

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

SEAN LYNN AND
LAURA HAMMETT

CLAIMANTS

V.

NO. 250191

UNIVERSITY OF ARKANSAS
FOR MEDICAL SCIENCES

RESPONDENT

CLAIMANTS' RESPONSE TO FIRST SET OF INTERROGATORIES AND
REQUESTS FOR PRODUCTION OF DOCUMENTS PROPOUNDED BY
RESPONDENT UAMS

Claimants Sean Lynn and Laura Hammett (hereinafter “Lynn” or “Sean,” and “Hammett” or “Laura,” respectively), appearing pro se, hereby submit their responses to the First Set of Interrogatories and Requests for Production of Documents propounded by Respondent UAMS, pursuant to Arkansas Rules of Civil Procedure 33 and 34, as follows:

DEFINITIONS

1. UAMS agreed in writing to use the common meaning of “and” and “or”.

Otherwise, claimants’ answers reflect the definitions UAMS instructed them to use.

2. “Med. Rec. 4/29/25” refers to the medical record produced by UAMS through counsel, generated on that date.

3. “Med. Rec. 3/29/24” refers to the medical record produced by UAMS through contractor CIOX on that date.

4. “Med. Rec. 2/13/24” refers to the medical record produced by UAMS through contractor CIOX on that date.

5. “Escape” means “to get away”, “to issue from confinement”, and “to avoid a threatening evil”. (all from Merriam-Webster.com) “to get free from something such as a prison or cage, or from someone who will not allow you to leave:” (dictionary.cambridge.org)

6. For purposes of these interrogatories, “*Chemical Restraint*” means a drug or medication used to control behavior or restrict the freedom of movement of a patient.

A chemical restraint **does not include** medication that is:

- a) Standard treatment for a patient’s diagnosed condition; and
- b) Prescribed at standard dosages, with the goal of managing symptoms rather than limiting autonomy or enforcing compliance; and
- c) To which the patient or patient’s next-of-kin gave informed consent to use.

This definition includes, but is not limited to, the administration of antipsychotics, sedatives, or other psychoactive drugs for purposes of control, discipline, staff convenience, or retaliation — particularly where:

- a) No informed consent was given,
- b) The patient had capacity and refused, or
- c) The drug was administered to subdue rather than treat a condition.

This definition also includes circumstances where no effort was made to notify or consult next of kin, despite the patient being deemed incapable of giving informed consent.

7. “Implied consent” exists where:

(1)

(A) When an emergency exists and there is no one immediately available who is authorized, empowered to, or capable of consent.

(B) "Emergency" means a situation in which, in competent medical judgment, the proposed surgical or medical treatment or procedures are immediately or imminently necessary and any delay occasioned by an attempt to obtain a consent would reasonably be expected to jeopardize the life, health, or safety of the person affected or would reasonably be expected to result in disfigurement or impaired faculties; and

(2) When any emergency exists, there has been a protest or refusal of consent by a person authorized and empowered to do so, and there is no other person immediately available who is authorized, empowered, or capable of consenting but there has been a subsequent material and morbid change in the condition of the affected person. (AR Code § 20-9-603 (2024))

8. Unless otherwise specified, all answers pertain to the time period Lynn was hospitalized at UAMS Medical Center, from January 13, 2024 at about 5:36 p.m. until January 27, 2024 at about 1:48 p.m.

8. Citation to documents that are on the thumb drive produced are formatted as “production [keys words to find the file]”, except the references to medical records generated by UAMS are referred to as Med. Rec. [date generated].

II. ANSWERS

INTERROGATORY NO. 1: Please identify all individuals who you believe have any information regarding the allegations you raise in your claim. Include in your response the following information:

- a. Name;
- b. Address;
- c. Telephone number;

- d. Whether the individual is a lay witness or expert witness; and
- e. A general summary of what information the witness may have.

ANSWER TO INTERROGATORY NO. 1:

OBJECTIONS TO INTERROGATORY NO. 1:

Claimants OBJECT to this Interrogatory on the grounds that it is overbroad, unduly burdensome, and not reasonably calculated to lead to the discovery of admissible evidence to the extent it seeks identification of “all individuals” with “any information” regarding the allegations. This request is vague, lacks reasonable particularity, and improperly calls for speculation.

Claimants further OBJECT to the extent this Interrogatory seeks information protected by the attorney-client privilege, the work product doctrine, or any other applicable privilege or immunity, including any that may arise should Claimants retain legal counsel.

Claimants further OBJECT on the grounds that UAMS, as the employer and custodian of its personnel and medical records, is in possession of the names and contact information for the employees and agents who were present at all times during the hospitalization described in the claim. While Claimants may be able to identify some individuals through medical records and personal recollection,

UAMS is in the best position to provide a complete and accurate list of all relevant personnel.

RESPONSE TO INTERROGATORY NO. 1:

Subject to and without waiving these OBJECTIONS, Responding Parties will identify, based on current knowledge and recollection, individuals reasonably believed to have discoverable information relevant to the claims or defenses in this action, who are not employees of UAMS who were in the same general area as Lynn during the hospitalization; and reserve the right to supplement this response in accordance with the applicable rules of civil procedure.

1. Dustin Hill

3502 Foxcroft Road

Little Rock, Arkansas

(501) 732-0272

Lay witness

This is not Mr. Hill's home address. He is the owner of the property where Mr. Lynn fell. Mr. Hill heard the accident and called 911. He may have information about who witnessed the fall.

2. Sean Lynn

In process of moving

(213) 716-5231

Lay witness

Mrs. Hammett is Mr. Lynn's ADA accommodator for hearing loss, aphasia and PTSD. Please allow Mrs. Hammett to be present during all communications.

Mr. Lynn may have information about what happened to him during the hospitalization. He may also have information about his life before the hospitalization and how he was affected by the hospitalization after UAMS released him.

3. Laura Hammett

16 Gold Lake Club Road

Conway, Arkansas 72032

(760) 966-6000

Lay witness.

Mrs. Hammett may have information about Mr. Lynn's behavior and healthcare before, during and after the hospitalization. She may have information about what she saw during the hospitalization. She may have information about the conversations she had with Mr. Lynn and UAMS staff,

both during the hospitalization and after, not for the truth of the statements but for the fact that they were said.

4. Lisette Reyes

Please contact her by phone or text

(213) 256-3958

Lay witness.

Ms. Reyes may have relevant information regarding how Mr. Lynn behaved before, during, and after his hospitalization. She may also be able to clarify why she believed CL was not permitted to visit Lynn, which resulted in Hammett having to divide her time between the two rather than caring for both together.

Additionally, Ms. Reyes may provide insight into whether her ethnic background was accurately recorded in the medical records, specifically whether she is white, as noted, or 100% Latina.

Ms. Reyes may also have information about what UAMS said when they asked her to sign a consent form despite Hammett being at Lynn's bedside for several hours prior.

Furthermore, she may be able to speak about her intentions to move out of Lynn's residence—plans that were discussed before his fall—and how this would have impacted Mr. Lynn's household income.

5. UAMS employees who were in the hospital during the hospitalization.

Contact info in possession of UAMS

Lay witnesses – hostile, since most may be named as individuals in a parallel suit.

UAMS employees may have information about their own actions and what they saw others do in regards to Mr. Lynn's hospitalization. They may also have information about UAMS policies and procedures. They may have information about communications concerning whether Mr. Lynn had capacity to make decisions about his own healthcare or if Mrs. Hammett as next of kin was allowed to make healthcare decisions for Mr. Lynn; not for the truth about those communications, but that those communications were had. They may have information about communications regarding the lawfulness of performing any medical procedures or administering any drugs to Mr. Lynn without consent or after he refused, not for the truth of those communications, but that those communications were had.

UAMS police officers and security personnel may have information regarding UAMS policies and procedures concerning Clery Law enforcement on campus. They may have information about communications regarding Mr. Lynn's attempts to leave the hospital. They may have information about the requested investigation of Mrs. Hammett's reports of criminal conduct at UAMS, particularly aggravated assault, battery, and false imprisonment.

This is not a complete list of all possible witnesses, but includes persons claimants intend to call as witnesses at this time:

Davis, Rebekah, RN

Beumeler, Britney M, APRN, CNP

Eddie Williams RN, BSN, CBIS (501) 231-2880

Kimbrough, Mary K, MD

Dr. Adam Watkins

Dr. Bruce N. Applebaum

Ernst, Nathan, RN

Emily Gray, CCC-SLP

Nurse in the video We don't give Benzos to TBIs

Elizabeth McNulty, PCT

Jaliyah Rucker, PCT

Jason Patterson, RN

Shannon Cobb, RN

Sacha McBain, PhD

Alexis Beaver, PCT

Limon, Ariana, RN

Kristy Bienvenu

Latisha in Admissions (in video)

Dr. Elizabeth Brown

Dr. Joseph Deloach

Davis, Benjamin L, MD

Hester, D Micah, PhD

Rezayev, Arthur, MD

Cathcart, Christopher S, PT

Dr. Landon Arensberg

Kevin M. Means, MD

Cate, Elizabeth, RD

Dawes, Zachary T, DO

Anand, Sangeetha

Dr. Nolan Bruce

Karimaghaei, Sam, MD

Prashanth Reddy Damalcheruvu, M.D.

UAMS PD Corporal “Detective” Clifton Moore

UAMS PD officer Robertson

UAMS PD Corporal Scott Thomisee

6. Non-UAMS Medical providers are listed in other interrogatories and can be found in the paper documents produced.

They may have information about how they treated Mr. Lynn, diagnoses they made, Mr. Lynn’s physical condition and what they wrote in their records. Dr. Jonathon Berry may have information about why he displayed what claimants perceived as hostility toward Mr. Lynn, Mrs. Hammett and Dr. Josie Owens. Dr. Berry may have information on why his notes are inconsistent with Lynn’s reported condition and the height of the fall.

INTERROGATORY NO. 2: [Amended as per agreement by email of June 3, 2025]

Please identify any and all illnesses, conditions and/or injuries to Sean Lynn from January 13, 2024 to present for which you allege UAMS is responsible. Include in your response the following information:

- a. The date on which you allege the illness, condition, and/or injury presented or occurred;
- b. The mechanism which you allege caused the illness, condition, and/or injury;
- c. Whether a medical provider examined the illness, condition and/or injury, and if so, the date of the exam, the contact information for the medical provider, and any diagnosis provided; and
- d. Any treatment provided for each illness, condition, and/or injury whether recommended by a medical provider or not.

ANSWER TO INTERROGATORY NO. 2

OBJECTIONS TO INTERROGATORY NO. 2

Claimants OBJECT due to the spoliation of evidence by UAMS denying claimants an accurate and complete record from which to draw their answers. All video taken by UAMS has reportedly been destroyed. The written record made by UAMS is inaccurate and incomplete, is primarily boilerplate, lacking detail. Significant events witnessed by Hammett or Lynn are missing from UAMS medical records, such as Lynn's head hitting the wall of the elevator on January 21 as he attempted to escape. Therefore, there is a reasonable presumption that events not witnessed by Hammett were also omitted from the medical record. Further,

Hammett was told to stop making her own video record of the imprisonment and battery, as well as discussions with UAMS staff. No code or written policy was given to Hammett, but it did chill her efforts to document, as she feared being removed from the premises permanently or even incarcerated. On June 11, 2025, Hammett received a response to a FOIA request about UAMS filming policy. Leslie Taylor, MA, Vice Chancellor, Communications and Marketing wrote that there is only one relevant policy to patients or authorized visitors filming in the hospital. In part: “If a patient is taking photos or videos of staff members and refuses to stop, the healthcare team should attempt to explore the reasons for the photos/video and try to determine if there are concerns about treatment that can be addressed. The Patient Advocate or Patient and Family Centered Care may be consulted for assistance as needed.”

UAMS ordered Hammett to go to the waiting room on January 21 when they were moving Lynn to SICU. UAMS ordered Hammett to spend several periods from late night to early morning in the employee lounge instead of Lynn’s room, which kept Hammett from witnessing the mechanism of Lynn’s injuries during those times. Likewise, Hammett had other obligations that she could not meet from the confines of the hospital, and so was forced to choose between meeting those obligations and imprisonment at UAMS.

There are obvious alterations and inconsistencies in the UAMS records. There are about 10 notes in Med. Rec. 4/29/25 redacted for “inaccuracies” without saying what the inaccuracies were. MyChart shows a Renal Chem 10 test collected on January 27, 2024 at 8:49 a.m. with a sodium level of 128 mmol/L. Other documentation shows sodium level to fall to as low as 119 mmol/L on January 21, 2024.

Yet, Edward Williams, RN with UAMS/IDHI Brain Injury Program clinic signed a report at 1/29/2024 5:15 PM found in Med. Rec. 4/29/25 at pages 23 to 26. The problems listed did not include hyponatremia. Sodium level was not mentioned.

There were redactions made to the Med. Rec. 4/29/25 with the cryptic note that they were “inaccurate”.

Claimants OBJECT to subpart “c” and “d” to the extent that they are inapplicable to non-medical injuries.

Claimants OBJECT to the definition of “treatment” in this Interrogatory as overbroad and as presuming lawful consent where none existed. The definition provided—encompassing “physical and mental treatment, counseling, medication, and any other order from a medical provider”—fails to distinguish between consensual care and involuntary acts performed without valid consent. Under Arkansas law and established medical ethics, procedures performed without a

patient's informed and voluntary consent do not constitute lawful treatment and may instead constitute unauthorized touching, battery, assault, or unlawful restraint.

UAMS's own "Patient Rights and Responsibilities" statement affirms the patient's right "[t]o make decisions regarding [one's] medical care, including the right to refuse treatment." Mr. Lynn exercised that right following initial emergency testing and diagnosis. His continued confinement, restraint, sedation, and forced medication occurred without valid consent from either Mr. Lynn or his next-of-kin.

Moreover, UAMS personnel acknowledged in the medical record that Arkansas has no statute authorizing involuntary medical holds in non-psychiatric settings, and that UAMS lacked an internal policy permitting such action in Mr. Lynn's circumstances. (See Medical Record, April 29, 2025, p. 323, Dr. Benjamin L. Davis; Ethics Consultation notes by Dr. Micah Hester.)

UAMS's own Clery Crime Reporting Form (citing the Uniform Crime Reporting Handbook) defines "Aggravated Assault" to include the use of sedatives or poisoning. Mr. Lynn experienced repeated loss of consciousness as a result of forced medication. These were not consensual medical interventions, but physical acts imposed over his objection, some of which resulted in visible injuries and emotional trauma.

Accordingly, Claimants OBJECT to the characterization of any procedure, chemical administered without consent or confinement, after the bag of fentanyl was attached to an IV on January 13, 2024, as “treatment,” and contend these actions were unlawful and injurious. This includes procedures and administration of chemicals whether they are considered within the bounds of standard of care or not. Nor is it relevant that chemicals or procedures were performed to mitigate damages of earlier procedures and administration of chemicals, even if that purported “treatment” did not cause further harm. One example is the administration of sodium tablets to purportedly “treat” hyponatremia caused by UAMS. The only treatment Lynn or Hammett on behalf of Lynn gave informed consent to was the release of Lynn so he and those he chose could care for him outside of UAMS.

Claimants OBJECT for the reason just stated to the phrase “treatment provided” in part (d) as improperly assuming the legal and ethical validity of the conduct in question. Each act performed without informed consent—whether physical restraint, sedation, or continued confinement—constitutes a distinct injury rather than “treatment.” But for the forced hospitalization and administration of drugs, Lynn would have no need for drugs to calm agitation, he would not have needed supplemental sodium to reverse hyponatremia, he would not have been catheterized even once, he would not have been punctured for intravenous

medication, he would not have had feeding tubes forced down his gastrointestinal tract.

Claimants OBJECT to the request to provide contact information for each medical provider on the grounds that it is unduly burdensome and unnecessary where the provider is affiliated with UAMS, which already possesses this information. However, Claimants will provide the names and addresses of any non-UAMS providers who evaluated or treated Mr. Lynn after discharge. Claimants will also execute a HIPAA-compliant release to permit UAMS to request complete post-discharge records directly. (Claimants signed the release provided after excluding the social security numbers.)

Claimants OBJECT to the burdensome nature of this request, particularly where it relates to identifying every procedure across voluminous medical records. The April 29, 2025 medical record is over 1,300 pages. Claimants will provide a general list of conditions and sampling of relevant entries from the record. Records of diagnosis and care after January 27, 2024 can be obtained by subpoena; Claimants will cooperate in facilitating access to those records.

Claimants also OBJECT to the request for Social Security numbers as irrelevant, unnecessary for discovery, and posing an undue risk of harm. Medical and billing records may be obtained through other identifying information already in UAMS's possession. Given UAMS's history of aggressive collection efforts and

Claimants' belief that financial motives played a role in the unlawful hospitalization, disclosure of this sensitive information would be inappropriate.

RESPONSE TO INTERROGATORY NO. 2:

Subject to and without waiving the above OBJECTIONS, Claimants respond as follows:

Plaintiff alleges that UAMS is responsible for all injuries, exacerbations, and additional conditions diagnosed since January 13, 2024, to the present, which were either caused or worsened by its unauthorized and non-consensual treatment of Mr. Sean Lynn. These include, but are not limited to:

- Constitutional Injury;
- Emotional Distress (Agitation during hospitalization and PTSD);
- Hyponatremia;
- Hearing loss due to Left Ossicular Disruption;
- Pain and Psychological Trauma from non-consensual invasive procedures;
- Exacerbation of Aphasia;
- Starvation, dehydration and malnutrition;

- Failure to fully heal from the initial injuries for which Mr. Lynn was diagnosed in the Emergency Room on January 13, 2024 before the administration of non-consensual drugs.

Failure of Full Recovery

Claimants contend that, because Mr. Lynn did not sign a valid consent form, and no next-of-kin consent was obtained, UAMS undertook medical interventions without lawful authority. The UAMS consent form explicitly states that the one undergoing hospitalization “understand[s] that [he has] the right to consent to or refuse any recommended or proposed care, procedure, or treatment,” and acknowledges that medicine is not an exact science. Mr. Lynn specifically did not accept these terms.

Therefore, even assuming, arguendo, that UAMS’s treatment met prevailing standards of care, the lack of informed consent renders it impossible to determine whether Mr. Lynn’s recovery would have been better or complete had he been permitted to pursue his preferred treatment path — specifically, in his or Hammett’s home, without psychotropic medications, restraints, and following New Start protocols suggested by Ellen G. White. The results achieved at home and with outpatient care from Lynn’s preferred providers were far superior to the degeneration of health while imprisoned, assaulted and battered. As such, UAMS

bears responsibility for any and all less than optimal outcomes of treatment as well as the damages caused by administration of chemical restraints and escape attempts.

Constitutional Injury, Unlawful Deprivation of Freedom

a) Presented January 13, at about 5:49 p.m. through January 27, 2024 at 1:43 pm.

b) Lynn's loss of freedom to autonomy over his body and his freedom from restraint without due process was caused primarily by four mechanisms.

1. Lack of informed consent, including disinformation.
2. Poisoning as a device used to deceive Hammett; thereby deterring Hammett's ultimately successful efforts to extradite Lynn.
3. Physical force and restraint.
4. Chemical restraint.
5. Coercion.

UAMS did not give either claimant a copy of or tell either claimant about the UAMS Patient Rights and Responsibilities. UAMS violated the majority of Lynn's rights while he was hospitalized, as marked on the copy claimants obtained on their own after Lynn left the hospital entered as Exhibit A. In May 2025, Claimants discovered that the medical records Lynn requested were incomplete, when several

important notes were found in Med. Rec. 4/29/25 that did not occur in the record faxed to Dr. Josie Owens, Med. Rec. 2/13/24 and 3/29/24.

UAMS failed to comply with AR Code § 20-47-207, which allows for involuntary hospitalization only in the case of mental illness. UAMS failed to file a petition during the approximately 332-hour involuntary admission. A person shall be eligible for involuntary admission if he or she is in such a mental condition as a result of mental illness, disease, or disorder that he or she poses a clear and present danger to himself or herself or others. Lynn's altered mental state was a result of administration of poison after he asked to leave the hospital; UAMS forced Lynn to take a dangerous and unwanted polypharmacy of drugs meant to cause Lynn's submission.

At no time during the two-week imprisonment did UAMS file a petition for an order of detention pursuant to AR Code § 20-47-211 (2023). UAMS failed to serve Lynn or his Accommodator with a copy of his statement of rights, including that he has the right to effective assistance of counsel, including the right to a court appointed attorney, despite Hammett demanding a copy of "the paperwork" several times.

UAMS called Lynn's confinement and forced medication with psychotropic drugs a "72-hour hold". A legal reference to 72 hours is found in AR Code § 20-47-218, which states that "oral or intermuscular medication may be used if the effects

of the medication on the behavior of the individual do not exceed seventy-two (72) hours.” UAMS used medication to control Lynn’s behavior for approximately 332 hours.

Mental illness does not include impairment solely caused by continuous or noncontinuous periods of intoxication caused by substances such as drugs, or by intellectual disability. AR Code § 20-47-202(12)(B)(ii) (2020). Aphasia is not even a cognitive or learning disability. It is a language disorder; UAMS doctors should not have treated it as if it was a mental illness.

UAMS lied to Hammett, assuring her that Lynn’s behavior that was reminiscent of his substance abusing years, was due to the traumatic brain injury from falling what UAMS insisted was over 30 feet. The behavior was actually caused by the administration of opioids, benzodiazepines, barbiturates, other medications, and a predictable response to the unlawful deprivation of his freedom, repeated battery and rape. The impact of the deceit was to defraud Hammett into toning down her insistence that UAMS must honor Lynn’s right to autonomy. Had UAMS not successfully defrauded Hammett, she would have acted like she did after she realized the UAMS deceit, and Lynn would have spent as much as 13 days less time imprisoned, assaulted and battered.

UAMS physically strapped Lynn to a cot. When Lynn managed to break a foot loose, then bring that foot up to release his hands and escape, UAMS used some of

its larger male employees to tackle Lynn back onto the cot where he was strapped again and dosed with drugs meant to incapacitate him.

As discussed in detail in other interrogatory responses, UAMS administered non-consensual drugs that could have killed a person. Many were benzodiazepines. These drugs made it more difficult for Lynn to escape. While claimants do not know exactly what drugs were administered, it is likely that at least the drugs listed in the Med. Rec. 4/29/25 were administered.

UAMS also used the coercive measure of threatening to have police force Lynn to stay. UAMS PD has a history of shooting ill people in the face and other excessive force. When Hammett made a direct threat of getting a lawyer involved, not knowing that UAMS was required to provide a lawyer to Lynn, a doctor immediately ordered Hammett out of Lynn's room and started what he and other staff called a "72-hour hold" and a "psychiatric hold". That was on January 21. At the end of a 164-hour hold. (Med. Rec. 4/29/25 at page 545)

Hammett told UAMS on January 14 that Lynn had a history of incarceration for non-violent crimes and the police have never helped Lynn. For example, when his father punched him in the face, they would not take a police report for about a year. The old wound reopened sometime before Hammett arrived at UAMS. Lynn and Hammett were reasonable to think the UAMS PD would not help them and might hurt them.

When Lynn was finally well enough to deal with the police, Hammett made a report. That was on June 20, 2024. After a second report was filed, using the UAMS Clery reporting form, UAMS self-policing agency continued to say the conduct described by Hammett is not a crime.

Emotional Distress (Chronic Agitation)

- a) Agitation presented January 13, 2024 through January 27, 2024.
- b) UAMS Coding Summary on Med. Rec. 4/29/25 at page 44 shows UAMS documented "Restlessness and Agitation" as a diagnosis, but it was not present on admission. It was not classified as a complication or comorbidity. It was erroneously not considered a hospital-acquired condition. It did not affect reimbursement or change the DRG classification.

UAMS diagnosed agitation for the first time after administration of some amount of fentanyl and after moving Lynn to SICU instead of releasing him as requested, but did not consider it medically significant enough to impact billing or treatment complexity. Incongruously, UAMS seemed to find agitation before the transfer out of ED to be significant enough to allow them to override Lynn's refusal to be hospitalized.

A review of the Emergency Room timeline starting at Med. Rec. 4/29/25 page 77 shows 18:24 is the first recorded mention of Lynn exhibiting agitation. This is after Lynn was transferred to H4 against his protest.

Prior to the possible administration of fentanyl at 17:51 or 17:52, Sean Lynn's condition was stable, with unremarkable vital signs and intact cognition. His neurological assessments showed full sensation and strength in all extremities, and he was able to speak clearly, though with some delayed responses. There were no recorded signs of severe pain, distress, or agitation necessitating immediate opioid intervention. His orientation was slightly impaired regarding time and place, but he remained aware of who he was and could follow commands, indicating that he retained the capacity to make informed decisions about his treatment. At this stage, his clinical presentation did not suggest the need for sedation or chemical restraint, making the timing and justification for fentanyl administration questionable.

Fentanyl can cause adverse reactions, including drowsiness, confusion, respiratory depression, muscle rigidity, and altered consciousness – and death. Sean's brother died of methadone toxicity from a pharmacy dispensed product (though not prescribed to him), and fentanyl is 10 times more potent. Based on the timeline, Sean's mental status changed after probable fentanyl administration, with documentation of altered consciousness at 17:59.

Key observations:

Before fentanyl (17:54): Sean was calm, alert, oriented to person, and had clear speech. His pain rating was mild, and delirium was ruled out.

After fentanyl (17:59): His mental status was documented as altered, and he was marked as "patient unreliable" for allergy review.

Earlier assessments had recorded Glasgow Coma Scale (GCS) scores of 13 and 14, indicating mild impairment but sufficient awareness to make informed decisions. However, shortly after the fentanyl bag was connected, his mental status was marked as altered, and agitation or confusion was newly noted. His GCS dropped to 11, reflecting moderate impairment. The medication would cause unnecessary sedation. His blood pressure spiked to 141/118, which could suggest a stress response, drug-induced instability, or an adverse reaction to the opioid. While his oxygenation remained stable, his neurological function showed signs of suppression, with delayed responses and short-term memory loss.

This shift suggests an adverse reaction to a drug that was administered without consent and obtained through Cabinet Override. As noted above, Lynn's brother died of Methadone toxicity, so there is a reasonable hypothesis that Lynn is genetically unable to use opioids safely. Especially at the strength of fentanyl. It is reasonable to believe that the inconsistent and incomplete documentation showing a clear chain of possession of the fentanyl was an attempted cover up of causation of the agitation.

Waste of the medication was not documented. There is no indication in the record as to the reason for the sudden cessation that was documented. It is more probable than not that some Fentanyl made it to Lynn's system, the medical providers noted the immediate adverse reaction, stopped the flow and tried to cover-up the non-consensual act.

After this initial event, there were so many discrete events that were mechanisms for causing agitation that it would be burdensome to list each. They can all be under the umbrella of continuous imprisonment, assault and battery.

c) There was only one objective diagnosis of agitation made by a medical doctor, meaning a diagnosis based upon an accepted test in which criteria were scored subjectively. The Rancho Los Amigos (RLA) Scale was used.

1/14/24 Zachary Dawes, M.D. Med. Rec. 4/29/25 at page 164: "Now with moderate TBI and impairments listed above. Currently RLA V. PMR consulted for TBI management.[ZD.3M]"

Two other non-M.D. clinicians made the following observations that may mean they based their opinion on the accepted criteria. (Med. Rec. 4/29/25.)

1/15/24 Emily Gray, CCC-SLP pages 188, 642, 646: "Informally, pt appears to be ~RLA IV."

1/15/24 Christopher S. Cathcart, PT page 328: "TBI consistent with RLA IV.[CC.1M]"

1/17/24 Christopher S. Cathcart, PT page 333: “TBI consistent with RLA V.[CC.1M]”

Each of these notes were modified at an unknown date (for which an interrogatory will be presented in Claimants’ Set Two) and none of these notes appeared in Med. Rec. 2/13/24 (which has no character chain “rla”).

d) The only treatment by UAMS for the agitation was allowing Lynn to leave on January 27, 2024 with no further assault and battery. That worked instantly.

On January 14, Hammett was allowed to massage Lynn. It was awkward with the noise and audience of UAMS staff, so Hammett and Lisette Reyes just did their best to give Lynn some touch.

Whenever Hammett did not need to leave Lynn’s side because UAMS told her to, or for commitments outside the hospital, Hammett would do various things to treat the agitation. A good representative recording of Hammett trying to sooth Lynn’s agitation is production Accidentally Recorded Harrowing Experience...

Hammett engaged Lynn in playing poker. Lynn agreed to play backgammon on January 23, but UAMS would not unbind his hands.

Hammett brought a diffuser and calming essential oil blends, but UAMS refused to use this homeopathic remedy for agitation, so it was only used when Hammett started it.

Hammett brought a comfortable pillow for Lynn, a shirt Lynn requested, foods that were compliant with the UAMS restrictions. All seen in production pictures.

Lisette Reyes brought a picture CL painted. When Lynn saw it he said “Oh that’s from baby? That’s funny.” (He called CL “Baby” before the fall.) (production text, oh that’s from baby)

UAMS took two mitigating actions, as damage control. Patient Care Technician Jaliyah Rucker played checkers with Lynn (and lost). Nurse Jason Patterson played poker with Lynn (and lost).

Lynn soothes himself by stimming. This is difficult when he was physically restrained but was noted by some UAMS staff during periods where Lynn was allowed to move.

Emotional Distress (Post-Traumatic Stress Disorder (PTSD))

a) Date of Onset: January 13, 2024 through January 27, 2024 with symptoms persisting to present.

b) Mechanism: Acute psychological trauma from 14-day involuntary hospitalization at UAMS, involving physical and chemical restraints, forced sedation, isolation from family, refusal of UAMS to provide ADA accommodations for new communication disabilities of hearing loss and aphasia and treating these

speech and hearing disabilities as if they were cognitive disabilities, repeated intrusive, non-consensual procedures such as insertion of feeding tubes and foley catheters and rape.

Lynn's initial near death experience was traumatic. He should have been allowed to process it in peace and to have his child, CL with him. His thoughts during the fall were all of CL and concern for what would happen to her if he died.

Instead UAMS drugged and tied him to a cot and had young trainees inserting needles and tubes into him. UAMS treated him as if he could not think. He couldn't hear much of what they said, but he read the signs that said it was a felony to attack a healthcare worker, which made escaping more difficult. He knew that if police got involved, they would side with his captors. He was not aware of aphasia altering his speech and was therefore confused why people, including Hammett, were acting so "weird". He had little pain from the fall and didn't know why he was being held against his will. He was right. There was no legal reason for him to be imprisoned.

After 11 days of chronic traumatization, someone from the psych trauma team finally met with Lynn and Hammett (who was mistakenly called "Ms. Lynn").

"Met with Ms. Laura Lynn, Mr. Lynn's mother at bedside after reports from Dr. Baer (see Timothy Baer, 1/24/24) regarding her concerns that trauma psychology had not yet been involved in Mr. Lynn's care. Upon entering the room, Ms. Lynn

was observed to be attempting to provide Mr. Lynn with rationale regarding his restraints and current hospitalization. Briefly engaged Mr. Lynn who repeatedly requested restraints and NG tube be removed. He was noted to doze off during this interaction with unclear level of comprehension. Requested that visit with Ms. Lynn continue outside of the room to prioritize Mr. Lynn's rest and minimize stimulation. Ms. Lynn expressed concerns regarding restraints and Mr. Lynn's desire to have catheter removed. Discussed rationale for restraints to promote Mr. Lynn's safety given current confusion and agitation. She expressed desire to be able to effectively communicate this rationale with Mr. Lynn and to understand expectations regarding when restraints can be expected to be removed (e.g., what improvements need to occur in order for this to happen). Discussed concerns regarding NG tube and tube feeds, specifically Ms. Lynn's concerns regarding the nutritional content of the tube feeds and Mr. Lynn's statements that he is 'starving.' Provide strategies to support adjustment to injury and hospitalization including provide rationale, reassurance, and comfort when Mr. Lynn becomes restless/agitated or confused with any aspect of his care. Reinforced Ms. Lynn's ability to provide these things to Mr. Lynn. Advised her that psychology and psychiatry will continue to be involved in his care. Discussed impressions and recommendations with SICU team. Recommendations- Continue to reinforce Ms. Lynn's efforts to support Mr. Lynn through providing rationale (e.g., this tube is to

feed you; it isn't safe to take the restraints off right now), reassurance (e.g., I'm here with you), and redirection.- Continue to focus on education and expectations with Ms. Lynn regarding Mr. Lynn's current medical and cognitive status and milestones of recovery (e.g., decision making regarding restraints).- Discussed cognitive assessment with Neuropsychology when deemed appropriate.- Discussed agitation management with Psychiatry CL team; Psychology will continue to be available to support behavioral management and coordination with family.[SM.1M] SACHA MCBAIN, PHD TRAUMA PSYCHOLOGY[SM.1T]”

Instead of recommending release, Sacha McBain recommended Hammett continue to gaslight Lynn, potentially contributing to Stockholm Syndrome, or worse, causing a disturbance in the mother-son bond that had been broken by equally evil people in Lynn’s childhood and was finally strong.

Lynn’s experience in UAMS Medical Center and post-imprisonment documented by Hammett and remembered in part by Lynn is consistent with DSM-5 criteria for PTSD.

Lynn was exposed to: death, threatened death, actual and threatened serious injury (such as breaking out of restraints when he should have been resting from a TBI) by directly experiencing the traumatic events.

The traumatic two-week imprisonment, repeated assault and battery is persistently re-experienced in the following way(s): Traumatic nightmares

Observed by Hammett. Lynn even told Hammett he had a bad dream where she was being mean to him. During the imprisonment Lynn called out “help” when in a drug induced sleep. In Tunica, early morning, Lynn was flailing around in bed. Hammett thought it might be a seizure – Lynn’s first. He stopped after about a minute. He was difficult to wake, but finally woke and didn’t remember if he had been dreaming; Lynn had an episode on August 1, 2024 while walking with Lissette and CL in Dallas. He was perfectly happy and calm, enjoying a vacation and headed to eat lunch, when he saw a police car and it triggered a seizure. He did a back dive, landing on the top of his head.

Lynn has Avoidance of trauma-related stimuli after the trauma:

He has avoidance of thoughts or feelings related to the trauma and of external reminders (people, places, conversations, situations). It is difficult for Hammett to engage Lynn in discussions about the imprisonment. Lynn would never talk about it again if he didn’t know that he should be compensated with a life-changing amount of money through the claims process. He finally told Hammett to make a police report six months after his release. Unfortunately, Hammett was directed to go to the UAMS PD, and they refused to investigate – telling Hammett to quit emailing her documentation and that it was only a civil matter. (production videos Report to UAMS PD Officer Robertson, Clifton Moore, transcript Clifton Moore, emails Clifton Moore)

Since the imprisonment, assault and battery, Lynn experiences negative thoughts or feelings, such as:

- Inability to recall key features of the trauma
- Persistent negative beliefs about himself, others, or the world (e.g., “the police will never help me,” “no one cares about me and they just want to take my money”)
- Persistent negative emotional state (e.g., shame, not wanting to have videos of himself in the hospital publicized (but understands it is the only way to combat the dismissiveness and dishonesty UAMS has shown thus far.))
- Diminished interest in activities, he bought and fixed one house since his release, but the construction company LC he formed right before the hospitalization has procured few contracts. He was not concentrating at the poker table and is now taking a sabbatical from what he used to be passionate about...and world class.
- Feeling detached or estranged from others
- Inability to experience positive emotions

Trauma-related changes in arousal and reactivity, including:

Difficulty concentrating

Sleep disturbances

Symptoms have lasted more than 1 year.

The disturbance causes clinically significant distress or impairment in social, occupational, or other areas of functioning.

Symptoms are not due to medication, substance use, or another medical condition. In fact, Lynn begged for UAMS not to fill him with synthetic substances including chemical restraints.

c) Diagnosis: UAMS did not refer to Lynn's "PTSD" in its medical record. The single mention of "PTSD" is on Med. Rec. 4/29/25 at page 156. "PTSD in mother[ZD.3M]" by Zachary T. Dawes, DO with Kevin M. Means, MD concurring, 1/14/24 at 10:09 P.M., third modification.

d) Treatment: Supportive care from mother and daughter and to an extent, especially in the first months after leaving the hospital, CL's mother Lisette Reyes (Ms. Reyes moved out of Lynn's house about February 1, 2025. Lynn and Reyes are coparenting cooperatively. We ask that UAMS try to mitigate damages, by refraining from past conduct of trying to turn CL's parents against each other); Professional massages; Extensive writing, fiction drawing from Lynn's personal feelings and experiences; daily physical exercise, mostly jogging with his dog; playing cards, often travelling with Hammett, but this project has used almost all Hammett's time; not taking pharmaceutical drugs, eating healthfully.

Hyponatremia

a) January 16, 2024

b) Hyponatremia was a direct result of UAMS' insistence on keeping Lynn hospitalized despite his refusal, leading to a cascade of medical interventions that disrupted his electrolyte balance.

Impact of Forced Hospitalization & Medication Administration

- Sean was hospitalized on January 13, 2024, despite expressing his refusal to remain at UAMS.
- During his stay, he was chemically restrained with multiple medications, including Lorazepam (January 13) and Olanzapine (January 14 & 15)—both of which increase antidiuretic hormone (ADH) secretion, causing fluid retention and dilutional hyponatremia.
- Sean's dehydration, evidenced by dry, chapped lips, was not properly addressed, further worsening SIADH-related electrolyte imbalance.

Disruption of Sodium Regulation Due to Hospital Treatment

- Despite forced invasive procedures, **Sean left UAMS with a sodium level of 128**, significantly below normal range.
- By February 1, 2024, after regaining autonomy over his care, Sean's sodium levels returned to normal, further proving that but for UAMS' forced hospitalization Lynn

would not have suffered Hyponatremia, forced intravenous fluids, forced insertion of three Foley catheters, tube feeding, loss of time with his child, discomfort, further emotional distress, and the work of obtaining insurance coverage or having to fight UAMS and its debt collector partners to remain solvent.

UAMS' Responsibility in the Onset & Progression of Hyponatremia

- The primary cause of Sean's SIADH was his involuntary hospitalization, where medications, restraint-related stress, and inadequate hydration management resulted in electrolyte disruption.
- Had Sean been allowed to leave as requested, the chemical restraint and associated sodium imbalance would not have occurred.
- His recovery after discharge shows that his condition was not intrinsic to TBI but directly caused by UAMS' actions.

C) UAMS has the medical records for the entire time Lynn had hyponatremia. It would be burdensome to compile a list made from the UAMS record.

Claimants offered to have testing for sodium level done at UAMS' expense until Lynn's insurance became active on February 1, 2024. UAMS refused. See note of Edward Williams, RN, Med. Rec. 4/29/25 at pages 23 to 26. (There were several inaccuracies in the note, but it does show that Hammett as accommodator for Lynn expressed willingness to cooperate with continued testing.)

On February 1, 2024 Lynn went to Dr. Josie Owens, 515 Oak St. Suite D, Conway Arkansas, 72032. (501) 358-6070 for an exam. She put in an order for a blood test, which was done on February 2, 2024 at American Esoteric Laboratories, 350 Salem Rd #6, Conway, AR 72034. (501) 329-4276. Please obtain the results from AEL through subpoena. Memory is sodium was within range.

Lynn saw Dr. Jonathon Berry on February 15, 2024. Sodium was 141 mmol/L. Contact information is in the Med. Rec. 4/29/25.

d) UAMS made a misplaced attempt to mitigate damages by holding Lynn longer, performing more invasive procedures without consent, feeding Lynn down a tube, and causing further damages. Soon after his release, Lynn's sodium level rose to well within normal range by providing a calm, loving environment and healthful diet with proper hydration, and using no drugs except those intended to relieve any potential headache. (Dr. Berry's note about the one visit Lynn made to him was inaccurate. Lynn did not have many or severe headaches from the fall. He complained of tinnitus. Hammett never heard Lynn complain about a headache in UAMS, either.)

Hammett and Reyes kept a group chat to monitor Lynn's sleep and nutritional intake. Because of time constraints, screenshots will need to be presented at a later date. The concise answer is that Lynn ate a wholesome, clean diet with plenty of

fresh produce, meats including wild venison, eggs, cheese, legumes, fresh home baked bread, smoothies with no processed sugar. And drank plenty of water.

Ossicular Disruption of the Left Ear Causing Near Total Hearing Loss in the Left Ear. (Hammett errantly wrote right ear in the claim.)

a) Unknown onset, as the UAMS medical record did not record this major, life changing injury. It was after the admittance to UAMS, but before leaving. “SLP suspects that pt hears better out of left ear than right ear” was noted by Emily Gray, CCC-SLP on 1/18/2024 at 3:38 PM. After leaving UAMS, Lynn’s chosen ENT diagnosed severe hearing loss on the left and only mild hearing loss on the right. This indicates that the ossicular disruption on the left ear occurred after 1/18/2024. Hammett observed Lynn’s head hit the wall of an elevator as he tried to escape on 1/21/2024. But without surveillance video or an honest employee, it may be impossible to pinpoint to which battery the ossicles were disrupted.

b) Hammett observed large men tackling Lynn to the cot numerous times beginning soon after she arrived in Lynn’s room on January 14. Hammett and Lynn bumped heads on Sean’s left side during a time when Lynn was struggling to break loose. Hammett clearly remembers it because she thought that was probably the

worst thing that could happen to a TBI patient. Hammett did not know the law concerning injuries to falsely imprisoned persons during attempts to escape at the time, but had an instinct that it was not right for UAMS to hold a man who was so determined to leave that he was willing to sustain injuries to do so. That is one time Hammett asked a UAMS medical provider if it would be ok to bring Lynn home and was told that the TBI is what caused Lynn to attempt to leave. See similar language in the transcript of call with Nurse Beumeler in the chronology.

It is apparent that if UAMS had allowed Lynn to leave, he would not have struggled and would not have disrupted the ossicular chain in his left ear, thus not had the hearing loss.

c) CT-Brain W/O Contrast (January 13 & 14, 2024) – Do not specify ossicular chain findings of the left ear. Notes Electronically Signed by: Prashanth Reddy Damalcheruvu, M.D. on 01/13/2024 at 18:39:22 state: “Longitudinal fracture of the *right* temporal bone involving the tegmen mastoideum, anterior and posterior walls of the external auditory canal with hemomastoid and hemotympanum. No evidence of ossicular disruption or otic capsule involvement.” (italics added) This is right side with no ossicular disruption, but a fracture involving the tegmen that could cause a downstream dislocation in the right. It may be why eardrops were used in the right ear in particular.

Note Electronically signed by Rose, Tyler K, MD at 1/13/2024 8:17 PM

Electronically signed by Bruce, Nolan R, MD at 1/13/2024 10:16 PM

“Nondisplaced fracture involving the right parietal and temporal bones with a longitudinal skull base fracture through the petrous temporal bone with associated hemomastoid and hemotympanum with disruption of the tegmen mastoideum and tegmen tympani. There is disruption of the with (sic) soft tissue density and small fracture fragment in the external auditory canal. No definite ossicular chain disruption or otic capsule violation.”

Identical notes (with the same typo) are copied by Stephenson, Krista J., MD on 1/13/2024 6:22 PM; Karimaghaei, Sam, MD on 1/13/2024 7:00 PM;

Olivia Speed, MD 01/13/2024 10:26 PM[OS.2T] states: “There is dislocation of the right middle ear ossicles. Right hemo mastoid seen. There is also disruption of the superior wall of the mastoid air cells. Nondisplaced fracture seen involving the anterior wall of the external auditory canal extending into the fossa of right temporomandibular joint.” Again, this is right side, not left, where the damage was done by UAMS.

On 01/14/24 at 09:28:27 Dr. Damalcheruvu stated, “Unremarkable HRCT of the left temporal bone.”

On 01/25/24, Emily Gray, CCC-SLP included in her notes: “Speak to pt on pt's left side as temporal bone fx was on right. Hopefully hearing will be better on this

side.” Med. Rec. 4/29/25 at page 352. Assuming the ossicular disruption on the left ear occurred before January 25, the UAMS staff was purposefully speaking to Lynn on the side with virtual deafness.

There are further notes, most copied, that specify no ossicular disruption at Med. Rec. 4/29/25 at pages 445, 453.

In Flowsheet (4 of 7) on Med. Rec. 4/29/25 at page 936, the left ear was noted as intact. “L Ear — Intact -ER at 01/16/24 1030”

The disruption of the left ossicles may have been noted by Dr. Josie Owens. It was definitely noted by Lynn’s chosen medical providers as will be seen when records are subpoenaed.

Dr. Jonathan Berry diagnosed left ear ossicular disruption on February 14, 2024, Med. Rec. 4/29/25 at pg. 11.

11415 Executive Center Drive

Little Rock, Arkansas 72211

(501) 224-5220

Arkansas Otolaryngology Center

10201 Kanis Road

Little Rock, Arkansas 72205

(501) 227-5050

Seen at least 3/04/24; 4/18/24

Arkansas ears Nose & Throat, PA

4020 Richards Road Suite B

North Little Rock, Arkansas 72117

(501) 975-7550

Seen at least 3/22/24

Dr. Aaron Metrailer, MD

Baptist Health Bill 5/6/24

Will figure this out later, because online he is with AOC.

d) Treatment – Thus far, there does not seem to be a treatment.

The way Hammett understood the doctors is that a hearing aid may help, but it causes other problems and was not advised. Lynn is teaching himself to read lips. He does not have internet at his home right now. He cannot afford to buy phone equipment. He wants a phone that translates voice to text. He is open to suggestions on improving his hearing or finding accommodations, but will not go to UAMS doctors.

Hammett is our main witness because she was not drugged out of her mind during the ordeal and therefore has a more vivid recollection of what occurred. Also, both Claimants have PTSD from the experience, but Hammett is willing to process more than Lynn is at this point.

That being said, we decided to include a section of one of Sean's novels he wrote since his release. It shows his frustration with the lack of an antidote for his hearing loss. Poetic license was taken with the details.

The doctor said "you really can't hear me? You might be deaf. You should go see the hearing doctor. That'll be \$400." And he set me up with an appointment with the hearing doctor in three months.

The hearing doctor said "you really can't hear me? You might be deaf. You should go see the ear specialist doctor. That'll be \$400." And he set me up with an appointment with the ear specialist doctor in three months.

The ear specialist doctor said "you really can't hear me? You might be deaf. You should go see the ear scan doctor. That'll be \$400." And he set me up with an appointment with the ear scan specialist doctor in three months.

The ear scan specialist doctor put me in a big ear scan machine made during WW1. He said "well the machine says you're deaf." I asked him if I gotta get surgery or a hearing aid or something. The doctor said "no. A hearing aid won't

even help you. You're too deaf. That'll be \$400." I asked him if there's another doctor that can do something. The doctor said "no. I'm the only doctor around here with an ear scan machine. I'm the specialist. You're deaf."

I can't hear any better or worse. The problem was I lost \$1600 and 4 days going to stupid doctors just for them to tell me everybody keeps mumbling.

Pain and Psychological Trauma from Non-Consensual Invasive Procedures

a) Each date from January 13, 2024 to January 27, 2024 inclusive

b) It is as easy or easier for UAMS to compile a list as it is for claimants. Each time UAMS inserted an object into Lynn, through a skin puncture or an orifice, it was an injury. Some particularly painful examples:

Foley Catheter Insertion three times.

Foley catheter removal three times.

Feeding tube.

IV insertion multiple times with blood and infection.

Rape, by forcing the use of a bed pan and then wiping Lynn's anus with a wipe.

c) While hospitalized, UAMS tried to mitigate damages, such as infection, but failed to stop the invasive procedures. When Lynn made them stop, for example by pulling out the catheter, UAMS would repeat the invasive procedure.

After leaving the hospital and Hammett quit providing constant accommodations for Lynn, Lynn tried to make an appointment with a therapist by himself. Hammett spoke to Lynn once about it, but she was also having difficulty finding a therapist. After Lynn got herself set up, she offered to find someone for Lynn. His cynicism about the medical providers in Arkansas is cemented. He has a concern that whoever he sees will make up a reason to hold him again. That is a reasonable fear, after the ordeal he went through at UAMS. He is relying on self-care for his psychological diagnosis.

D) Lynn spends a lot of time with C.L. and Hammett.

He tried playing poker again, like he did often before the imprisonment. He is just not interested in poker anymore – one sign of PTSD.

Lynn is a prolific writer. This is therapeutic. Unfortunately, because of aphasia, his technical skill is diminished. He also doesn't have the patience to self-critique. Hammett would love to have time to edit Lynn's books, because recognition as an author will be great for Lynn's well-being. But between fighting for justice and her other obligations, she has not had the time.

Lynn's mental health is expected to improve significantly if he receives sufficient compensation to support Hammett's assistance and allow him to travel. He has expressed a strong desire to engage in humanitarian work, including constructing aqueducts in Africa and joining the Peace Corps. Following his hospitalization, he applied to the Peace Corps but was not selected.

Prior to his detention by UAMS, Lynn was in the final stages of establishing a company focused on refurbishing old homes to provide affordable housing and doing commercial contracts under \$50,000. He had begun transferring capital into the business, and since his release, has placed most or all of the properties he owns under the company's management. Although he does not require employment to sustain himself, as he has almost always survived on a poverty-level income, work serves as an essential psychological outlet for him. The company has obtained a contractor's license but lacks the necessary capital to hire permanent employees. Hammett could assist with managing the company if she were properly compensated.

Given the invasive and non-consensual procedures inflicted upon Lynn, UAMS must be held accountable for the capital and expenses necessary to restore his peace and sense of purpose.

Exacerbation of Aphasia

a) Onset January 13, 2024 at about 5:52 p.m.

b) The mechanism causing the exacerbation is three-fold.

Medicine is not an exact science and outcomes for TBI induced aphasia fall along a complete spectrum, no improvement to total recovery. A subdural hematoma or even the impact of a fall alone can affect the speech center of the brain. There are well established protocols that are known to improve outcomes – and mechanisms that are known to exacerbate the condition.

UAMS' illegal conduct exacerbated the aphasia.

An aphasia sufferer, as all TBI patients, should have limited stress.

UAMS providers acted as if oblivious to the fact that it was their conduct that was agitating Lynn.

If there was an ounce of empathy on the “team”, someone might have asked, “how would I feel?” I am in a place I have never seen before, with strangers, they look like they are medical providers, but I tell them I am fine and they won't let me leave. I can't hear them. One eye is swollen, so it is hard to read lips and faces. Then they drug me. I am afraid they are experimenting on me. They all look so young. Not like doctors. I think about the Nazi experiments done on patients. I am afraid they are going to charge me for whatever they think they are doing. I ask what they re doing and they won't tell me. I ask what it will cost. No answer. They

wear masks over their mouths. They won't let me go. I try again and again to leave. Sometimes I am so drugged, as much as I try, I can't get up. Other times, they have my hands and feet bound. I'm starving. I am so thirsty. My mom is here now, and she is feeding me tiny sips of water in a spoon. I tell her to put it in a cup. She looks at me like I am speaking Chinese. Why is she acting so weird? Why won't they give me my clothes? I keep asking for my shirt and pants. This goes on so long, I lose track of the days. I ask over and over to let me go. I beg for them to stop. And the noise! They drug me to unconsciousness, then blare the TV. And the buzzers. I am bound to the cot and the buzzer is going off. There is no way for me to stop it. [All that rant is based on things Lynn remembers. This is the part he buried.]

I need to poo. They won't unlock me. I am crying, and finally I shit in the pan they jimmied under my ass. Some guy is wiping me now. He's wiping my butt. Then mom is here again. She won't let me loose either. She tells me they can keep me. I tell her she is wrong. You are acting wrong! She is acting so strange. Then she is wiping my junk. Does she think I am an infant? Has she lost her mind?!

Stress increases aphasia. Almost immediately after leaving the hospital, Lynn's language skills improved significantly.

Related to the stress, the medications forced on Lynn also affect the brain. Listen to someone who is stoned speak.

Finally, the sooner an aphasia sufferer starts rehab, the better the outcome. At UAMS, Lynn did not have Hammett with him all the time. The providers, other than Jaliyah Rucker, PCT and Jason Patterson, RN failed to communicate with Lynn. Almost every time Emily Gray, CCC-SLP made an obligatory visit to Lynn's bedside, he was drugged into unconsciousness. The "team" was too inconsiderate to schedule administration of chemical restraints so as not to conflict with time for speech rehab. But Ms. Gray was clueless anyhow. She noted taking her mask off one visit, but the rest of her few encounters with Lynn when his eyes were open, she kept her mask on.

c) Diagnosis by UAMS providers: The word "aphasia" appears a mere 19 times in the 1,317 page Med. Rec. 4/29/25.

Page 319 – "possible aphasia". KW Kesley M. Winn, MD 1/26/24

Page 320 – "Patient agitation improving at this time with cognitive deficits still in place - delirium vs. aphasia vs. other." KW Kesley M. Winn, MD 1/26/24

!!!!!!!!!!!!!!!!!!!!Immediately after, Dr. Winn "Diagnoses (In DSM-5 Format)

Delirium TBI" !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!

Page 34, 2X – "Aphasia Type: Mixed Aphasia Severity: Moderate/Severe

Prognosis: Good Prognosis Considerations: Access to care, Age, Co-Morbidities,

Family/Community Support, Financial Resources, Medical Diagnosis, Medical Prognosis, Participation Level, Potential, Previous Level of Function, Severity of Impairments” Emily Gray, CCC-SLP, 1/18/24

Page 746 – “Speech Expressive Aphasia -SC at 01/21/24 0758” Shannon Cobb, RN

Page 960 – “Clear;Expressive aphasia -JL at 01/14/24 1801” Jacob Langston, RN

Page 965, 4X – “Clear;Expressive aphasia -JL at 01/14/24 1750” Langston

Page 968, 4X – “Clear;Expressive aphasia -JL at 01/14/24 1205” Langston

Page 972, 2X – “Clear;Expressive aphasia -CBA at 01/14/24 0742”

Page 1159 – “Overall Cognitive Status UTA due to aphasia/cognition/time/other - EG at 01/18/24 1536” Gray

!!!!!!!!!!!!!!!!!!!!!! Immediately above this, “Informed Consent Patient -EG at 01/18/24 1536” !!!!!!!!!!!!!!!!!!!!!!! Unable to Assess Cognitive Status, but claims patient gave informed consent. Emily Gray, CCC-SLP

Page 1160, 2X – “Aphasia Type Mixed -EG at 01/18/24 1536 Aphasia Severity Moderate/Severe EG at 01/18/24 1536” Gray

Jaliyah Rucker, PCT did not call Lynn’s language deficit “aphasia”, but she acknowledged that Lynn understood English, if spoken slowly, but had trouble speaking. “mom is agitating pt, she thinks pt doesnt understand, pt understand just

isnt able to respond verbally, and gets confused if you speak to fast. -JR at 01/20/24 1438” Med. Rec. 4/29/25 at page 1130.

It is the elephant in the room. The king’s no clothes.

UAMS refused to recognize and accommodate for aphasia. Instead, they created a narrative where Lynn was delirious as a result of hitting his head.

Just a sample of the reprehensible persons who convoluted aphasia with incapacity.

“pt has word salad and is unable to communicate properly. but speaks clearly -SC

at 01/21/24 0737” This was Nurse Shannon Cobb who was openly hostile to Hammett that afternoon when UAMS decided to use more sedation, physical restraints and isolation to keep Lynn from trying to escape again.

Hammett and Reyes realized Lynn had aphasia, once they read a bit about it.

Each doctor Lynn saw after leaving UAMS acknowledged he has mild aphasia.

Even after his August 1, 2024 seizure while in Texas, the doctors let Lynn leave after a CT Scan and prescribing Keppra.

d) UAMS did not treat aphasia.

Hammett and Reyes kept Lynn calm and comfortable.

Lynn did not take any medication other than the sodium, over the counter headache medicine, and propranolol until he weaned off under medical supervision, as is required.

Lynn watched TV when he wanted to and texted, during the early days home. Lynn was always a reader and he continued, reading small paperbacks of many genres. He and Hammett are known to have hours long conversations.

Lynn's mild aphasia became sort of a game. When Lynn could not remember a word, he gave clues. "That president who grew peanuts".

Sadly, Lynn has been fired from at least one job because of his disability. One employer said he fired Lynn because he didn't call a circular saw a "Skilsaw". Lynn is not asking for lost wages. He does need Hammett or someone with equal skills to accommodate and no one can do that for free.

Starvation, Dehydration and Malnutrition

a) As early as January 14 though probably January 13

b) Dehydration was caused by UAMS' insistence on restricting Lynn's intake from as early as January 14, when Hammett arrived at the hospital. All humans need water to survive and function properly. Lynn's need was probably increased due to

working hard physically on January 13, the traumatic brain injury and withstanding a fall from the 10 foot high rung of a ladder, and bleeding. Many of the medications Lynn was forced to use have the effect of dehydration. The pamphlets or labels say “take with water” or drink plenty of fluids. When Lynn’s sodium level fell, in part probably due to dehydration, UAMS restricted Lynn’s fluids even further. “Full liquid diet; Effective Now; N/A - No precautions; 750 mL fluid per day (Discontinued) Electronically signed by: Deloach, Joseph P, MD on 01/17/24 1831” Med. Rec. 4/29/25 at page 543. This is equal to about 25.36 fluid ounces. Because Lynn was on a liquid only diet for some of the time, this meant he was only having the nutrients in 25.36 fluid ounces of liquid. Lynn’s primary and almost exclusive source of nutrients was from Boost Chocolate Drinks. This is water, corn syrup, sugar, oils as the first ingredients listed. Many of the vitamins and minerals in Boost are synthetic, meaning they are lab-produced rather than derived directly from whole foods. Lynn did not eat a lot of processed sugary foods before the hospitalization. He has not kicked the sugar habit since leaving the hospital, though he is not consuming as much as most people. He would drink Boost now if it was given to him free, but it is supposed to supplement the nutrients in whole food, not replace it.

UAMS did not heat the creamy chicken vegetable high sodium soup Hammett brought for Lynn. UAMS did not serve the high sodium tamari sauce Hammett

instructed them to put in water for Lynn, the way he drank it at home or in restaurants before the hospitalization.

UAMS denied Hammett her request for refrigerator space to keep foods for Lynn and herself. This made it difficult to keep fresh foods or cooked foods for Lynn at the hospital. One day Hammett made fresh mashed potatoes, but forgot to take them out of the refrigerator as she left the house.

Much of the time Lynn was restrained, so he could not help himself to food. Often he had a Dobhoff tube. UAMS never explained to Lynn or Hammett why they insisted on feeding Lynn through a Dobhoff tube instead of feeding him ground up fresh food. It appeared to be a means to keep Lynn in the hospital.

c) There were two mentions of dehydration in Med. Rec. 4/29/25:

The first “Dates: Start: 01/14/24 Disciplines: Interdisciplinary Problem: Alteration in fluid volume: Deficit Goal: Signs and symptoms of dehydration will stabilize” signed by Langston, Jacob, RN. (page 1233)

The second electronically signed by Scimienti, Hannah, RN at 1/18/2024 11:25 AM, “ Problem: Alteration in fluid volume: Deficit Goal: Signs and symptoms of dehydration will stabilize Outcome: Progressing”. (page 215)

d) UAMS used Boost and Proteinex in an attempt to treat the malnutrition they caused by starving Lynn. UAMS gave Lynn IV fluids. Rapid IV hydration can disrupt sodium, potassium, and chloride levels, potentially leading to hyponatremia (low sodium) or hyperkalemia (high potassium), which can affect heart and nerve function. Lynn's Sodium was 128 mmol/L when he left UAMS. (production PDF scan basic metabolic)

At home, Lynn drank unlimited water and ate healthful meals. Within five days, his sodium level was within target range.

The full list of medical providers and diagnoses is continuing and will be supplemented.

INTERROGATORY NO. 3: Identify all treatment providers and/or facilities where Sean Lynn or Laura Hammett received mental health treatment or treatment for emotional distress following Mr. Lynn's hospitalization at UAMS from January 13, 2024 to January 27, 2024 for which you allege UAMS is responsible.

Include in your response the name and address of all treatment providers and facilities, the diagnoses given, the treatment ordered, and whether treatment was followed.

ANSWER TO INTERROGATORY NO. 3:

OBJECTIONS TO INTERROGATORY NO. 3:

Claimants OBJECT to the interrogatory as irrelevant in regard to Lynn and any answer may not be used to draw an inference that lack of seeking professional care means there is no pain, physical or emotional. Lynn has a longstanding pattern of not seeking professional medical care. UAMS found and scanned Lynn's expired medical insurance card at 6:06 p.m. on January 13, 2024. (Notice that UAMS failed to look for contact information for a surrogate decision maker, which was as easily accessible as the potential payment method.) A copy of the medical insurance card is at Med. Rec. 4/29/25 at pg. 4. The entire history of Lynn's professional medical care in the five years prior to the forced hospitalization is shown on production screenshot Sean Lynn Health Insurance Claims 2021 to 2024. His health insurance records reflect minimal utilization: two COVID-19 vaccine prescriptions, two antibiotic prescriptions, and one office visit in three years, with no mental health claims.

Claimants OBJECT on the grounds that UAMS does not recognize the need to consider Hammett's pre-incident history of PTSD and generalized anxiety disorder.

RESPONSE TO INTERROGATORY NO. 3:

Subject to and without waiving our objections, claimants respond that Sean Lynn and Laura Hammett both maintain a long-standing commitment to holistic health care, favoring holistic therapies that treat both body and soul.

Massage Therapy & Chiropractic Care

Since leaving UAMS, Sean Lynn received weekly massages at:

- Skinner Chiropractic, 103 Park Drive, Maumelle, Arkansas.

He also received therapeutic massages while traveling to compete at poker, including at:

- Horseshoe Casino, 1021 Casino Center Drive, Tunica Resorts, Mississippi 38664
- Texas Card House, 11834 Harry Hines Blvd, Dallas, Texas 75234 and 13376 Research Blvd, Austin, Texas 78750
- Wynn Las Vegas, 3131 Las Vegas Blvd S, Las Vegas, Nevada 89109

Laura Hammett received approximately 30 massages per year, the maximum covered by her insurance, primarily at:

- Skinner Chiropractic, 663 AR-365, Mayflower, Arkansas 72106
- And occasionally at the Maumelle location: 103 Park Drive, Maumelle, Arkansas

Skinner Chiropractic aligns with the claimants' belief in holistic treatment modalities that emphasize preventive care and mind-body wellness.

All treatment suggested was followed.

Traditional Psychological Care Obtained

For the 11 years prior to his imprisonment at UAMS, while Lynn was stable relative to his troubled youth, Sean Lynn avoided professional talk therapy completely. The trauma resulting from his forced sedation, restraint, and loss of decision-making power at UAMS prompted him to consult Dr. Garrett Andrews, PsyD, ABPP, Arkansas Neuroscience Institute, 6020 Warden Road, Sherwood, Arkansas 72120.

Dr. Andrews was respectable and helpful. The first session was talk therapy with Lynn primarily speaking for himself and Hammett providing minor accommodation for the aphasia and hearing loss. Dr. Andrews primarily addressed what Lynn recalls as a vestibular imbalance, describing exercises to stabilize inner ear fluid and reduce the sensation of spinning. Dr. Andrews advised Lynn to visit the physical therapist and continued to meet with Lynn until he advised Lynn that the visits were unnecessary.

Laura Hammett began therapy with Secoyia Key, LPC, at Rock City Counseling, 10515 W. Markham St., Suite B7, Little Rock, AR 72205, shortly before the hospitalization of her son, Sean Lynn. She attended two in-person sessions with Ms. Key prior to Sean's admission to UAMS and one session during

his hospitalization — on January 24, 2024, at 1:00 p.m., while Sean was still under UAMS' care.

The timing of this third session was significant: it occurred on a day when a UAMS therapist finally met with Sean for the first time since his admission. During that session, Ms. Key was a comfort to Laura and helped her process what was happening in real time. She offered grounding support and helped formulate respectful, targeted questions for Laura to ask the hospital therapist. At that point, the therapeutic relationship seemed promising and was already providing valuable emotional scaffolding for Laura amid a deeply distressing and isolating situation.

However, during a telehealth session on January 31, 2024 — after Sean's discharge — Laura expressed deep moral outrage and grief about UAMS's treatment of her son. She drew a personal analogy between the forced sedation, physical restraints, and loss of autonomy Sean endured, and historical forms of involuntary subjugation, including slavery. Laura's point was not to equate the duration or generational trauma of slavery with Sean's experience, but to highlight how UAMS's actions mirrored its core elements: stripping a person of bodily autonomy, silencing their will, and then attempting to leave them financially ruined.

Hammett recognizes this distinction, that while the law once protected slavery, today it explicitly prohibits such abuses of power. Sean had the law on his side —

and yet he was treated as if his rights didn't exist. That contradiction was the source of Laura's outrage.

Unfortunately, Laura's comparison made Ms. Key uncomfortable. The next day, Ms. Key terminated the therapeutic relationship via email, citing "counter-transference" and expressing that Laura's statements about slavery interfered with Ms. Key's ability to remain professionally neutral. Ms. Key made referrals to other therapists, but Hammett was uncomfortable with anything this therapist had to say anymore, because she did apologize for UAMS violating Lynn repeatedly.

This rupture in care occurred at a critical point when Laura was beginning to process the trauma in earnest. The termination left her feeling not only abandoned but further invalidated. It derailed her healing process, reinforced her distrust of the medical-industrial complex, and deepened the emotional injury she had sustained while advocating for her son.

Laura's search for a new therapist took longer than she hoped due to the emotional toll of the termination itself and her reticence to begin therapy on a telehealth basis, combined with the high demand on her in person time to drive Sean to appointments and care for C.L. The termination of the therapeutic relationship deprived Hammett of a developing source of support and led to a gap in care during a time when she was experiencing ongoing anxiety, flashbacks, moral injury, and grief.

Hammett alleges that the therapeutic breakdown was proximately caused by UAMS's conduct regarding Lynn's hospitalization. Had UAMS acknowledged any fault for its actions during Lynn's hospitalization in its discharge papers, the therapist might not have perceived Laura's emotional reactions as ethically problematic. Instead, UAMS's unwavering posture of medical justification contributed to a clinical environment in which trauma from that experience was perceived as moral distortion, not injury.

Hammett had been seeing therapists as needed for almost two decades. But the experience at UAMS made it difficult to trust "professional" medical providers of any sort. It was extraordinarily unprofessional that the psychiatrists and therapists at UAMS did not attempt to give Lynn care until Hammett threatened a lawsuit. Despite the supposed life-threatening nature of his injuries, no psychiatric consult was initiated until legal intervention was repeatedly threatened. (One psychologist literally looked at Sean "sleeping" and left on February 17, 2024 never to return until Hammett started threatening a lawsuit.) Sean was effectively on a 333 hour hold before anyone from psychology was consulted.

Hammett contacted past therapists, such as Angela Campagnala, who Hammett still trusted. But her therapeutic relationships before Secoyia Key were all terminated because the therapists had career changes. Finally, on May 20, 2024, Hammett began her care with Troy Michael Marsden at Christian Perspective

Counseling. His address is 4055 Sereph Dr., Conway, AR. She continued weekly until August 6, 2024.

Hammett terminated that therapeutic relationship in early August, 2024 for a completely unrelated reason that had nothing to do with Mr. Marsden's competency and nothing to do with PTSD triggered and increased by Lynn's ordeal.

On August 14, 2024, Hammett went to the Rice Clinic to speak to a psychiatric nurse she had seen years earlier. The address is 1301 Wilson Rd., Little Rock, AR 72205. In that earlier treatment, Cara McFessel, APRN had spoken with Hammett much as a therapist, not as frequently, but discussing faith and prescribing daily Bible study as well as Clonazepam. Hammett was now relying solely on talk therapy and the "New Start" elements of healthful living - Nutrition, Exercise, Water, Sunlight, Temperance, Air, Rest and Trust in God - to handle PTSD. But Hammett felt like Cara McFessel really cared about her and was the only past therapist who was still practicing.

When Hammett contacted Ms. McFessel to schedule the appointment, Hammett mentioned that she was in the early stages of exploring whether she was on the autism spectrum. At the beginning of the session, Ms. McFessel told Hammett that she was not an expert in ASD and would refer Hammett, but that they could have the full session that day. They spoke about other subjects. When Hammett started

talking about the UAMS ordeal, she perceived a change in Ms. McFessel's demeanor. Ms. McFessel ended the session somewhat abruptly. She offered to make a note in the chart that if Hammett ever wanted to use Clonazepam again, she could call in for a prescription.

Mr. Hammett was diagnosed with stage IV cancer that metastasized to his bones, lungs and lymph nodes in November 2024. His PSA was 1299. This explained his lack of energy and constant pain. Hammett's younger son died of drug toxicity on January 27, 2025, exactly one year after Sean was able to leave UAMS without further battery. Hammett requested a Rx for Clonazepam from Rice Clinic, filled the order for 10 X .5 mg tablets and took 7 of them over the course of about a month, starting on January 27, 2025. Hammett can bring the remaining 3 tablets as an exhibit.

Hammett put off discovery in this case to spend time with Sean and her husband. Revisiting these events continues to cause emotional distress for Hammett as well as Lynn.

In March 2025, Hammett found a therapist, Trinity Brown at Hinton, Parent & Associates, 611 Court Street, Conway, AR, 72032. Hammett had to start discovery in this case and needs support to handle the emotional impact.

Hammett also worked with a specialist in ASD testing, Rachel Allen, MA, LPE-1, at Comprehensive Health Psychology and Testing, 3101 Club Manor Dr. A, Maumelle, AR 72113.

Hammett is now diagnosed as autistic (Level 1, formerly Asperger's), excelling in abstract reasoning ability.

Neurodivergence is a factor that compounded the psychological trauma Hammett experienced during her son's hospitalization. Autistic individuals — especially women — are especially vulnerable to trauma when trapped in environments where they are misunderstood, dismissed, or forced into compliance. Hammett experienced sensory overwhelm, a complete loss of control, invalidation by staff, and separation from her son — all of which resulted in an experience akin to captivity rather than care.

For someone with autism, abrupt loss of predictability and autonomy can trigger a physiological state of threat and psychological fragmentation. Her hyper-focus on her son's well-being, communication differences, and heightened sensitivity to injustice caused by being disregarded and disbelieved, made the hospitalization not only traumatizing but medically dangerous to her long-term mental health.

Although Ms. Hammett did not receive a formal mental health diagnosis of ASD before the imprisonment, the emotional distress and psychological consequences of UAMS's actions were immediate and significant. UAMS's failure

to recognize or accommodate neurodivergent needs during a crisis undermined Hammett's ability to maintain the routines and self-soothing activities that served Hammett so well prior to the ordeal UAMS put her through.

There is No Place Like Home – Especially for the Neurodivergent

Lynn does not like labels and does not want a diagnosis by “professionals”. But it was unprofessional for the medical providers at UAMS who worked with treatment of the brain to ignore Lynn's symptomatic characteristics of neurodivergence. For example, see Med. Rec. 4/29/25 at page 158: “swaying with static stance while eyes are open.” Id pg. 1136: “pt sat up swaying side to side -JR at 01/19/24 0840”. There is a video of this swaying in the production, but Hammett cannot locate it in time to be cited here. Lynn obviously has a high pain tolerance. He told UAMS he hurt a little bit just an hour after the fall. And he demonstrated his amazing ability to calculate probability in his head and recognize patterns in his opponents play, beating Nurse Jason Patterson at poker while drugged and recovering from TBI. Hammett told a doctor on January 14 or early morning January 15 about Lynn's pre-hospitalization brilliance in areas tested by the Wechsler Adult Intelligence Scale (WAIS) subtests like Arithmetic and Matrix Reasoning, which assess numerical problem-solving and logical deduction and Wechsler's Perceptual Reasoning Index. The UAMS doctors' diagnoses were

remarkable for their failure to recognize symptomatic neurodivergence in either the patient or his mother.

Rhythmic movement, including swaying, can help reduce anxiety and stress, acting as a natural coping mechanism. UAMS use of physical restraints on Lynn prohibited him from using his natural self-soothing behavior.

Treatment of emotional distress at home for both Hammett and Lynn includes freedom to stim. It excludes annoying repetitive sounds, removes annoying smells, limits social interactions that cause anxiety and includes soft textures, sensory adjustments that help those on the spectrum (or not) to feel calm. The environment in the hospital was autism hell.

During and after his time at UAMS, Sean Lynn exhibited clear emotional and psychological trauma due to being declared incapacitated by UAMS staff and denied autonomy. He was aware of his physical condition and of his thoughts. Due to aphasia, some of his words were jumbled, but he communicated that he wanted UAMS to stop doing anything to his body and that he wanted to leave.

In at least five separate recorded interactions during his stay, Sean can be heard clearly saying phrases such as “Stop. What are you doing?” (recorded by Dr. Karrar Aljiboori, M.D. as “Replies with ‘Stope. What are you dong?.’”(sic)); “can you stop”; and “I don’t want to be completely broke, and I don’t want to be here for fucking four days.” These statements demonstrate that he was trying to assert

his will, albeit with difficulty — not displaying incapacity but a basic struggle to be understood. (See production: videos labeled Sean says can you stop blood on the blanket; I don't want to be completely broke; and Med. Rec. 3/28/24 at page 25.)

The staff declared that based on his lack of language skills and his desire to leave, he lacked capacity and could not refuse treatment. He later wrote a poem expressing his internal devastation:

“Thoughts are worthless. Worth less than dreams. Worth less than words. Without words. The memories are gone.” ©

This poem articulates the despair of being mischaracterized as lacking capacity when his mind was very much intact, though disoriented and slow to process language. The experience of being restrained and sedated while aware and attempting to communicate resulted in long-lasting psychological consequences.

Both Lynn and Hammett approach their health holistically and with a minimal use of synthetic pharmaceuticals.

Hammett's home on a lake is peaceful and serene. It is a sensory experience full of soft textures, sounds of martins and geese, bohemian chic decor and the scent of essential oils, carefully selected to promote an appropriate mood. It would be a significantly better environment to convalesce in than the UAMS ICU. In fact, Hammett commented to medical providers before the UAMS ordeal that she

considered another stay in a behavioral health ward for anxiety, but nothing could compare to the peace and love felt in her home.

For Lynn, the most calming effect on his soul is the company of his beloved daughter, C.L., who he calls “Baby”, and his dog Ladybird.

Lynn is a prolific author of fictional novels that draw heavily from his own life experience. Since his release from the hospital, he has published 14 novels. So far, his writing is only therapeutic, as he has sold only a few books. (Discussed further in the interrogatory response regarding damages.)

Spiritual Healing

Sean Lynn attends Cathedral of St. Andrew, 617 S. Louisiana Street, Little Rock, Arkansas 72201. He has read the Bible in its entirety and relies on spiritual principles for psychological strength and guidance. He does not attend church as regularly as his priests recommend, but his faith is central to his values.

He continued in prayer and worship after leaving UAMS.

Laura Hammett similarly identifies with a holistic and faith-based approach to mental and physical health. She read the entire Bible, continues to pray daily, and was influenced in her theological development by early experiences at Camp Ramah in Ojai, California, a Jewish camp. Her study of Hebrew and the teachings of Ellen G. White have led her to lean toward Seventh-day Adventist theology. She

communicated this to several doctors at UAMS and requested that Sean's care align with these values.

Hammett's input was dismissed by UAMS.

Lynn embraced Hammett's motherly advice, both before and after his imprisonment.

INTERROGATORY NO. 4: Please state the name and position of each UAMS employee to whom Mr. Lynn made his request to leave the hospital "after the initial scans were done" in the emergency room on January 13, 2024 (see p. 2, Explanation of Incident, paragraph 6). Include in your response the date and time the request was made, the location at the hospital, and whether there were any witnesses to Mr. Lynn's request.

ANSWER TO INTERROGATORY NO. 4

OBJECTIONS TO INTERROGATORY NO. 4:

Objecting for clarification: The claim filed online was amended. The paragraph referenced by UAMS contained imprecise language. While Mr. Lynn expressed a desire to leave the hospital starting in the emergency room, the specific statements referenced in paragraph 6—such as concerns about paying "\$500 a day" and being

"robbed" by doctors—were made after his transfer out of the emergency department, while he was in the ICU, and witnessed by Hammett and others.

The original paragraph should not be interpreted as placing those exact quotes in the ER but rather as part of a pattern of objections that began in the ER and became more explicit as his hospitalization continued.

Claimants object to the amount of detail being requested from Lynn, because the respondent is responsible for the memory loss caused by the administration of controlled substances that several UAMS staff acknowledged would create memory loss.

Claimants OBJECT due to the spoliation of evidence by UAMS denying claimants an accurate and complete record from which to draw their answers. All video taken by UAMS has reportedly been destroyed. The written record made by UAMS is inaccurate and incomplete. Significant events witnessed by Hammett are missing from UAMS medical records, such as Lynn begging for several hours at a time to be set free. This spoliation makes it more difficult to determine the details for which UAMS asked.

RESPONSE TO INTERROGATORY NO. 4:

Hammett was not notified of Lynn's hospitalization until January 14, 2024, and therefore has no first-hand knowledge of events that occurred in the ER on January 13, 2024.

Lynn recalls clearly that after undergoing imaging in the emergency room, he requested to leave from the first attending staff member, but was told he needed to wait.

He asked a second staff member, after which he was transferred to the ICU.

INTERROGATORY NO. 5: Please state the name and position of each

UAMS employee to whom Mr. Lynn made his request to leave the hospital after he was admitted to UAMS from the emergency room. Include in your response the date and time each request was made, the location at the hospital, and whether there were any witnesses to Mr. Lynn's request.

ANSWER TO INTERROGATORY NO. 5

OBJECTIONS TO INTERROGATORY NO. 5:

Objections:

1. The interrogatory is overly burdensome.

- Reviewing over 1,300 pages of UAMS medical records and evidence claimants generated to identify every individual Sean or Hammett on Sean's behalf interacted with would require an estimated three full months of dedicated work.
 - UAMS likely has the ability to generate a list electronically with relative ease.
 - Additionally, claimants do not recall specific room numbers, which can be determined by UAMS records, and the question is ambiguous regarding location details. However, Sean remained within UAMS throughout his hospitalization—predominantly in rooms within the SICU or progressive care unit, except during instances of attempted escape down hallways or stairwells.
2. The requested information is equally available to UAMS.
 3. The requests for discharge were so frequent as to be continuous, making it impractical to provide an exhaustive list.
 4. Many requests were made to everyone present in the room, and claimants do not have access to the names of individuals who did not sign the medical records.
 5. Due to the effects of memory-impairing drugs administered to Lynn, he does not recall exact phrasing but clearly remembers his intent and that his requests were repeatedly made to every staff member with whom he had contact.
 6. Spoliation of evidence denies the claimants the information they need to make a complete and accurate answer.

Claimants OBJECT due to the spoliation of evidence by UAMS denying claimants an accurate and complete record from which to draw their answers. All video taken by UAMS has reportedly been destroyed. The written record made by UAMS is inaccurate and incomplete. Significant events witnessed by Hammett are missing from UAMS medical records, such as Lynn's head hitting the wall of the elevator on January 21 as he attempted to escape. Further, Hammett was told to stop making her own video record of the imprisonment and battery, as well as discussions with UAMS staff. No code or written policy was given to Hammett, but it did chill her efforts to document, as she feared being removed from the premises permanently or even incarcerated. UAMS ordered Hammett to go to the waiting room in progressive on January 21 when they were moving Lynn back to SICU. UAMS ordered Hammett to spend late night through early morning in the employee lounge instead of Lynn's room, which kept Hammett from witnessing the neglect of the patient.

7. Claimants OBJECT as the interrogatory seems to exclude requests made by Hammett, who was Lynn's accommodator for aphasia, and would be the obvious surrogate if Lynn was incapacitated.

8. Claimants OBJECT to this interrogatory to the extent that it presupposes that Lynn was required to obtain permission in order to leave. The request to identify instances where Lynn verbally asked to leave — while excluding other attempts

that communicated his request to leave non-verbally — falsely implies that his ability to leave depended on receiving consent, which is legally and factually incorrect. Lynn had no obligation to seek permission to leave; rather, the point is that he was being unlawfully detained.

UAMS was holding Lynn against his will, without due process, without an articulable reason, and in a manner that constitutes false imprisonment and a violation of his constitutional rights — including the right to be free from unlawful detention without reasonable suspicion or probable cause. Limiting responses only to verbal requests further ignores the broader reality: Lynn was actively expressing his desire to leave, and UAMS was actively denying his requests.

RESPONSE TO INTERROGATORY NO. 5:

Subject to and without waiving our objections, claimants state:

Sean Lynn's recollection:

From his transfer to the ICU forward, Lynn was either requesting to leave or medicated into unconsciousness until January 27, 2024.

Laura Hammett's observations and Med. Rec. 4/29/25 noted incidents:

Lynn was predominantly either restrained or actively requesting release, using phrases such as “Let’s go,” “I want to leave,” attempting to break free from restraints and attempting to leave the room.

On at least one occasion, on January 21, 2024, Hammett saw Lynn attempt to escape, running down the hallway carrying bags of his personal belongings with several staff members in pursuit. He was captured and returned to a room where he was physically and chemically restrained, forced to gain his only nutrition through a tube, catheterized and forced to use a bed pan.

He expressed to Laura via phone calls that he wanted her to pick him up from the hospital.

On January 21, 2024, a nurse called Laura to inform her that Sean was in the lobby as police approached. The nurse asked Laura to persuade Sean to return to his room to avoid an encounter with law enforcement. While the police should have intervened to prevent Sean’s continued confinement, the more likely outcome would have been either further physical harm or a potentially fatal encounter. (See Tyrone Washington UAMS PD shooting case.)

There were only a handful of short time-frames of brief engagement not related to discharge requests. Hammett can recall the few specific moments when she was in communication with Lynn or that were recorded in Med. Rec. 4/29/25 when he

was not requesting to leave. It is easier to list these discrete times than the nearly constant pleas and attempts to leave:

One day, attendant Jaliyah Rucker played checkers with Sean.

Early in his hospitalization, UAMS permitted Hammett to give Sean a massage, though it was difficult due to the presence of medical equipment and irritating noise.

One day, Sean agreed to play backgammon with Laura, but nurses refused to unbind his hands. Hammett's best recollection is this was the late afternoon of January 23.

Nurse Jason Patterson and Laura played poker with Sean on January 26.

One day, Sean saw something on TV, laughed, and remarked, "I remember watching this years and years ago." Outside of these specific moments, Sean was persistently requesting discharge or attempting escape.

Specific Identification of Requests to Leave Provided Within Time Constraints:

January 18, 3:45 am to 4:45 a.m., Attempt to leave– Elizabeth McNulty, PCT
(Patient Care Technician) (Med. Rec. 4/29/25 at page 1140)

January 20, 4:15 p.m entered at 5:32 p.m.: (Time stamps did not coincide with row name on the flowsheets.) Unknown nurse, though with effort there may be a cross-referenced nurse's note. Witnessed by: Jaliyah Rucker, PCT (Patient Care Technician). Notes: "asking nurse why can't he leave, kinda confused but understanding." (Med. Rec. 4/29/25 at 1129)

Nurse on duty 1/20/2024 5:32 PM witnessed by Jaliyah Rucker, PCT (Patient Care Technician) (Med. Rec. 4/29/25 at 1129)

Jordan Greer, MD 1/21/2024 4:14 PM

Hammett spoke at length with a doctor, possibly Dr. Greer, immediately before Dr. Greer placed a psychiatric hold on Lynn. She expressed her concern that UAMS was causing Lynn's hyponatremia, that Lynn had expressed clearly that he did not want to stay because of the cost and that he understood that he might die and wanted to be at home if that happened. Further, Hammett reiterated that using physical restraints on Lynn was dangerously traumatizing. Lynn further expressed his request to leave the hospital by, during the transfer from progressive to ICU, running down the hall to the elevator carrying bags of personal items. And then again when he pulled foley catheters out three times in a row.

1/24/24 7:37 a.m. Lynn communicated to Christian Rosenbaum, RN that he wanted to leave by “Attempt(s) to remove/tamper with tubes/lines;Removal of medical equipment” Med. Rec. 4/29/25 at page 825

1/27/24 11:23 a.m. Lynn communicated using the word leave to Dr. Elizabeth Brown and two males. Hammet accommodated. (production video Dr Elizabeth Brown and two men) Dr. Brown communicated understanding and ordered a psychiatric hold. Med. Rec. 4/29/25 at page 546. Mary K. Kimbrough, M.D. authorized the hold.

INTERROGATORY NO. 6: Please list all dates when you allege that physical or chemical restraints were used on Mr. Lynn during his admission to UAMS from January 13, 2024 to January 27, 2024. Include in your response the names of all UAMS personnel who ordered each restraint, the names of all UAMS personnel involved in placing the restraint, how long each restraint was in place, and the names and contact information for any witnesses to each restraint.

ANSWER TO INTERROGATORY NO. 6:

OBJECTIONS TO INTERROGATORY NO. 6:

Claimants OBJECT due to the spoliation of evidence by UAMS denying claimants an accurate and complete record from which to draw their answers. All video taken by UAMS has reportedly been destroyed. The written record made by UAMS is inaccurate and incomplete. It is impossible to know when or if some of the chemical restraints were administered because of “cabinet overrides” and “stop” orders on IV injection where the bill indicates a charge for the medication and waste is not accounted for. Further, Hammett was told to stop making her own video record of the imprisonment and battery, as well as discussions with UAMS staff. No code or written policy was given to Hammett, but it did chill her efforts to document, as she feared being removed from the premises permanently or even incarcerated. UAMS ordered Hammett to go to the waiting room in progressive on January 21 when they were moving Lynn to SICU. UAMS ordered Hammett to spend late night through early morning in the employee lounge instead of Lynn’s room, which kept Hammett from witnessing the details of the restraining.

Claimants object to Interrogatory No. 6 to the extent that it presumes complete knowledge of all restraint incidents, their duration, and every UAMS staff member involved in ordering or applying restraints. Information regarding restraint use should be documented within UAMS records and is within UAMS’s control. Plaintiff’s response is based on available medical documentation and eyewitness accounts but does not purport to list all instances with complete specificity.

OBJECT as to burdensome and meant to harass. It was required for all this information to be recorded by UAMS staff. Claimants are in the process of cross referencing videos and still images of Lynn restrained with the medical record to find instances that were not recorded. Hammett has spent about 10 hours working with AI to find the first time each type of restraint was applied. She found the first chemical restraint but has not found a definitive answer on physical restraints. Other than her own observation, Hammett is forced to rely on the UAMS staff, who were dishonest with her from the start.

OBJECT as to compound. There should be separate interrogatories for physical restraints and chemical restraints. The subparts about placing the restraint and how long each restraint was in place don't apply to chemical restraints. "any witnesses to each restraint" is confusing or ambiguous as to whether that includes witnesses who observed Lynn under the influence of chemical restraints, and whether UAMS is asking for each witness who saw Lynn bound or only witnesses to the placement.

OBJECT as ambiguous. There were standing orders by doctors for the use of physical restraints, but the nurses were making the decision when to apply them and remove them. There were several doctors involved in deciding when to add to the chemical restraints in Lynn's body. There was usually a combination of residents and professors conspiring.

OBJECTION to the ambiguity of whether physical restraints only included Velcro and the harness, or if locked doors and guards are a physical restraint.

OBJECT as it asks for a compilation. Though it may not be complete, use of physical restraints was documented in the medical record and can be seen on production videos, photos and discussed in texts.

RESPONSE TO INTERROGATORY NO. 6:

Subject to and without waiving these objections, claimants state:

6A. Physical restraints.

Lynn was in restraints when Hammett arrived on January 14 at about 12:30 p.m.

Lynn was in physical restraints on January 15 when Hammett took a picture, production, Hand restraint blood at injection... at 4:46 a.m.

Lynn was in physical restraints on January 15 when Hammett took a picture, production, Sean Bringing Foot Up to Undo Hand Restraint... at 11:18 a.m.

January 18 4:00 p.m. to 7:45 p.m. physical restraints recorded by Alexis Beaver, PCT (Patient Care Technician) (Med. Rec. 4/29/25 at 1138)

Lynn was in physical restraints, probably continuously, from January 21 at about 5:30 until January 24. The restraints were used to force Lynn to leave catheters, Dobhoff Tubes and IVs in place, instead of releasing Lynn as per his demands.

Lynn was in physical restraints when Lynn arrived on January 23. Production picture full restraints tube in nose.

January 24. Lynn was in physical restraints when the second psych evaluator that day was in the room. “Briefly engaged Mr. Lynn who repeatedly requested restraints and NG tube be removed.” Sacha McBain, PhD Trauma Psychology

There is a flowchart in Med. Rec. 4/29/25 that shows when nurses logged the restraints. There is a flowchart, id., that shows where patient Care Technicians logged the restraints.

6B. Chemical restraints.

The easiest way to see a list of chemical restraints used is by looking at the bill, which is equally accessible to UAMS, and is in the production itemized bill three files. Finding who ordered and if it was all used on Lynn is more difficult.

Claimants allege that the first administration of a chemical restraint, fentanyl, to Mr. Lynn occurred on January 13, 2024 at 5:52 p.m., intravenously. Based on the available medical records, this administration was not warranted for pain relief or any medically necessary condition but rather served as a form of chemical restraint. Prior to the fentanyl injection, multiple assessments and imaging studies were conducted, including ultrasound, which ruled out pericardial and pleural fluid, internal bleeding, and major abdominal trauma. The records indicate no

documentation of severe pain requiring opioid analgesia. In fact, Mr. Lynn was quoted as saying “it hurts a little bit.”

Additionally, mental status evaluations performed prior to fentanyl administration indicated that Mr. Lynn was not experiencing delirium, was responsive, and retained the ability to speak and communicate. These findings contradict any justification for chemical sedation based on neurological impairment. Given the absence of documented pain or cognitive dysfunction warranting opioid use, and fentanyl was used not as a medical intervention but purely as a mechanism for restraint.

Independent of any standard of care considerations, the complete absence of informed consent for all administered “treatment” serves as unequivocal evidence that the medications were used solely for unlawful restraint purposes.

The documentation of the administration of FentaNYL is questionable and an audit trail is required to see if the stop order was back dated.

Other chemical restraints billed and presumably administered during the 6.5 hours Lynn was hospitalized on January 13, 2024:

Lorazepam per 2 Mg as with fentanyl, purportedly stopped.

Lorazepam per 2 Mg

Analyzing one typical day...January 20, Lynn had been in Progressive three days.

The bill shows administration of the following chemical restraints:

Olanzapine Zydis 5 Mg Tbdl Qty 1

Enoxaparin 60 Mg/0.6 Ml Syrg Qty 6

Quetiapine 25 Mg Tab Qty 4

Divalproex 250 Mg Tbec Qty 1

Divalproex 250 Mg Tbec Qty 2

Quetiapine 200 Mg Tab Qty 1

Divalproex 250 Mg Tbec Qty 2

Olanzapine Zydis 5 Mg Tbdl Qty 1

The following drugs administered on January 20, while not typically considered restraints, contributed to drowsiness, dizziness and cognitive slowing.

Propranolol 10 Mg Tab Qty 2

Acetaminophen 325 Mg Tab Qty 3

Levetiracetam 500 Mg Tab Qty 2

Propranolol 10 Mg Tab Qty 2

Acetaminophen 325 Mg Tab Qty 3

Propranolol 10 Mg Tab Qty 2

Propranolol 10 Mg Tab Qty 2

Claimants believe UAMS should be responsible for making a chronological list that answers this interrogatory, and then let claimants spot check to ensure accuracy. In hopes of convincing UAMS to make a proper criminal investigation into the poisoning of Sean Lynn, and the use of chemical restraints to falsely imprison Mr. Lynn, we are spending two hours focused on manually compiling a chronology.

January 13

50 mcg of fentanyl. Applebaum, Natalie J, MD placed order on 01/13/24 1748;
Ernst, Nathan: cabinet override, administered by IV 17:49 to 17:52;

January 21

PHENobarbital 130 mg/mL (injection) (Completed) Electronically signed by:
Rezayev, Arthur, MD on 01/21/24 1419 Ordering user: Rezayev, Arthur, MD
01/21/24 1419 Authorized by: Rezayev, Arthur, MD Frequency: STAT Once
01/21/24 1500 - 1 occurrence Class: Normal Acknowledged: Gilmartin, Macall,
RN 01/21/24 1443 for Placing Order Package: 42494-416-01

January 22

a.m.

“Per RN report, pt is in 4-pt restraints and currently sedated 2/2 a bout of agitation this morning.” Electronically signed by Gray, Emily, CCC-SLP at 1/22/2024 2:15 PM

(Because UAMS has significantly more resources than claimants, claimants request UAMS to compile an exhaustive list from the medical records.)

INTERROGATORY NO. 7: Identify all individuals at UAMS who you allege lied to Mr. Lynn and Ms. Hammett during his admission to UAMS from January 13, 2024 to January 27, 2024 by stating that UAMS never gave benzodiazepines to TBI patients. Include in your response the names and any contact information for any witnesses to these statements.

ANSWER TO INTERROGATORY NO. 7:

OBJECTIONS TO INTERROGATORY NO. 7:

Claimants OBJECT as the interrogatory is a double compound. As stated, the use of “and” to compound Lynn and Hammett means the person who lied, lied to both Lynn and Hammett. In fairness, UAMS originally defined “and” to mean “and

or or”. The parties agreed to use the common meaning of “and” but this question was not amended.

Claimants OBJECT as Hammett does not know the names of many of the people involved and is just now learning some from reading the lengthy medical record and connecting the names to the events. Thus far, Hammett does not see any mention of the two conversations she distinctly remembers, one video recorded, in which medical providers said “we don’t give benzos to TBIs” or “we Never give benzos to TBIs.”

Claimants object as Hammett had PTSD that was triggered by seeing Lynn in a drugged state and being told his behavior was not drug induced but was caused by the TBI. Because TBI recovery varies widely, and UAMS told Hammett that Lynn fell 34 feet and his condition was so bad as to need intensive care, Hammett was debilitatingly anxious over the thought of Lynn being permanently like the 17 year old substance abusing Lynn. At least there were moments of lucidity and somewhat calm when the behavior was caused by voluntary use of substances. UAMS cruelly disinformed Hammett into thinking that barring a miracle and the medical providers’ professional and expensive care, this was her son going forward. (Hammett is crying as she writes this.) It is repugnant that UAMS would try to use Hammett’s lack of documentation, including name and badge number, to create

any doubt that UAMS employees told Hammett this. By the grace of God, Hammett captured the exact sentence on video.

RESPONSE TO INTERROGATORY NO. 7:

Subject to and without waiving our objections, claimants state:

On January 14, 2024 in what Hammett believes was room 222 in H4, Lynn was extremely distraught from having “locks” on his hands and feet. Hammett talked to each and every person who entered the room. She understandably asked why Lynn was restrained and why his mental state was different from usual. The answer was always that TBIs cause this kind of behavior. Hammett was shaken and dissociated. This is difficult to write, causing symptoms of PTSD.

I am trying to be back in the room. Sean is crying like a trapped animal. He begs, “please, please, take these locks off.” A man came in. Sean: “Please. Please sir, please, take these locks off.”

Later, I don’t know how much time has passed, I ask a woman, I think she is a nurse, can you give him something to calm him down? I once checked myself into a behavioral health ward at Scripps in San Diego. I was having a terrible headache and nausea. I couldn’t move or lift my head. If I had to pee, I would pee on myself. My boyfriend at the time called an ambulance. I was telling them about the evil people, my former in-laws and a court commissioner who was later given a slap on

the wrist for his unethical conduct, who separated my sons from their mother. I don't remember much about the hospital until after the CT scan. Then I remember a man telling me there was nothing wrong on the scan, but that if I want to check into behavioral health, I can. I said yes. And there they gave me clonazepam. It was the loveliest three days of my life. Sean had a lot of drug problems when he was young. I don't think it is safe for him to take some drugs. But he is my biological son, we have similar DNA. Maybe Clonazepam will work for him. "Can you give him Clonazepam?"

Nurse: (aghast) "We *never* give Benzos to TBIs."

I remember asking someone else, what did they give Sean that is making him act like this? He said "we didn't give him any drugs. This is how people with TBIs act."

UAMS continued to deny drugging Sean. They told Hammett and Lisette that Lynn wasn't agitated when they were not there. (There is a text in the production (still gathering citations) where Lisette began to question if UAMS was lying to us.) In the medical record, a few nurses blamed Lynn's agitation on "pt Mother". As per a text on January 17, Laura still believed Sean fell 30 feet, as UAMS kept telling her. It was reasonable to believe Sean's behavior was affected by a fall that is normally fatal. But it was actually the effect of drugs administered by UAMS.

The charge nurse Hammett knew as Susan repeated “we don’t give benzos to TBIs” as caught on production video we don’t give benzos to TBIs.

The staff’s denial of any disinformation regarding the administration of benzodiazepines constitutes significant grounds for concern. This apparent deception by employees should warrant a serious criminal investigation by UAMS PD into misconduct and improper restraint practices.

INTERROGATORY NO. 8: Identify all individuals who you allege refused to allow Ms. Hammett to make surrogate decisions for Mr. Lynn during his admission to UAMS from January 13, 2024 to January 27, 2024. Include in your response the names and contact information for any witnesses to these statements.

ANSWER TO INTERROGATORY NO. 8:

OBJECTIONS TO INTERROGATORY NO. 8:

Claimants OBJECT as the response includes each and every person who had the authority to allow Hammett to make surrogate decisions for Lynn, and is therefore burdensome. UAMS knows this information better than claimants. In this claim, against UAMS only, we presumed UAMS would answer with a sincere apology, identify the employees who were responsible for the denial of a surrogate for Lynn, and instigate a criminal and regulatory investigation of the responsible people. Had

that been the answer, claimants were asking only for compensation based upon negligent supervision. Unfortunately for the people of the State of Arkansas, after a more than reasonable length of time to investigate, ample offers to meet and confer to share claimant's evidence informally and posting some of their evidence on YouTube with notification to counsel, UAMS has adopted the full responsibility for the actions of all employees who refused to allow for Hammett to make surrogate decisions. For the purposes of this claim only, the claimants therefore OBJECT that the interrogatory is irrelevant. (We reserve our right to file a companion action in state court against individuals and let the Claims Commission and jury determine percentage of fault for actual damages.)

RESPONSE TO INTERROGATORY NO. 8:

Individuals who refused to allow M. Hammett to make surrogate decisions for Mr. Lynn during his hospitalization include each and every doctor and nurse who electronically signed for any order to move Lynn to the SICU or Progressive; ordered or applied any physical restraint; ordered or administered any pharmaceutical or modified food; stood in an aggressive stance to block the door; authorized the locking of any door from the outside of the room Lynn was kept in; put a hand on Lynn; raped Lynn by penetrating his anus with an object such as a wipe or a finger while Lynn was incapacitated; catheterized Lynn; ordered the

catheterization of Lynn; failed to feed Lynn the tamari Hammett brought and instructed the persons to add to water, as Lynn drinks it at home; failed to feed Lynn the high sodium creamy chicken and vegetable soup Hammett brought for Lynn to eat.

Also, more specifically but not inclusive, Dr. Elizabeth Brown; Britney Beumeler, APRN; Nurse known as Susan who said UAMS did not give Benzos to TBIs; the doctor who led the group discussion outside Lynn's room, in which Hammett spoke with the team listening on January 24 at around 9 a.m.; each member of the team that was outside the room on January 24 and did not make a complaint to the leader's supervisor; Corporal Clifton Moore; Corporal Scott Thomisee.

One conversation when Hammett made it clear that she wanted Lynn released was discussed by the medical provider involved. "Patient was asleep/somnolent at time of visit. Patient mother was in the room and requested that examiner permit patient to sleep. Patient's mother expressed understanding of language based deficits, and indicated observing language deficits, and the relation to brain regions impacted by patient's TBI. Additional psychoeducation regarding cognitive status variability and frontally related deficits also provided. [Hammett recalls discussing Lynn's lack of frontally related deficits], Resource and contact information for mental health and TBI resources provided. Patient's mother expressed concerns

regarding several aspects of patient's care / wellness. Issues discussed and addressed: She indicated concern for psychological trauma associated with use of restraints, adding that he has a trauma history which would likely be exacerbated by restraints and wanting to know why trauma psychology has not yet met with the patient. Writer expressed understanding of family concerns, and indicated that limiting restraint as much as safely allowed, and ultimate removal of restraints, a goal of the treatment team. Gathered information from patient's mother for used in behavior management recommendations (Recommendations listed below). Writer indicated reason for trauma psychology not having seen patient yet likely related to patient's current stage of recovery, but would follow up with trauma psychology to confirm. (Writer spoke with trauma psychology after the visit; trauma related counseling confirmed to be premature due to acuity, will communicate this to family). Patient's mother expressed concerns around medical care, discharge, and definition of "medically stable" . Writer indicated limitations in their role and need to defer to medical treatment team members in this respect. She also expressed concerns regarding billing/financial costs for the medical care, and transparency regarding treatment decision. Writer indicated they would ensure case management was informed of their desire to discuss their financial concerns. (Records from today, after visit, indicate CM engaging with family). Questions regarding psychiatric referral / medications were presented. Writer differentiated role from

psychiatry and indicated they would look into whether psychiatric referral was made. (Records indicate consult for psychiatry has been ordered). **[The first psychiatric consult was ordered on day 11 of the involuntary confinement.]**

Patient's mother indicated concern that son's mental status was not as impaired as perceived by providers. Examiner explored patient's mothers concerns,

acknowledging complexity of situation and added that cognitive status can fluctuate with brain injury and/or other medical conditions (I.e.,

h[TB.1M]yponatremia[TB.1C]). [Lynn did not have hyponatremia until January 16, Day 4 of confinement] Writer to continue following patient's case and assess

cognitive functioning on next available day and to the extent presentation permits.

Plan: Trauma neuropsychology to continue to follow. Will assess and monitor

cognitive status / PTA and provide recommendations to facilitate cognitive

functioning. Will work in collaboration and/or facilitate psychiatry consult service

as able. Will inform patient that intensivist will likely be best source of information

regarding criteria for 'medically stable.' Regarding agitation management: patient

was asleep during visit and thus indications of agitation could not be assessed.

Recommendations below are based on information obtained by patient's mother

versus direct interaction with patient.[TB.1M] When he becomes frustrated or

stressed, consider the following:[TB.1T] 1[TB.1M]. Ask for permission before

engaging in hands-on care to improve buy-in.[TB.1T] 2. Note that language

deficits are likely and patient may struggle with both expressive and receptive language as a result 3. Explain rationale for care, including reinforcing plan of discharging once medically stable. (per patient's mother, patient motivation to leave AMA may be related to distrust of medical system and concerns of financial burden). 4.[TB.1M] Use redirection. Encourage the patient to attend to other sensory information/discuss interests.[TB.1T] (per patient's mother, patient is very involved in playing cards, and is co-author of book she has in the room. Cards are also present in the room) 5[TB.1M]. Do take breaks (max 5 minutes), particularly when frustration and irritability begin to increase.[TB.1T] 6[TB.1M]. Tailoring use of restraints to her/him in-the-moment presentation. As a reminder, we want to use the least restrictive restraints in order to keep her/him and others safe.[TB.1T] Electronically signed by Baer, Timothy J, MA at 1/24/2024 1:50 PM Electronically signed by Fullen, Chrystal T, PsyD at 1/24/2024 4:01 PM” Med. Rec. 4/29/25 at pages 296 to 298.

Timothy Baer, MA, recommended ways to “improve buy-in”, rather than taking a stance that there is no reason known to him from a psychological standpoint that UAMS is legally authorized to hold Mr. Lynn. Mr. Baer passively acknowledged that it was only medical stability that was the justification for holding Lynn against his and Hammett’s will.

Mr. Baer did not acknowledge that the stress of imprisonment and the poly-pharmaceutical poisoning was causing the hyponatremia that was the purported medical instability.

We cannot emphasize enough, claimant were right. Hyponatremia did not give UAMS any legal authority to hold Lynn. Mr. Baer had an obligation to advocate for the immediate acceptance of Hammett as a legal surrogate.

INTERROGATORY NO. 9: Identify all individuals who you allege said Mr. Lynn did not have capacity to make medical decisions during his admission to UAMS from January 13, 2024 to January 27, 2024 yet Ms. Hammett could not take him home because he was a consenting adult. Include in your response the names and contact information for any witnesses to these statements.

ANSWER TO INTERROGATORY NO. 9:

OBJECTIONS TO INTERROGATORY NO. 9:

Claimants OBJECT as UAMS has access to this information easier than claimants. There is a video of Dr. Elizabeth Brown saying these statements together, close to verbatim. UAMS has her names and contact of the live witnesses.

Claimants OBJECT as the question sounds like both statements were made at the same time, and that the words were spoken rather than communicated. If

UAMS is asking which individuals communicated that Mr. Lynn did not have capacity to make medical decisions yet he was a consenting adult, that would be the same response as the Response to Interrogatory No. 8.

RESPONSE TO INTERROGATORY NO. 9:

Subject to and without waiver of the objections stated, Dr. Elizabeth Brown, Hammett, Lynn, the two men who were standing between Lynn and the door said those things paraphrased perhaps but within the same communication.

INTERROGATORY NO. 10: Identify all individuals who you allege denied CL the opportunity to visit Mr. Lynn, her father, during his admission to UAMS from January 13, 2024 to January 27, 2024. Include in your response the dates the requests for CL to visit were made, to whom these requests were made, and how old CL was at that time.

ANSWER TO INTERROGATORY NO. 10:

OBJECTIONS TO INTERROGATORY NO. 10: Claimants object on the grounds that there is ambiguity whether UAMS means individuals who literally spoke to CL, which would be none, who enforced the “policy” stated, but not shown to Lynn or Hammett in writing, or who wrote the policy or ratified the policy.

Claimants OBJECT on the grounds that the way the interrogatory is stated, it anticipates Lynn or Hammett to represent CL's rights, rather than Lynn representing his own rights. (CL will probably have an attorney represent her in about four years, while she is still a minor, and we are not attorneys, but hope statute of limitations is tolled for minors.)

Our response is based on all individuals who denied Mr. Lynn potentially end-of-life and certainly healing visitation with his daughter; and what individual gave Hammett the choice of only one, caring for her granddaughter as needed or being there to care for and protect Lynn.

Claimants OBJECT because UAMS has better access than claimant have to the identity of individuals who set the policy the staff relayed to Hammett and Reyes, to the identity of that staff and to the formal policy, which is difficult to find on the UAMS website.

Claimants OBJECT as UAMS has more knowledge and easier access to policy to discover who the individual was who should have given Lynn and Hammett a copy of the UAMS Patient Rights and Responsibilities. That document would have informed claimants of Lynn's right to have any restrictions on communications [presumably face to face communications included] discussed with him; and to have his family present while receiving care at UAMS. There is no age restriction on the document.

RESPONSE TO INTERROGATORY NO. 10:

Hammett remembers asking Nurse Susan in particular and being denied the opportunity to bring Clementine. Hammett remembers asking a person who sat at the little table outside the ICU doing reception sometimes. (Not the reception area with the seating that was central to three wings.) Hammett does not remember the other individuals she spoke with who denied the opportunity to bring Clementine with to visit. But this was not a request that was repeated over and over like the request to leave and the request to stop the drugging and invasive procedures and restraints. Hammett believed the individuals who said there was a policy that no children under a certain 12 were allowed to visit.

Hammett called UAMS and spoke to “Caitlyn” on F4 on 6/10/25 at 4:42 p.m. Hammett asked if she could bring her child to visit and was told “yes”, then after a pause, “well how old is your child”. Hammett said 8 and was told without hesitation, yes. Then, the employee said, well, we are a mixed floor. Are you visiting progressive or ICU. Hammett asked if her child could visit ICU. She was told the minimum age to visit ICU is 12. It is possible that either the policy has changed since January 2024, or that the staff did not tell us about the lower age requirement when Lynn was moved to F4.

We intend to investigate this further through discovery and find out why UAMS did not allow 8-year-old CL to visit her father who UAMS held without consent.

INTERROGATORY NO. 11: Please state whether Mr. Lynn or Ms.

Hammett requested end-of-life counseling from anyone during his admission to UAMS from January 13, 2024 to January 27, 2024. If such a request was made, please state the name of each UAMS employee to whom a request was made, and the date when each request was made.

ANSWER TO INTERROGATORY NO. 11:

OBJECTIONS TO INTERROGATORY NO. 11:

Claimants OBJECT on the grounds that the question asks us to differentiate between counseling, speaking to a psychologist and end-of-life counseling, as if the later is not included in the first two.

RESPONSE TO INTERROGATORY NO. 11:

We did not specify “end-of-life counseling” was requested at any time. Hammett asked for someone from “psych” to speak with Lynn on several occasions, specifying both counseling because UAMS was causing him stress and should mitigate the damages, and a psychiatrist who is competent to determine if there

was adequate reason to hold Lynn on a 72-hour hold or administer drugs without informed consent. (Claimants retract their claim that a “psychiatrist” was required for a mental health hold, as the terminology refers to a physician, not specifically a psychiatrist. UAMS failed at other requirements of due process, including notification of rights, appointment of an attorney, filing of a petition and the right of release because the other requirements were not met timely.)

Hammett does not know the names of the team members, but she mentioned to the group she spoke to on January 24 at around 9 a.m. that Lynn was on much longer than a 72-hour hold without a psychological assessment and she believed a psych eval was a requirement for a mental health hold.

INTERROGATORY NO. 12: Please state whether Mr. Lynn or Ms.

Hammett requested a psychiatric consult from anyone during his admission to UAMS from January 13, 2024 to January 27, 2024. If such a request was made, please state the name of each UAMS employee to whom a request was made and the date when each request was made.

ANSWER TO INTERROGATORY NO. 12:

OBJECTIONS TO INTERROGATORY NO. 12:

RESPONSE TO INTERROGATORY NO. 12:

Hammett does not know the names of the team members, but she mentioned to the group she spoke to on January 24 at around 9 a.m. that Lynn was on much longer than a 72-hour hold without a psychological assessment and she believed a psych eval was a requirement for a mental health hold.

Hammett also told individuals who appeared to be medical personnel attending to Lynn or at a desk outside the room Lynn was in that she believed UAMS had an obligation to provide counseling to Lynn because he had suffered a trauma, was held against his will and UAMS needed to mitigate the damages it caused by the false imprisonment.

UAMS left Hammett in the position of providing psychological comfort to Lynn who, within 24 hours of his release, compared his ordeal to being tortured by enemy forces for two weeks.

INTERROGATORY NO. 13: Please state whether Mr. Lynn or Ms.

Hammett requested a visit with clergy from anyone during his admission to UAMS from January 13, 2024 to January 27, 2024. If such a request was made, please state the name of each UAMS employee to whom a request was made and the date when each request was made.

ANSWER TO INTERROGATORY NO. 13:

OBJECTIONS TO INTERROGATORY NO. 13:

RESPONSE TO INTERROGATORY NO. 13:

Hammett has a deeply rooted faith in Christ and a lifelong relationship with spirituality, including study of the Bible and exposure to Jewish traditions in her youth. During Lynn's admission, Hammett made references to her spiritual beliefs and told at least two physicians she wanted Lynn's care to align more closely with the compassionate, natural-healing principles she learned through Ellen G. White's writings, as adopted by many in the Seventh Day Adventist tradition. These values shaped her desire for less invasive care and for spiritual considerations to be taken seriously during Sean's treatment.

Hammett distinctly remembers discussing this with the doctor who wore Harry Potter glasses on January 21st. She is certain she spoke with a doctor about it on either January 26 or 27th, probably 26th and quite possibly Dr. Deloach. So far, she found no note about it, but remembers it was in the last room in which Lynn was kept. She remembers advocating for Sean's care to be guided by the Eight Natural Remedies emphasized in the Seventh-day Adventist tradition, which would be nutrition, exercise, water, sunlight, temperance, air, rest, and trust in God. But the doctor cut her off after water. He told Hammett that Lynn's water must be restricted due to low sodium. Hammett asked exactly how much sodium would be

required and the doctor said it was not possible to achieve the amount through food. That conversation never went back to spiritual things.

Lynn does not recall asking specific staff for spiritual involvement. He does recall having a religious experience during his brief LOC after the fall. He spoke of deep spiritual things after returning home and getting a solid sleep.

Hammett was the only family member with her father when he had his fatal heart attack in a hospital. Three nurses asked Hammett if she wanted prayer before he died. She said yes and the Christian women prayed. Hammett, who frequented church and read the Bible often at that time in life, found herself unable to find words. Then suddenly she remembered a song she used to sing before going to sleep at Camp Ramah. She sang the Shama to her father. When he was pronounced dead and clergy came to the room, she was a Rabbi. She sang the Shama as well. This story is told to give an example of what considerate care and respect for personal beliefs looks like. This kind of care is another right that UAMS violated against Lynn.

INTERROGATORY NO. 14: Please explain the basis for your allegation that “UAMS starved” Mr. Lynn during his admission to UAMS from January 13, 2024 to January 27, 2024. Include in your response the names of each UAMS employee against whom you make this allegation and the names and contact

information for all witnesses who support your allegations.

ANSWER TO INTERROGATORY NO. 14:

OBJECTIONS TO INTERROGATORY NO. 14:

Claimants OBJECT due to the spoliation of evidence by UAMS denying claimants an accurate and complete record from which to draw their answers. The written record made by UAMS is inaccurate and incomplete. UAMS might provide a record of the food and drink offered to Lynn in a way he could access it, in response to claimants' first set of interrogatories or further discovery. But it is not included in the medical record. Further, Hammett was told to stop making her own video record of the imprisonment and battery, as well as discussions with UAMS staff. No code or written policy was given to Hammett, but it did chill her efforts to document, as she feared being removed from the premises permanently or even incarcerated.

RESPONSE TO INTERROGATORY NO. 14:

Claimants Sean Lynn and Laura Hammett respond as follows:

Had Mr. Lynn been permitted to return home or UAMS had at least ensured the foods brought by Hammett were consumed by Lynn, his nutritional care would

have been both individualized and deeply nourishing. His meals would have included freshly made broths—fish, chicken, and beef—along with blended soups, mashed vegetables, homemade fruit smoothies with chia seeds, and even chopped liver blended smooth to protect Lynn’s jaw (the reason UAMS told Hammett for restricting Lynn to liquids.) These foods are what Mr. Lynn is used to eating, and what his mother, Laura Hammett, was fully prepared to provide.

However, UAMS not only failed to provide medically appropriate nutrition for a recovering traumatic brain injury (TBI) patient, it also imposed restrictions that denied Ms. Hammett the opportunity to nourish and care for her son in a way that was both culturally and nutritionally appropriate. This reflects a broader failure to respect patient and family autonomy, which is central to this claim.

Instead of the nutrient-rich foods Mr. Lynn would have received at home, he was subjected to meals that were inadequate in calories, protein, and essential nutrients. During his admission from January 13 to January 27, 2024, Mr. Lynn experienced significant, unaddressed weight loss—from approximately 237 pounds at admission to 220 pounds at discharge—a loss of 17 pounds in just 14 days. There is no indication that this weight loss was monitored, discussed with the family, or mitigated through any dietary intervention. Lynn’s weight at admission was estimated at 220 lbs. Sean was having a diet contest with Lisette Reyes at the time of his admission and knew exactly how much he weighed.

Typical meals served by UAMS included the following: (See video titled Unhealthful food served.)

- 4 ounces of vanilla ice cream (~100 calories)
- 3.5-ounce Kraft chocolate pudding (~110 calories)
- 4-ounce serving of Ardmere Farms cranberry juice cocktail (~60 calories)
- One cup of tomato soup (~90 calories)
- 8-ounce carton of whole milk (~150 calories)
- 8-ounce glass of sweetened tea (~30 calories if sweetened)

This meal, totaling approximately 540 calories, was representative of the hospital's nutritional offerings—high in sugar and processed ingredients, and lacking in protein, fiber, fresh vegetables, or healthy fats. These foods are inconsistent with dietary standards for any adult, let alone a neurologically compromised patient with increased metabolic needs. Standard clinical guidelines recommend between 2,000 and 2,800 calories per day for adult males, depending on medical condition and activity level. Mr. Lynn was consistently underfed.

In addition to the poor nutritional content, the hospital made no effort to support Mr. Lynn's ability to eat. At times, he was physically restrained and unable to feed himself. Staff failed to recognize this or offer assistance. Mr. Lynn's sodium levels dropped from 142 mEq/L on admission to 122 mEq/L during his stay, a dangerous

decline. This was not addressed through targeted nutrition. Instead, staff gave Lynn popsicles and Sprite.

Recognizing the inadequacy of the hospital's food, Ms. Hammett attempted to bring food from home that met both dietary restrictions and medical needs. She adhered to the full liquid diet initially imposed, bringing in shelf-stable items such as coconut water, gluten-free soy sauce (which Mr. Lynn likes to pour into water), and creamy vegetable soup in chicken broth, containing 750 mg of sodium per 12 ounces. This soup required heating and was never opened by staff. She also brought fruit sauce snacks and yogurt cups with low glycemic sugars chilled on ice. On January 26, when the liquid restriction was lifted and Mr. Lynn was unrestrained and cared for by Nurse Jason Patterson, he eagerly ate a full sushi meal from Whole Foods brought by Hammett.

This example—Mr. Lynn eating well when physically free and emotionally supported—highlights the central issue: UAMS not only failed to feed him adequately but actively interfered with his ability to receive loving, competent care from his mother. Their control over his diet, mobility, and environment was exercised with no consent and adamant protest, resulting in both physical harm and emotional distress.

This failure appears to stem from a bureaucratic, cost-conscious institutional culture rather than a patient-centered approach. The food provided was not only

nutritionally insufficient but reflective of mass-produced, low-cost options more consistent with budgetary constraints than with the responsibilities of a publicly funded academic medical center. UAMS, as a government hospital, should prioritize healing and patient welfare, not operate according to financial incentives. The physicians in charge of patient care are public employees earning salaries in excess of \$510,000 annually—yet basic, fundamental nutritional support was lacking.

The nurse who gave Lynn a popsicle, Shannon Cobb, was speaking to Hammett on January 21. Hammett complained about the quality of food and Nurse Cobb said most of their patients eat out of trash cans and are grateful for the food at UAMS. Hammett said Lynn doesn't eat out of a trashcan. Cobb used a sarcastic drawl to say that we are blessed.

At this stage, claimants are unable to identify by name every individual responsible for dietary decisions and meal delivery, but they believe responsibility rests with:

- The attending physician(s) who failed to order appropriate dietary evaluations or respond to clinical weight loss;
- Any dietitian or nutritionist assigned to Mr. Lynn's care (if any);
- Nursing staff and aides who delivered meals, restrained Mr. Lynn, and ignored clear signs of inadequate intake;

- The food service department and any administrators responsible for overseeing meal planning and patient nutrition.
- Probably the highest paid employees, who have the most control over quality and are motivated by leaving the highest percentage of the budget as possible to pay salaries rather than for proper patient nutrition.

Claimants intend to pursue further discovery to identify these individuals and hold them accountable, including through individual claims in a separate proceeding.

Witnesses supporting this allegation include:

- Sean Lynn, who will testify to his hunger, physical decline, and inability to eat under restraint;
- Laura Hammett, who documented meals, monitored weight loss, brought food, and witnessed the failure of care;
- Jason Patterson, RN, who personally observed Mr. Lynn eating a full meal and interacting normally when treated with dignity and support;
- Lisette Reyes who observed the conditions of Mr. Lynn's stay and the meals served.

Claimants reserve the right to amend this response as additional facts become available through discovery.

INTERROGATORY NO. 15: Please explain what you mean by “big men tackled Mr. Lynn to prevent his escape” found at the top of page 3 of the Claim Form. If you allege that this incident occurred at UAMS, please state the date and time of the incident, identify all individuals who you allege “tackled” Mr. Lynn, and the names and contact information for all witnesses to the alleged incident.

ANSWER TO INTERROGATORY NO. 15:

OBJECTIONS TO INTERROGATORY NO. 15:

Claimants OBJECT due to the spoliation of evidence by UAMS denying claimants an accurate and complete record from which to draw their answers. All video taken by UAMS has reportedly been destroyed. The written record made by UAMS is inaccurate and incomplete. Significant events witnessed by Hammett are missing from UAMS medical records, such as Lynn’s head hitting the wall of the elevator on January 21 as he attempted to escape. Further, Hammett was told to stop making her own video record of the imprisonment and battery, as well as discussions with UAMS staff. No code or written policy was given to Hammett, but it did chill her efforts to document, as she feared being removed from the premises permanently or even incarcerated. UAMS ordered Hammett to go to the waiting room in progressive on January 21 when they were moving Lynn to SICU. UAMS ordered Hammett to spend late night through early morning in the

employee lounge instead of Lynn's room, which kept Hammett from witnessing the neglect of the patient .

Claimants object to Interrogatory No. 15 on the grounds that it presumes knowledge that Plaintiff does not possess, including the specific identities of all individuals involved in the incident. Further, information regarding hospital personnel and their involvement in physical interactions with Mr. Lynn should be within the control of UAMS and its records, rather than requiring Plaintiff to recall specific names and times outside of documented evidence.

Additionally, the claim was amended after the original filing. The sentence cited by UAMS—"It is plausible that damage was done [ossicular disruption] after the accident when big men tackled Mr. Lynn to prevent his escape"—was later expanded and clarified in the amended claim, which prevails. The amended claim states:

"At admission there was 'no evidence of ossicular disruption or otic capsule involvement.' By the time Hammett learned that her son was in the hospital, he had been tackled and restrained and struggled with his superhuman strength to escape, and his hearing, which was already a little impaired before the fall, seemed to approach deafness. Post escape medical exams showed ossicular disruption and virtual deafness in the right ear. It is plausible that the dislocation occurred during the imprisonment." [Hammett made an error. It is the left ear that is practically

deaf. Post care records make it clear the disruption is on the left, and Hammett positions herself on Lynn's right to communicate with him. The right ear is also damaged, but about half.]

Further, claimants are in no way limiting the complaint against UAMS to the specific incident resulting in ossicular disruption. The allegations regarding restraint, tackling, and forced hospitalization remain broader in scope, and Plaintiff will not be confined to UAMS's narrowed interpretation of events.

RESPONSE TO INTERROGATORY NO. 15:

Subject to and without waiving our objections, claimants state:

On production video taken on January 27, Dr. Elizabeth Brown and Two men guarding Sean from leaving, at about time stamp 3:45 there is a man in blue scrubs standing with his arms crossed against his chest in an aggressive stance. Lynn's care plan, Med. Rec. 4/29/25 at 1226, states "Intervention: Demonstrate supportive body language (avoid threatening gestures such as finger-pointing or crossed arms)" Claimants do not know the big aggressive man's name, occupation appears to be a Medical Provider at UAMS. Dr. Elizabeth Brown was a hostile witness. Hammett asked Dr. Deloach on January 27, 2024 if the big men would tackle Mr. Lynn again if he tried to leave. Dr. Deloach gave an answer that meant UAMS would physically overpower Mr. Lynn if he tried to escape.

On January 21, while Hammett had been excluded from Sean's room and was in the waiting room, Lynn ran down the hall carrying bags of his personal possessions, with several people, some male, in pursuit. Lynn reached the elevators and called Hammett. Lynn was attacked by the men. At one point, Lynn's head hit the wall of the elevator. This was incredibly traumatizing physically and emotionally for Lynn, emotionally for Hammett. Claimants believe there should be a surveillance camera in the elevator area.

Numerous times throughout the hospitalization, Lynn was able to extricate himself from the four-point restraints. At these times, several men would grab Lynn and physically overpower him to force him back onto the cot. Lynn and Hammett both witnessed this conduct.

INTERROGATORY NO. 16: If the incident described Interrogatory No. 14 occurred at UAMS, please explain all actions that Mr. Lynn or Ms. Hammett took as a result of the incident. Specifically, did you complain to anyone at UAMS regarding the incident? If so, please identify the names of each UAMS employee to whom you complained, the date each complaint was made, the manner in which each complaint was made (i.e., email, phone or in-person), and the result of each complaint.

ANSWER TO INTERROGATORY NO. 16:

OBJECTIONS TO INTERROGATORY NO. 16:

Claimants OBJECT based on confusion between whether UAMS is requesting “all actions” or “specifically”. “All” actions is overbroad. Synthesizing the information received through informal discovery and writing over a hundred pages of responses thus far has taken 16 hours per day for 39 days.

RESPONSE TO INTERROGATORY NO. 16:

Subject to and without waiving these objections, claimants state:

Lynn said “I am starving”. Hammett heard him. Hammett told the medical providers in the room that “Sean said he is starving”. Hammett’s best recollection is that it was January 14 or 15. Lynn was also dehydrated. Hammett was ordered by UAMS to only give Lynn ice chips orally. This was January 14. Hammett was feeding Lynn ice chips with a spoon and Lynn said, “put it in a shoe.” Hammett understood his meaning to be to put it in a cup because he was thirsty. His lips were dry and cracked. Hammett had seen Lynn’s lips like this about 18 years earlier when he was held unjustly in detention. His jailers did not give him enough water. This triggered Hammett’s PTSD and she is extremely verbal when triggered.

Pleas for more and better quality food were made by both Lynn and Hammett throughout the forced hospitalization at UAMS. Hammett specifically complained

to Shannon Cobb, RN, Charge Nurse Susan, Dr. Deloach, Nurse Jason Patterson, the doctor who seems to have orchestrated the restraints and catheterizations on January 21 and 22 who wore Harry Potter glasses, and numerous other medical providers.

Hammett took some video of food trays. One was of a typical meal served by UAMS. One was food Hammett brought, that fit into the narrow parameters allowed. The food had to be liquid or pudding consistency. There was no refrigerator space, so nothing that needed to be cold or needed refrigeration for freshness. Several staff told Hammett she was not allowed to video or take pictures. Hammett asked for a policy number or in writing. None was produced. Hammett did not purposefully video when Lynn was being battered the worst or in the most distress. She was busy then, trying to calm and protect him. But she did film. On June 11, 2025, Hammett received a response to a FOIA request about UAMS filming policy. Leslie Taylor, MA, Vice Chancellor, Communications and Marketing wrote that there is only one policy relevant to patients or authorized visitors filming in the hospital. In pertinent part: "If a patient is taking photos or videos of staff members and refuses to stop, the healthcare team should attempt to explore the reasons for the photos/video and try to determine if there are concerns about treatment that can be addressed. The Patient Advocate or Patient and Family Centered Care may be consulted for assistance as needed."

Employees who knew the policy and complied were told the reasons why Hammett was filming. It was not to have happy memories. It was to show to a lawyer who might help Sean get out. There was no doubt that Lynn and Hammett had concerns about the mistreatment.

Lynn broke out of restraints and escaped the room several times, hoping to go home, where he could eat properly.

Hammett brought groceries from Whole Foods and Trader Joes that were compliant with the liquid or pudding consistency diet UAMS ordered. There is a video in the production (still gathering citations) that shows a bedside table, no where within reach of the bed but Lynn was retrained anyhow, and there is food Hammett brought stacked up. There was cups with olives that could be squashed for Lynn, peaches, blended fruit pouches, coconut milk, agave as a sweetener, bananas that were turning from ripeness that could be squashed. During periods when Lynn was not restrained, he ate these kinds of food.

INTERROGATORY NO. 17: Please list all dates and times that Mr. Lynn attempted to leave UAMS against medical advice. Include in your response the names of each UAMS employee who you allege kept Mr. Lynn at UAMS against his will and the names and contact information for all witnesses who support your allegation.

ANSWER TO INTERROGATORY NO. 17:

OBJECTIONS TO INTERROGATORY NO. 17:

Claimants OBJECT as the term “Against Medical Advice” is stigmatizing. It implies that UAMS informed Lynn of his condition and his treatment options, but UAMS did not inform, misinformed and disinformed Lynn and Hammett. AMA implies that the medical advice given by UAMS was the same advice as would be given universally. It was not. And AMA purports to shift the burden of a medical provider to obtain informed consent to the potential patient to refuse consent. Practically, it was Mr. Lynn’s RIGHT to leave UAMS without signing a purported contract acknowledging that he was disagreeing with the course of treatment UAMS was proposing to sell to him.

Claimants OBJECT due to the spoliation of evidence by UAMS denying claimants an accurate and complete record from which to draw their answers. All video taken by UAMS has reportedly been destroyed. The written record made by UAMS is inaccurate and incomplete. Significant events witnessed by Hammett are missing from UAMS medical records, such as constant and prolonged begging by Lynn to be released. Further, Hammett was told to stop making her own video record of the imprisonment and battery, as well as discussions with UAMS staff. No code or written policy was given to Hammett, but it did chill her efforts to document, as she feared being removed from the premises permanently or even

incarcerated. UAMS ordered Hammett to go to the waiting room in progressive on January 21 when they were moving Lynn to SICU. UAMS ordered Hammett to spend late night through early morning in the employee lounge instead of Lynn's room, which kept Hammett from witnessing the neglect of the patient.

Claimants OBJECT as the interrogatory is overbroad and would take weeks of full-time work to answer. Further, Mr. Lynn's attempts to leave were not always discrete – they were continuous. Claimants OBJECT as UAMS is better able to identify the medical personnel and patient relations, administrative and admissions personnel involved than claimants.

Claimants OBJECT as this interrogatory is somewhat redundant to Interrogatory No. 5. And has been answered within the answer to Interrogatory No. 1. We will make this response concise. It also overlaps Interrogatory Nos. 4, 6, 7, 8 and 15.

Claimants OBJECT as they cannot know before discovery which witnesses will support and which witnesses will contradict their allegations.

Claimants OBJECT as UAMS has more access to the names and addresses of all the witnesses to Mr. Lynn's attempts to leave UAMS Medical Center than claimants have, except the address for Lisette Reyes.

RESPONSE TO INTERROGATORY NO. 17:

Subject to and without waiving our objections, claimants state:

Mr. Lynn attempted to leave UAMS Medical Center from January 13, 2024 at approximately 5:50 p.m. continuously until his release on January 27, 2024 at approximately 1:43 p.m.

The employees who kept Mr. Lynn at UAMS include each and every person who conspired to keep him there. This includes but is not limited to each employee identified by name or category in Interrogatory Nos. 4, 5, 6, 7, 8, and 15.

Employees who explicitly had an affirmative responsibility to protect Lynn from the crimes that were committed against him while imprisoned and failed to take action are also implicated. Specifically, each employee charged with observing surveillance or providing security in ICU, Progressive, the hallways and stairwells along Lynn's escape routes and did not offer assistance nor make a report of the attempts to leave gave tacit assistance in the false imprisonment, assault and battery.

It is likely many or all UAMS employees who witnessed the imprisonment, assault and battery will not "support" our allegations for fear of retaliation by the rich and powerful professors who can ruin a person's medical career in Arkansas.

UAMS is required to take proper supervisory action against each and every employee who took part in violating claimant's rights. Confronting the line employees may cause some to disclose how they were intimidated into silence.

1/13/24 Sam Karimaghahi, MD “uncooperative and does not follow commands”

Doctor Karimaghahi failed to understand that “no” means “no”.

1/13/24 In ER. Sean told two different men at different times that he wanted to leave and they told him to wait, but not why.

Jaliyah Rucker PCT Noted: “asking nurse why can't he leave, kinda confused but understanding. -JR at 01/20/24 1732”

“Author: Limon, Ariana, RN Filed: 1/20/2024 9:53 PM Service: — Date of Service: 1/20/2024 9:51 PM Editor: Limon, Ariana, RN (Registered Nurse) Author Type: Registered Nurse Status: Signed 1930: patient was wanting to leave the hospital. is refusing all medication. continued to say he was going to leave. trauma resident to bedside. attempted to explain to patient that his injuries were too severe to go home. patient didn't verbalize understanding. patient's mother contacted and spoke to patient on phone. this helped patient stay in room. 2100: attempted to give patients his medication for the evening. he refused. will attempt again at 2200.[AL.1M]” Med. Rec. 4/29/25 at pg. 205

1/21/24 morning Lynn escaped to Lobby – this was clear communication he wanted to leave.

Davis, Rebekah, RN on 1/24/24 and 1/26/2024 Noted: “Pts mother is at BS. Very belligerent, dissatisfied with care of pt and wants pt discharged to home.

States is not paying bill and wants to speak to an advocate for the pt.” (This conversation was captured on video with this date, Nurse Susan and Rebekah Davis. Listen to it. Hammett is not belligerent. The only time her voice gets slightly agitated is when Ms. Davis lied and Hammett tells her she lied. Laura clearly states “he is going to sue them” if UAMS sends a bill. UAMS sent a bill.

1/24/24 Nurse Susan, see video at 10:10 Nurse: “We need him to be with it 100% of the time so he can leave.”

1/25/24 “Sw spoke with Kristy with pt relations. She reported that pt mother stated she will not be consenting to anything else for pt due to concern for finances. Sw notified Dr. Rezayev of above and stated to him that they are able to pick a surrogate decision maker if they feel like the mother is not making decisions in pt best interest.[AD.1M] Amanda Diehl, LCSW[AD.1T] 1/25/2024 3:41 PM[AD.2T] 501-526-5290[AD.1T]”

1/26/24 Dr. Deloach came in room as Sean, Nurse Jason Patterson and Laura were playing poker. Dr. asked how Sean felt. Sean said, “fine.” Dr. said he was just checking and to keep playing.

Sean asked to talk. He stood up and extended his hand, which the Dr. shook. Sean asked when he could leave.

Dr. said someone would need to care for Sean 24/7. Laura said she and Lisette would provide 24/7 care. Laura said she had nothing planned for a while and would make this her “vacation”.

1/27/24 11:23 a.m. Dr. Elizabeth Brown See video

INTERROGATORY NO. 18: In the second full paragraph of page 3 of the Claim Form, you make the following allegation: “Mr. Lynn was left naked while he was in 4-point restraints. No hospital gown. He was left with dried blood on his penis and testicles and remnants of feces when Ms. Hammett was not there to clean him. Ms. Hammett heard Mr. Lynn begging to use the toilet and UAMS Workforce told him to use the bedpan and a catheter.” Please state the date that this alleged event occurred. Include in your response the names of each UAMS employee who you allege left Mr. Lynn naked with dried blood on him and in feces and who refused to help him use the toilet and the names and contact information for any witnesses to the alleged event.

ANSWER TO INTERROGATORY NO. 18:

OBJECTIONS TO INTERROGATORY NO. 18:

Claimants OBJECT due to the spoliation of evidence by UAMS denying claimants an accurate and complete record from which to draw their answers. All

video taken by UAMS has reportedly been destroyed. The written record made by UAMS is inaccurate and incomplete. Significant events witnessed by Hammett are missing from UAMS medical records, such as Lynn's head hitting the wall of the elevator on January 21 as he attempted to escape. Further, Hammett was told to stop making her own video record of the imprisonment and battery, as well as discussions with UAMS staff. No code or written policy was given to Hammett, but it did chill her efforts to document, as she feared being removed from the premises permanently or even incarcerated. UAMS ordered Hammett to go to the waiting room in progressive on January 21 when they were moving Lynn to SICU. UAMS ordered Hammett to spend late night through early morning in the employee lounge instead of Lynn's room, which kept Hammett from witnessing the neglect of the patient .

Claimants OBJECT as the interrogatory is compound. The claim was amended and the quoted claim made online was difficult to proofread. The description discusses several different distinct events and continuing conduct. There were times when one or more of the criteria were met, but not necessarily all.

Claimants OBJECT as UAMS has the names and contact information for the various staff who saw the nakedness, dry blood or feces and did not correct the violation of Lynn's dignity and hygiene. Claimants did not record each incident or timeframe when these violations occurred, as they were ongoing.

RESPONSE TO INTERROGATORY NO. 18:

Without waiving objections, claimants answer:

Nakedness

January 14 Lynn was naked all the time, so each staff member who had contact failed to clothe Lynn. (production photo Sean no gown day 2; Sean tied to bed day 2 no robe)

January 15 Lynn was naked all the time, so each staff member who had contact failed to clothe Lynn. (Production photo No robe skin irritation from taping Sean; Production photo Hand restraint blood at injection no cloths. I covered Sean for picture)

January 16 Lynn was naked all the time. (Production both CONFIDENTIAL Videos and the non-confidential videos taken 01/16/24. A clip of one of the confidential videos is on YouTube @StopBigBusinessBillionaires and in production clips.)

dried blood on his penis and testicles

January 23 Hammett and staff on duty witnessed (hostile witnesses)

begging to use the toilet and UAMS Workforce told him to use the bedpan and a catheter.

In general, UAMS considered using the toilet a privilege rather than a right.

“Bathroom privileges -KR at 01/19/24 2044” Med. Rec. 4/29/25 at page 1145”

January 23 at about 3 p.m. Hammett and staff on duty witnessed (hostile witnesses)

January 23 at about 5:50 p.m. Sean yells “Mom!...Pull this out...I gotta piss” then we determined, after Sean said “it’s a word” that he meant he has to “poo”. (see

production video accidentally recorded harrowing experience 14 days like this,

starting at approximately 20:43) Hammett did not witness the actual placement of the bedpan this time.

INTERROGATORY NO. 19: With regard to the incident described [in]

Interrogatory No. 17, please explain all actions that Mr. Lynn or Ms. Hammett took as a result of the incident. Specifically, did you complain to anyone at UAMS regarding the incident? If so, please identify the names of each UAMS employee to whom you complained, the date each complaint was made, the manner in which each complaint was made (i.e., by email, phone or in-person), and the result of each complaint.

ANSWER TO INTERROGATORY NO. 19:

OBJECTIONS TO INTERROGATORY NO. 19:

Claimants OBJECT as UAMS is not clear about what “incident” is “the incident”. Is it Mr. Lynn attempting to leave? Or that the employees kept him there? The later makes more sense, as claimants would not complain about Mr. Lynn attempting to leave; they would complain that Mr. Lynn had to attempt and could not just leave. Claimants OBJECT because the language is confusing and contradictory. UAMS asks for “all actions” taken “as a result”, but then specify only complaints to anyone at UAMS. The actions taken as a result of Mr. Lynn’s attempts to leave UAMS did not end with his release. He had to visit health care providers to treat the injuries he sustained during the attempts to leave. Hammett had to drive him and accommodate by putting his complaints in writing. There was a lot of work involved to get assurance that UAMS would not try to take Lynn’s assets under the guise of compensation for purported “treatment”. The complaints made as a result of the employees stopping Lynn from leaving were numerous while at UAMS, but multiplied after leaving. UAMS starts by asking for “all”, then shifts to a more narrow question. A failure on claimants’ part to address the broader question gives UAMS an opportunity to claim that all other actions taken as a result of the thwarted attempt to leave never happened.

Therefore, Claimants OBJECT as the interrogatory is compound and burdensome. All actions taken encompasses just about every movement, every

thought, every word Mr. Lynn made or had for two weeks. And about half of Ms. Hammett's. And then the residual work began, recovering from the injuries sustained while attempting to leave and trying to obtain justice, civilly and criminally. But for the employees keeping Lynn at UAMS, Hammett would have thousands more hours to enjoy life or establish her career writing about law and poker. She would have enough time to proofread and edit Lynn's 14 novels. She would have had more time to spend with her other son, Buddy, and maybe said or done what would have saved his life, too.

Claimants OBJECT as this interrogatory asks who claimants complained to about complaining to employees about being kept against his will. Lynn complained to every person he came in contact with. Hammett complained to every employee she came in contact with. At no time did either claimant say it was nice to be there and they were happy to stay.

Claimants OBJECT as to attorney client privilege. Without waiving that privilege, we will give a general category of what was discussed. Hammett called numerous attorneys to discuss how to get Lynn out of the hospital. Those discussions are privileged. Hammett can say that she is going to be a mighty force for the common person as an attorney, just like she was a top real estate broker in San Diego, because 100% of the attorneys she contacted were not willing to work hard. Hammett completed nine transactions she can think of off the top of her head

where no other Realtor would help the client because the buyer was young, broke, Black, or Hispanic. This may seem to be a bit of a digression. It is relevant for two reasons. It shows why Hammett had to be Lynn's advocate through the many layers of employees who would not allow Lynn to leave. And it emphasizes how rare it is to find professionals who are not motivated by money; the doctors at UAMS were motivated by money.

Had UAMS given Lynn or Hammett the notification required for a 72-hour hold on January 13, 2024, Hammett would demand an attorney be appointed, Lynn would have gone home, and UAMS employees' conduct would not have been allowed to rise to the level of criminality.

RESPONSE TO INTERROGATORY NO. 19:

Several staff told Hammett she was not allowed to video or take pictures. Hammett asked for a policy number or in writing. None was produced. Hammett continued to document. Employees did not call security, as per policy. Apparently the UAMS employees did not want to get law involved, not out of concern for triggering Lynn more, but because they knew what they were doing was unlawful.

Hammett did not purposefully video when Lynn was being battered the worst or in the most distress. She was busy then, trying to console and protect him. But she did film conversations where she was trying to negotiate Lynn's release. On

January 23 at 5:30 p.m. she tried to film a conversation with the male nurse, probably Noah Lloyd, RN, in which she told the nurse that Sean wanted to leave and needed a psych eval if UAMS wanted to keep him against his will. Hammett hit the button wrong and did not record. But when she thought she was hitting the button to stop recording, she accidentally recorded Lynn when he was restrained and trying to leave. The phone was in Hammett's pocket. Listen to production video Accidentally recorded...

On June 11, 2025, Hammett received a response to a FOIA request about UAMS filming policy. Leslie Taylor, MA, Vice Chancellor, Communications and Marketing wrote that there is only one policy relevant to patients or authorized visitors filming in the hospital. In pertinent part: "If a patient is taking photos or videos of staff members and refuses to stop, the healthcare team should attempt to explore the reasons for the photos/video and try to determine if there are concerns about treatment that can be addressed. The Patient Advocate or Patient and Family Centered Care may be consulted for assistance as needed." Production file NR.AD.1.23.

Employees who knew the policy and complied, were told the reasons why Hammett was filming. Hammett told Shannon Cobb, RN why Hammett was trying to record their conversation. Hammett told Nurse Susan why she was recording. It was to show to a lawyer who might help Sean get out. There was no doubt that

Lynn and Hammett had concerns about the mistreatment. UAMS Integrated Clinical Enterprise Nursing Practice manual, Practice Document: Patient Confidentiality, Number NR.AD.1.23 demonstrates that UAMS knows the reason some visitors document visually is concern about treatment. UAMS instructs the nursing staff to explore the reasons for the documentation.

1/13/24 In ER. Sean told two different men at different times that he wanted to leave and they told him to wait, but not why.

Jaliyah Rucker PCT Noted: “asking nurse why can't he leave, kinda confused but understanding. -JR at 01/20/24 1732”

1/21/24 morning Lynn escaped to Lobby – this was clear communication he wanted to leave.

1/24/24 Admitting. I think the representative's name is Letisha. I tried several spellings and could not find her. She is the only employee at UAMS who wholeheartedly agreed that Lynn should be released. (As opposed to D. Micah Hester, PhD, Clinical Ethics Consultation Service who did apologetics for medical providers who broke the law and did more harm to an already injured man, motivated by money.)

Rebekah Davis, RN on 1/24/24 and 1/26/2024 Noted: “Pts mother is at BS. Very belligerent (sic), dissatisfied with care of pt and wants pt discharged to home. States is not paying bill and wants to speak to an advocate for the pt.” (This

conversation was captured on video with this date, Nurse Susan and Rebekah Davis. Listen to it. Hammett is not belligerent. The only time her voice gets slightly agitated is when Ms. Davis lied and Hammett tells her she lied. Laura clearly states “he is going to sue them” if UAMS sends a bill. UAMS sent a bill.

1/24/24 Nurse Susan, see video at 10:10 Nurse: “We need him to be with it 100% of the time so he can leave.”

1/25/24 “Sw spoke with Kristy with pt relations. She reported that pt mother stated she will not be consenting to anything else for pt due to concern for finances. Sw notified Dr. Rezayev of above and stated to him that they are able to pick a surrogate decision maker if they feel like the mother is not making decisions in pt best interest.[AD.1M] Amanda Diehl, LCSW[AD.1T] 1/25/2024 3:41 PM[AD.2T] 501-526-5290[AD.1T]”

1/26/24 Dr. Deloach came in room as Sean, Nurse Jason Patterson and Laura were playing poker. Dr. asked how Sean felt. Sean said, “fine.” Dr. said he was just checking and to keep playing.

Sean asked to talk. He stood up and extended his hand, which the Dr. shook. Sean asked when he could leave.

Dr. said someone would need to care for Sean 24/7. Laura said she and Lisette would provide 24/7 care. Laura said she had nothing planned for a while and would make this her “vacation”.

1/27/24 11:23 a.m. Dr. Elizabeth Brown See video

This is not even close to an exhaustive list of the employees Hammett or Lynn complained to while stuck in UAMS. It is what can be proven with documentation within the time constraints of a reasonable production. Collection is continuing.

In case the timeframe meant by UAMS in the interrogatory included until present, we will give a sampling of who we complained to after Lynn was released, in the hopes of settling our dispute without years of litigation and having appropriate state action against the alleged criminals who falsely imprisoned, assaulted, battered and raped Lynn; falsified documents, gave dishonest services and committed Medicaid fraud.

Patient Relations.

Patient Safety.

DHS.

UAMS PD.

Arkansas Attorney General.

Arkansas State Police.

FBI

Anyone who would listen on YouTube.

Anyone who would listen on wordpress.MonitarilyMotivatedMedicine.com

Anyone who would listen on Court-corrupt.com

A random doctor at the poker table in Tunica who had a similar experience that left him permanently disfigured.

Journalist My Ly at the Arkansas Democrat Gazette

INTERROGATORY NO. 20: Please identify all UAMS employees who you allege told Ms. Hammett that UAMS does not administer opioids to TBI patients. Include in your response the names and contact information for any witnesses who support your allegation.

ANSWER TO INTERROGATORY NO. 20:

RESPONSE TO INTERROGATORY NO. 20:

There was only one UAMS employee who told Hammett that UAMS does not administer opioids to TBI patients.

Witnesses are unknown.

Going beyond the scope of the question, as this may help UAMS determine who the employee was: On January 14, 2024 in room H4, Mr. Lynn was begging and crying to be released from the Velcro restraints and was substituting words with the wrong word, such as calling Hammett “Dad” instead of “Mom”, and was obviously traumatized, pleading for Hammett to help him take off “the locks”.

Hammett asked one medical provider what UAMS gave Sean, because he was

acting like he did when he had a terrible reaction to alcohol when he was a teenager. The provider said they did not give Sean any drugs. Hammett said that if they needed to use something to calm Sean down, that Sean was administered Morphine in a hospital when he was 18 and blew his fingertip off with a firecracker. He did well with it. The provider said, "we never give opioids to TBIs."

Claimants reserve the right to amend this response as additional facts become available through discovery.

INTERROGATORY NO. 21: Please identify where you believe cameras were located at UAMS that should have recorded any incident that you believe should have been preserved during Ms. Lynn's admission to UAMS from January 13, 2024 to January 27, 2024. Include in your response the dates of the alleged incidents, a description of the alleged incidents, the dates on which you asked any UAMS employee about the availability of surveillance videos, the name of each UAMS employee to whom you made such a request, the manner in which you made the request (i.e., by email, telephone or in-person), and the response to each inquiry.

ANSWER TO INTERROGATORY NO. 21:

OBJECTION TO INTERROGATORY NO. 21:

OBJECT as compound and OBJECT as ambiguous. This should be broken down into several interrogatories or subparts. UAMS referred to “Ms. Lynn’s admission”. This may be a typo. UAMS started by inquiring about where claimants believe cameras are, which claimants OBJECT to as speculative. Claimants are asking for a non-speculative answer from UAMS, who have the schematic or blueprints showing where surveillance cameras are placed in the areas where Lynn and Hammett were on the campus. Then in the same sentence UAMS inquired about which incidents claimants believed should have been recorded. The next sentence inquires about the placement of surveillance cameras separated from phrases inquiring about the “incidents”, then adds phrases about “the request” followed by “the incident. There was no request alluded to earlier in the interrogatory. Did UAMS mean “incident” instead of “request”? OBJECT as overbroad. All of Lynn’s pleas to leave, attempts to escape the Velcro restraints, successful or not, all times when Lynn was running down hallways and stairways, when Lynn got into the elevator, all times UAMS put restraints on Lynn or left him strapped to the cot, all times UAMS administered drugs to Lynn, either by mouth or IV, each time medical implements were used on Lynn, each time Hammett spoke to staff, continually on Lynn so as to have evidence of when he was fed or not fed and evidence of all traumatizing conduct, which UAMS calls agitation. Basically, every moment of the

crimes of false imprisonment, assault and battery and the conspiratorial deprivation of rights should have been recorded. Any such evidence that was recorded and subsequently destroyed by any conspirator is an obstruction of justice. Therefore, the entire two weeks of captivity can be referred to as one incident, made up of too many discrete incidents to elaborate upon.

RESPONSE TO INTERROGATORY NO. 21:

Subject to and without waiving our objections, claimants respond:

The consent form signed by Lisette Reyes shown at Med. Rec. 4/29/25 at page 1292 and 1293 says under section 8, Consent to Photographs and Recordings, states, “I understand that PRI and certain patient care areas in the Emergency Department are continuously monitored by video recording for the purpose of clinical care and patient safety.”

Further, Claimants believe there are over 2,000 surveillance cameras on the UAMS campus because that fact was not disputed on the LaShaun McFadden v. Krystal Watson, UAMS Board of Regents, et al case, ARED No. 4:22-cv-00624-KGB which has the same lead counsel as on this case.

Claimants are trying to determine the exact locations by Interrogatories No. 8, 24, and 40 and Request for Production No. 8, have discussed informally the need for a site visit and will formalize that request, have made a FOIA request for

policies that “include[] but [are] not limited to policies that specify where surveillance cameras must be placed and policies that describe how Arkansas Code Annotated § 5-13-29 202 is to be enforced. (Felony to attack a healthcare worker).” Made on June 6, 2025.

Lack of video is either spoliation of evidence or proof that the medical providers never reported any dangerous situation to UAMS PD. (Listen to production files Tyrone Washington Killing Exhibits and see sections of file of ARED No. 4:22-cv-00624-KGB that are in UAMS possession.)

UAMS has the capability for continuous remote patient video monitoring. BP, Brittany Presson, RN, noted, “Consider placing a consult request for Continuous Remote Patient Video Monitoring (CRPVM) -BP at 01/19/24 1957” at Med. Rec. 4/29/25 at pg. 677. UAMS chose not to use that valuable tool.

As UAMS seemed to base its decision to imprison Lynn upon, UAMS claimed Lynn was at risk of harming himself or others. “Attempt(s) to remove/tamper with tubes/lines;Removal of medical equipment;Disoriented/Confused with risk for self harm CR at 01/24/24 0737”. By Christian Rosenbaum, RN, Med. Rec. 4/29/25 at pg. 825. “risk for self harm -JV at 01/23/24 0006” By Julien P. Vinas, RN, id. at pg. 829 and up to 150 other notes in the medical record. It is reasonable for claimants to believe that a sincere concern that Lynn might harm himself or others would lead to the use of CRPVM. Especially because Lynn refused to be hospitalized,

refused chemical medications, refused physical restraints, and refused any and all intrusive procedures. If UAMS believed it had justification to act in contradiction to Lynn's refusal, UAMS should have and would have made a better documentation of its supposed reasoning, including surveillance video.

On January 21, 2024, Hammett had a discussion with the nurse who claims to have lured Lynn back up to the fourth floor from the lobby, by offering him a popsicle. From the Med. Rec. 4/29/25, at page 205-206, it appears the nurse's name is Shannon Cobb. Hammett tried to record the conversation. The nurse ordered her to delete the record. Hammett could not locate the recording while looking for documents responsive to UAMS' RFP. In that discussion, Hammett stated that UAMS was making surveillance videos, and the nurse did not contradict Hammett. Hammett asked for a policy against video recording, and none was given to her by any UAMS staff member. There is no note in the medical record stating any written policy was given to either claimant.

UAMS noted, "Mrs. Hammett was video taping our (She and RN;s) conversation about her son with her Phone without knowledge or consent. Per Charge RN - ADON was notified and Mrs. Hammett was advised that photographs and video taping is not allowed at any time.[SC.1M] Electronically signed by Cobb, Shannon, RN at 1/21/2024 1:25 PM"

Claimants wrote a letter to Patient Relations on February 4, 2024, signed and sent February 6. (production joint plaintiffs or complainants response letter...) Included, “The 72-hour hold was placed surreptitiously. A smirk and wave by the nurse who argued with Laura Hammett on January 21, 2024 and demanded Laura to delete any recording, indicates a level of vindictiveness in the decision.” It is reasonable for claimants to believe that the letter, that also specifies a conversation with Cathy Flores who informed claimants that their complaint would need to be made to the Claims Commission, would cause UAMS to preserve video it had made. Ordering claimants to destroy their own video and not take more video, and destroying any video made by UAMS was obstruction of justice and spoliation of evidence.

On April 23, 2024, Hammett asked Patient Relations or Patient Safety Officer Cathy Flores why surveillance videos were not preserved. (see production video Cathy Flores Patient Safety I asked why surveillance videos were not preserved)

On June 20, 2024, Hammett discussed and followed up by email with UAMS PD Corporal “Detective” Clifton Moore that “the destruction of evidence should qualify as impeding an investigation or obstruction of justice.” (see production email Detective Clifton Moore informing...)

See transcript of call production Corporal Clifton Moore UAMS PD.txt and listen to production video UAMS Police Officer Clifton Moore told me it was not a

crime. Notably, Corporal Moore did not deny “You all had the videos, you had surveillance videos.”

Claimants reserve the right to augment this answer as more responsive information is discovered.

INTERROGATORY NO. 22: Your claim form lists \$276,000.00 as the amount of damages requested in this matter. Please explain in detail how you arrived at \$276,000.00. Include in your response the categories of damages you request and how UAMS is liable for each of those categories of damages.

ANSWER TO INTERROGATORY NO. 22:

OBJECTIONS TO INTERROGATORY NO. 22:

Claimants OBJECT as the interrogatory will be moot. Claimants intend to file a motion for leave to amend after meeting and conferring with UAMS about a stipulation to allow amendment or a settlement. One of the amendments will be to ask for an increased amount of compensation.

Claimants OBJECT to the extent the response is protected by work product privilege.

Claimants OBJECT as the amount of detail required is vague and claimants are not certain if they understand what UAMS means by “how UAMS is liable for

each of those categories of damages”. Our response does not differentiate between how UAMS liability arises for different categories of damages, except that we acknowledge that punitive damages can not be assessed against government agencies.

RESPONSE TO INTERROGATORY NO. 22:

Claimants intend to settle or amend the claim by stipulation or motion.

In retrospect, the amount initially claimed by the Claimants was based on the reasonable but mistaken belief that UAMS would acknowledge liability under theories of negligent supervision and *respondeat superior*. Instead, UAMS has refused to take any disciplinary action against the involved physicians or staff. Despite Claimants’ repeated outreach, UAMS has not initiated any meetings with supervisory personnel. Hammett’s offer for Claimants to collaborate with the UAMS Disabilities Subcommittee was also declined.

Moreover, Claimants have consistently expressed a willingness to engage in informal settlement discussions — beginning just days after Lynn’s release and continuing to the present — yet UAMS has failed to participate. UAMS Police Department has actively stonewalled Claimants, refusing to review the evidence provided. Further, UAMS PD failed to gather more evidence, claiming that even if

what Hammett said is true, there is only civil liability and no criminal conduct, and in doing so, has contributed to the spoliation of critical evidence over time.

Hammett communicated her demand for UAMS to enforce the criminal law several times, including by the email of May 12, 2025 to UAMS counsel:

I also wanted to address one of the interrogatories you served on us, regarding how we calculated the damages we are seeking from UAMS. We will provide our full answer by June 2nd as agreed, but to give you some insight in advance:

- We reviewed jury verdicts in comparable cases,
- We **discounted those amounts significantly—by 90%—** to arrive at what we believe is a reasonable settlement range,
- We recognize that we cannot recover the same damages twice, as we anticipate pursuing claims against individual employees separately,
- We also understand that punitive damages cannot be awarded against a government agency like UAMS.

Our hope was that by offering to settle for far less than the full value of our claims, we might reach a quick and fair resolution. We also assumed that UAMS, in conducting its Rule 11 due diligence, would engage its police department to investigate potential criminal conduct by employees involved in these events. It

appears that has not occurred. [see production file lack of due diligence and UAMS PD investigation]

It is likely that UAMS will ultimately bear the costs of defending the individual employees whom Claimants intend to sue in State Court. The primary difference in total potential damages between suing UAMS directly and suing the individuals lies in punitive damages. While punitive damages are not recoverable against a government agency like UAMS, they are available against individual defendants in their personal capacities when their conduct rises to the level of recklessness, malice, or intentional wrongdoing.

The \$276,000 figure was based on a rough estimate of what claimants believed was a no-contest amount, without punitive damages, divided by 10.

After receiving the more complete set of medical records — along with UAMS's formal answer denying all of Claimants' allegations — it has become clear that the conduct UAMS condones was far more deliberate and unlawful than initially indicated. The earlier, limited medical records UAMS provided in response to multiple requests painted a much less severe picture. The full records now reveal a pattern of purposeful actions that go beyond negligence and raise serious legal and ethical concerns.

Hammett originally believed that Lynn's **right ear** had sustained the primary damage, based on the medical records provided by UAMS, which only referenced the right ear damage and noted the administration of ear drops to that side.

However, Lynn later corrected Hammett, clarifying that it was actually his **left ear** that ultimately became deaf. When Lynn arrived at the UAMS Emergency Department, his **left ear was undamaged** — there was no ossicular disruption or any indication of trauma.

The medical records from that time make no mention of any left ear injury, nor do they document any subsequent trauma inflicted by staff. Had UAMS allowed Lynn to leave on January 13, 2024, he would have had partial hearing loss in the right ear only. It was during the time Lynn was unlawfully detained and physically assaulted by UAMS staff that his left ear was injured, resulting in permanent hearing loss.

UAMS not only caused Lynn's deafness in one ear through physical battery, but also failed to document the injury — suggesting an effort to obscure or conceal the harm they inflicted.

Hammett experienced significant emotional distress as she witnessed Lynn cry, beg, struggle, and be physically battered — all while fearing that the trauma of his detention at UAMS might rekindle his addiction. That fear was compounded by a deeper, more specific concern: that, like a recovering alcoholic who takes a single

drink, something in Lynn's brain might snap — reigniting a craving for the numbness that drugs once provided.

Although Lynn now tells her he is not using, Hammett lives with constant anxiety because she cannot monitor him at all times. The fear that he could relapse — especially after such severe psychological and physical trauma — is ever-present.

After the UAMS ordeal and after the initial claim and first amended claim were filed, Hammett's younger son, Buddy, tragically died of drug toxicity. His death has magnified the emotional impact of what Lynn went through at UAMS. Hammett now experiences intensified guilt, grief, and fear — often replaying moments in her mind with thoughts such as:

- “If I had only been able to spend the time I spent getting Sean out of UAMS on Buddy...”
- “If I had only been more convincing when I asked Buddy to check into a hospital in April 2024, instead of conceding that Sean's hospitalization was a nightmare...”

These overlapping traumas — witnessing Lynn's suffering, fearing his potential relapse, and grieving the subsequent loss of her other son — have compounded Hammett's emotional injuries and are directly tied to the conduct of UAMS.

During Lynn's hospitalization, Hammett never gave informed consent for his continued confinement. Initially, UAMS misled her by attributing Lynn's drugged behavior to his traumatic brain injury (TBI), when in reality, deliriogenic sedatives — medications known to induce confusion and delirium — were being administered without consent.

By the time Hammett discovered that these drugs were being used to chemically restrain Lynn, she had two new problems. UAMS had caused hyponatremia, which increased the risk of seizure; and she understood that simply trying to walk out with him was not a viable option. She feared that doing so could result in violence or even death — as tragically occurred in the case of Tyrone Washington, who was killed by UAMS Police.

Given that danger, Hammett felt forced into the painful position of encouraging Lynn to cooperate with UAMS until she could enlist legal help who would assure Lynn that his medical costs would be paid and he could get the hyponatremia treated elsewhere. UAMS was legally required to appoint an attorney for Lynn once they chose to hold him without consent on January 13, 2024 — but failed to do so. When Hammett was unable to secure legal counsel by January 23, 2024, she continued to try to convince Lynn to stay until January 27, hoping to protect him through other means.

This ordeal damaged the trust and emotional bond between Hammett and Lynn. Some of that strain remains unspoken, but Lynn voiced clear anger and feelings of betrayal during the hospitalization. In video clips produced as evidence — production clips Mom is acting wrong and No consent at UAMS — Lynn is visibly upset with Hammett for not removing his restraints or taking him home. These moments illustrate the emotional toll UAMS's actions took not just on Lynn, but on Hammett and their mother-son relationship as well.

How UAMS is liable for all categories of damages is that UAMS condoned and helped to cover-up the medical providers' false imprisonment, assault and battery of Lynn. Even after being confronted with this claim, UAMS made no effort to do an independent investigation of the criminal conduct happening on campus. UAMS has gone from liability under negligent supervision and Respondeat superior to being an active participant in the conduct. Therefore, Claimants will ask for the percentage of non-punitive damages to be borne by UAMS be reassessed to 90% instead of 10%.

The list of Lynn's damages was developed to more than a reasonable extent in the response to Interrogatory No. 2.

Hammett also sustained damages. Her emotional distress was addressed in the response to Interrogatory No. 3. Hammett had economic damages as well. There were costs associated with driving from home to the hospital and back and other

incidentals. The major damage came because Hammett's January 23, 2024 LSAT score suffered considerably. Hammett was not able to study much from January 14 to January 22. The test, which was already paid for, was January 23. This was the last test date for which Hammett's score would count toward entrance in Fall of 2024. Hammett was able to improve her score back to pre-imprisonment levels and even better – to 162 – in subsequent testing. But Hammett missed her opportunity to enter until Fall 2025. This means Hammett lost one year of a career that is anticipated to be about 10 years. (Hammett hopes to write about law and help common people attain freedom and equity until the end of her life, but Hammett's father quit using his medical expertise for the betterment of others when he was about 75 years old.) UAMS is liable for Hammett's loss of the ability to help others for at least one year. Working to convince the UAMS PD to or other government law enforcement to prosecute the criminals who imprisoned, assaulted, battered and raped Lynn causes Lynn debilitating PTSD symptoms and uses all her intellectual energy, which might result in a further delay of Hammett's legal education.

This case has many parallels with a case that went to jury trial, *Kowalski v. John Hopkins All Children's hospital, et al*, 24 FJVR 1-36, 2023 WL 9475597 (Fla.Cir.Ct.) The jury verdict as reported by Thomson-Reuters on Westlaw is in the production Kowalski. It is used as a template here, not fully converted to the specifics of this case, but to give an idea to compute claimants total, non-punitive

damages based upon a jury verdict for false imprisonment in a hospital, but where physical restraints and chemical restraints were not used as often.

A claim based on Kowalski jury verdict numbers:

(\$5,400,000 - future psychological expenses of Sean Lynn for false imprisonment between January 13 and 27, 2024; \$123,200 – future psychological expenses for Laura Hammett for false imprisonment between January 13 and 27, 2024; \$4,000,000 - future psychological treatment of Sean Lynn for battery occurring from January 13 to 27, 2024; \$8,000,000 - past and future pain and suffering of Sean Lynn for battery occurring from January 13 to 27, 2024; \$500,000 for loss of reputation and feeling of purpose for at least one year delay in licensure to practice law for Laura Hammett; \$8,000,000 - future psychological treatment of Sean Lynn for the violation he suffered being kept naked in front of strangers of all genders and sexual orientation and rape; \$11,000,000 - past and future pain and suffering of Sean Lynn for the violation he suffered being kept naked in front of strangers of all genders and sexual orientation and being raped repeatedly; \$100,000 - past and future medical expenses of Laura Hammett for the violation she suffered observing Sean Lynn be kept naked in front of strangers of all genders and sexual orientation and presumably raped repeatedly; \$1,000,000 – intentional infliction of emotional distress for Sean Lynn for refusal to allow him to have a family member present when UAMS catheterized him three times despite his obvious lack of consent;

\$160,000 for the opportunity cost of resting, relaxing and getting fresh air and exercise while Hammett tried to persuade UAMS to investigate and supervise its employees; \$75,000 for Lynn to pay Hammett for accommodating ADA disabilities to collect and read through the evidence that would be too difficult for Lynn with PTSD and Aphasia, and do the tedious work of composing the collaborative documents; \$550,000 for loss of hearing in the left ear for Sean Lynn.

The State is in the position of deciding its own liability, with only public outrage to encourage a fair resolution. A verdict similar to the Kowalski verdict is never going to happen, even though the facts of Lynn's imprisonment are as outrageous and more disturbing – with more physical harm inflicted.

Therefore, claimants are providing a claim that was resolved against UAMS for its part in a non-consensual brain surgery case that occurred at affiliate Arkansas Children's Hospital. In the claim brought by the parents of Cody Metheny, the doctors who were UAMS employees performed a non-consensual procedure and caused permanent physical damage, along with pain and suffering. The medical providers conspired to and in fact failed to record serious errors in the medical record. This is similar to the non-consensual medication and procedures against Lynn that were painful, caused infection, put Lynn in significantly greater danger of a seizure, exacerbated aphasia and left him 75% deaf, instead of 25%.

The Methenys were awarded \$2 million against UAMS by the Claims Commission, which was affirmed by the General Assembly. That was in 2015. It is reasonable to expect \$2 million total in this case. There was a \$20,000,000 verdict in state court against other parties that was reduced to \$11,000,000.

(Apparently Cody Metheny was eventually able to drive, because there is a traffic violation recorded against him.)

Claimants reserve the right to amend this response as additional facts become available through discovery.

INTERROGATORY NO. 23: Please state how much of the more than \$46,000 bill for Mr. Lynn's hospitalization at UAMS from January 13, 2024 to January 27, 2024 that Mr. Lynn or Ms. Hammett paid.

ANSWER TO INTERROGATORY NO. 23:

OBJECTIONS TO INTERROGATORY NO. 23:

Claimants OBJECT as Vague – The interrogatory does not specify whether insurance payments should be included, making the scope unclear.

Claimants OBJECT as irrelevant and not reasonably calculated to lead to admissible evidence. Lynn's anxiety was caused by the specter of having to pay a

bill. January 18, 3:38 P.M. Emily Gray, CCC-SLP noted: “For example, when provided with a pen and paper, he was unable to read the content and repetitively asked ‘but how much does it cost?’” (Med. Rec. 4/29/25 at page 341) Lynn did not want to comply with Ms. Gray’s demands for him to perform tasks. He communicated in a way that most people of reasonable intelligence would understand to mean he did not want to rack up a bill for Ms. Gray to examine him. Lynn said very clearly, “I don’t want to be broke.” (production clips forced hospitalization) That video was taken after Lynn explained to Hammett lucidly and articulately why he wanted to leave. Hammett was not recording and asked Lynn to repeat it. Lynn has usually worked for slave wages, doing dangerous and dirty jobs, and managed to save enough money to buy six houses and his vehicles with cash. He did not want UAMS to “rob” him. (There is probably more criminal conduct in this. Since UAMS got paid from Medicaid and altered records.)

Further, UAMS anticipated that Lynn would have to pay the charges. UAMS ordered Hammett to cease from documenting with her camera. UAMS says it did not create a video record. UAMS gave three incomplete medical records before giving Med. Rec. 4/29/25 which has 600 more pages and a more robust and better organized record. (Which is still incomplete and inaccurate.) UAMS’ motivation to rack up charges existed regardless of whether the charges were paid by claimants

directly or by Medicaid. Making the amount of the bill, not the amount paid out of claimant's pocket relevant.

Claimants OBJECT to the implication that their time and effort to establish their lack of responsibility for any charges after the ED were of no value. Further, it was more than a slight insult that UAMS sent a bill at all for conduct UAMS knew or should have known was criminal conduct by its employees.

Claimants OBJECT as there were costs paid by Lynn or Hammett to UAMS or caused by UAMS that were paid at time of purchase, such as parking and cafeteria food, and expenses paid to third parties, such as mileage to and fro, and opportunity costs. Claimants did not ask for reimbursement of any of the \$46,000 that they did not pay out-of-pocket.

RESPONSE TO INTERROGATORY NO. 23:

Subject to and without waiving our objections, claimants state that they have paid no money directly to UAMS out of pocket that was included on the bill.

INTERROGATORY NO. 24: Please state all facts that support your belief that Mr. Lynn was poisoned during his hospitalization at UAMS from January 13, 2024 to January 27, 2024? Include in your response the name of the person you

allege poisoned him, what he was poisoned with, how he was poisoned, whether you alerted anyone at UAMS at that time that you believe he was poisoned, and the names and contact information for all witnesses who will support the allegation that he was poisoned.

ANSWER TO INTERROGATORY NO. 24:

OBJECTIONS TO INTERROGATORY NO. 24:

Claimants OBJECT due to the spoliation of evidence by UAMS denying claimants an accurate and complete record from which to draw their answers. All video taken by UAMS has reportedly been destroyed. The written record made by UAMS is inaccurate and incomplete. Significant events witnessed by Hammett are missing from UAMS medical records, such as Lynn in an altered state of mind, naked and bringing his foot up in a lotus position to release the restraint on a hand. The medical record does not have descriptions and details. It is primarily boiler plate, generalized and a video is worth 2,000,000 words. Further, Hammett was told to stop making her own video record of the imprisonment and battery, as well as discussions with UAMS staff. No code or written policy was given to Hammett, but it did chill her efforts to document, as she feared being removed from the premises permanently or even incarcerated. UAMS ordered Hammett to go to the waiting room in progressive on January 21 when they were moving Lynn to SICU.

UAMS ordered Hammett to spend late night through early morning in the employee lounge instead of Lynn's room, which kept Hammett from witnessing the poisoning of the patient overnight.

Claimants OBJECT as answering the interrogatory would be burdensome and duplicative of the record made by UAMS. It asks for a compilation of the drugs used to poison Lynn. That compilation is as easy for UAMS to make as it is for claimants. Probably easier.

Claimants OBJECT as the answer to this interrogatory is redundant with the answer of Interrogatory No. 6, listing of chemical restraints. Chemical restraints are poison.

RESPONSE TO INTERROGATORY NO. 24:

Subject to and without waiving their objections, Claimants state:

Claimants belief that Mr. Lynn was poisoned during his imprisonment at UAMS is based upon observation of his behavior while imprisoned compared to his behavior at home, both before and after the hospitalization. It is also based on the medical and billing records of UAMS. And it is based on the definition of poisoning, legal, common, and by UAMS' own Clery Crime reporting standards.

The Law Dictionary, www.thelawdictionary.org, defines **Poison as:**

In medical jurisprudence. A substance having an inherent deleterious property which renders it, when taken into the system, capable of destroying life. 2 Whart. & S. Med. Jur.

The common definition found at www.merriam-webster.com, as a noun is 1

a

: a substance that through its chemical action usually kills, injures, or impairs an organism

b

(1)

: something destructive or harmful

(2)

: an object of aversion or abhorrence

2

: a substance that inhibits the activity of another substance or the course of a reaction or process

a catalyst poison

and as a verb:

1

a

: to injure or kill with poison

b

: to treat, taint, or impregnate with or as if with poison

(two metaphoric definitions omitted)

Definitions of Clery Crimes that are supposed to be used by UAMS Police Department include a few pertinent words.

“Aggravated assault includes poisoning (date rape drug, etc.)”

“Date Rape Drug Under Clery, the administration of a date rape drug in an unsuccessful attempt to incapacitate and sexually assault the victim, and investigation determines that the perpetrator's attempt was to commit a sex offense, is a sexual assault. Administration of a date rape drug in which intent cannot be proven is an Aggravated Assault.”

The two definitions together show that date rape drugs and similar are poison, and date rape drugs are used to incapacitate.

This leads to two important digressions.

First, it shows the circular reasoning behind UAMS claim that Lynn was incapacitated, and that is why UAMS was not honoring Lynn’s request to stop incapacitating him by the administration of drugs.

Second, being unfamiliar with the Clery Law before the First Amended Claim was written, claimants did not use the proper terminology to describe one of the violations they described: rape.

“**Rape:** the penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim.” Lynn and Hammett claimed that UAMS left feces on Lynn’s penis and Hammett cleaned it off. When UAMS forced Lynn to use a bedpan, instead of his toilet at home or even a toilet in the hospital, UAMS put themselves in the position of penetrating Lynn’s anus, no matter how slight, to wipe the feces off. It is analogous to the government ordering a pretty young girl to undergo a gynecological exam by the person of the government’s choice. Or performing a body cavity search, a constitutional violation allowed only under the narrowest parameters. And lest Dr. Elizabeth Brown, or any UAMS employee protest that Lynn lacked capacity, the definition of **Sex Offenses** is, “Any sexual act directed against another person, without the consent of the victim, *including instances where the victim is incapable of giving consent.*”

By definition, Lynn was poisoned, bound naked to a cot, and raped, repeatedly.

The medical records and billing records conflict in numerous instances. Drugs were billed that UAMS then claimed were not administered and did not document the waste properly. The exact dosage and frequency of poisoning is not required to prevail on a claim of poisoning, nor on criminal charges being brought against each person who participated in the poisoning.

A sample of drugs administered that put Lynn's life in danger or incapacitated him includes this polypharmacy on January 21, 2024:

Dexmedetomidine (3 doses) – an ICU sedative, strong enough to induce deep sleep or near-unconsciousness

Lorazepam (3 doses) – a benzodiazepine that causes heavy drowsiness, confusion, and memory loss

Phenobarbital (5 doses) – a barbiturate with major sedative effects; dangerous when combined with other depressants

Olanzapine (1 dose) – an antipsychotic that flattens emotional response and can cause restlessness or agitation

Quetiapine (4 doses) – another sedating antipsychotic often used for sleep or behavior control

Haloperidol (1 dose) – a powerful antipsychotic commonly used to subdue patients

Divalproex (2 doses) – a mood stabilizer that adds to sedation and slows thinking

Propranolol (4 doses) – a beta blocker that may also cause depression and lethargy, hypotension and bradycardia (UAMS TRIUMF Traumatic Brain Injury Guidelines 2020)

Polyethylene Glycol (1 dose) – PEG causes water to flood into the colon, increasing the risk of dehydration, which can:

- Worsen brain function in a healing brain

- Reduce cerebral perfusion

- Trigger confusion, dizziness, or falls

PEG can also lower sodium or potassium, both of which are crucial for neuronal function and brain healing

Post-TBI patients may have reduced renal or autonomic regulation, making fluid shifts more dangerous

Enoxaparin (6 injections) – blood thinner; increases bleeding risk

That is only one day. There were 14 days of imprisonment and UAMS poisoned Lynn each and every day.

RESPONSES TO REQUESTS FOR PRODUCTION OF DOCUMENTS

REQUEST FOR PRODUCTION NO. 1: Produce copies of all documents, records, communications, correspondence or recordings even if not specifically requested above, but which were used, identified or relied upon to answer, support, or prove in any way your answers to these interrogatories or that support your claim for damages in this action.

OBJECTION TO PRODUCTION NO. 1:

Claimants OBJECT to this request on the grounds that producing *all* documents Claimants may have referred to or relied upon is unduly burdensome, includes materials protected by work product privilege, and often consists of information equally available to UAMS.

By way of example, Hammett dedicated thousands of hours to legal research, case law analysis, watching educational legal content, and engaging in AI-assisted medical research. Every AI-generated insight was based on a thorough review of relevant documents and sources by Hammett directly. The volume and quality of the documentation already provided exceeds what many teams of attorneys typically produce in litigation.

There is ample evidence already submitted to support granting summary judgment in Claimants' favor for the full amount requested. In fact, Claimants anticipate filing a motion for leave to amend their claim to include additional damages and related amendments.

It is also notable that UAMS PD has failed to investigate alleged crimes, demanding Hammett stop emailing evidence. UAMS General Counsel has thus far relied on boilerplate denials to all allegations in the claim and rejected several offers for Hammett to share evidence informally in a settlement conference.

RESPONSE TO PRODUCTION NO. 1

Subject to and without waiving their objections, Hammett is hand delivering a thumb drive to UAMS with about 32 GB of data. Claimants are providing UAMS access to their paper files and opportunity to scan those documents on June 17, 2025. UAMS agrees to produce copies of any scanned files it creates from those paper documents to claimants.

REQUEST FOR PRODUCTION NO. 2: Produce copies of all "documentation and hours of audio and video recording[s]" you reference your Claim Form filed with the Arkansas State Claims Commission on page 2, 8. Explanation of Incident, paragraph 2.

RESPONSE TO PRODUCTION NO. 2

A thumb drive with all the documentation claimants referred to plus more is being hand delivered this day.

REQUEST FOR PRODUCTION NO. 3: For each expert you plan to call as a witness, please provide copies of the following: (a) (b) the current curriculum vitae of the expert; any written report prepared by the expert witness containing his/her opinion and conclusions relating to the matters about which he/she may testify at the hearing; and (c) copies of any underlying data, resource materials, written documents, computer programs or disks, or other materials, produced by or utilized by the expert in reaching his/her conclusion, preparing his/her written report or preparing for his/her testimony at the hearing.

RESPONSE TO PRODUCTION NO. 3

At this time, Claimants do not anticipate the need for an expert witness. This is not a medical malpractice claim, so no statutory requirement for expert testimony applies. The relevant medical records from UAMS and aftercare are straightforward and understandable to Hammett, who has no formal medical

training and a high end of average IQ. Moreover, the medical principles involved are so basic and commonly known that they fall within the scope of judicial notice.

For example, forcibly catheterizing a man who has explicitly instructed staff to stop, who has previously removed IVs and other medical equipment, and who has escaped from the room twice within a 24-hour period, creates a foreseeable risk of harm. Inserting a Foley catheter under such circumstances — especially a second and third time — presents a high likelihood that the patient will again attempt to remove it. This conduct is likely to result in physical injury to a person who is actively trying to resist or flee and should have been anticipated by medical staff. It is not a matter that requires certification as a brain surgeon; it is a matter of common sense.

We reserve the right to hire an expert if UAMS argues that any of our medical conclusions are wrong and we are certain we are right.

REQUEST FOR PRODUCTION NO. 4: If you are claiming lost wages, produce copies of all tax returns for tax years 2015 to 2024 for both Mr. Lynn and Ms. Hammett.

OBJECTIONS TO PRODUCTION NO. 4:

In the event that tax returns are required, nine years is overbroad and irrelevant.

The Internal Revenue Code does not require maintain copies that long. Mr. Lynn's income changed drastically over the years. And Mrs. Hammett was able to retire in 2014 after winning a lawsuit pro se. Her fortunes have changed and she now needs to return to work.

ANSWER TO PRODUCTION NO. 4

Subject to and without waiving our objections, claimants state: Claimants are not asking for lost wages for Lynn. Claimants are not asking for lost wages for Hammett. They are asking for non-economic damages resulting from Lynn's permanent loss of hearing in the left ear and Lynn's delayed or diminished recovery from aphasia, including pain and suffering, emotional distress, and loss of enjoyment of life. They are asking for economic and non-economic losses for the delay in Hammett attending law school. Her past income is irrelevant.

REQUEST FOR PRODUCTION NO. 5: Please sign and return the attached Authorization for Disclosure and Release of Medical Information for both Mr. Lynn and Ms. Hammett.

OBJECTION TO PRODUCTION NO. 5

Claimants OBJECT to disclosing their Social Security Numbers as irrelevant and causing anxiety because UAMS has already attempted to attach Lynn's assets.

ANSWER TO PRODUCTION NO. 5

Subject to and without waiving our objections, Lynn has signed his authorization without the social security number and Hammett will sign hers with a witness from UAMS.

Claimants specifically reserve the right to augment responses to interrogatories and requests for production of documents following review of the information and documents produced in response to claimants' discovery requests, further time to collect answers for the overbroad and burdensome requests or if the compound questions are broken down to non-compound questions in a second set of interrogatories and requests for production served by UAMS.

I, Sean Lynn, declare under penalty of perjury under the laws of the State of Arkansas that the foregoing responses to interrogatories and document production requests are true and correct to the best of my knowledge, information, and belief.

Executed on June 18 at North Little Rock, Arkansas.

/s/ Sean Lynn

(manually signed original available)

Sean Lynn, Pro Se
418 Sierra Madre Drive
North Little Rock, AR 72118
(213) 716-5231
SeanLynnP@yahoo.com

I, Laura Hammett, declare under penalty of perjury under the laws of the State of Arkansas that the foregoing responses to interrogatories and document production requests are true and correct to the best of my knowledge, information, and belief.

Executed on June 17 at Conway, Arkansas.

/s/ Laura Hammett

(manually signed original available)

Laura Hammett, Pro Se
16 Gold Lake Club Rd.
Conway, AR 72032
(760) 966-6000
Bohemian_books@yahoo.com

CERTIFICATE OF SERVICE

I, Laura Hammett, do hereby certify that a copy of the foregoing Claimants' Response to First Set of Interrogatories and Request for Production Propounded by Respondent UAMS has been served on the respondent herein by sending a copy via email on this 17th day of June, 2025, to:

Sherri L. Robinson
Senior Associate General Counsel
University Of Arkansas for Medical Sciences
SLRobinson@uams.edu

Further, a copy was emailed to the Claims Commission in compliance with Rule 8.1.

A thumb drive with the production of documents is being hand delivered to Sherri L. Robinson and the Claims Commission on this same day.

/s/ Laura Hammett (manually signed original available)

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