

January 14, 2021

The Honorable Noel Hillman
United States District Judge
Mitchell H. Cohen
Fourth & Cooper Street
Camden, NJ 08101

Re: Kaul v Federation
20-CV-18853 - K5
Conference for Joint Discovery Plan (D.E. 155)

Dear Judge Hillman,

I write this letter in response to the above letter, submitted by Stewart Leviss, counsel for Defendant Marc Cohen. Mr. Leviss has lied in stating:

“ ... specifically the stay which is in effect with respect to the defendants’ filing of responsive pleadings.”

The Defendants, as the record proves, filed pleadings in the United States District Court for the District of Columbia, and there is NO STAY on the record. With all due respect to Mr. Leviss, if there were a stay, then why is he requesting there be another stay and of course, as it really goes without saying, this Court would not have entered an order for a Joint Discovery Plan if there were a stay.

Judges Vazquez/Dickson are disqualified and the District of New Jersey (Newark) is a Defendant in Kaul v Federation: 21-CV-00060 (United States District Court for the District of Northern Texas). Mr. Leviss, having been involved with ethics panels in the State of New Jersey, is well aware that his lies constitute a violation of R.P.C. 3.3. - Candor Toward the Tribunal. This Court (Camden) now has jurisdiction of this case. The Third Circuit has taken the position that it does not have appellate jurisdiction of K1, as the claims against Defendant Mitchell remain active. The Defendants failed to submit argument by January 7, 2021, as ordered by the Third Circuit, to support their position

that appellate jurisdiction existed. It does not, and thus the Third Circuit remains in a position where it cannot adjudicate the merits of the K1 claims. Regardless of this procedural infirmity, from at least the Defendants' perspective, any Third Circuit adjudication would have no bearing on K5 as the evidential bases of K1 and K5 are different. For example, K5 includes the Defendants activating one of their undoubtedly well-practiced schemes of corruption of federal judges. This fact does not exist in K1.

Please find attached to this letter several recent submissions that evidence a degree of corruption more often seen in South American dictatorships. Not unexpectedly, Defendants DNJ-N continues to fail to publish to the docket this evidence of its crimes.

Finally, there exists a lot of criticism regarding the recent riots in DC. Physical violence, as my Indian countryman, Mahatma Gandhi espoused, is not the answer. He once said, in referencing the Old Testament:

“If we all take an eye for an eye, then we will be blind”

On January 6, 2021, almost seventy million(70,000,000) Americans reacted to a deep sense of frustration that the political/legal/business elites, the American Aristocracy/British Empire if you will, had exploited them for too long, and they reacted, but in an unproductive manner. Mandela, Gandhi, Jesus and Martin Luther King did not lie in their writings, did not engage in bribery/racketeering/kickbacks/perjury/extortion/fraud, but simply told the truth. Mr. Leviss and his cohort should do the same.

From the commencement of The Kaul Cases (February 22, 2016 to January 13, 2021) the Defendants have spent millions of dollars on propagating a lie that they are innocent. If they are so convinced of their innocence, then they should have no issue with presenting the evidence of their innocence in court.

Mr. Leviss will have to answer to the Ethics Committee of the New Jersey Supreme Court. His clients are close to having their clinical privileges revoked at the facilities in which they work. The medical community in New Jersey is distancing itself from Defendants Cohen/Mitchell. And the American justice system is being watched by those countries whom it oversees on issues of judicial corruption.

I recognize that although this letter, other than dismantling Mr. Leviss' argument, has tip-toed into the public's perception of how corrupt lawyers/judges twist the truth to pervert reality, I do respectfully inform this Court that I will be in attendance on January

26, 2021 at the United States District Court for the District of New Jersey (Camden) for the conference regarding the Joint Discovery Plan. My attendance will be recorded and I will submit this evidence to the U.S.C.A. for the Third Circuit and SCOTUS, in support of a petition that all cases in Defendant DNJ-N must be transferred out of that court.

Within the next six months, Defendant Allstate will experience a substantial reduction in market capitalization.

I thank you for your attention to this matter

Yours sincerely

Handwritten signature of Richard Arjun Kaul, consisting of stylized initials 'R' and 'K' followed by a vertical line.

Richard Arjun Kaul, MD

cc: All Counsel of Record

All Parties with a legal or other interest

U.S.C.A. for the Third Circuit

CEOs of the top ten corporate shareholders of Defendant Allstate

Mortimer Buckley, CEO, The Vanguard Group

SCOTUS

Chief Judge Freda Wolfson

Clerk of the Court

January 12, 2021

Honorable Freda Wolfson
Chief Judge
United States District Court
District of New Jersey
50 Walnut Street
Newark, NJ 07102

**Re: Kaul v Federation: 20-CV-18853 - K5
Joint Discovery Plan (D.E. 155)
Remand of K5 to United States District Court for the District of New Jersey
(Camden).**

Dear Chief Judge Wolfson,

Please find submitted a **PROPOSED ORDER** that mandates:

1. K5 be immediately transferred out of Defendant District of New Jersey (“**DNJ-N**”) to the remit of U.S.D.J. Noel Hillman/U.S.M.J. Donio in the United States district Court for the District of New Jersey (Camden).
2. The Defendants immediately confer with Kaul regarding the Court’s order of a Joint Discovery Plan (D.E. 155).
3. The Defendants failure to confer will constitute an admission of Kaul’s claims, and a consent to summary judgment.

K11-1 is docketed in the United States District Court for the Northern District of Texas (3:21-cv-00060). The evidence produced in K1/K5 will be applied in K11-1 for the procurement of summary judgments.

K11-2 will be filed in the United States District Court for the District of Massachusetts and includes Boston Partners.

As stated in the January 11, 2021 letter (copy enclosed):

“Finally, Kaul will seek emergent relief in the Supreme Court of the United States if K5 is not immediately remanded to the District of New Jersey (Camden) and this Court fails to immediately refer the Defendants to the FBI.”

This document was served this morning via Fedex on the Clerk, Judges Vazquez/Dickson and your Honor.

Please also find enclosed a copy of Defendant Heary’s Admission of Fact in K1. All K1 Defendants have admitted to the charges levied in that case.

Please also find enclosed two quotes from the book: **“DEADLY SPIN - AN INSURANCE COMPANY INSIDER SPEAKS OUT ON HOW CORPORATE PR IS KILLING HEALTH CARE AND DECEIVING AMERICANS”** - Wendell Potter - Bloomsbury Press.

“Hanway, who left GIGNA in 2009 at age fifty-seven with a \$111 million retirement package, was a leader in what Yale University political science professor and author Jacob Hacker calls the “personal responsibility crusade” - a euphemism for pushing risks, and costs, formerly borne by institutions onto individual Americans.”

“A few months later, I saw an article in Architectural Digest ... prototypical French Farmhouse ... twenty-four-room mansion ... It was the company’s former chairman and CEO, Wilson Taylor, whose salary in 2000, his last year with the company was twenty-four million dollars-which doesn’t include the additional millions he reaped from stock options and deferred compensation ... that people enrolled in GIGNA’s insurance plans had actually helped pay for that twenty-four-room stone manse ... those people in Wise County [Tennessee] would not have had to stand in line in the rain for hours to get care in animal stalls if so much of the money Americans spend for health care didn’t wind-up in the pockets [read embezzlement] of insurance company executives and their Wall Street Masters.”

The spirit of King Louis XVI might have some sage advice for Defendants Crist/Allstate/Mortimer Buckley et al:

“A hog’s head in a basket, is not worth two snouts in a trough.”

Please also find enclosed a story/press release/propaganda published on January 31, 2015 by Defendants Washburn/NJMG(Fourth Edition), in which Defendant Crist/Allstate do state:

“Patients should be referred for additional treatment and testing only when it is medically necessary.”

Wendell Potter describes how the meaningless term of **“medically necessary”** was coined by a public relations propagandist as a media weapon to deny life-saving care to the American people. Kaul wonders how Defendants Washburn/NJMG now feels having allied herself with killers, and actively furthered their crimes against humanity. History will treat her with no mercy.

I thank you for your attention to this matter.

Yours sincerely

A handwritten signature in black ink, appearing to read 'R. Kaul'.

Richard Arjun Kaul, MD

cc: All Counsel via email.

U.S.C.A. for the Third Circuit.

SCOTUS.

Mortimer Buckley, CEO, The Vanguard Group.

CEOs of the top ten (10) Corporate Shareholders in Defendant Allstate.

PROPOSED ORDER

Based on the evidence/facts/argument/law submitted by Kaul since December 10, 2020, all of which are in my possession, but some of which have not yet been published to the docket, it is hereby ordered on January 12, 2021 that:

1. K5 be immediately transferred out of Defendant District of New Jersey (“**DNJ-N**”) to the remit of U.S.D.J. Noel Hillman/U.S.M.J. Donio in the United States district Court for the District of New Jersey (Camden).
2. The Defendants immediately confer with Kaul regarding the Court’s order of a Joint Discovery Plan (D.E. 155).
3. The Defendants failure to confer will constitute an admission of Kaul’s claims, and a consent to summary judgment.

Dated: January 12, 2021

Chief Judge Freda Wolfson

have extra money to put in a savings account or otherwise meet high deductibles. After about thirty minutes of nonstop questions, he finally said, "Look, you're just going to have to drink the Kool-Aid."

That was the end of the Q&A.

HYPE THIS, HIDE THAT

Knowing that studies on the underinsured like the ones from the Commonwealth Fund and the Center for Studying Health System Change would slow—if not halt—the trend toward consumerism, the big insurers began churning out their own "store-bought studies" to counter reality. As head of corporate PR, I was expected to hype CIGNA's proprietary studies—so from the very first such study, in 2006, our objective was to create the impression that a vast majority of enrollees were saving money and leading healthier lives.

A February 2, 2006, news release we sent out claimed that CIGNA's analysis of 42,200 of the company's first-time users of consumer-driven health plans—who were compared with users of HMO and PPO plans—found that they "generated an 8 percent reduction in medical costs" and "made positive changes in their behavior," such as increasing their use of medications to treat chronic health care conditions.⁵

The release quoted Michael Showalter, CIGNA's head of consumerism, as saying, "These study results show that given greater choice and control, the right incentives and actionable decision support, CIGNA Choice Fund [a consumer-driven plan] members are becoming more involved in their health care and health care decision-making, while not compromising needed care."

This release, however, omitted important information that actually reinforced the studies it was seeking to refute. One thing not revealed in the release was that the CIGNA Choice Fund group was younger than the comparable HMO and PPO groups; another was that the CIGNA Choice Fund group had a 20 to 25 percent lower "illness

burden.” In other words, the CIGNA Choice Fund group was younger and healthier than the older, sicker people who had stayed in their HMOs and PPOs. (In fairness, this information was provided in the appendix to the study, on page 17, deep in the Study Methods section.)

And then, there was this: While the news release claimed that people who switched to a Choice Fund plan realized cost savings “across all categories, with the most pronounced savings occurring among medium and heavy users of care,” a more detailed analysis on page 8 of the study showed that heavy users actually fared worse. A graph on that page showed that the heavy users of care in the Choice Fund plan (those with medical claims of eight thousand dollars or more per year) actually paid *more* out of pocket than if they had been in traditional plans.

Because a business communications staffer had written and disseminated the release (my corporate PR team and I didn’t have to approve all of the business units’ communications), I hadn’t noticed these differences between the study and the news release until after it had been sent out. While this certainly wasn’t the first time in my career that I had seen or been at least partially responsible for the selective disclosure of information to support a particular point of view, it was the first time I became concerned that my colleagues and I might have crossed what for me was an ethical line. I began to think about my days as a reporter, when I’d felt it was my duty to make sure that the stories I wrote were factual and honest. Had I become the antithesis of what I’d tried to be as a journalist?

It was at that moment that I realized how much was at stake with the industry’s transition from managed care to consumerism. The business model based on managed care had failed, and the only way the insurers could continue to meet shareholders’ expectations was to find a new way to avoid paying for health care. The means now available to them was to shift costs to policyholders.

From that point on, I was skeptical of all claims coming out of my industry about the appropriateness of consumer-driven plans for large segments of the population.

As for that news release, while it didn't get much media pickup, I knew it would influence reporters' thinking even if they didn't write about it. And that was part of the objective: to try to get the media to question the findings of studies like the one from the Commonwealth Fund. Not a single reporter called me with questions about the methodology of the CIGNA study or the apparent discrepancies.

I wasn't surprised. With cutbacks in newsrooms, there were fewer reporters covering the health insurance industry than in years past, and the ones who were left were often so busy that they had little time to probe. I was frequently amazed at how little media scrutiny there was of the industry and at how much my colleagues and I could get away with in dealing with reporters. More often than not, they were quite willing to settle for what we fed them, even if it was pabulum.

NO SOLUTION FOR PEOPLE WITH LITTLE SKIN TO SPARE

A few weeks later, I was looking for external studies to bolster the claim being made by the Bush administration and industry executives that the growth of consumer-driven plans would lead to a steady reduction in people without insurance. Instead of finding evidence that it would happen, however, I came across a report written by a highly regarded former financial analyst that completely debunked the notion.⁶ The author, Roberta Goodman, had covered for-profit health insurance companies for Merrill Lynch before starting her own consulting business. She got right to the point: "Consumer-driven health care cannot resolve the problem of the uninsured."

Goodman noted that 65 percent of the uninsured had an income below 200 percent of the federal poverty level. Few of these people would be able to afford the premiums of even a low-cost consumer-driven plan, she said, let alone fund an HSA. She also pointed out another fact: A significant number of Americans lack access to coverage because they are "medically uninsurable," meaning that insurers refuse

to sell them coverage at any price because of preexisting conditions. “Their costs would almost inevitably exceed high-deductible plan maximums, so any plan available to them would require extremely high premiums.”

The sickest 10 percent of the population—including many of the medically uninsurable—generate two thirds of health expenditures in any given year, Goodman wrote. If given a choice of plans, these people would undoubtedly steer clear of consumer-driven ones. “While some [of them] might benefit from early intervention, care management and clinical pathways tools . . . their costs [would] rapidly reach out-of-pocket maximums, and *cost often plays little role in the decisions of those facing critical illness.*” (Emphasis added: Goodman’s point is just common sense. When you’re sick with a critical illness, shopping for a bargain is not a top priority or desire. So much for the theory that big savings can come from people being more prudent “shoppers” of care.)

So, despite the hype from the health insurance industry, consumer-driven plans that shift more of the cost of care to individuals and families are not the silver bullet that will make America’s health care system more efficient and equitable.

Sadly, many consumers who would have been better off remaining in their managed care plans discovered that insurers (and their employers) were starting to raise the premiums of those plans to unaffordable levels or dropping the plans altogether. Consumer-driven plans had become the only option for a growing number of Americans—regardless of their age, health status, or income bracket—by the time health care reform was enacted in March 2010.

FOLLOW YOUR INSURER’S LEAD

To set an example for their corporate customers, a few years ago a number of the big insurers began forcing all of their own employees into high-deductible plans. CIGNA and UnitedHealth Group were among

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Insurer sues former pain doc

BY LINDY WASHBURN
STAFF WRITER | THE RECORD

A North Jersey pain doctor whose medical license was revoked by the state last year now faces a lawsuit from one of the state's largest car insurers.

The Allstate New Jersey Insurance Co. filed suit on Thursday against Richard A. Kaul, seeking \$2.4 million in payments for claims the insurer says were fraudulent. Allstate is also seeking triple damages.

Besides Kaul, seven other doctors and two holding companies were named as defendants by Allstate. The lawsuit was filed in Union County Superior Court on Thursday, said Tracy Owens, an Allstate spokesman.

Kaul, an anesthesiologist, lost his license after the state Board of Medical Examiners found he lacked the training or credentials, to perform spine surgery. Citing his care of 11 patients, the board voted unanimously last February to go beyond the recommendations of an administrative law judge and impose \$300,000 in penalties. Kaul's NJSR Surgery Center in Pompton Lakes and three other businesses he owns have declared bankruptcy.

The Allstate suit claims that Kaul paid kickbacks to other health care providers to refer patients to his surgery center and that he operated on patients when he didn't have the proper credentials to do so.

"Patients should be referred for additional treatment and testing only when it is medically necessary," said Rich Crist, Allstate's president, in a statement. The company's investigations unit aims at kickbacks related to medical care in automobile accidents because it "adds to the cost of every automobile policy of insurance in New Jersey," he said.

Although Kaul said he had not been served with the Allstate lawsuit, he said the insurer has "a policy of not paying doctors' bills."

"Doctors in this state feel that they're being bullied, intimidated, harassed and denied payment by companies like Allstate who feel they can do anything they want without any recourse," he said. "The insurance companies in this state need to be under investigation."

Kaul said he was "in the process of filing a lawsuit against Allstate in federal court" for bad faith in its business dealings with him, but would not name the attorney who would represent him.

"I've been working to get my license back," he said by phone on Friday. He recently published an article on behalf of "Kaul Healthcare Consultants" proposing same-day spine surgery for medical tourists at ambulatory surgery centers to be established in New Delhi; Cartagena, Colombia; and Lagos, Nigeria.

Email: washburn@northjersey.com

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1. January 31, 2015 – Allstate v Kaul – UNN-L-322-15: Defendant Allstate issued a press release/article published in defendant NJMG and written by defendant Washburn, that announced their fraudulent + frivolous lawsuit (Exhibit 1). In response to an enquiry from Defendant Washburn, Kaul stated:

“Doctors in this state feel that they’re being bullied, intimidated, harassed and denied payment by companies like Allstate who feel they can do anything that want without any recourse” he said. The insurance companies in this state need to be under investigation ... Kaul said he was in the process of filing a lawsuit against Allstate in federal court for bad faith business dealings with him, but would not name the attorney who would represent him.”

2. March 18, 2016 – Kaul v Christie – 16-CV-02364: Kaul sent a letter to Andrew Calamari, the Regional Director of the United States Securities + Exchange Commission, that alerted him to the fact that three companies traded on the NYSE, had been named as defendants in this matter (Exhibit 2). Kaul stated:

“The gravity of the allegations and the substantial economic damages demanded is information that should be disclosed to the public, to afford them the opportunity to purchase policies from alternative carriers with a lower risk profile and therefore a lower likelihood of rate increases.”

None of the corporate defendants disclosed the information to the shareholders or the New York Stock Exchange (NYSE), in violation SEC regulations and the law. The lack of disclosure caused an illegal rise in their share prices, and deprived their market competitors of their right to honest competition and constitutes Honest Services Fraud, a crime defined in 18 U.S.C. § 1346 (the federal mail and wire fraud statute). On November 22, 2018 Kaul brought the lawsuit to the attention of Allstate’s top ten corporate shareholders, one of which communicated to Kaul that it has commenced an investigation.

3. May 11, 2017 – Allstate v Kaul – UNN-L-322-15: Kaul sent a letter to special discovery master, Ross Anzaldi, in support of his application for summary judgment against Allstate (Exhibit 3). It details how K2 defendant, Stolz, obstructed Kaul’s access to justice, by conspiring with K1/K2 defendant, Allstate, to refuse Kaul access to the servers, which contained information that Kaul required to in order to answer Allstate’s interrogatories:

“In summary, in late 2016, Allstate procured an order to suppress answers, by misrepresenting to the court that they were not in default of discovery. They were and still are. One of the central issues in this dispute is the fact that the information necessary to provide answers to Allstate’s interrogatories, is not in Kaul’s possession, but is located on the NJSR servers that were seized by the trustee in July 2014 ... Kaul informed Grispin that he had attempted to obtain the information from the trustee ...the trustee refused to accept the letter, and returned it to Kul (exhibit 1). The trustee’s attorney, Daniel Stolz, has misrepresented to the court in Santos v Kaul that “To my knowledge, Dr. Kaul has not