

IN THE SUPREME COURT OF OHIO

Supreme Court Case No. 2012-0775

**MARY J. HUEBENER RAICHYK,
PH.D., PERSONAL REPRESENTATIVE
OF E. MICHAEL RAICHYK,
DECEASED, and MYA LEE RAICHYK, and
MJH RAICHYK
Plaintiffs-Appellants, Pro Se**

Appeal from the Twelfth District Court of
Appeals, Brown County
Court of Appeals Case No. 2011-11-025
Trial Case No. CV 20110399

v.

**SHABBIR SABIR, M.D., et al
Defendants-Appellees.**

**MOTION TO STRIKE
MEMORANDUM IN OPPOSITION TO JURISDICTION
ON BEHALF OF DEFENDANT-APPELLEES, MERCY HOSPITAL CLERMONT,
DONNA L. PROCTOR, R.N., AND MELODY A. HAMILTON, R.N.**

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CORRECTIONS TO ERRORS IN APPELLEES' LAWYERS' "STATEMENT OF THE CASE"

The base events transpiring May 5th 2010, proceeded for three weeks in the ICU with my beautiful son, struggling to survive and nearly succeeding, and ended on May 23rd in unending sorrow. Despite the Hospital's failure to properly discipline their staff, allowing the last perpetrator to withhold his notes and block access to the records for over 6 months, these Plaintiffs-Appellants went ahead in filing a record of assault and battery, fraud, intent to harm for racial animosity motives and other hostilities. The claim for justice went in Brown County Common Pleas Court on April 29th, 2011, well within the timeframe for a criminal tort called Wrongful Death, and that claim – here being discussed -- was so titled.

It was not a medical claim in the opinion of the victimized Plaintiffs and therefore did not require separate affidavits of medical experts, or any other experts in forensics either at that point. Hence these Plaintiffs-Appellants shall not allow the current Appellees' lawyers demand that **their** opinion identifies this case as medical be unchallenged, nor be improperly granted as a cheap, sleight-of-hand trick by the Defendants-Appellees' lawyers with their smooth tactic in their "*Statement of the Case*". Wherein it's claimed – as if agreeable based on principle – that the case stated was 'medical' as if it were a factual statement, instead of admitting that precise issue was the basis for the Plaintiffs-Appellants' filing of the Appeal Court Case 2011-11-025, except said issue was never heard. No briefs. No consideration. It was not allowed to be heard because of the other lawyer cheap trick of denying these Plaintiffs-Appellants their rights to proceed Pro Se. The case was stated originally as forensic and not as medical because forensic was appropriate to the history in the Affidavit. Hence there was no need for Civ. R. 10(D)(2) and its diversions from fact-finding in the racial hatred, grossly sexual and animosity-driven nature of the criminal tort, which usual fact-finding unfortunately was, and would be, unable to be handled in criminal court for obvious reasons when the testimony of the victim can no

longer be first person.

Forensic expertise and evidence is the appropriate affidavit for criminal records analysis, unlike medical experts' inability to see through clues about lies and criminality. An MD who is a killer – like M. Swango, M.D. -- knows exactly what should be in the record and would not put down there what he really did, making experts on medical records are USELESS and diverting Justice from being reachable. Forensic expert affidavits are, however, not required at filing time, hence a forensics case such as these Plaintiffs have filed is acceptable by the Court as forensic without any experts other than witness accounts. The Trial Court invalidly demanded us to have 'medical' affidavits but only at the insistence of the Defendants-Appellees' lawyers which makes it unreasonable to allow the cheap trick of the Defendants-Appellants' lawyers pretending that the 'medicalness' is 'factual' and proceed onto demanding expert rules that're rigged for failure because those experts are inappropriate to the crime. The Appeal was filed in Nov 2011 to challenge the precise issue that was pivotal in the Trial Court decision. Before any issues were briefed in that Appeal, those same rigging lawyers did apply invalid case law against these Plaintiffs-Appellants' status Pro Se. The anti-Pro Se trick had fallen flat in Trial Court but at the Appeal Court, they were almost immediately successful with only a delay while the Appellate Judges used their Cinderella strategy and demanded more lawyers be involved, which demand – even though shown impossible in their restricted window – then derailed Justice again in March 2012. The case *sub judice* was then filed in this Court on May 3rd 2012 and is now being disputed and, in this document, supported in this Motion to Strike that disputing “*Memorandum in Opposition on behalf of Defendants-Appellees, Mercy Hospital Clermont, etc*”, docketed May 31st.

MOTION TO STRIKE THE CURRENT OPPOSITION TO JURISDICTION

- A. Defendants-Appellees' lawyers have no case law that matches the case *sub judice*, yet they persist in drawing conclusions from their inappropriate matching.**

The only representative of the supposedly 'well-settled' case law cited as being relevant to this case, and

actually falsely claimed to be 'on point' was the case titled Williams v Griffith where the next of kin include young children, who are by definition unable to stand Pro Se, whether in that case or any other. Someone would have to stand for them, as 'other', not as 'self'. Hence, in those child-encumbered cases there may be cautious attention given to safe-guarding their interests in such complicated longterm consequences as wrongful death. That's not the situation in this case *sub judice*, and has been so pointed out, yet the inappropriate application is repeated and expected to stand in this Court as well after having fooled the Appeal Court, despite not being a decent parallel or match-on-points. Hence the Hospital attorney's conclusions are not supported, any more than the conclusions of the Sabir/Beck attorney's conclusion. Thus each of the attorneys' demands to be believed as proof of lack of jurisdiction should be stricken, not swallowed, from this Appeal consideration by this Court.

The attorney's faulty conclusions are thereby dissolved, whether in her use of the Williams v Griffith that permeate the Hospital's attorney's attempt to respond to these Plaintiffs-Appellants' Propositions of Law, or in the legendary Opposition to Jurisdiction. Without a valid case law example, the whole argument is a nullity. Quite apparently, we have challenged the attorneys', one and all, to produce a proper basis for their claim of unauthorized practice of law when all plaintiffs were kin who were capable of standing Pro Se and all kin were the entire group of plaintiffs. We are entitled to stand until and unless there is a valid logical basis. And these kin want justice as miserable as that will be.

And lastly, in the footnote 9, the Hospital's lawyer has stepped wholly out of bounds on truth again in her claim that the original complaint "was dismissed, in part, due to the determination that her representation of the decedents' estate constituted the unauthorized practice of law". That is a total fabrication and misrepresentation of the actual Common Pleas Court's attitude. At the initial hearing, for which there is a transcript already prepared, the Defendants-Appellees' (Bhaskar, with already a few other wrongful death charges against him in Brown and Clermont counties) lawyer made the pitch to the Magistrate that he, the lawyer, felt that he should warn us that we were practicing law without a license, and warned the Magistrate that he, the lawyer, wasn't as forcibly wanting to harm us as we

might have thought, yet he was fairly forceful in his ominous delivery, with his statement to the Magistrate that a dismissal was mandated and assertions about whether the overseeing Judge 'would be hearing this'. Yet the Magistrate simply said if the Plaintiff "indicates that she wants to proceed, then we will. We will proceed." And later after the Magistrate's decision (Aug 2011), when there was the back-and-forth after the first decision (with a time allowance for disputes), that same lawyer, made another attempt to interject that same argument, this time formally as a Motion with citations of the definition. However ORC 4705.07 dedicates the Supreme Court as the rightful venue for such arguments among the lawyers, after Bar Association involvement, which these Plaintiffs-Appellants did point out to the Judge's attention. After this back-and-forth, the Judge, overseeing the Magistrate's difficulties, made his decision and stated that the idea was the 'medical' difficulty, with no mention of concern at all about practicing law without a license, ever. Therefore the original complaint could not have been dismissed in part over the so-called claim of 'unauthorized practice of law'. Hence the Hospital's lawyer has terribly abused her own fact-finding responsibility before this esteemed Court, and we'd request be disqualified from ever acting without oversight. To be specific, the Judge's ruling states, in pertinent part:

"The Court adopts the Defendants' proposed findings of fact and conclusions of law as part of this decision. Plaintiff's complaint against all defendants is dismissed, without prejudice, at Plaintiff's costs."

And the jointly submitted Defendants' lawyers' *Proposed Findings of Fact and Conclusions of Law* never once mentions any point related to unauthorized practice of law and conclusively their vaunted 6 conclusions of law reveal the perfidy in the oppositions' bragging footnote. Namely, the first 1-2 are about the "definition of a medical claim" and 3-6 are specifically about "Civ. R. 10(D)(2)". Hence the Brown County Court of Common Pleas did NOT ever satisfy the Defendants-Appellants' lawyers' claim to veneration by the Common Pleas Court of the validity of perpetration of the unauthorized practice of law as being part of the court's decision. Honesty would strike that claim in Footnote 9 and

suitably frown on the claimed fact-finding abilities of the attorneys against this case *sub judice*.

B. The Defendants-Appellees' lawyers repeat their blindspot on who exactly is pursuing the case *sub judice*, simply contradicting the statements of the Plaintiffs-Appellants as to who they – the Plaintiffs – are and whom they represent, ignoring that they – the Plaintiffs – would be the authority on knowing who the Plaintiffs are, not their opponents' lawyers with vested interests in misinterpretation

In the current perspective of the legal profession, there seems to be a propensity to create 'entities' which they then dignify as having human rights. In this corporatized viewpoint, the lawyers in this dispute have quietly attempted to make an entity out of my son's ownership ideas, which ownership was reliably established in our family tradition as joint tenancy with rights of survivorship, patiently undoing 'estate' ideas. Under those rules, the whole concept of an 'entity' called an 'estate' is basically a nullity. These Plaintiffs-Appellants are here standing Pro Se, for their own role in seeking justice for our wronged Michael. We are all victimized by the criminals in this case, and when this issue of who are the Plaintiffs was raised, we have made our list stated clearly, though not necessarily in the beginning since we have the models in our county and our reading, neither of which is focused on complicated groups of Plaintiffs other than the recent episode of our own green technology dispute, which we shall describe shortly.

As for the complaint that the original documents had merely listed the Personal Representative, these Plaintiffs-Appellants have pointed out that such key persons are designated as having some responsibility to be the speaker for the aggrieved DECEDENT, not the Estate. The grievance was clearly described in the Affidavit for the original case, as being racial hatred motivated assault and battery, gross sexual abuse, and fraud, all of which are criminal in intent and require forensic fact finding. Personal grievances as the cause of death. Hence the grievance to be concerned with is a grievance of the person, not the Estate, because religiously that is what these Plaintiffs are really intending to accomplish. As the Court will see in a moment. But first we must see the whole picture of

who these Plaintiffs really are and what they must defend against in the claims of the Defendants-Appellees, who persist in misunderstanding the importance of reading the Notice of Appeal and the Civil Docket as filed, as well as resisting the urge to skip reading the Plaintiffs-Appellants' filings in the lawyers' knee-jerk cookie-cutter servicing and resisting ever noting who is in attendance and is involved in hearings.

In the claims of the Defendants-Appellees, their winding-down arguments have patiently misrepresented the situation 'of discovery' as being one of 'adding' people not actually in the Plaintiffs originally. As these Plaintiffs-Appellants have noted in other cases, the title of the case is not necessarily a thorough indication of the list of adversaries, though maybe it should be. It simply is not that way in Brown County's Court proceedings. In the green technology dispute that we have been recently party to in Brown County's Common Pleas Court, the other party was listed as 'THE STATE OF OHIO' which wasn't the truth at all, and was cleared up 'in Discovery' when we filed a Motion for Clarification, which (when heard) showed that the state was not a party to the claim at all and hence countersuits did not require involvement at the Court of Claims. Hence it is not uncommon in Brown County's Court of Common Pleas, as we have seen in their other similar disputes where a similar key party was listed, and was not even among the actual parties, according to what we were told later when we questioned this practice. Hence in Brown County, the lawyers have the obligation on their own heads 'in Discovery' to ascertain the actual parties as well as fact-finding other vague phrases in complaining memoranda.

As for whether Mya Lee Raichyk was an active partner in these cases, that was falsely denied in the footnote 2 in the Hospital Lawyers' *Memorandum in Opposition to Jurisdiction, etc.* as well as in the subsequent discussion. Mya Lee Raichyk, was at the Plaintiff's Table at the first and only hearing in Brown County's Courtroom. She has had an active role in the editing of the family's filings, with the exception of the Affidavit which was only the responsibility of the Personal Representative of the Decedent. She has handled the paperwork of printing documents, has participated in the act of filing,

shouldered a share of the funding and has actively pursued this case at each and every step of the way. The only religiously requireable agitation from the Plaintiffs-Appellants viewpoint over the significance of Mya Lee Raichyk's role in these activities has come from the Hearing date when it became clear that “some” in the room were rather abruptly dismissing her involvement. She is and has always been an active party in this case seeking Justice for our family member, whose legendary shoes are the responsibility of his mother.

This is not unknowable, as we have seen in the current *Memorandum in Opposition to Jurisdiction* by the Hospital's lawyer, who has at least registered the knowable structure of this group of Plaintiffs in their incredulous statement that “Plaintiff-Appellant seems to argue that this case does not involve an “estate” but rather the rights of the decedent, Michael Raichyk, in whose shoes his mother stands, as well as the rights of the decedent's mother and sister, both of whom are represented as Plaintiffs in this litigation.” The estate has been closed and negotiations had been initiated with the hospital CEO, Gayle Heintzleman, and some progress appears to have possibly been made (though undeniably it may simply be a subterfuge to hide their ignominious complicity) but the lawyers seem to have gotten in the way of further proper progress on ELIMINATING THE CAUSES of this tragedy, as was stated in nearly each complaining Plaintiffs' document as needed for the Decedent's ability to rest. MONEY IN THE ESTATE IS NOT THE GOAL, though the sizing of what retributory resources should be demanded for that elimination project is guided by law, as interpreted by these justice-seeking Plaintiffs'. Money of no amount will ever match the loss.

C. The Defendants-Appellees' lawyers repeat their monolithic-interpretation of the bi-partite definition of 'medical' with their intent to defeat justice in the case *sub judice* wherein cases -- like the M. Swango, MD case -- would be defeated in fact-finding and fail to arrive at justice using the lawyers' insistence on ignoring the bi-partite nature of the definition of 'medical' and instead playing their medical expertise games with criminally falsified medically-recorded facts.

In both the Opposition to Jurisdiction section and in the winding-down claiming (“Even if Plaintiff-Appellant

was Permitted to Proceed...Affidavit of Merit...”), the Hospital's lawyer insists that this is a medical case.

In the case of the oppositions' 'jurisdiction' dispute, the logic in the lawyer's arguing doesn't make use of the medicalness claim as a logical step toward justifying the lawyer's reasoning for a conclusion that is opposed to jurisdiction. Only as a parenthetical disparagement of these Plaintiffs-Appellants' credibility as decent logical practitioners. That strategy uses the medicalness idea to merely repeat the lawyer's cheap trick of being controllably removable as necessary since the lawyer was now claiming that these Plaintiffs-Appellants had slipped up in the arguing about market demand for medical malpractice lawyers and that in the lawyer's opinion, these Plaintiffs-Appellants' statement “admits that the basis of” these Plaintiffs-Appellants' “underlying lawsuit is, in fact, medical in nature”. Which false parenthetical claim is without merit as it only displays that lawyer's guaranteeable “lack” of understanding of supply and demand. The reality, that any market savvy individual would recognize in these Plaintiffs-Appellants' statement, is that these Plaintiffs-Appellants' lawsuit over criminal actions leading to wrongful death in a hospital, must COMPETE FOR available Wrongful Death/Injury lawyers' services when there is a massively growing abundance of patently lawyer-easy-and-lucrative cookie-cutter lawsuits in which either their Plaintiff has agreed to reduce their grievance ideas to malpractice in order to get servicing or in which the Plaintiff agrees that there was a medical error as the basis. The competition for scarce resources is no guarantee that this current case itself fits into the medical category and that is why the lawyers' “lack of understanding” of the lawyers' TRADE AND MARKET is so questionable as an honest misunderstanding, ever.

That this “misunderstanding” is allowable in the courtroom as is claimed by these lawyers to be the 'rule' which the lawyers justify as legal, if not logical, because, in their advocated opinion, the Supreme Court supports their interpretation of the law's definition of a “medical case” to be something validly MONOLITHIC. Which monolithic-interpretation patently falsifies the reality that is seen in the actual, quoted wording of ORC 2305.113(E)(3) as it was stated in the second and only other cited-use of medicalness in the current document to be stricken. The sole way that the lawyer makes use of the medicalness claim in their arguing of the winding-down claim, seeking dismissal, is that the medical privileges were still seeable as unafforded by these Plaintiffs-Appellants and so the case, *sub judice*, should be dismissable. All the while making those demands as if they were being logical while in fact they ignored and never revealed the Appeal-challengeable, slipshod logic that

allows the definition to be failed (when in actuality the second pre-condition is not satisfied) but allows the thereby defectively based Civ R. 10(D)(2) privileges and rules to be applied anyway. All to the detriment of these Plaintiffs-Appellants whose challenge against this slipshod logic was derailed in the Appeal Court with the lawyers unrelatable demand that we hire a lawyer who would be expected to be as ill-logical as was needed for them to escape these Plaintiffs-Appellants' challenge, whose evidence shows the total criminality of the lawyers' clients does not satisfying the second pre-condition. Even the Pro-Se's arguing has demonstrated that the privileged rules allow criminals to escape when the second pre-condition is not satisfied. In essence, the lawyers are again cheaply dodging the Plaintiffs-Appellants right to challenge the lawyers' monolithic-induced-myth as being just faulty logic via the Appeal Court process. Instead the lawyers pretend that they have a high-quality logical argument that pretends it could establish the fact-finding needed to show the case met all the pre-conditions of the law for drawing the conclusion, when in fact they have not established all the pre-conditions needed in the case, yet are demanding that the conclusion be honored. All without decently facing the Appeal court arguing over the need for the second pre-condition in forensic cases against MDs, etc.

To repeat for clarity that lawyer-mangled definition's quote in order to add the emphasis where it's needed, on logical analysis:

“Medical Claim” means any claim that is asserted in any civil action against a physician, podiatrist, hospital, home, or residential facility, against any employee or agent of a physician, podiatrist, hospital, home, or residential facility, or against a licensed practical nurse, registered nurse, advanced practice nurse, physical therapist, physician assistant, emergency medical technician-basic, emergency medical technician-intermediate, or emergency medical technician-paramedic, and that arises out of the medical diagnosis, care or treatment of any person.

At least there has been no dispute among the lawyers about the bi-partite nature of the stream of words in the law. There are TWO required conditions that must satisfied. The idea that the actual words are disallowed from being applied in some rational way is playing out in the lawyer's hearing room statements as if the Supreme Court has instructed that only insistence on the first condition of the statement is required to qualify for Civ R. 10(D)(2) privileges in a law court, or even the idea that the Ohio Supreme Court has mandated this obvious violation of logic and fact-finding requirement in interpreting a law. The second part of the law wasn't included

in lawyer thinking or was deemed to be automatically satisfied if the first pre-condition was met – as if the law makers just liked to hear themselves talk so they put in more words -- just so the second pre-condition could be disallowed from consideration if and when it was challenged as not met.

In confrontations over this issue, their confusion has been their embarrassment and pleasure that such arcane knowledge was what only REAL lawyers would understand. Unreliably, as a mathematician, this is rather amended – not as REAL prowess – but as an act of desperation to defend an illogical belief. They're saying that in fact they do see two, but only apply one, the other can be designated as unneeded, and interpretable in various ways. Yet that silencing of the second part manifests an extreme disrespect for the Law as written, and – in logical analysis – further results in criminals being granted high privileged protection. Like they're bonafide caring individuals deserving of privileges when they're not, exactly the opposite of what that second pre-condition was intended to accomplish. Someone of the Swango-type MD would be enabled to escape justice, just because the records would have not included what was actually done to the victim by the criminal, which then leaves nothing of what really happened in the crime for the “opinions of merit by medical experts” to go on.

Furthermore there are mind exercises – and we shall list a few momentarily – that reveal the intractable ideas that such monolithic/violative interpretations would wrongly enable.

However, before hypothetical and historical forensic considerations, these Plaintiffs-Appellants would acknowledge that this case *sub judice* is a key example of how such genuinely unearned 'medical' privileges have enabled the Defendants-Appellees' lawyers to derail proper consideration of evidence of crime scene realities. The potency of such privileges to demand dismissal of the case -- for the absence of authorities working on medical records where the actual criminal would have been protecting his own trail with lies in the record, making authorities' medical opinions useless as well as worse than impotent – has instead allowed the Defendants-Appellees' lawyers to remove from consideration by a judge, all the evidence, including:

- evidence of the behavior of the accuseds
- evidence of the malice against the racial group in our area that was boldly – without fear of needing caution in overseeing staff's ideas against racial disparagement – entered in as a general comment
- evidence that the lead Plaintiff was clearly making knowable at the hearing as forthcoming at least as

a glimmering of the proximate near-death testimony of her son, which would be allowable in the actual court trial in spite of usual hearsay rules, now completely silenced, making the Decedent's right to rest unavailable.

In order to defeat this glimmering evidence, these otherwise important things called evidence were dismissively considered to be secondary to the vaunted Supreme Court supposed approval of a truncated law definition's interpretation that invalidly implied privileged protective rules for their accused clients, so as to preclude subjecting the accuseds to examination and questioning before a jury in Brown County where the tragedy began. With this truncated law approval by the Supreme Court, the lawyers can play cheap escape games for their professional clients.

Hence this case *sub judice* needs to be seen by This Court. What supposedly validated important things, such as existing evidence of criminality, are being swept out of sight by defendant lawyers in those lawyers' employment-serving mis-use of the Supreme Court's supposed dismissal of logic and fact-finding and in favor of a truncated law definition? All with its contribution to the unending sorrow of the public and to the resulting up-trend in more cases of supposed "medical malfeasance" with even more such cases coming. And even more failures in arriving at justice for those who brave that test of endurance through the lengthy, miserable regaling process, besmirched as greedy in political battles and diminished by hostile experts with no compassion for victims when those experts, under the direction of their paying lawyers are casting horrifying shadows on the beloved with no justification, only the lies of racial hatred surviving.

In order to clarify these assertions, it will take Your Honors' ideas through a journey to religiously consider the importance of Your Honors' own decision to OK the truncated definition's violation of the inferable intent of the full bipartite logic with its emphasis on hippocratic ideas of caring, as well as through the wrong application of the truncated version to a Swango-type hospital scenario case, such as the case *sub judice*. Among the steps in such a journey, there would be mind exercises that would include many different ideas, such as:

-- forensic specialists, such as criminologist K. Quinet of Purdue University estimate that possibly 1,000 patients a year are killed in America by serial killers inside the healthcare industry. Clearly, some oversight and enforcement mechanisms do frequently fail to prosecute soon enough, in spite of warnings and suspicions by others. Other estimates of medical malpractice, claim that nearly half the iatrogenic deaths are caused by as few as 5% of the MDs. Clearly some malpractice enforcement mechanisms do frequently fail to

prosecute successfully.

-- K. Ramsland, forensic psychologist and author of *Inside the Minds of Healthcare Serial Killers*, concluded that cases showed that murdering physicians were motivated to feel a sense of power over a patient, and further that need for power was instigated by their own personal troubles. Hence, given the current economic climate with its implications for frequent personal troubles, the frequency of nurses and physicians and orderlies etc taking their anger out on patients may already account for the change to up-trending predicted and seen massively reaching 2011's case load. In the case *sub judice* there's the possibility that Bhaskar was acting with malice towards the lead Plaintiff because the lead Plaintiff had questioned his judgment and meanwhile, outside that confrontation was the ongoing case against him in Clermont County's Court for malpractice, the second against him that we have come across to date. That case was not going well for Bhaskar. Although the hospital withheld the identity of the MD who was refusing to complete his paperwork for the Decedent's patient records to become releasable which would, and did, preclude these Plaintiffs from having access to patient records for over six months (far more than legally allowed for court needed medical records for crimes that have statutory limits, limits that an MD with a history of repeated malpractice deaths would know quite fully the significance of such a delay) til we gave up on that agenda for that time period in order to supply the hospital with its own recommendation for change. Which happened to be monetary and was included in the Common Pleas charges. Following which, that hospital made some changes, but now we see the hospital is still renegeing on recognizing their own complicity in the existence of MDs on staff with racial malice toward patients with different ideas than the racial background and indoctrination that goes with some ethnic groups with political aggravations in current U.S. Military activities with blowback potential on our own soil. Hence we are designating that idea as our own goal in deciding whether the Hospital has changed their servicing to favor patient surviving, not just within their own premises, still in need, but to ensure other hospitals, like Lima, are aware of the individuals being censured and fired. That goal of spreading awareness of censures and firings for lethal hazards was attempted in NJ after the legendary confession to 29 murders by the captured nurse, Charles Cullen in NJ and PA, where they sought to form a central registry of such disciplinary cases, because these individuals just move to other hospitals after being fired or censured.

And should registry not be feasible since NJ's Senators also failed to complete such a national registry,

then it is massively preferred that the racially motivated cases be circulated to every hospital and nursing home and place of medical employment, as was finally done in the M. Swango, MD case, after 60 murders, when some administrator took his own office's handiwork abilities and guaranteed there was no other patient going to be subjected to Swango's evil killing sprees, and Swango's isolation was accomplished by the Administrator himself broadcasting a notice to every such employment site in his professional index.

In the case's remaining history of the so-far-unmentioned Defendant-Appellee, D. Beck, MD, whose animosity was the cause of further imposing suffering on our beloved in Beck's threat and denial of cod liver oil, as if denial of cod liver oil were "standard of practice" though – if true – there is an unknowable collaboration by a potential John Doe in the possible insurers' industry with a challengeable 'drug formulary' that is defective. Irresponsible adoption of such a knowable defective formulary defines a basis for arguing. Since strongly held religious beliefs have been supported in the Courtroom with appropriate authority to be implementable in the hospitals and accessible and technically beneficial to those who hold those ideas, then these Plaintiffs-Appellants would seek such justice as was implementable in those cases, as appropriate for the orthomolecular and hyperbaric medicine options that would have been available to everyone with the current evidence of research based hippocratic progress. And Victims should be able to designate their mandated financial compensatory awards, now calculable under the law's approval in common practice, to support mandated, hospital-agreed efforts to remedy horrible pitfalls identifiable in the Affidavit and other testimony and evidence that denied decent, knowable life-saving servicing to our patient in need.

-- M. Swango, MD is reputed to have killed as many as 60 patients and other people over multiple states, beginning his career here in Ohio, and when the hospital had reports from nurses of their suspicions, the administrators failed to do more than get rid of him, allowing his killing to continue. His medical knowledge was not the problem to be revealed in some experts' study of the record, since he was not recording what he was doing to patients to cause sudden deaths within short time after his visiting his victim.

-- hypothetically, using the truncated definition, if Dr Jekyll committed suicide while practicing his miserable art at the local hospital, his family could sue the hospital for malpractice. It would be a wrongful death case with a complicit authorized-medical enabler and fit the truncated rules, particularly if his choice of method was medical drugs, hypodermic needle. opiates and/or technical equipment.

-- among the ideas proposed as vilely suggested by the Defendants-Appellees' lawyers was that the "medical care, treatment and diagnosis" requirement was satisfied by their claim of the existence of a Doctor-Patient relationship with my son in the Sabir episode of racial-hatred motivated gross sexual imposition, noticeably reminiscent of Abu Ghraib, which Doctor-Patient relationship is impossible because the Doctor-Patient relationship is based on voluntarism whereas the Perpetrator-Victim relationship is one of violent imposition of unwanted torment, which is patently impossible to exist simultaneously. When violence enters, no Doctor-Patient voluntarism exists. Furthermore, the Decedent was only seeking outpatient oxygen supplies and testing, which even the ORC 2307.84 I(3)(b) questions as not necessarily establishing a Doctor-Patient relationship regardless of any further harrowing violence involvement to support that non-existence of a Doctor-Patient relationship. Clearly the animosity in the comments Sabir wrote in the notes to the main hospital ER doctor, about the people from our intake area, revealed that racial animosity was not curtailed at that hospital. And when the lead Plaintiff wrote truthfully to the CEO of the hospital, after these Plaintiffs-Appellants' discoveries, about the animosity of her staff being treacherous, the condominium rental records show that Sabir told the agent/owner that he was being sent away, though the Medical Licensing Board records showed no censure and further that his firing was not adequate to preclude his current access to similar racial and pro-US military groups in Lima. His removal from the accused hospital was even not allowed to be understood in its occurrence, much less its rationale, by many who would have had connection to his work relationships, including the surprise exhibited by his billing staff who had no idea that he was gone till they looked to see that he had not filed any service time sheets to be paid for over a month. Furthermore, the racial negativity still exists at the hospital as we have seen more than a year and a half later.

These evidence items and many others, real and hypothetical, desecrate the credibility to grant the idea that the second part of the 'medical case' definition as unimportant in its application to cases where evidence of criminal motives and actions do exist. Hence we do acknowledge that the Supreme Court has been said to have venerated the application of that Law-stated definition as being unimportant to be precision oriented and that lack of precision instruction has likely been recognizable as an escape mechanism where no escape was warranted, as in the case *sub judice*.

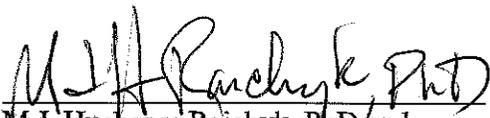
D. The Defendants-Appellees' lawyers present no evidence to counter the size of the market for legal help in seeking justice for patients who have been victimized but are not profitable options for available lawyer time, yet they dismiss the reality of justice not accessible for large populations, as of no importance to this Court, especially since those populations are getting larger with no relief other than Pro Se for some to reach justice and the lawyers dispute that this is not of consequence to this Court and to the general public.

The statements of 'no need for Court involvement' are several by the hospital's lawyer, but without denying that they have engaged in profiting from the imbalance in services under their claim of Supreme Court guidance, without any sign of regret. They've made full-blooded claims of justice being achieved, basing their confidence on their faulty matching of one past case, namely the *Williams vs Griffith*, which sole example, in their document of opposition, is demonstrated as not a valid match for the case *sub judice* for Case Law concluding. Hence the opposers' idea that case law – as being well settled and applied – falls apart and leaves nothing valid to justify their confidence, thin as it was in the first place, could remain standing. Hence the evidence of growing populations being denied access to justice in cases like this case *sub judice* is unchallenged in the Hospital lawyers' *Memorandum in Opposition to Jurisdiction* on behalf of the Hospital and their complicit two nurses. Hence these Plaintiffs-Appellants seek to have it stricken as there is nothing in it remaining standing.

CONCLUSION

As stated above, under Ohio law the arguments of the attorneys for the Hospital, et al Defendants-Appellees should be taken as justifiably strikable and thoroughly unable to stand as valid arguing in this court. For this reason, Plaintiffs-Appellants respectfully requests that this Court decline to further entertain the Defendants-Appellees' Memorandum and instead exercise jurisdiction in the issue before this Court as presented by these Plaintiffs-Appellants.

Respectfully submitted,



M.J. Huebener Raichyk, PhD and

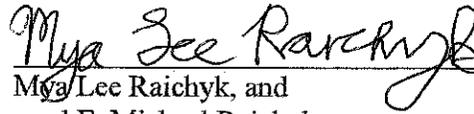
Ms. Mary J. Raichyk, PhD, in the shoes of the Deceased E. Michael Raichyk,

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Plaintiffs-Appellants



Mya Lee Raichyk, and

CERTIFICATE OF SERVICE

A true copy of the foregoing will be served via email as has been agreed, this 30th day of June, 2012, (the 30th day after the lawyer for the hospital did file their memorandum being requested stricken) to:

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