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Superior Court of California  
County of Fresno  
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**SUPERIOR COURT OF THE STATE OF CALIFORNIA  
FOR THE COUNTY OF FRESNO**

BOB BALSEY; MATEO SALVADOR  
ESPINOZA PULIDO, a minor, by and  
through his Guardian ad Litem, ANA  
ESPINOZA SANCHEZ; CLINTON  
KNEELAND; DEBBIE KROEKER; SCOT  
KROEKER; FRANK MURRIETA;  
STEPHEN FARRIS; LINSEY CAUDILLO;  
DIANE K. MCCALLUM

Plaintiffs;

vs.

CLOVIS COMMUNITY MEDICAL  
CENTER; and DOES 1-150,

Defendants.

Case No.: 22CECG02774  
Assigned for all Purposed to Dept. 502  
The Honorable Rosemary McGuire  
[Unlimited Civil Case]

**SECOND AMENDED COMPLAINT FOR  
SURVIVOR ACTION AND WRONGFUL  
DEATH**

**DEMAND FOR JURY TRIAL**

Trial Date: Not yet assigned

COME NOW Plaintiffs, BOB BALSLEY; MATEO SALVADOR ESPINOZA PULIDO,  
a minor, by and through his Guardian ad Litem, ANA ESPINOZA SANCHEZ; CLINTON  
KNEELAND; DEBRA KROEKER; SCOT KROEKER; FRANK MURRIETA; STEPHEN  
FARRIS; LINSEY CAUDILLO; DIANE K. MCCALLUM (Cumulatively "Plaintiffs"), who

complain against Defendants, and each of them, hereby allege, based upon information and belief, the following:

**PARTIES**

1. Plaintiff, BOB BALSLEY, is and was at all times relevant to this action a resident of County of Fresno, State of California; and is a successor in interest to decedent Susan Balsley.

2. Plaintiff, MATEO SALVADOR ESPINOZA PULIDO, a minor, by and through his Guardian ad Litem, ANA ESPINOZA SANCHEZ, is and was at all times relevant to this action a resident of County of Fresno, State of California; and is a successor in interest to decedent Guadalupe Espinoza Gaytan.

3. Plaintiff, CLINTON KNEELAND, is and was at all times relevant to this action a resident of County of Fresno, State of California; and is a successor in interest to decedent Judith Kneeland.

4. Plaintiff, DEBRA KROEKER, is and was at all times relevant to this action a resident of County of Fresno, State of California; and is a successor in interest to decedent Bradley Kroeker.

5. Plaintiff, SCOT KROEKER, is and was at all times relevant to this action a resident of County of Fresno, State of California; and is a successor in interest to decedent Bradley Kroeker.

6. Plaintiff, FRANK MURRIETA, is and was at all times relevant to this action a resident of County of Fresno, State of California; and is a successor in interest to decedent Angie Murrieta.

7. Plaintiff, STEPHEN FARRIS, is and was at all times relevant to this action a resident of County of Fresno, State of California; and is a successor in interest to decedent Anna Farris.

8. Plaintiff, LINSEY CAUDILLO, is and was at all times relevant to this action a resident of County of Fresno, State of California; and is a successor in interest to decedent Edward Caudillo.

9. Plaintiff DIANE K. MCCALLUM, is and was at all times relevant to this action a

1 resident of County of Fresno, State of California; and is a successor in interest to decedent  
2 William McCallum.

3 10. Defendant, CLOVIS COMMUNITY MEDICAL CENTER, is a business entity,  
4 form unknown, in the State of California with a principal place of business in the State of  
5 California, County of Fresno, where it operated and conducted business at all relevant times stated  
6 herein.

7 11. Plaintiffs, as successors in interest, seek survivor action damages pursuant to Code  
8 of Civil Procedure section 377.30, et seq., including section 377.34(b).

9 12. Plaintiffs are each qualified to bring a wrongful death claim pursuant to Code of  
10 Civil Procedure section 377.60, et seq. and therefore, each plaintiff also seeks wrongful death  
11 economic and noneconomic damages.

12 13. Plaintiffs are ignorant of the true names and capacities of the Defendants sued  
13 herein as DOES 1 through 150, inclusive, and therefore sues these defendants by fictitious names.  
14 Plaintiff will amend this complaint to allege their true names and capacities when ascertained.

15 14. Plaintiffs are informed and believe and thereon alleges that at all times mentioned  
16 herein, each of the fictitiously named Defendants is responsible in some manner, along with the  
17 named Defendants, for the occurrences herein alleged, and Plaintiffs' damages as herein alleged  
18 were legally and proximately caused by the acts and/or omissions of both the named and  
19 fictitiously named defendants.

20 15. Plaintiffs are informed and believes, and thereon alleges, that at all times herein  
21 mentioned, the Defendants named in this action, as well as the fictitiously named Defendants, and  
22 each of them, were agents and employees of the remaining Defendants, and in doing the things  
23 hereinafter complained of, were acting within the course and scope of such agency and/or  
24 employment and with the knowledge and consent of the remaining Defendants.

25 **JURISDICTION & VENUE**

26 16. This Court has general subject matter jurisdiction as the inherent authority of the  
27 court involved to deal with the case or matter before it. The total amount of damages sought  
28 exceeds \$25,000.

17. Venue is proper in this judicial district, pursuant to California Code of Civil Procedure § 395. One of more of the Defendants resides within and/or does business within the County of Fresno, and all acts and omissions giving rise to liability are alleged to have occurred in County of Fresno, making this Court the proper venue for Plaintiffs' claims.

**FACTS COMMON TO ALL CAUSES OF ACTION**

18. The patient's right to autonomy in medical decision-making is uniquely fundamental.

**Veklury (Remdesivir) and the Medical Deception**

19. Remdesivir is a dangerous, experimental drug. During a randomized controlled study published by the New England Journal of Medicine, Remdesivir was pulled from Ebola Controlled Trials because of the high death rates. In this study 53% of the people who received Remdesivir died. The study was funded and/or supported by the NIAID, the NIH, the WHO, the DHHS, the DARPA arm of the DOD, and of course Gilead Sciences.<sup>1</sup>

20. Remdesivir is unsafe and ineffective for patients. Veklury® (Remdesivir) is a nucleotide analogue RNA polymerase inhibitor. It causes, among other things, symptoms of lungs filling with fluid, kidney poisoning and other organ damage that are known side-effects of Veklury® (Remdesivir).<sup>2 3</sup> In short, Remdesivir causes the harm it claims to cure.<sup>4</sup>

21. Studies have been published showing a causal connection between Remdesivir and the death of heart cells, heart attacks, and bradycardia with worsening QT interval.<sup>5 6</sup>

22. Remdesivir received Emergency Use Authorization in or around May of 2020, after being recommended by an NIH panel that contained nine individuals with financial ties to its creator, Gilead Sciences.<sup>7</sup> It is very nearly the equivalent of a death sentence for a COVID patient, or a patient with real Pneumonia (as opposed to the so called "covid pneumonia").

<sup>1</sup> <https://www.nejm.org/doi/full/10.1056/NEJMoa1910993>

<sup>2</sup> <https://www.wndnewscenter.org/faucis-deadly-corruption-on-Remdesivir/>

<sup>3</sup> <https://principia-scientific.com/doctor-reveals-Remdesivir-is-real-cause-of-covid-19-maladies/>

<sup>4</sup> <https://principia-scientific.com/doctor-reveals-Remdesivir-is-real-cause-of-covid-19-maladies/>

<sup>5</sup> <https://pubmed.ncbi.nlm.nih.gov/34643857/>

<sup>6</sup> <https://pubmed.ncbi.nlm.nih.gov/33240723/>

<sup>7</sup> <https://covid19treatmentguidelines.nih.gov/panel-financial-disclosure/>

1           23.     As an EUA product it cannot be mandated by law and giving it to a patient against  
2 their wishes and without full informed consent amounts to human experimentation in violation of  
3 the Nuremburg Code (as codified in 45 CFR 46). Doctors who experimented on humans during  
4 the Holocaust without their consent were convicted and executed for crimes against humanity.

5           24.     Full informed consent means that patients must be provided with full information  
6 about the deadly harm that this dangerous experimental drug causes on its own. They must be  
7 told that the only time it was ever tested it was pulled because it killed so many people. They must  
8 be told that it may overload their kidneys and cause their lungs to fill up with water. They must  
9 be told about all the side effects. They must be advised that they have a 99.97% chance of  
10 surviving COVID without Remdesivir, but that the odds of their dying increase exponentially if  
11 Remdesivir is administered. They also must be told that their odds of survival take another  
12 exponential drop when Remdesivir is combined with intubation.

13           25.     Further, they must be told that there are numerous treatments that are almost 100%  
14 effective against COVID-19 are very inexpensive and have been tested and prescribed millions of  
15 times the world over with virtually no harmful effect. None of the plaintiffs were provided with  
16 any of this information, and all of them were given Remdesivir against their wishes as part of a  
17 protocol designed to harm them and to enrich the hospital. The financial incentives are discussed  
18 further herein below.

19           26.     Defendants failed their fiduciary duty and acted in concert to intentionally conceal  
20 from the decedents, their successors in interest and/or their patient advocates of these critical facts.

21           27.     A person of adult years and in sound mind has the right, in the exercise of control  
22 over his or her own body, to determine whether or not to submit to lawful medical treatment.

23           28.     Healthcare providers, including hospitals, are under a fiduciary duty to disclose all  
24 available choices regarding any prescribed course of therapy and of the potential risks of each  
25 choice. All information material to a patient's decision to receive or decline a particular medical  
26 treatment must be disclosed. A fiduciary must tell its principal of all information it possesses that  
27 is material to the principal's interests. In this case, hospital defendant acted by and through staff  
28 in concert with other defendants to communicate or conceal pertinent information and the hospital

employees assisted in administering the Remdesivir and the Remdesivir Protocol discussed below.

29. Healthcare providers must disclose personal interests unrelated to a patient's health, whether research or economic, that may affect the physician's professional judgment.

30. It is medically unethical, and a violation of California laws, to administer an unnecessary medical treatment.

31. It is medically unethical, and a violation of California laws, to administer a medical treatment without informed consent.

### **The Remdesivir Protocol**

32. The following protocol is being used by Defendants and in hospitals all over the country with minor variations. A patient comes to the hospital often for a problem unrelated to COVID-19. They are told they have COVID-19 or "COVID pneumonia". They are immediately separated from their loved ones, and usually declared to be in ICU, even though they are often just placed in a room. They are told that the deadly Remdesivir is the only available and safe treatment. They are usually told that if they leave the Hospital against "medical advice" they will void their insurance. They are placed on a BiPap machine at a high rate, making it difficult for them to breathe. Their hands are often tied down so they can't take the BiPap machine off their face. After their hands are tied down, and sometimes before, a psychiatrist comes to the room and determines that they are "agitated". This results in the protocol patient being placed on morphine or something similar. Sedating the patient makes it more difficult for them to communicate and more difficult for them to fight the effects of Remdesivir especially as it relates to their ability to breathe against the side effects and against the BiPap machine. Their phone and the signaling instrument for the nurses are typically placed beyond their reach. They are placed on Remdesivir, to the exclusion of Ivermectin (a very safe and truly effective alternative, discussed below), and often things like Benadryl and Tylenol are administered to further dry out their lungs and overload their kidneys. They are denied food and water. They are often intubated after a short period of time on the BiPap machine. They are often placed on other drugs that are contraindicated for use

1 with Remdesivir. It takes a “protocol patient” about nine days to die on average. Defendants  
2 implemented these protocols resulting in the deaths of each of the decedents.

3 33. This Remdesivir death protocol hits several specific markers that increase greatly  
4 the amount the hospital can bill as well as bringing in a handsome financial reward for the state  
5 for each supposed COVID-19 death.

6 34. Ivermectin, by contrast to Remdesivir, is a drug for which the Nobel Prize in  
7 Medicine was awarded. Ivermectin is an FDA approved drug and is on the World Health  
8 Organization’s list of essential medicines. It found efficacy against SARS-COV-2 early on and  
9 has been widely used as anti-parasitic since the early 1980’s.

10 35. Ivermectin has a decades old safety record as an anti-parasitic, and more recently  
11 has been found to have potent anti-viral effects against SARS-COV-2 and multiple other viruses,  
12 with multiple mechanisms of action against viral binding, viral replication, and viral-induced  
13 inflammation.

14 36. Ivermectin has been proven both safe and effective towards SARS-COV-2, with 69  
15 controlled studies demonstrating its efficacy in the prophylaxis and prevention of the contraction  
16 of SARS-COV-2, in out-patient early treatment of SARS COV-2 to stop replication of the virus  
17 and prevent hospitalization; and in hospitalized patients to decrease in-hospital mortality and  
18 morbidity. In fact, the weight of the scientific literature base weighs strongly in favor of Ivermectin  
19 for the treatment of SARS-COV-2 and against Remdesivir.

20 37. Ivermectin is listed by the National Institutes of Health under their “Characteristics  
21 of Antiviral Agents That Are Approved or Under Evaluation for the Treatment of COVID-19” as  
22 the second agent under Remdesivir for use against COVID-19.

23 38. It is a lie to state that the deadly Remdesivir improves a patient’s chances against  
24 Covid-19. It is another lie of exclusion not to inform the patient that Ivermectin will make them  
25 better in almost every case. These lies are highly incentivized financially as the next section  
26 demonstrates. Defendants did not advise the decedents, their successors in interest, their  
27 representatives or their patient advocates as the case may be of these critical facts regarding  
28 Ivermectin.

## Remdesivir Protocol & COVID-19 Financial Incentives

39. Here follows some of the *known* financial incentives to the hospitals and to the state of California for the offering Remdesivir as an exclusive “remedy” and for diagnosing patients with and/or inscribing COVID-19 on the death certificate. We believe that during discovery, additional lucrative incentives will be uncovered.

40. The state of California receives \$145,000 in aid for each Covid-19 case from the first 30 billion in CARES Act aid, alone.

41. More importantly, it is critical to understand how the rate the hospital can charge (charge rate) varies across 3 categories of Covid-19 diagnosed patients. The categories are (1) Outpatient (2) Noncomplex Inpatient and (3) Complex Inpatient. The average charge amounts by hospitals in California for each category are as follows.

<b>Outpatient</b>	<b>\$3,200</b>
<b>Inpatient noncomplex</b>	<b>\$111,213</b>
<b>Inpatient complex</b>	<b>\$461,780</b>

42. All that is required to move an inpatient from noncomplex status to complex status is that the patient be intubated and/or placed in ICU status. By doing either one of these things they get to refer to the inpatient as a “complex” case, resulting in an average charge amount increase of \$458,580 over outpatient treatment, and an average charge amount increase of \$350,567 over noncomplex inpatient.

43. In addition, Medicare has provided a unique billing code that permits a 20% NCTAP bonus, collected on the entire bill, provided to Hospitals who offer Remdesivir *as an exclusive option*.<sup>8</sup> It should be noted, and it bears repeating, that the extra 20% bonus incentive is *only* available if the hospital offers Remdesivir as *an exclusive option*. This means that the average complex inpatient charge amount is increased by an additional \$92,356 for a whopping average total of \$554,136.

44. In order to capitalize on these remarkable charge amount bonus incentives, the hospital must merely isolate the patient in ICU and/or intubate them before they die, all while (a)

<sup>8</sup> <https://www.cms.gov/medicare/covid-19/new-covid-19-treatments-add-payment-nctap>



denying the truly safe, effective, readily available and inexpensive remedies, and (b) coercing and defrauding the protocol patients that Remdesivir is the only treatment permitted and that it will help them, when the Ebola study indicates it will likely kill more than half of those to whom it is administered. Defendants capitalized on these financial incentives with respect to the treatment of the decedents.

**FIRST CAUSE OF ACTION**  
**FRAUDULENT CONCEALMENT**  
**(Against All Defendants)**

45. Plaintiffs incorporate each of the preceding paragraphs as though fully stated herein.

46. Defendants and the decedents, their successors in interest, personal representatives and/or their patient advocates were in a fiduciary relationship between patient and healthcare provider at all relevant times herein. Defendants intentionally failed to disclose certain facts, those stated herein and others, to decedents, their successors in interest, personal representatives and/or their patient advocates. The Defendants intentional failure to disclose pertinent information about the safety and care of the patient was deceptive. The facts withheld from the decedents, their successors in interest, personal representatives and/or their patient advocates are facts the patients could not have discovered on their own. In some instances, the Defendants actually prevented the decedents, their successors in interest, personal representatives and/or their patient advocates from discovering certain pertinent facts.

47. The decedents, their successors in interest and/or their patient advocates did not know of the concealed facts.

48. Defendants intended to deceive the decedents, their successors in interest, personal representatives and/or their patient advocates by concealing the facts.

49. Had the information omitted by Defendants been disclosed, the decedents, their successors in interest, personal representatives and/or their patient advocates reasonably would have behaved differently.

1           50.     The decedents, their successors in interest, personal representatives and/or their  
2 patient advocates were harmed in the form of economic and non-economic damages.

3           51.     Defendants' concealment was a substantial factor in causing Plaintiffs' harm.

4           52.     Defendants' conduct was the legal and proximate cause of Plaintiffs' harm.

5           53.     Defendants conduct was undertaken intentionally and to achieve a wrongful  
6 purpose. Further they acted knowingly and without legal or factual justification for the actions  
7 described herein and in flagrant disregard of known and/or obvious risks that were so great as to  
8 make it highly probable that the harm done to the Decedents would outweigh any possible benefit  
9 to the Decedents.

10          54.     Defendants acts of malice, oppression or fraud were base, vile and contemptible  
11 making the Defendants liable for punitive damages under Code of Civil Procedure 3294.

12                   **SECOND CAUSE OF ACTION**

13                   **VIOLATION OF THE ELDER ABUSE AND DEPENDENT ADULT CIVIL**  
14                   **PROTECTION ACT**

15                   **(Against All Defendants)**

16          55.     Plaintiffs incorporate each of the preceding paragraphs as though fully stated  
17 herein.

18          56.     Plaintiffs claim that the decedents Susan Balsley, Judith Kneeland, Angie  
19 Murrieta, Anna Farris, and William McCallum were neglected by the Defendants and/or the  
20 Defendants agents and employees in violation of the Elder Abuse and Dependent Adult Civil  
21 Protection Act.

22          57.     Defendants had a substantial caretaking or custodial relationship with the  
23 decedents, involving ongoing responsibility for each decedent's basic needs, which an able-  
24 bodied and fully competent adult would ordinarily be capable of managing without assistance.

25          58.     Decedents, Susan Balsley, Judith Kneeland, Angie Murrieta, Anna Farris, and  
26 William McCallum were each 65 years of age or older while in Defendants' care or custody.

27          59.     The conduct of Defendants who authorized and/or allowed the administration of  
28 Remdesivir to decedents without the knowledge, or informed consent of decedents, their

1 successors in interest, personal representatives and/or their patient advocates, constitutes a battery  
2 under Penal Code Section 240 and physical abuse under Welfare and Institutions Code Section  
3 15610.63.

4 60. The conduct of Defendants who authorized and/or allowed the administration of  
5 medically unnecessary and contraindicated drugs or medications without the knowledge, or  
6 informed consent of decedents, their successors in interest, personal representatives and/or their  
7 patient advocates, constituted a failure to protect from health and safety hazards, and neglect,  
8 under Welfare and Institutions Code Section 15610.57.

9 61. The conduct of Defendants who authorized and/or allowed the administration of  
10 medically unnecessary and contraindicated drugs or medications without the knowledge, or  
11 informed consent of decedents, their successors in interest, personal representatives and/or their  
12 patient advocates, constituted a battery under Penal Code Section 240 and physical abuse under  
13 Welfare and Institutions Code Section 15610.63.

14 62. The conduct of all Defendants to this cause of action, in preventing decedents from  
15 having physical contact the entire course of hospitalization and until death, constituted neglect  
16 under Welfare and Institutions Code Section 15610.57, subdivision (b)(2).

17 63. The conduct of all Defendants to this cause of action, in failing to prevent  
18 malnutrition constituted neglect under Welfare and Institutions Code Section 15610.57,  
19 subdivision (b)(4).

20 64. Defendants failed to use the degree of care that a reasonable person in the same  
21 situation would have used in providing for Susan Balsley, Judith Kneeland, Angie Murrieta, Anna  
22 Farris, and William McCallum's basic needs, including but not limited to, assisting in personal  
23 hygiene or in the provision of food, clothing, or shelter; providing medical care for physical and  
24 mental health needs; protecting Susan Balsley, Judith Kneeland, Angie Murrieta, Anna Farris,  
25 and William McCallum from health and safety hazards; and preventing malnutrition or  
26 dehydration.

27 65. Susan Balsley, Judith Kneeland, Angie Murrieta, Anna Farris, and William  
28 McCallum were harmed and eventually died while in Defendants' care or custody.

1           66. Defendants' conduct was a substantial factor in causing the harm to and death of  
2 Susan Balsley, Judith Kneeland, Angie Murrieta, Anna Farris, and William McCallum.

3           67. Defendants' conduct was the legal and proximate cause of decedent and Plaintiff's  
4 harm.

5           68. Defendants conduct was undertaken intentionally and to achieve a wrongful  
6 purpose. Further they acted knowingly and without legal or factual justification for the actions  
7 described herein and in flagrant disregard of known and/or obvious risks that were so great as to  
8 make it highly probable that the harm done to the Decedents would outweigh any possible benefit  
9 to the Decedents.

10           69. Defendants acted with recklessness, oppression, fraud and/or malice in neglecting  
11 and/or abusing decedents making the Defendants liable for attorney's fees and costs and  
12 decedent's pain and suffering.

13           70. Defendants acts of malice, oppression or fraud were base, vile and contemptible  
14 making the Defendants liable for punitive damages under Code of Civil Procedure § 3294 and  
15 Welfare & Institutions Code § 15657.

16                           **THIRD CAUSE OF ACTION**

17                           **MEDICAL NEGLIGENCE**

18                           **(Against All Defendants)**

19           71. Plaintiffs incorporate each of the preceding paragraphs as though fully stated  
20 herein.

21           72. Defendants owed the decedents a duty to use the level of skill, knowledge, and  
22 care in diagnosis and treatment that other reasonably careful health care practitioners would use  
23 in the same or similar circumstances.

24           73. Defendants breached their duty to the decedents, their successors in interest,  
25 personal representatives and/or their patient advocates by failing to provide care and treatment  
26 within the standard of care for reasonably careful health care practitioners would use in the same  
27 or similar circumstances.

1           74. Defendants breach of duty resulted in harm and death to each of the decedents and  
2 harm to Plaintiffs.

3           75. Defendants breach of duty was a substantial factor in causing the harm to and death  
4 of the decedents and harm to the Plaintiffs.

5           76. Defendants conduct was undertaken intentionally and to achieve a wrongful  
6 purpose. Further they breached their duty knowingly and without legal or factual justification and  
7 in flagrant disregard of known and/or obvious risks that were so great as to make it highly  
8 probable that the harm done to the Decedents would outweigh any possible benefit to the  
9 Decedents.

10           77. Defendants breach of duty was the legal and proximate cause of the harm to and  
11 death of the decedents.

12                           **FOURTH CAUSE OF ACTION**

13                                   **MEDICAL BATTERY**

14   **(Against All Defendants)**

15           78. Plaintiffs incorporate each of the preceding paragraphs as though fully stated  
16 herein.

17           79. Defendants performed a medical procedure without decedent, successor in  
18 interest, patient advocate, or personal representative's consent; Defendants performed medical  
19 procedures over the objection and refusal of certain medical care by decedents, successors in  
20 interest, patient advocates, or personal representatives; and/or Defendants obtained consent for  
21 one medical procedure and then performed a substantially different medical procedure.

22           80. Defendants' medical battery resulted in harm to and death of the decedents and  
23 harm to the Plaintiffs.

24           81. Defendants' medical battery was a substantial factor in causing the harm to and  
25 death of the decedents and harm to the Plaintiffs.

26           82. Defendants conduct was undertaken intentionally and to achieve a wrongful  
27 purpose. Further they acted knowingly and without legal or factual justification for the actions  
28 described herein and in flagrant disregard of known and/or obvious risks that were so great as to

1 make it highly probable that the harm done to the Decedents would outweigh any possible benefit  
2 to the Decedents.

3 83. Defendants' medical battery was the legal and proximate cause of the harm to and  
4 death of the decedents and harm to the Plaintiffs.

5 **PRAYER**

6 WHEREFORE, Plaintiffs seek judgment against Defendants, CLOVIS  
7 COMMUNITY MEDICAL CENTER and DOES 1-150, inclusive, as set forth in each cause of  
8 action, and as follows:

- 9 1. For all actual, consequential and incidental economic damages, including but not  
10 limited to loss of earnings, benefits and other compensation, together with prejudgment interest;
- 11 2. For compensatory damages;
- 12 3. For punitive damages;
- 13 4. For reasonable attorney's fees;
- 14 5. For penalties;
- 15 6. For costs of suit incurred; and
- 16 7. For such further relief as the Court may deem just and proper.

17  
18 DATED: December 16, 2022

Respectfully Submitted,

19 WATKINS & LETOFSKY, LLP

20 */s/ Daniel R. Watkins*

21 By:

22 Daniel R. Watkins  
23 Michael Hamiton (Pro Hac Vice Pending)  
24 Attorneys for Plaintiffs  
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DATED: December 16, 2022

WATKINS &amp; LETOFSKY, LLP

By: Daniel R. Watkins  
Michael Hamiton (Pro Hac Vice Pending)  
Attorney for Plaintiffs

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