

IN THE CIRCUIT COURT OF PULASKI, ARKANSAS

SEAN LYNN; and
LAURA HAMMETT

PLAINTIFFS

v.

Case No. 60CV-26-216

BOARD OF TRUSTEES of the UNIVERSITY
of ARKANSAS, in their official capacity;
et al.

DEFENDANTS

PLAINTIFFS' EXHIBIT 1 – Complete Blog Post “Insurance Company v. ChatGPT”

A Higher Law *And the Madness of Our Courts*

January 30, 2026

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Insurance Company v. ChatGPT

We all know AI hallucinates and doesn't get it right sometimes.

But what about Gallagher Insurance-Risk Management consultant Steve Hillis? Is he hallucinating?

We gave ChatGPT an accurate account of a non-consenting patient's medical condition upon entry to the UAMS hospital, during the two-week false imprisonment, and after being allowed to leave AMA. This is how ChatGPT valued the case, for just the patient, not his mother's claims.

Okay — I'll treat this like a **real valuation memo**, not internet bravado. I'll flag assumptions, give **ranges**, and explain **why a defendant would be scared of this case**.

I'm going to assume:

- State hospital / state actor
- No lawful statutory hold
- Clean plaintiff credibility
- Medical records support what you described (this matters a lot)

1. Liability posture (sets the ceiling)

Before numbers: this is **not a close liability case**.

You've got:

- **14-day involuntary confinement**
- **Zero statutory paperwork**
- **No capacity evaluation**
- **Heavy chemical + physical restraints**
- **Severe, permanent injuries**
- **Child visitation denied**
- **Post-release medication choices that quietly concede lack of psychiatric basis**

From a defense perspective, this is **Category A exposure**. The fight is *damage control*, not liability.

That alone pushes valuation up.

2. Damages bucket by bucket (with realistic ranges)

A. Economic damages (conservative but real)

These are not the headline, but they anchor the case.

Past medical costs

- Treatment of hyponatremia
- Urology consults / catheter trauma
- ENT / audiology (75% hearing loss)
- Neurology for seizures
- Imaging, EEGs, follow-ups

Even if some care is “wrapped into” the hospitalization, **incremental damages** matter.

Future medical

- **Lifetime Keppra** (PTE is no joke)
- Neurology follow-up
- Audiology devices / hearing aids
- Possible seizure-related work restrictions

Very rough economic range

☛ **\$150k – \$400k**, depending on life expectancy, insurance offsets, and wage loss

(If there's lost earning capacity due to seizures or hearing loss, this number can spike fast.)

B. Non-economic damages (this is the engine)

1. Loss of liberty (14 days)

Fourteen days is **long** in unlawful detention jurisprudence.

This was not:

- Observation
- Voluntary admission
- Minimal restraint

This was:

- **Locked**
- **Chemically restrained**
- **Physically restrained for 8 days**
- **Unable to communicate effectively due to aphasia + drugs**

Courts treat this as **extreme deprivation**, not a technical violation.

Even conservative juries will see:

“Two weeks in a cage without legal authority.”

Liberty damages alone

☛ **\$250k – \$500k**

And that’s without bodily harm.

2. Physical pain & bodily integrity violations

This is where the case turns from “bad” to “terrifying.”

You have:

- Four-point restraints for days
- Forced fentanyl, benzos, antipsychotics, barbiturates
- Forced catheterization ×3
- Blood in urine
- Hospital-acquired hyponatremia
- Permanent hearing loss
- Seizure disorder beginning months later

Courts and juries **separate**:

- Detention
- Forced treatment
- Permanent injury

This is not “side effects.” This is **repeated invasive control**.

Physical harm + bodily integrity damages

☛ **\$500k – \$1.25M**

If the hearing loss causation is solid and the PTE linkage is medically supported, you are **comfortably in seven figures** here.

3. Emotional distress / humiliation / trauma

This isn't soft distress. It's **structural trauma**.

Key multipliers:

- Aphasia (could not advocate for self)
- Being drugged worsened communication
- Repeated catheter trauma
- Blood in urine
- Child barred from visiting
- Loss of trust in medical care

You do **not** need a PTSD diagnosis for this to land.

Emotional distress range

☛ **\$250k – \$600k**

Juries hate:

- Helplessness
- Power imbalance
- Children being used as leverage or excluded

C. Loss of familial association (minor child)

This is understated but powerful.

An **8-year-old child** barred from visiting a parent who is:

- Alive
- Conscious
- Held without legal process

Courts recognize this under:

- §1983 (Fourteenth Amendment liberty interests)
- Sometimes state constitutional claims

This isn't a derivative afterthought — it's a **separate harm**.

☛ \$100k – \$250k (sometimes more, fact-dependent)

D. Punitive damages (this is the hammer)

This fact pattern screams **reckless indifference**.

Why punitives are live:

- No paperwork (this is not accidental)
- No capacity testing
- Continued restraint over days
- Forced meds inconsistent with discharge prescriptions
- “We do this anyway” institutional behavior

Against **individuals only**, not the state — but that’s enough.

Arkansas punitive law is more defendant-friendly than some states, but **§1983 punitives are federal**, and juries get angry when power is abused this blatantly.

☛ \$250k – \$1M+, depending on jury appetite and how ugly discovery gets

(Defendants will work very hard to settle before this sees daylight.)

3. Global mock valuation (realistic settlement bands)

Conservative settlement posture (risk-discounted)

☛ \$1.2M – \$1.8M

This assumes:

- Defense leans hard on causation disputes
- Plaintiff wants certainty
- Some immunity risk priced in

Mid-range, rational valuation

☛ \$2M – \$3M

This is where most **serious defendants would try to land** to avoid:

- Fee exposure
- Bad precedent
- Public record findings

Verdict exposure (what keeps counsel up at night)

☛ \$4M – \$7M+

Not because juries are wild — but because:

- Permanent injury
- Child involvement
- Systemic abuse
- Zero legal authority

One juror who locks onto *“they never had the right to do this”* changes everything.

4. Attorneys’ fees (don’t ignore this)

In a §1983 case like this:

- Fees can easily hit **\$500k – \$1M+**
- They are **additive**, not capped
- They drive early settlement pressure

Defendants often settle to:

“Control the fee spiral more than the verdict.”

5. The quiet tell that helps the plaintiff

This detail matters more than it seems:

At discharge, sodium tablets and propranolol were prescribed — but not the psych meds.

That reads like:

- Retrospective justification collapsed
- Meds were control tools, not treatment
- Capacity concerns were situational, not genuine

Defense experts hate explaining that.

Bottom line (plain English)

If the facts hold:

- This is **not a nuisance case**
- This is **not a “technical defect”**
- This is **career-defining exposure** for the institution

A sober, experienced defense lawyer would privately tell their client:

“We need this resolved before a jury hears it.”

Here is how Mr. Hillis and the insurance valued it in a letter to the patient: (Scanned and turned into plain text by our good friend, Chat.) [My comments are added in straight parentheses.]

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December 23, 2025

Sean Lynn

[Address]

RE: Sean Lynn

Our File: [File Number]

Insured: The Individual Named Health Care Providers of UAMS

Dates of Incident: January 13–27, 2024

Dear Mr. Lynn:

We have concluded our investigation and review of your claim, which included both internal and external evaluations. These reviews were conducted independently, without knowledge of each other's findings, yet their conclusions aligned consistently. [How many of you believe that UAMS and the "external" evaluators did not have the same bias when investigating?] Additionally, the review involved medical professionals with expertise in treating injuries similar to yours. [But, apparently, no lawyers familiar with the 4th and 14th amendments of the United States Constitution, Ark. Code Ann. § 20-9-604, Ark. Code Ann. § 20-47-201, et seq. and UAMS written patient rights.]

We understand that the communications with our office were written by your mother. For the purposes of this letter, despite appearances and statements to the contrary, we will assume that her communications were made with your approval, even though you are pursuing your claims separately from Mrs. Hammett. We also acknowledge the possibility that you may not have access to qualified expert medical consultants who can address the care provided across various specialties, which will be necessary if litigation is initiated. [No expert testimony is required where the issue is a lack of consent, or a bonehead mistake, as in this case, that is within the jury's comprehension as a matter of common knowledge. Ark. Code Ann. § 16-114-206.]

According to Mrs. Hammett, you dispute the accuracy of the MEMS report, which stated that you fell 35 feet and suggested that your injuries were not as severe as diagnosed by medical providers. [Mr. Lynn was present during the accident. He said he jumped from the 10-foot rung of the ladder that was falling toward a steep slope. The diagnosis was that there was no reason to do surgery and vitals were all well within normal – until Nurse Nathan Ernst injected Mr. Lynn with fentanyl.] Setting aside the MEMS report, you arrived at UAMS as a trauma level II patient [the only criteria that suggested any trauma activation was the inaccurate report by MEMS, not a witness] with fractures, internal bleeding, a closed head injury [the internal bleed was in the closed head injury, so no comma needed between the two, and was stable], and a change in mental status. Even Mrs. Hammett referred to your incident as a "devastating accident" and stated, "my injured son is going to be disabled for life." [Yeah, UAMS hid the triage report for 16 months and lied to me, Mrs. Hammett, claiming Mr. Lynn was acting intoxicated because he fell 35 feet and they gave him no opioids or benzodiazepines. The doctors told me that Mr. Lynn would need months of inpatient therapy.]

The primary goal of the medical team was to stabilize your condition to prevent further deterioration. Various medications were utilized as part of your treatment plan. While internet and AI research can provide helpful insights, the medical record remains the definitive source of information. [Mr. Hillis, once a patient says he wants to treat his injuries by himself at home, and lacking very narrow circumstances that were not documented, the medical team's goals are irrelevant and the medications the UAMS team used were prophylactic and chemical restraints.]

Despite your decision to leave the hospital against medical advice (AMA), it is evident that the UAMS providers were successful in their treatments. [The UAMS providers caused hospital-acquired PTSD, hearing loss, aphasia, hyponatremia, urethral damage, pain from trying to pull loose of the restraints, and changed the odds of Post Traumatic Epilepsy from 20% to 100%.] The medical records indicate that Mrs. Hammett was fully informed of the treatment plans and agreed with the doctors until the end of

your admission, which you and she ended prematurely, against the advice of multiple physicians. [Mr. Steve Hillis is a liar. Despite the fraud committed, I am documented as having several long discussions where I tried to negotiate a safe release (where a UAMS police officer would not shoot Sean or me in the head, as has happened at UAMS), and doctors wrote that they were worried that Sean would “elope” with me.]

Despite the medical challenges posed by your injuries and other non-medical factors [like persistent attempts to escape], the doctors and nurses acted well within the medical standard of care and successfully prevented your condition from worsening. [Liar! His condition did worsen and the standard is to allow a patient to refuse treatment and leave.] Our insured providers adhered to the medical standard of care throughout your treatment. Therefore, on behalf of our insured providers, we must respectfully deny any and all liability that you or Mrs. Hammett believe exists. While the decision to file suit may not rest entirely with you, we have considered the possibility of litigation, and the threat of legal action will not alter this decision.

We extend our best wishes to you and your family this holiday season and in 2026.

Sincerely,

Steve Hillis
Vice President – HealthCare Claims
A.J. Gallagher Risk Management Services LLC
d/b/a Risk Management Resources

Tags: AI valuation of claim against UAMS medical team and the insurance company valuation



About LauraLynnHammett

Regular people like you and I should have access to justice, even if we can't afford an attorney. Judges must stop their cronyism. Attorneys who use abusive tactics against pro se litigants should be disbarred. This site discusses some of the abuses by our legal professionals. It also gives media attention to cases that are fought and sometimes won by the self represented.

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