that prosecutor". I observed that Dr. Kaufman's relationship with Doreen Hafner was "weirdly close" and that "it was really weird, moochy coochy, strange." I noted that Dr. Kaufman called the Deputy Attorney General by her first name, and on one occasion he told me that was meeting her for lunch. I observed that Dr. Kaufman was oddly "chummy" with Hafner, in a manner that seemed strange for a physician and deputy attorney general.

**(c) My recollections of my meetings with Doreen Hafner**

I recollect Dr. Kaufman saying on several occasions, "I'm going to see her [Hafner] later today or to have lunch with her".

I recollect at my first meeting with Hafner, she had two female investigators with her. The meeting occurred at my attorney's office. They inspected my back and how well I was able to walk. After this first meeting, Hafner contacted me directly, and our communications from that point did not involve my attorney. She told me in the first interview that "they were going to take make sure that we who were hurt will be taken care of". However, Hafner honored none of the promises she made, and after I testified took no further interest in my welfare. Both my wife and I felt that she exploited me, and lied to me to get me to testify against Dr. Kaul.

I believe that Hafner told me that Dr. Kaul had a "\$14 million condo in New York", and that she said she was going to take it. She told me Dr. Kaul had two Aston Martins, and that she was going to take them as well.

Hafner stated that Dr. Kaul had committed Medicaid and Medicare fraud, and asked me what insurance company had paid him for the procedure he performed on me. I told her that I had no insurance, and that Dr. Kaul had provided his services and that of his facility for free. I told her that he never asked me for a dime. I also told her that he had been able to get the device company, Medtronic, to provide the spinal cord stimulator free of charge. I asked Hafner that if Dr. Kaul had committed the crime she described, whether his passport had been confiscated. She responded, "I can't comment on that". I thought it was bizarre that Hafner was readily telling me about crimes Dr. Kaul was supposed to have committed, but then refused to answer a simple question about the information she so willingly divulged. I believe she was trying to manipulate and exploit me, in order to have me testify against Dr. Kaul.

I believe that Hafner went into great detail about a case in London that occurred in 1999, in which a patient suffered a cardiac arrest at the end of a dental procedure. She told me that Dr. Kaul fled the country before the authorities had completed their investigation, and had been a fugitive. I asked her that if this was the case, then why had he not been extradited back to

England. Again, her response was, "I can't comment on that", which I found to be as equally bizarre as her previous response. I asked her again why they had not confiscated his passport, and she once again responded with, "I can't comment on that". At this point in the proceedings, we communicated directly, without any involvement from my attorney, and Hafner would contact me directly. The things that Hafner was telling me about Dr. Kaul did not make any sense. I said to her, "If he is a criminal here from England and still on the streets, why wouldn't you arrest him?". Again her response was, "I can't comment on that".

I believe it was Hafner who told me that Dr. Kaul had been paid \$300,000 by Medtronic to find volunteers, for the use of spinal cord stimulators in the treatment of angina. This, as I found out from Dr. Kaul during one of our conversations, was a lie. I explained to Hafner that I could not believe Dr. Kaul had committed Medicare fraud. I told her that he used his own money to establish a charity that helped people in Africa, and she told me that the charity was just a front, and that Dr. Kaul was "trying to line his pockets".

I believe that Hafner lied to me about Dr. Kaul, and about wanting to help me with my lawsuit, to make sure that I testified against Dr. Kaul. She told me that if I testified against Dr. Kaul, it would help me with my lawsuit, "especially if Dr. Kaul had been stripped of his license to practice medicine". Hafner also told me that because Dr. Kaufman was a pain management expert for the state, it would help my case. I feel that Hafner exploited my situation to serve her own purpose, which was to take away Dr. Kaul's livelihood, and destroy his reputation.

**(d) My opinion regarding the professional competence of Dr. Kaufman**

My opinion of Dr. Kaufman is that he is an extremely unprofessional individual, a terrible doctor, and a man that seems to have nothing but hatred in his heart. He could not contain his anger towards Dr. Kaul, and I have never witnessed the outrageous public displays of unprofessionalism, that I had the misfortune to do so, with him. On one occasion he became so angry, his face turned red. I told Dr. Kaul, "He [Dr. Kaufman] screwed me up so badly that I wanted to sue him". Dr. Kaufman had installed a pain pump which did not work, and despite me repeatedly telling him that I was not getting any pain relief, he kept telling me the pump was working. He did not know to program the pump, and always had a representative from

Medtronic to do it for him. On a number of occasions, he had to stab me thirteen times in the stomach to find the entry point in the pump. He did this to me without any local anesthesia, which was extremely painful. He never checked to see if there were any blockages in the catheter in my spine. The pain kept on increasing, and Dr. Kaufman did nothing, and never returned my calls. When I did see him the only thing he did was to increase the infusion rate of the medication, which did not reduce the pain. Eventually I went to another doctor, who used fluoroscopy and intravenous hydration, and was able to diagnose that the catheter tip was crushed. This was the reason that the medication was not getting into my spine. Dr. Kaufman failed to perform this simple test, which caused me to remain in agony from May 2012 to August 2013, at which point the intrathecal pump was re-inserted by another physician. I told Dr. Kaul that Dr. Kaufman, "thinks he is hot shit but he didn't ever check what was wrong". Throughout the months of excruciating pain, Dr. Kaufman was very bad at responding to my calls, and on multiple occasions, because the pain was so severe, I was rushed to Overlook Hospital. I was experiencing such extreme pain and was shaking uncontrollably, with profuse sweating, all of which exacerbated my angina. I thought I was going to have a stroke or massive heart attack, as I was already in heart failure. When I was admitted to the hospital on each occasion, the staff were unable to contact Dr. Kaufman for several days. These were the episodes that caused me to find another doctor.

**(e) Comments made by Dr. Kaufman regarding Dr. Kaul, during the hearing in the office of administrative law, in April 2013.**

On or about April 17, 2013 I testified against Dr. Kaul in the proceedings in the office of administrative law. I was driven to the hearing by an armed female agent from the Attorney General's office, who made sure her badge was exposed. While I was sitting outside the hearing room, with the 'special' agent, who did not leave my side for one moment, Dr. Kaufman came out of the hearing room. He looked very agitated and made the following comments:

- (1) "Kaul is sitting there, pretending he cannot afford to hire an attorney"
- (2) "Kaul is wearing a suit that is worn out with trousers that are frayed at the bottom as if he is poor and no money to buy a decent suit".



(3) "Kaul is trying to pretend that he has no money"

The 'special' agent and the court security guard heard Kaufman's outburst.

I feel like I was exploited by Doreen Hafner and Dr. Kaufman, with lies that were intended to have me testify against Dr. Kaul. My clinical care with Dr. Kaufman was terrible, and he is a despicable human being.

I support Dr. Kaul in his quest for justice, and I hope, as do many of his patients, that he returns to the practice of medicine, and that those who caused him harm are severely punished.

I hereby certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment

Dated: August 6, 2017

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John Zerbini

## **Exhibit 10**



# MDU

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London SE1 8PJ

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@the\_mdu

**Legal Department**  
**DX No. 149141**  
**Blackfriars 5**

**BY COURIER**

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ADDRESSEE ONLY**

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The MDU solicitors do not accept  
service of documents by e-mail

***Please quote our reference in your reply***

Our ref: ISPBJh/9902700/Closed/Legal

Date: 18<sup>th</sup> April 2013

Dear Richard

Following on from our conversation yesterday, I have pleasure in enclosing the documentation I have been able to extract from the file which seems relevant to the request.

On review of the file, we have very little officially transcribed material. As I mentioned in my subsequent email, it is not something which is routinely obtained, and obviously we only had a limited amount here.

In addition you have all of the various telephone materials, and this includes the expert report we secured. I did see a note of admissions which I believe was prepared by Alan. To remind you, admissions are a form of evidence, whereby both parties agree that a particular position applies, and that can be stated as that agreed position to the Jury. I cannot remember now if that document was indeed read to the Jury as part of agreed admissions. I suspect that was the case, but know you will understand that it is so long ago now I cannot be sure.

In terms of transcription of other parts of the case, I simply do not know if the tapes of the Hearing will have been retained. You may be able to contact the shorthand writers at the Old Bailey to see quite what might have been preserved. Obviously they would need not just details of the case, but information about the precise date and section of evidence/submissions you require. I can obviously help with that as I have access to my own notes indicating who gave evidence and when, and if I can assist please do not hesitate to come through to me.

With my kind regards,

Yours sincerely

  
**Ian S.P. Barker**  
**Solicitor**

Enc

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# Forensic Engineering Associates

Senior Partner: Professor J P Stuart DipTech, PhD, CEng, FIEE, MAE

Lime House, 4 Pine Grove, Havant, PO9 2RW Tel: 023 9247 5918 Fax: 023 9247 0501

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## EXPERT REPORT

relating to the

### Use of a Mobile 'Phone

on Tuesday 9th March 1999.

R -v- Dr Richard Kaul

Central Criminal Court

Report prepared for:-  
Hempsons - Solicitors  
acting for the Defendant

SUMMARY OF OPINION

in the case of

R -v- Dr Richard Kaul

1. I have examined certain call detail records drawn from archived data relating to the use of mobile 'phones on the One 2 One Network on Tuesday March 9<sup>th</sup> 1999. I can confidently state that the One 2 One mobile 'phone number 0958-648599 was not used either to make calls or to receive calls between 15:01 and 17:06 on that day.
- 



David Bristowe BSc,CEng,MIEE,MAE  
3 May 2000



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Expert Report

relating to the

Use of a Mobile 'Phone

in the case of

R -v- Dr Richard Kaul

1. INTRODUCTION

- 1.1. On March 9<sup>th</sup> 1999 Dr Richard Kaul was responsible for the administration of a general anaesthetic to a patient undergoing dental surgery. During the course of the procedure the patient suffered a cardiac arrest and died.
- 1.2. It has subsequently been alleged that at the time he was responsible for his patient Dr Kaul was distracted from his duty of care in that he made and/or received calls on his mobile 'phone.
- 1.3. In April 2000, Hempsons - Solicitors acting for Dr Kaul, instructed Forensic Engineering Associates to examine the call detail records relating to the use of Dr Kaul's 'phone on that day to determine whether calls had been made or received during the relevant period. This report has been prepared by David Bristowe BSc CEng MIEE MAE.
- 1.4. I am a Chartered Engineer, a Member of the Institution of Electrical Engineers and a practising Member of the Academy of Experts. I have experience of the analysis of mobile 'phone call records and in particular of the methods used by the Network Operator One 2 One to archive and retrieve such data.

2. ONE 2 ONE CALL DETAIL RECORDS

- 2.1. The procedures for recording the details of telephone calls made on mobile 'phones are well established by all of the mobile 'phone Network Operators. This case relates to the use of a mobile 'phone used on the One 2 One Network, and for One 2 One each call record includes details of the number making the call, the number called, the date and time of the call, the duration of the call, and the cell site used when the call was initiated. A Call Detail Record (CDR) will be generated at the point where the call enters the Network and a further CDR generated at the point where the call leaves the Network. Additional CDRs may be generated as a result of the progress of a call within the Network. The call detail records are accumulated within computer "files" at designated points in the Network, known as Mobile services Switching Centres (MSCs), and drawn



down at regular intervals to be "rated", that is to say the costs calculated. For contract customers the costed calls are accumulated within the Network billing computers and are used to generate the monthly mobile 'phone bills.

### Call Data Storage

2.2. The system is shown schematically in Figure 1. Call Detail Records are collected into data files in each of the Mobile services Switching Centres. When each file is full (approximately 70,000 calls) or every twelve minutes the content of the file is passed to the "Collector" and thence to the "Rater". The Rater comprises three sub-systems, a "Converter" which modifies the file data format, the "Rating Engine" which calculates the cost of the call and a "Database", where the Call Detail Records are stored prior to being passed to the billing system. Call Detail Records are stored for forty-two days in the Rater database, and in addition, copies of the "rated" files are passed each day to a magnetic tape archive (back-up) store. For contract customers (not for pre-pay 'phones) call detail records are also stored for approximately five months within a Customer Service database known as "Pandora".

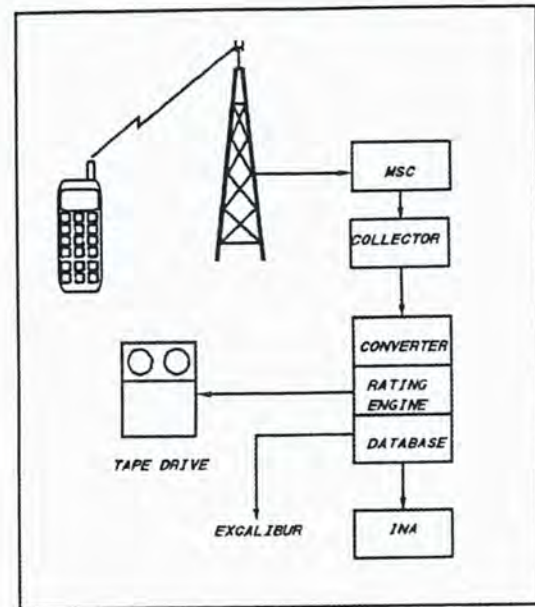


Figure 1

2.3. The tape archive store is managed for One 2 One by CAP Gemini Ltd, in their South Bank (London) facility. Each back-up tape presently contains some 8 days calls, and the back-up tapes are intended to be kept for three years before being re-cycled.

### Call Data Retrieval

2.4. If a request is made for Call Detail records relating to a call or calls made using a One 2 One contract 'phone (not a pre-pay 'phone) within five months of the date of the call, this information is directly recoverable from the Pandora database in a form suitable for use as evidence in Court. This is true for both "mobile originating" calls and "mobile terminating" calls, that is to say for both calls made from the One 2 One 'phone and calls received by the One 2 One 'phone.

2.5. After the five month period has passed, information relating to the use of a contract 'phone is still available but only from the archived magnetic tape



data. Data is transferred daily from the Rating Engine to the archived data tape and if an enquiry is received relating to calls made on a particular day it will be necessary to examine the archived tape data recorded on the day in question and the following day. To allow for some delay in data arriving from the MSC switches it is prudent also to examine the data recorded on the second day following the particular date of the call. Thus, for one day's calls, data relating to three day's use of the One 2 One system will need to be examined.

- 2.6. When the appropriate data tape or tapes have been identified they are recovered from a tape store by CAP Gemini staff and loaded on a tape transport mechanism, known locally as a "juke-box". The relevant data is loaded from tape back into an appropriate computer system and a search initiated for all data "strings" containing the particular 'phone number. Each data record containing the required data string comprises some 85 data fields. The data selected by this process is stored, and can subsequently be processed to indicate the calls made to and from the 'phone over a particular period, and the cell sites used initially to service each call.

### 3. CALL DATA RETRIEVED

- 3.1. In this case I contacted Mr Andy Whalley of One 2 One who arranged for the tape containing the Call Data Record relating to 9<sup>th</sup> March 1999 to be loaded onto the tape reader at CAP Gemini.
- 3.2. Mr Whalley retrieved the data and carried out a search for all data relating to telephone number 0958-648559. The relevant data was written to a file in the form of a spreadsheet shown in Appendix 1 to this report.
- 3.3. Appendix 1 shows all calls made or received by the One 2 One mobile 'phone number 0958-648559 on March 9<sup>th</sup> 1999. Calls made by the 'phone on that day are shown in clear type, and calls received are shown shaded.
- 3.4. In the period from Noon to 18:00 on 9<sup>th</sup> March 1999 I note:-
  - (i) From Noon to 14:00 mobile 'phone number 0958-648559 received four calls.
  - (ii) At 14:16 mobile 'phone 0958-648559 made a call lasting 54 seconds. The call was made to the message retrieval service.
  - (iii) At 14:27 mobile 'phone 0958-648559 received a call which lasted for 223 seconds.
  - (iv) At 14:31 mobile 'phone 0958-648559 called the message retrieval service. This call lasted 25 seconds.

(v) At 14:44 mobile 'phone 0958-648559 received a call which lasted for 353 seconds. This was followed at 14:58 by a call lasting 63 seconds.

(vi) The next time the 'phone was used was at 17:06 when a call was received which lasted for 42 seconds, this was quickly followed by a call at 17:07 which lasted for 32 seconds.

(vii) At 17:08 mobile 'phone 0958-648559 was used to access the message retrieval service.

(viii) Between 17:17 and 17:32 mobile 'phone 0958-648559 received four calls, and between 17:45 and 17:58 three calls were made on this 'phone.

3.5. It is clear from the call detail records that mobile 'phone 0958-648559 was not used either to make or to receive calls between 15:01 and 17:06.



A Digits	B Digits	Date	Time	Duration	Cell	Event Type
09586485590	09580107648559	09/03/99	09:24:56	83	0092	1
09586485590	09580107648559	09/03/99	09:26:42	5	0092	1
09586485590	09580107648559	09/03/99	09:27:15	31	0092	1
09586485590	09580107648559	09/03/99	09:30:58	20	0092	1
09586485590	09580107648559	09/03/99	09:32:30	51	0092	1
01232301614	09586485590	09/03/99	09:36:07	165	0567	2
09586485590	09580107648559	09/03/99	09:39:07	20	0494	1
09586485590	09580107648559	09/03/99	10:30:17	22	0018	1
0467688668	09586485590	09/03/99	10:30:54	601	0018	2
09586485590	09580107648559	09/03/99	10:41:26	56	0012	1
09586485590	01713798355	09/03/99	10:42:56	499	0010	1
09586485590	01713798355	09/03/99	10:42:56	499	0010	1
09586485590	09580107648559	09/03/99	11:03:03	39	7608	1
01693738427	09586485590	09/03/99	11:19:02	157	7CEC	2
	09586485590	09/03/99	12:00:12	54	7608	2
	09586485590	09/03/99	12:46:01	33	7608	2
0956390457	09586485590	09/03/99	13:26:45	53	7608	2
07801598451	09586485590	09/03/99	14:00:58	500	7CEC	2
09586485590	09580107648559	09/03/99	14:16:44	54	7608	1
01247463096	09586485590	09/03/99	14:27:12	223	7608	2
09586485590	09580107648559	09/03/99	14:31:01	25	7608	1
01814211288	09586485590	09/03/99	14:44:38	353	7608	2
	09586485590	09/03/99	14:58:58	63	7608	2
01712675163	09586485590	09/03/99	17:06:53	42	7608	2
01712675163	09586485590	09/03/99	17:07:54	32	7608	2
09586485590	09580107648559	09/03/99	17:08:33	112	7608	1
01232740505	09586485590	09/03/99	17:17:11	9	7608	2
01265320246	09586485590	09/03/99	17:24:30	149	7608	2
00956000000	09586485590	09/03/99	17:30:29	10	7608	2
01849433635	09586485590	09/03/99	17:32:29	19	7608	2
09586485590	09580107648559	09/03/99	17:45:52	58	7608	1
09586485590	09580107648559	09/03/99	17:57:31	27	7608	1
09586485590	09580107648559	09/03/99	17:58:17	97	7608	1
01715321639	09586485590	09/03/99	18:45:56	28	7608	2
09586485590	09580107648559	09/03/99	18:59:29	22	7608	1
09586485590	09580107648559	09/03/99	19:00:56	6	7608	1
09586485590	09580107648559	09/03/99	19:04:44	71	7608	1
01849433635	09586485590	09/03/99	19:28:51	485	7CEC	2
09586485590	01849433635	09/03/99	19:38:57	694	0500	1
09586485590	01849433635	09/03/99	19:38:57	694	0500	1
07801598451	09586485590	09/03/99	20:59:54	5	0295	2
09586485590	09580107648559	09/03/99	23:38:40	30	0092	1



Breakdown of information for (0171) 609 9199

Page 8 of 9

Direct-dialled calls - continued

Other calls

Please note that our charges for calls to Premium Rate Services and mobile numbers include payments which BT must make to the service provider or mobile network operator.

Other calls £0.05 and under (summarised)

For calls	Number of calls	Duration (hrs:mins:secs)	Cost before discount (£)
2 Jul-21 Sep	16	0:03:03	0.692

Other calls over £0.05 (itemised)

Date	Time	Destination	Duration (hrs:mins:secs)	Cost before discount (£)
23 Jun	15:32	Mobile Phone 0961 913385	0:00:55	0.194
24 Jun	14:07	Mobile Phone 0467 495705	0:01:18	0.226
24 Jun	17:07	Mobile Phone 0468 201654	0:00:29	0.083
25 Jun	19:24	Mobile Phone 077 7563 5229	0:00:34	0.071
25 Jun	19:25	Mobile Phone 079 5743 4372	0:06:32	0.995
26 Jun	09:33	Mobile Phone 0958 763511	0:01:21	0.092
28 Jun	11:33	Mobile Phone 0973 864370	0:08:33	1.805
28 Jun	11:45	Mobile Phone 0421 736935	0:00:37	0.107
29 Jun	16:09	Mobile Phone 0421 736935	0:01:12	0.21
30 Jun	11:37	Mobile Phone 079 5735 9119	0:01:44	0.37
30 Jun	11:39	Mobile Phone 079 5735 9119	0:02:11	0.469
30 Jun	15:47	Mobile Phone 079 5735 9119	0:00:43	0.152
30 Jun	16:56	Mobile Phone 0421 736935	0:01:14	0.215
1 Jul	14:17	Mobile Phone 0958 270666	0:02:00	0.427
1 Jul	15:10	Mobile Phone 0961 379515	0:02:55	0.624
2 Jul	11:27	Mobile Phone 0956 580064	0:00:38	0.136
3 Jul	18:07	Mobile Phone 079 7735 2239	0:11:11	0.753
6 Jul	18:32	Mobile Phone 0973 959832	0:00:29	0.07
7 Jul	14:03	Mobile Phone 0956 905294	0:00:35	0.122
13 Jul	18:54	Mobile Phone 078 0116 0657	0:00:35	0.094
15 Jul	15:16	Mobile Phone 079 7750 4153	0:08:13	1.734
15 Jul	17:24	Mobile Phone 0973 743959	0:00:36	0.124
17 Jul	23:53	INTERNET 0870 0901234	0:42:48	0.727
18 Jul	00:41	INTERNET 0870 0901234	0:20:51	0.354
18 Jul	01:04	INTERNET 0870 0901234	0:21:39	0.368
18 Jul	06:39	INTERNET 0870 0901234	0:34:36	0.588
22 Jul	17:15	Mobile Phone 0956 291113	0:03:45	0.805
23 Jul	11:22	Mobile Phone 0370 430622	0:15:25	2.702
26 Jul	09:14	Mobile Phone 078 0138 6583	0:00:41	0.113
26 Jul	18:59	Mobile Phone 078 0138 6583	0:02:02	0.33
29 Jul	16:50	Mobile Phone 0441 066380	0:07:37	1.332
30 Jul	10:24	Mobile Phone 078 0138 6583	0:02:58	0.498
30 Jul	10:48	Mobile Phone 0961 379515	0:00:52	0.185
30 Jul	15:31	Mobile Phone 0441 066380	0:01:56	0.337
2 Aug	19:31	Mobile Phone 0403 571091	0:07:38	1.24
3 Aug	12:09	Mobile Phone 0441 066380	0:04:57	0.86
3 Aug	17:48	Mobile Phone 0956 660985	0:00:32	0.11
3 Aug	17:49	Mobile Phone 0468 823788	0:00:32	0.09
4 Aug	19:00	Mobile Phone 0441 066380	0:00:50	0.10
8 Aug	20:00	Mobile Phone 0441 066380	0:00:53	0.05
13 Aug	12:29	Mobile Phone 0441 066380	0:00:30	0.08
13 Aug	13:03	Mobile Phone 0410 255279	0:01:39	0.27
16 Aug	20:51	192	0:00:33	0.29

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continues next pag



Breakdown of information for (0171) 700 6710

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Other calls - continued

Date	Time	Destination	Duration (hrs:mins:secs)	Cost before discount (£)
11 Jun	10:21	Mobile Phone 0956 392555	0:00:21	0.075
12 Jun	17:32	Mobile Phone 0973 278274	0:02:21	0.157
17 Jun	18:12	Mobile Phone 0410 471454	0:00:08	0.042
17 Jun	19:57	Mobile Phone 0958 648559	0:01:43	0.26
18 Jun	15:03	Personal No. 070 1070 1727	0:00:42	0.187
18 Jun	18:41	Mobile Phone 0976 411802	0:07:36	1.15
18 Jun	18:49	Mobile Phone 0976 411802	0:00:04	0.042
18 Jun	18:49	Mobile Phone 0976 411802	0:00:04	0.042
18 Jun	18:50	Mobile Phone 0976 411802	0:00:21	0.051
19 Jun	13:15	Mobile Phone 0961 379515	0:16:00	1.095
21 Jun	17:36	Mobile Phone 0973 278274	0:00:13	0.045
21 Jun	21:40	Mobile Phone 0961 379515	0:08:57	1.363
22 Jun	08:39	Mobile Phone 0961 165916	0:00:39	0.139
22 Jun	13:34	Mobile Phone 0958 648559	0:00:36	0.127
24 Jun	14:24	192	0:01:11	0.297
24 Jun	15:44	Mobile Phone 078 0138 6583	0:00:43	0.118
26 Jun	15:33	Mobile Phone 0961 558158	0:00:51	0.057
26 Jun	17:18	Mobile Phone 079 3133 1491	0:11:46	0.805
27 Jun	09:56	Mobile Phone 0961 165916	0:00:44	0.05
28 Jun	16:16	Mobile Phone 0956 291113	0:03:21	0.719
29 Jun	18:26	Mobile Phone 0958 648559	0:01:09	0.174
30 Jun	15:58	Mobile Phone 079 5735 9119	0:00:10	0.042
30 Jun	16:05	Mobile Phone 079 5735 9119	0:00:53	0.187
30 Jun	16:37	Mobile Phone 079 5735 9119	0:02:54	0.622
30 Jun	16:40	Mobile Phone 079 5735 9119	0:01:10	0.249
1 Jul	19:00	Mobile Phone 0860 294770	0:00:20	0.052
2 Jul	15:39	Mobile Phone 0860 294770	0:00:23	0.062
3 Jul	09:34	Mobile Phone 0961 165916	0:00:40	0.044
3 Jul	16:12	Mobile Phone 078 0116 0657	0:00:31	0.042
3 Jul	16:44	Mobile Phone 079 3133 1491	0:00:26	0.042
3 Jul	17:29	Mobile Phone 079 3133 1491	0:02:03	0.139
5 Jul	14:10	Mobile Phone 079 5713 0596	0:00:10	0.042
5 Jul	14:21	Mobile Phone 078 0116 0657	0:00:11	0.042
5 Jul	14:22	Mobile Phone 078 0116 0657	0:00:52	0.145
5 Jul	19:10	Mobile Phone 0973 278274	0:00:55	0.138
5 Jul	20:24	Mobile Phone 0850 437340	0:00:17	0.045
6 Jul	15:57	Mobile Phone 078 0123 3661	0:06:48	1.147
6 Jul	16:51	192	0:00:41	0.297
6 Jul	19:06	Mobile Phone 079 5735 9119	0:00:40	0.10
6 Jul	20:19	Mobile Phone 0860 294770	0:01:06	0.17
6 Jul	21:35	Mobile Phone 0850 437340	0:05:41	0.92
7 Jul	17:20	Mobile Phone 0958 648559	0:00:56	0.20
8 Jul	21:21	Mobile Phone 0961 379515	0:00:24	0.05
9 Jul	23:08	Mobile Phone 0956 477423	0:01:12	0.18
10 Jul	10:01	Mobile Phone 0973 278274	0:02:00	0.13
10 Jul	13:58	Mobile Phone 0973 278274	0:02:16	0.15
10 Jul	14:32	Mobile Phone 078 0116 0657	0:00:29	0.04
11 Jul	09:59	Mobile Phone 0961 165916	0:00:50	0.05
13 Jul	13:43	192	0:00:34	0.2
14 Jul	10:39	Mobile Phone 0961 199640	0:00:40	0.1
14 Jul	16:51	Mobile Phone 079 3133 1491	0:00:24	0.0
15 Jul	13:13	Mobile Phone 079 3133 1491	0:00:10	0.0
17 Jul	11:22	Mobile Phone 0411 118797	0:00:38	0.0
19 Jul	20:00	Mobile Phone 0973 278274	0:01:15	0.1
20 Jul	11:27	Mobile Phone 079 6778 9172	0:02:41	0.5

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continues next page

Phone numbers are changing

22  
APRIL

Are any of your regular numbers changing

## **Exhibit 11**



J G G Ledingham  
Emeritus Professor of Clinical Medicine  
University of Oxford

22 Hid's Copse Road  
Cumnor Hill  
Oxford  
OX2 9JJ

Tel / Fax 01865 862023

May 11th 2000

*In the Central Criminal Court*

*Regina*  
v  
*Dr Richard Arjun Kaul*

**REPORT AT THE REQUEST OF HEMPSONS, SOLICITORS**

The particular issues on which I have been asked to comment comprise a number of features in the case that would not have been expected in a straightforward example of respiratory arrest, followed by cardiac arrest, cerebral hypoxia and death:-

- 1) The low levels of plasma potassium recorded on 9th March
- 2) The elevated blood sugar recorded on 9th March
- 3) The gross elevations of both ALT and AST recorded on 10th and 11th March
- 4) The profoundly reduced plasma albumin concentrations recorded between March 9th and 14th
- 5) The markedly raised white cell count from 9th to 13th March
- 6) The fever recorded between 10th and 12th March

***1) Plasma potassium concentrations***

On arrival at Homerton Hospital on 9th March, plasma potassium concentrations (normal range 3.5-5.1 mmol/l) were consistently low at a time when there was also a severe metabolic acidosis:-

	<i>Plasma potassium (mmol/l)</i>	<i>Arterial pH</i>
At 17.04 hrs	3.2	7.174
17.07 hrs	3.6	7.152
17.07 hrs	2.9	7.232
17.11 hrs	3.3	7.169



By 10th March, plasma potassium had been restored to normal and remained normal thereafter.

*The potential importance of a low plasma potassium in the context of cardiac arrest*

The resting transmembrane electrical potential of heart muscle is dependent on the ratio of the intracellular potassium concentration (normally 150-160 mmol/l) and that in the extracellular fluid (3.5-5mmol/l), such that a small fall in the extracellular concentration will increase the transmembrane electrical potential, increasing excitability of cardiac muscle cells and increasing speed of conduction. The clinical effects are then to increase the risk of arrhythmias. Surawicz (Postgraduate Medicine 1974 55 123) reviewed such recognised arrhythmias as paroxysmal atrial tachycardia with heart block, atrio-ventricular dissociation, Wenckebach phenomenon, ventricular ectopic beats, ventricular tachycardia and ventricular fibrillation - and these potential consequences of hypokalaemia are generally recognised in all standard medical texts. Asystole, as thought to have been the mechanism of the cardiac arrest by Dr Kaul in Mrs Bangura's case, is not a feature of a low plasma potassium, but as suggested by Professor Hall and agreed by Dr Flynn, it may be that the monitor record of the ECG represented not asystole, but low voltage, fine ventricular fibrillation. The true plasma potassium before the arrest is therefore an important question. The common causes of a low potassium include the use of diuretic drugs, purgatives, vomiting or diarrhoea. The most likely of these in Mrs Bangura's case would be the use of purgatives and the possibility that she did use them is not discounted by what we know of her medical history. Patients do not usually mention the use of simple purgatives when giving their drug history.

Mr Treasure and Professor Besser, among others, have ascribed the low potassium concentrations of March 9th to the use of adrenaline during resuscitation and later to support cardiac output. Bolus doses of adrenaline have been known since 1934 (D'Silva - J Physiol. 82 393-98) to induce a rise in plasma potassium lasting some 2-3 minutes, followed by a more prolonged and substantial fall. The transient rise is due to release of intracellular potassium from the liver and the later more sustained fall is due to uptake of extracellular potassium by many tissues, predominantly muscle. The literature on this subject is extensive - there is an excellent review by De Fronzo and Bia in vol 2 (pp 1179-1206) of Seldin and Geibisch's textbook "The Kidney - Physiology and Pathophysiology" - Raven Press, New York 1985.

There is no doubt that the adrenaline given by Dr Kaul and later given at Homerton hospital would be expected to have lowered the plasma potassium from an initially normal level to around the concentrations actually recorded between 17.04 and 17.11 hrs on 9th March all other things being equal - **But** this takes no account of the potential effects of the co-existent severe metabolic acidosis. Such an acidosis tends to do the opposite to adrenaline - namely to promote an increase of plasma potassium by release of intracellular potassium in exchange for hydrogen ions which will have entered the cells as a result of the acidosis. It is not easy to quantify the size of this acidotic effect. Infusions of mineral acids increase plasma potassium by some 0.7 mmol/l for each 0.1 fall in arterial pH. Arterial pH in man is closely regulated in health between 7.36 and 7.42. If we take the lowest figure of normality of 7.32, the fall in pH at the times that the low plasma potassium concentrations were recorded lay between



0.13 and 0.21, equating to an expected rise in plasma potassium of 0.91 to 1.47 mmol/l. These are figures rather greater for a rise in plasma potassium due to acidosis than the fall expected from the effects of adrenaline. One might estimate therefore that the antagonistic effects of acidosis and adrenaline would have approximately cancelled each other out, with the conclusion that the plasma potassium before the cardiac arrest was indeed low. However metabolic acidosis due to accumulation of lactic acid is not the same as that from mineral acids and its effects on the distribution of potassium between intracellular and extracellular compartments is probably less. Even so, it is common clinical experience to witness significant increases in plasma potassium in states of metabolic acidosis. **I would conclude therefore that there is a significant possibility, but not a certainty, that Mrs Bangura's plasma potassium was low enough to have promoted a cardiac arrhythmia before her arrest.**

## ***2) The high blood glucose levels found on 9th March***

Blood glucose concentrations of 13.6 - 17.4 mmol/l were recorded between 17.04 and 17.34 hrs on March 9th. These are entirely compatible with the large amounts of adrenaline given in resuscitation and later to maintain arterial pressure. I do not think that these figures support the suggestion that Mrs Bangura had diabetes mellitus - nor, in parenthesis, do I think that there is any evidence that she might have suffered from Cushing's disease or syndrome.

## ***£) The high levels of ALT and AST found on March 10th and 11th***

The normal range for ALT (alanine transaminase) is 5 - 35 u/l, so that figures of 447-597 are grossly elevated, as are those for AST (aspartate transaminase) - 495-701 u/l - (normal range 15-42 u/l). The combination of grossly elevated levels of both these enzymes imply acute severe damage to the liver. The possibility of a contribution from skeletal muscle damage is discounted by the absence of any significant fall in plasma calcium or increase in plasma phosphate. There were no signs of chronic liver disease in life in Mrs Bangura's case and at the autopsy Dr Chapman found a subcapsular tear under the surface of the right lobe with added deep contusion of the liver. These findings are likely to reflect trauma to the liver during cardio-pulmonary resuscitation, but this alone may not be enough to explain the grossly elevated levels of AST and ALT that were found. The most likely possibility, in my opinion, is that the liver was damaged further by poor perfusion due to cardiogenic shock. Dr Chapman reported that "Histology of major organs did not reveal any occult pathology". It is not clear, from this comment, that he looked specifically for evidence of haemorrhagic necrosis in the liver around terminal veins, as may occur in cardiogenic shock (R S Patrick in The Oxford Textbook of Pathology- eds McGee, Isaacson and Wright - page 1343 - OUP 1992).

## ***4) The very low concentrations of plasma albumin found between March 9th and 14th***

The normal range for plasma albumin is 35-50 g/l, so that the figures of 23-29 g/l recorded between March 9th and 14th are very low. A fall from normal levels to these low ones within 24 hours cannot be attributed to acute liver damage and sudden failure of albumin synthesis. Therefore either the albumin was already low involving some

chronic disorder, before Mrs Bangura's dental surgery, or some explanation, other than acute liver damage, must be found for an acute fall in plasma albumin. In my opinion the likeliest explanation is that so severe was the state of shock following cardiac arrest that widespread ischaemic damage to capillaries resulted in leakage of albumin from the vascular compartment to the extracellular fluid. The alternative explanation that there was some chronic disorder of the liver or kidneys is not supported by the findings at autopsy.

*5) The elevated white cell count and fever from March 9th to 13th*

White cell counts were recorded as 27,500 on 9th March, 20,900 on the 10th, 26,700 on the 11th, 22,400 on the 12th and 16,800 on the 13th March. Body temperature was 36.5 on the 9th of March, 38.9 on the 10th, 36.5 on the 11th and 39.00 on the 12th of March. There was a marked predominance of polymorphs in each of the white cell counts. This might imply a bacterial infection, but there was no clinical, laboratory or autopsy evidence of this. Such a postulated infection could have been dealt with by the antibacterial treatment given in hospital, but a more likely explanation is that the fever and leucocytosis were both caused by widespread tissue damage, perhaps most particularly in the liver, caused by poor organ perfusion as a result of the cardiac arrest and subsequent poor state of the circulation, albeit supported by adrenaline. The white cell count and fever were indeed rather high for this explanation, but, in my opinion not impossibly so.

**Summary**

In my opinion the feature of this case that most throws doubt on the supposition that Mrs Bangura's death was caused by a primary respiratory arrest with consequent cardiac arrest concerns the possibility that a low plasma potassium caused primary cardiac arrest due to fine low voltage ventricular tachycardia, mistaken on the ECG monitor for asystole. The changes in blood sugar, ALT/AST, albumin, white cell count and body temperature can all be reasonably explained by the use of adrenaline and the state of the circulation after the arrest.

*John Ledingham*

J G G Ledingham



## **Exhibit 12**

[www.drrichardkaul.com](http://www.drrichardkaul.com)

**February 6<sup>th</sup> 2014**

**New Jersey Board of Medical Examiners**  
140 East Front Street  
Trenton, New Jersey 08608  
Phone: 609-826-7100

Dear Sirs and Madams:

I will not be in attendance on February 12<sup>th</sup> 2014 for the hearing in front of the body that improperly represents itself to be the New Jersey Medical Board because this 'board' as it is currently constituted and being the board that illegally suspended my medical license in June 2012 does not and did not have the proper authority to take such action.

**UNCONSTITUTIONAL MEDICAL BOARD**

It has recently been brought to my attention that the following individuals despite the expiration of their legally allowed tenure on the medical board, continue to improperly act as legitimate members taking votes against the licenses of New Jersey physicians:

1. Berkowitz-has served more than 6 years and been re-appointed 2 times
2. Cheema-has served more than 6 years and been re-appointed 2 times
3. Clechanowski-has served more than 6 years and been re-appointed 3 times
4. Criss-has served more than 6 years and been re-appointed 3 times
5. Jordan-has served more than 6 years and been re-appointed 2 times
6. Lomazow-has served more than 6 years and been re-appointed 3 times
7. Mendelowitz-has served more than 6 years and been re-appointed 2 times
8. Scott-has served more than 6 years and been re-appointed 2 times
9. Stanley-has served more than 6 years and been re-appointed 2 times
10. Walsh-has served more than 6 years and been re-appointed 4 times
11. Weiss-has served more than 6 years and been re-appointed 3 times

As all board member are aware a legal quorum is required before any valid action can be taken against the property right of a physician and as the evidence above demonstrates no such quorum was in place when this body without authority suspended my medical license in June 2012 thus rendering all decisions regarding my license invalid until the proper constitution of a legal quorum.

**ANDREW KAUFMAN**

Andrew Kaufman, MD was retained as an expert by this board in April 2012 and produced a report that criticized my education and training. I have recently been made aware of a letter-please see attached- that was sent from a patient who had been mistreated by Dr. Kaufman at UMDNJ on August 2010 and from which it is clear Dr. Kaufman already held a very negative opinion of myself based seemingly on the fact that I was a successful business competitor to whom patients were flocking therefore hurting his business. Dr. Kaufman was then allowed to testify at the hearing in the office of administrative law in April 2013 at which his now obviously tainted testimony was given credence by Judge Howard Solomon who then used the aforesaid information as the basis for his final opinion. This fact alone casts a significant question over the credibility of Kaufman and therefore the veracity of the opinion issued by Solomon. It also brings into question the credibility of this board as it is very

KAUL 0596



likely that certain members such as Dr. Steven Lomazow would have been fully aware of the personally hostile position and unbiased testimony that Kaufman would provide. Therefore in light of this new piece of evidence the entirety of Kaufman's reports and testimony should be disallowed and a mistrial of these entire proceedings concluded.

#### TRANSCRIPTION FRAUD

In June 2012 I attended a hearing before this medical board to which my then attorney, Robert Conroy, brought his own transcriptionist because of his concerns that you, the medical board, could not be trusted to be honest in the transcription process. I must admit this came as a surprise as I had never before encountered a legal situation in which there was even a suggestion of transcript alteration.

When the hearing commenced in April 2013 in the office of administrative law I remembered the concerns expressed by Conroy and brought my own transcriptionist to court on several key days with one of them being the day your main expert, Dr. Gregory Przybylski, was cross examined by my attorney Charles Shaw. This act seemed to visibly upset Judge Howard Solomon who felt compelled to state several times that the only transcript he would rely on was the one engineered by the court transcriptionist.

The subsequent comparison of the transcripts indicated that several critical parts of the court's transcript had been altered to change testimony that was damaging to their case. Based upon an analysis of this evidence I sent several letters-please see attached- to the following parties requesting an investigation:

1. Judge Howard Solomon
2. Mr. Chris Christie
3. President Barack Obama with a cc to George Scott D.O, the current president of your board.

There has to this date, other than a phone call from the office of Christie, been no response and no investigation of an allegation that has both civil and criminal consequences.

#### STEVEN LOMAZOW

Steven Lomazow gave an interview in August 2012 regarding his recently published book about PDR for which he was attempting to obtain some publicity to boost flagging sales. During this interview and in a completely unprompted manner he made an extremely prejudicial comment about me which must preclude him from any further involvement in my licensing matter. The included video file speaks for itself.

As you must all be aware the current governor is under a multitude of investigations that bring serious doubt to the ability of his office to govern honestly and you as the medical board are answerable only to him and his office. Your appointments to this board are made by the governor and you can be dismissed for no cause by the governor. I have always maintained that the suspension of my license was a consequence of a corrupt governmental action carried out by the Christie administration as a favor to a small group of neurosurgeons that donated significant monies to his political campaign. The consequence to you, the New Jersey Medical Board, is that you belong to the administration that is now under state and federal investigation and as the attached documents and video demonstrate engaged in the same corrupt practices.

It is with great disappointment that I send this letter as I had expected a higher level of integrity from a state administration which in this case has not only let down me and the process of justice but most sadly the rest of America whose states operate according to principles of modern day justice.

I would therefore recommend that this body comply immediately with the state law that mandates no more than two 3 year terms per member as the current board constitution is illegal under NJSA 45:9-1.

KAVLOS9C

I consider all actions taken against my license since June 2012 to be illegal and will pursue all options to remedy the damage caused to my reputation and estate.

Please be advised accordingly.

Yours sincerely,



Richard Arjun Kaul, MD

KAUL0590