

Texas High School Mock Trial Competition



2019 Case Materials

State of Texoma v. Avery Jackson



STATE OF TEXOMA	§	
v.	§	
	§	IN THE CRIMINAL DISTRICT COURT
	§	
	§	OF
AVERY JACKSON,	§	
	§	LANDRY COUNTY, TEXOMA
Defendant.	§	

CASE MATERIALS

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<p>STATE OF TEXOMA,</p> <p>v.</p> <p>EVERY JACKSON,</p> <p>Defendant.</p>	<p>§</p> <p>§</p> <p>§</p> <p>§</p> <p>§</p> <p>§</p> <p>§</p> <p>§</p> <p>§</p>	<p>IN THE CRIMINAL DISTRICT COURT</p> <p>OF</p> <p>LANDRY COUNTY, TEXOMA</p>
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STIPULATIONS OF THE PARTIES

The parties agree and stipulate as to the following:

I.

This is a criminal trial that will be tried before a jury. The Prosecution is being made by and in the name of the State of Texoma. Avery Jackson is the Defendant. The Defendant has been charged by indictment with the criminal offense of manslaughter. This will be a bifurcated trial. The parties will only try the issue of guilt or innocence. Should the Defendant be found guilty, there will be a separate trial on the issue of punishment at some future date. An appropriate punishment or the range of punishment is, therefore, not at issue in this trial and is not to be argued. Each person who is a witness has been properly advised of their constitutional rights.

II.

The Indictment reads as follows:

In the name and by the authority of the State of Texoma, the Criminal District Court of Landry County, in said court at said Term, do present an indictment that one Avery Jackson, on or about the 2nd of April, 2017, in Landry County and the State of Texoma, did commit the crime of manslaughter, in the County of Landry, located within the State of Texoma, against the peace and dignity of the State. Signed by A. C. Ducey, the Criminal District Attorney of Landry County, Texoma.

III.

There are no defects or infirmities in the Indictment and none may be argued. Defendant has been properly warned of all rights, appropriate bail was set, and said bail has been posted.

Defendant Avery Jackson’s statement was given freely and voluntarily, and all of the legal requirements for the taking of said statement have been met. Defendant’s state and federal constitutional rights, including the right against self-incrimination, right to counsel, and right to due process of law are not at issue with regard to the statement. The court has both subject matter

and *in personam* jurisdiction over the parties. All questions of fact are being submitted to a jury. Questions of law will be decided by the court.

IV.

All exhibits included in the case materials are authentic and are accurate copies of the originals. No objections to the authenticity of the exhibits will be entertained. The only exhibits to be used at trial are those included in the case packet. The signatures on the witness statements and on all other documents are authentic. The Addenda are signed on the day of trial, and no continuances have been granted in this case.

An exhibit which may qualify as a business record, such as reports from institutions or corporate policies and procedures, qualifies as a business record under the Rules of Evidence.

V.

The Decedent's (Mulder Scully) death was caused by his allergic reaction to Bocotraxophen, leading to anaphylaxis. The Decedent did not respond to epinephrine and ultimately suffered cardiac arrest.

VI.

The settlement agreement between the Scully family, Texoma General Hospital (TGH), Alex Karev, and Dr. Arizona Robbins is inadmissible and not available to the parties in this trial. The parties may **only** reference, discuss, or provide testimony: (1) that the settlement agreement exists; (2) who it is between; (3) that Dr. Robbins and Lane Parish are required to testify on behalf of the State of Texoma as a condition of that settlement agreement; and (4) Dr. Robbins, Alex Karev, and TGH did not admit any fault.

The ransomware attack in this case is within the definition set forth in Section 4.1 of the TGH Policies and Procedures.

Exhibits 5 and 8 are business records and have been on file with the Court for the required amount of time.

VII.

Dana Scully, Arizona Robbins and Lane Parish are to testify on behalf of the Prosecution. They may not testify for or be called on behalf of Defendant. Addison Montgomery, Alex Karev and Avery Jackson are to testify on behalf of Defendant. They may not testify for or be called on behalf of the Prosecution.

VIII.

The Prosecution must prove each of the following elements beyond a reasonable doubt:

- 1) That Defendant Avery Jackson,
- 2) On or about April 2, 2017,
- 3) In Landry County, State of Texoma,
- 4) Committed and act or acts,
- 5) Recklessly, that is, with a conscious disregard of a substantial and unjustified risk of death to another human, and
- 6) The risk of death was of such a nature and degree that acting in conscious disregard of the risk was a gross deviation from the standard of care an ordinary person in the Defendant's position would have exercised under the same or similar circumstances as viewed from the Defendant' standpoint, and
- 7) The Defendant's act caused the death,
- 8) Of Mulder Scully.

IX.

The following instructions will be submitted to the jury:

MEMBER OF THE JURY:

A. MANSLAUGHTER

The Defendant, Avery Jackson, stands charged by indictment with the offense of manslaughter in connection with the death of Mulder Scully, alleged to have been committed on or about the 2nd day of April, 2017, Landry County, Texoma. The Defendant has pleaded not guilty to this charge.

1. A person commits the offense of manslaughter if he or she recklessly causes the death of an individual.
2. A person acts recklessly, or is reckless, with respect to the result (the death) of his or her conduct when he or she is aware of but consciously disregards a substantial and unjustifiable risk that the result (a death) will occur. The risk of death must be of such a nature and degree that its disregard was a gross deviation from the standard of care that an ordinary person in the Defendant's position would have exercised under the same or similar circumstances from the perspective of the Defendant.
3. You may consider all relevant facts and circumstances surrounding the death going to show the condition of the mind of the Defendant at the time of his or her conduct.
4. The Defendant is criminally responsible for the death of Mulder Scully if the death would not have occurred but for the conduct of the Defendant, operating alone or concurrently with the conduct of another person or persons, unless the conduct of the other person or persons was clearly sufficient to produce the death and the conduct of the Defendant was clearly insufficient to cause the death.
5. If you find from the evidence beyond a reasonable doubt that on or about April 2, 2017, in Landry County, Texoma, the Defendant, Avery Jackson, did recklessly cause the death of Mulder Scully, then you will find the defendant guilty of manslaughter as charged.

6. However, if you have a reasonable doubt that Avery Jackson is guilty of manslaughter as defined herein, you must acquit the defendant and say by your verdict, "Not Guilty."
7. A verdict of guilty on this charge must be unanimous.

All persons are presumed to be innocent and no person may be convicted of an offense unless each element of the offense is proved beyond a reasonable doubt. The fact that a person has been arrested, confined or indicted for, or otherwise charged with an offense gives rise to no inference of guilt at trial. The law does not require a defendant to prove his or her innocence or produce any evidence at all. The presumption of innocence alone is sufficient to acquit a defendant, unless the jurors are satisfied beyond a reasonable doubt of a defendant's guilt after careful and impartial consideration of the evidence.

The prosecution has the burden of proving the Defendant guilty and it must do so by proving each and every element of the offense charged beyond a reasonable doubt and if it fails to do so, you must acquit the Defendant. It is not required that the prosecution prove guilty beyond all possible doubt; it is required that the prosecution's proof excludes all "reasonable doubt" concerning the Defendant's guilt.

A "reasonable doubt" is a doubt based on reason and common sense after a careful and impartial consideration of all the evidence in the case. It is the kind of doubt that would make a reasonable person hesitate to act in the most important of his own affairs.

Proof beyond a reasonable doubt, therefore, must be proof of such a convincing character that you would be willing to rely and act upon it without hesitation in the most important of your own affairs. In the event you have a reasonable doubt as to the Defendant's guilt after considering all the evidence before you, and these instructions, you will acquit him or her and say by your verdict "Not guilty."

X.

The Charge of the Court is accurate in all respects, and no objections to the Charge will be entertained.

XI.

The following issue will be submitted to the jury:

1. On or about the 2nd day of April, 2017, did Defendant commit the offense of manslaughter?

Answer Yes or No: _____

Respectfully submitted,

Attorney for the State

Attorney for the Defendant

1 **FACT STATEMENT OF DANA SCULLY**

2
3 My name is Dana Scully. I am 41 years old, and I live at 2222 Texoma Valley Lane, in
4 Landry County, Texoma City, Texoma, with my spouse and two wonderful children. I grew up in
5 Texoma City where my whole family still lives to this day. We have always been a close-knit
6 family and enjoy spending time with one another. We really radiate beautiful blue auras, which
7 represent peace, tranquility, and positivity. My family and I are all about spreading positive energy
8 in this world. We even grow our own food. Natural, plant-based living is really the only way to
9 live, am I right? Mark my words, the chemicals that pesticide companies spray on our food are
10 going to kill us all someday.

11
12 My parents also live...well, lived...in Texoma City just a couple of blocks away from me.
13 My parents were always in great health and stayed very active. You might even call them both
14 “spry.” A couple of years ago, I convinced them that a vegan diet was a great idea. My dad, Mulder
15 Scully, had some memory problems as he got older, but I really think his vegan lifestyle had
16 improved his condition. A good, organic diet is always better than modern medicine. Doctors these
17 days just want to prescribe more and more pills, and that can’t possibly be healthy.

18
19 I really credit myself for helping my parents maintain a healthy and active red aura, which
20 meant they were full of energy and vitality. They had a very busy lifestyle and were always on the
21 go! They regularly went to aerobics classes at the local senior center and went on walks together
22 in Texoma City Park every afternoon. My parents also volunteered at the local food bank serving
23 meals to the less fortunate members of our community. They really loved to travel and would take
24 trips two or three times per year to see the world. Most of all, they adored their grandchildren and
25 would visit them frequently.

26
27 Unfortunately, my dad died just after his 75th birthday because of what the Defendant did.
28 My mom passed away a few months after my dad died, and I think it was caused by the grief from
29 losing my dad. To be honest, they were both in great health and had been together almost their
30 entire lives. Whenever someone asked me if they were high school sweethearts, I would respond:
31 “No, elementary school!” You could really sense the love they had for each other.

32
33 I still remember how it all happened so well. My dad loved gardening and had a big
34 vegetable garden. He really had a green thumb and taught me everything he knew about gardening.
35 He also enjoyed maintaining the landscaping around his house; he had several fruit trees and these
36 really tall hedges around the perimeter of his yard. I swear, those hedges were like eight feet tall!
37 On April 1, my mom happened to be out of town visiting an old friend, so I planned to visit my
38 dad and have lunch with him. When I arrived at my parents’ house around 10:00 a.m., I could
39 sense something was wrong. I’m a very gifted empath after all. I asked my dad if he was feeling
40 ok, and he said he had hurt himself when he slipped and fell from a ladder while he was pruning

1 his hedges using his hedge trimmer. For a few seconds, I thought it he was pulling an April Fool's
2 joke on me, but then I noticed that he had a kitchen towel wrapped around his left hand. I asked
3 him to show me his hand and when he took the towel off I could see a deep, nasty-looking gash
4 across his palm that was still bleeding. I could also sense that he was in a lot of pain, so I told my
5 dad that we were going to go to Texoma General Hospital (TGH) to get his injuries checked out.
6 Turns out this was no joke!

7
8 When we arrived at the Accident and Emergency Department at TGH, my dad was
9 admitted and taken to an examination area. A nurse came to see my dad and asked him a bunch of
10 questions, including how he was injured and whether he had any allergies. I remember that the
11 nurse's name was Alex Karev because it sounded strange. The nurse took my dad's blood pressure
12 and temperature and all that stuff. My dad told Nurse Karev that he was allergic to penicillin,
13 which he was. Before Nurse Karev moved on to the next question, I chimed in to say my dad was
14 also allergic to naproxen. I remembered my dad was allergic to naproxen because he had a really
15 bad allergic reaction when I was about 12 years old. I could never forget it. My dad thanked me
16 for remembering the second allergy and said, "That's right, I've got to remember that one. It almost
17 killed me once before." My dad had never been to this hospital before.

18
19 Nurse Karev noted both allergies on a mePad and placed an allergy wristband on my dad's
20 wrist before leaving the room. The wristband did not indicate exactly what medications my dad
21 was allergic to. It just said "Allergy" on it like the red one in Exhibit 1. Dr. Arizona Robbins was
22 there and examined my dad's hand, which was really swollen at this point. The doctor gave my
23 dad some hydrocodone for his pain and ordered a CT scan to see if there were any injuries to the
24 ligaments, tendons, blood vessels, or supporting structures in my dad's hand. The results of the CT
25 scan revealed that my dad's injury was a little more serious than originally thought, so Dr. Robbins
26 recommended that my dad stay overnight for observation since he was running a slight fever and
27 seemed to still be in a bit of pain. I stayed with my dad for a few hours but had to go home early
28 that evening to get dinner on the table for my spouse and kids. They had used several butterfly
29 bandages on the gash because it was too swollen to stitch up. When I left, my dad was doing great
30 and was in good spirits. He acted like he hadn't almost sliced off his hand earlier that day.

31
32 I popped in to visit my dad the next morning on April 2 around 9:00 a.m. and sat with him
33 for a couple of hours. I left at lunchtime because I needed to run a few errands. When I left, my
34 dad said he was still feeling great, other than the pain caused by the gash in his hand. I noticed that
35 his hand definitely looked pretty red and swollen, but I didn't think anything of it at the time. My
36 dad's aura was lavender, which meant that he was in pain but was still hopeful about getting better
37 soon. I told my dad I probably wouldn't be able to visit him until later the next morning but that
38 he could give me a call if he needed anything. I did notice that hospital staff seemed a bit frazzled
39 and were whispering with each during my visit. They all had these deep burgundy auras around
40 their heads telling me they were anxious, were keeping secrets, and were very concerned. I knew

1 something was wrong but ignored it. No one mentioned any issue with the hospital's computers
2 or that there was any cause for concern. But I do remember seeing several news trucks outside in
3 the hospital parking lot when I left.
4

5 I later learned that my dad's health took a downturn sometime after I left the hospital on
6 April 2 as a result of complications caused by the gash on his hand. The hospital did not contact
7 me or anyone in my family to let us know of these complications. I also learned later that the
8 Defendant, Avery Jackson, had hacked the hospital with some kind of computer virus and as a
9 result the hospital could not access my dad's chart or contact information. I still don't know why
10 they didn't call me though because I'd written my phone number down on the whiteboard in my
11 dad's room and had asked Nurse Karev and Dr. Robbins to call me if they had any questions or
12 needed to reach me about my dad. But since they all had such burgundy-colored auras, I suppose
13 it doesn't shock me they remained so secretive.
14

15 I sensed something was wrong in the evening of April 2, so I decided to come back to the
16 hospital with my kids. When I returned to TGH around 5:45 p.m., I was stunned to learn that my
17 dad was dead. I was in shock and kept asking how this could have happened. I tried to pull myself
18 together in front of my kids, who were so excited to see their grandpa. Dr. Robbins explained that
19 Nurse Karev gave my dad something called Bocotraxophen to address my dad's pain and swelling
20 since the ibuprofen was not working. Bocotraxophen is apparently a derivative of naproxen. Dr.
21 Robbins's aura was turquoise, which represents sadness and discomfort and was not as bad as the
22 deep burgundy aura still surrounding Nurse Karev, so I screamed at Nurse Karev and demanded
23 to know how the nurse could have forgotten that my dad was allergic to naproxen. Nurse Karev
24 responded that the hospital's system had been down as a result of a virus, so no one could access
25 my dad's records. Nurse Karev also told me that they specifically asked my dad again if he had
26 any allergies and that my dad only mentioned penicillin. But Nurse Karev was in the room when
27 I reminded my dad that he was allergic to naproxen! Nurse Karev responded, "Look, I'm really
28 sorry, but I was just following Dr. Robbins's orders." I asked Nurse Karev, "Well, why didn't you
29 just call me first?" and pointed to my phone number on the whiteboard. Nurse Karev's aura turned
30 to pale pink, which meant the nurse was heartbroken and sympathetic, before responding, "Sorry,
31 it was just crazy in here."
32

33 Our family demanded an internal investigation by TGH, which the hospital conducted. As
34 a result, I learned that Nurse Karev was fired for administering Bocotraxophen to my dad. I'm not
35 a vindictive person, but I'm glad Nurse Karev was fired. Nurse Karev should have remembered
36 that my dad was allergic to naproxen or, at a minimum, should have called to check with me before
37 administering medication to my dad. My phone number was still on the whiteboard, exactly where
38 I'd written it the day before. I took a picture of it with my mePhone, and that is Exhibit 2.
39

1 I blame my dad's death on the Defendant. But, in June 2017, our family decided to file a
2 civil suit against the hospital, Dr. Robbins, and Nurse Karev, because I knew they played a part in
3 this tragedy as well. We ultimately reached a settlement agreement, and the terms of the settlement
4 are confidential. However, I still want justice for my dad who died unnecessarily as a result of the
5 Defendant's selfish and crazy actions. The Defendant must have known that patients like my dad
6 would be put at risk by a ransomware attack that locked down the medical records, and the
7 Defendant is ultimately the reason why my dad is no longer with us. When I saw Defendant on the
8 TV after being arrested for the ransomware attack, there was a pitch black aura around the
9 Defendant's head. Black – the worst kind of aura. Obviously Avery Jackson was going to kill
10 someone sooner or later. I just wish it hadn't been my dad.

11

12 Further, affiant sayeth naught.

Dana Scully

DANA SCULLY

SIGNED AND SWORN TO BEFORE ME on this the 31st day of October, 2017.

ADDENDUM TO FACT STATEMENT OF DANA SCULLY

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The Defendant is still surrounded by that same black aura, and that’s all you need to know. I’m honestly shocked that the judge in this case let the Defendant out on bail... I even saw the Defendant eating a hamburger during lunch the other day at a local Whenaburger: clearly the Defendant doesn’t care about anyone else because that’s so not vegan. The Defendant is a bad person, and I hope the Defendant pays for killing my dad.

Also, I’m really surprised to hear that Nurse Karev is claiming my dad had memory problems or some nonsense like that. I definitely wouldn’t say my dad had memory “problems.” He was sometimes forgetful, but aren’t we all? Like, he had this bad habit of leaving his keys in the door when he came home or forgetting to lock the door, but I wouldn’t say that’s unusual! I lose my keys all the time, and I’m obviously a pretty together person. Just look at my purple aura today: I am focused, determined, and ready to see justice served for my dad.

Further, affiant sayeth naught.

Dana Scully

DANA SCULLY

SIGNED AND SWORN TO BEFORE ME the undersigned authority at 8:00 a.m. on this the 1st day of trial.

1 **FACT STATEMENT OF DR. ARIZONA ROBBINS**
2

3 I am Arizona Robbins, and I am 35 years old. I'm a general physician, or GP, at Texoma
4 General Hospital here in Landry County, Texoma City, Texoma. I received my Bachelor of
5 Science degree in Biology from Texoma University (TU) in 2008. After graduating from TU, I
6 went on to medical school at Harvard followed by my residency right here at Texoma General
7 Hospital (TGH), which I finished in 2015. My spouse and I are raising two beautiful daughters,
8 ages 5 and 6, and a son age 3. We met during my residency and we've been blissfully married for
9 seven years. We moved to Texoma to escape the busy city life in 2012 after I graduated from
10 Harvard Medical School.
11

12 A hospital can be quite hectic at times, quiet at others, and that's why I love it. The
13 adrenaline rush you get from saving a critical patient still occurs after all these years. One night
14 we had a patient with an arterial bleed, a patient needing an appendectomy, and another with avian
15 flu. A general medicine doctor must know how to treat them all, without spreading bacteria
16 between the patients. You have to be at the top of your game every hour of your shift, and working
17 as a GP fits my desire to have a work-life balance so I can spend more time with my family.
18

19 At TGH, we began using a new paperless record keeping system, known as "PMT" (for
20 "Paperless Medical Technology") in March of 2017. It was quite efficient, giving us access to
21 patients' medical records in real time. The intake nurses use a mePad to input patients' vital
22 information, including allergies, chief complaints, medical history, etc. All that information is
23 immediately accessible to hospital medical staff no matter where the patient is in the hospital.
24 Additionally, the PMT is designed to provide recommendations based on a patient's records. Based
25 on the data input for the patient, the PMT system provides a differential diagnosis and treatment
26 alternatives, including medication contraindications and interactions. Radiologists can access the
27 records, so can a nurse in the surgery unit, as well as the pharmacy department. The PMT allows
28 us to treat our patients without having to waste time finding a paper chart or remembering every
29 detail about the patient's current medical condition. Technology can be just wonderful.
30

31 Mulder Scully was admitted on April 1, 2017 complaining of a laceration of the left upper
32 extremity. The intake nurse, Alex Karev, took the patient's vital signs (blood pressure,
33 temperature, respiration rate) and chief complaints. The patient was a 75-year-old man who stated
34 he injured his left hand with a hedge trimmer, with accompanying blood loss moderate to severe
35 pain. Mr. Scully reported a pain of 7 on a scale of 1 to 10. Mr. Scully was running a fever of 100.2
36 and had stable blood pressure of 140/90. The patient was in pain and a bit disoriented, but generally
37 in good spirits. The patient had a family member, Dana Scully, who assisted during admission in
38 providing the patient's medical history due to his disorientation. When I first saw the patient during
39 intake, I prescribed ten milligrams of hydrocodone to manage the patient's pain, and then ordered
40 a CT scan to determine the extent of the damage to the patient's swollen hand. You can see all of

1 this on the patient's medical chart reproduced as Exhibit 3. The results of that CT scan showed
2 there was not any structural damage, but I held the patient overnight for additional observation.

3
4 The next day, on April 2, Nurse Karev called me to reevaluate the patient. I examined Mr.
5 Scully and noted his hand was still very swollen. There was very little improvement from the day
6 before, if any. I wrote a prescription for Bocotraxophen and penicillin to combat the swelling and
7 manage the patient's pain, and prevent infection. Nurse Karev pointed out that the patient was
8 wearing a red "allergy" band and that we still couldn't access the medical records on the PMT, so
9 I asked the patient to verify his allergies. Mr. Scully only said penicillin, and I changed the
10 antibiotic to amoxicillin and directed Nurse Karev to fill the prescriptions and administer the
11 medication.

12
13 About 45 minutes later, Nurse Karev paged me that something was wrong with Mr. Scully.
14 I rushed to Room 1007 and determined the patient presented with additional complications,
15 including difficulty breathing, hypotension, and a rash near his face. At this time, I still could not
16 access the patient's electronic medical chart to determine if something was missed from the
17 patient's medical history, and that was extremely frustrating. I did not believe the patient was
18 having an allergic reaction to the medications because anaphylaxis symptoms (skin reactions,
19 hypotension, difficulty breathing, and dizziness) vary greatly from person to person, and we had
20 eliminated the possible allergic reaction to penicillin. Before I could figure out what to do next,
21 Nurse Karev exclaimed the medical records were accessible again on the PMT. I checked the
22 records on the mePad in that instant, which looked exactly like Exhibit 3. It was that moment that
23 I realized the patient had a second allergy he never mentioned—naproxen. I knew that the medical
24 trials for Bocotraxophen—a derivative of Bocotraxophen—showed a vanishingly small risk of
25 serious, life-threatening reactions from persons with a naproxen allergy, so I still didn't think Mr.
26 Scully was having an allergic reaction. This was especially true when Mr. Scully did not respond
27 to the epinephrine after we called the Code Blue. Then Mr. Scully suffered cardiac arrest and we
28 aggressively tried to resuscitate him. I was not present when Mr. Scully ultimately died because I
29 had run to call another doctor for a consult, and Nurse Karev and the staff were more than capable
30 of handling the Code Blue. I discovered later that the patient's family member had advised the
31 nurse upon intake about the second allergy to naproxen, which Nurse Karev just forgot. About a
32 week after Mr. Scully died, I spoke to an internal investigator at the hospital named Derek Shepard
33 and told him everything I could remember.

34
35 In my medical opinion, Mr. Scully died as a direct result of our inability to access the
36 electronic medical records after they were hijacked. Hijacked! The Defendant, this idiot, prevented
37 us from properly treating Mr. Scully. Mr. Scully's family sued the hospital, and me, for wrongful
38 death. We all settled. It was the first time I have ever been sued. It's a tragedy that could have been
39 avoided if we had stayed with the paper charts. I've lost patients before, of course, and it's never
40 easy to tell a family member that someone has died despite our best efforts. But to discover that a

1 patient's death was caused because we were hijacked and asked for ransom is simply
2 unconscionable.

3

4 Further, affiant sayeth naught.

Arizona Robbins

ARIZONA ROBBINS

SIGNED AND SWORN TO BEFORE ME on this the 22nd day of August, 2017.

1 **ADDENDUM TO FACT STATEMENT OF DR. ARIZONA ROBBINS**
2

3 I read the statement by Addison Montgomery, the defendant’s hired-gun expert—a doctor
4 with practically zero real-life experience treating patients in an emergency situation—and I
5 absolutely disagree that I made any mistakes trying to treat and save Mr. Scully. While I may have
6 still ordered Bocotraxophen even with access to the electronic medical records, I would have been
7 able to recognize that reaction for what it was and treat it accordingly had I at least known about
8 the second allergy. It’s pretty easy to play armchair quarterback and criticize a doctor after the fact
9 when someone dies, especially when you’re getting paid a bunch of money from someone accused
10 of manslaughter. I mean, of course Dr. Montgomery would testify that the Defendant didn’t cause
11 Mr. Scully’s death.

12
13 Bocotraxophen is a breakthrough medication. I have to disclose that, in January 2017, I
14 went on an all-expense-paid medical conference in Hawaii that was sponsored by Hawkins-Cepeda
15 Laboratories where the latest data was presented about the efficacy of Bocotraxophen. Hawkins-
16 Cepeda even flew my whole family to Hawaii with me and while I attended the conference, they
17 played on the beach. We stayed a few extra days to do the tourist thing and enjoy the sights on
18 Oahu, but those days were at my own expense. Hawkins-Cepeda never mentioned Fepivivirant at
19 the conference—probably because it was not approved for use until March of 2017.

20
21 While the hospital did not provide any training on the new PMT, it was easy to figure out.
22 All you had to do was input the patient’s information in response to screen prompts, and it provided
23 follow-up questions, most likely diagnostic and treatment recommendations, including
24 medications. You literally just follow the buttons at the bottom of the screen.

25
26 I would never say anything to the effect that someone needed to die for ransomware to be
27 taken seriously, but I would say that Nurse Karev was supposed to confirm allergies before
28 administering any medication. Nurse Karev should have remembered the second allergy just like
29 our internal investigation found. I can’t remember whether I came into the examination room when
30 Nurse Karev was performing intake for Mr. Scully, nor can I remember what patient I might have
31 been asking about—if I did. I see a lot of patients on a daily basis. But I know for a fact that I was
32 not in the room when Dana Scully told Nurse Karev about the patient’s allergy to naproxen. I
33 would have remembered that.

34
35 I do have to testify today as part of the settlement with the Scully family, but that’s all I’m
36 allowed to talk about regarding that settlement—other than the fact that neither the hospital or I
37 admitted any fault.

38
39 Further, affiant sayeth naught.

Arizona Robbins

ARIZONA ROBBINS

SIGNED AND SWORN TO BEFORE ME the undersigned authority at 8:00 a.m. on this the 1st day of trial.

1 **FACT STATEMENT OF LANE PARISH**

2
3 My name is Lane Parish, and I am 42 years old. I live with my spouse and three children
4 at 4410 Ransom Trace in Texoma City, Texoma. I have been employed as the Chief Information
5 Officer (CIO) of Texoma General Hospital (TGH) since 2007. I graduated from Texoma State
6 University with a Bachelor of Science degree in Computer Engineering and a Master of Science
7 degree in Cyber Security from the University of Texoma in 1998. I hired Avery Jackson, the
8 Defendant charged with manslaughter, in 2014. I have written several articles for technical
9 websites that discussed various technology and hospital administration topics. I keep up with the
10 latest cyber security issues that involve hospitals as best I can by attending conferences, reading
11 relevant cyber security publications, and talking with my colleagues at other hospitals throughout
12 Texoma. That is especially important these days with the uptick in ransomware attacks.
13

14 On February 1, 2017, I got approval from the Board of Directors of TGH (Board) to start
15 implementing a new paperless medical records system. This system was designed to speed up the
16 intake process for patients, improve nurse-doctor communications, reduce the chance of medical
17 mistakes, and free up hospital space previously used for storage. Everybody knew that it was going
18 to take a few months to be fully up and running, but that was a minor detail since the real-time
19 paperless system would bring great benefits to the hospital. Our team had spent months preparing
20 for the beginning of the implementation process. We were ready. We called it the “Paperless
21 Medical Technology” – “PMT” for short.
22

23 On February 2, I was doing research for my next presentation at the Texoma Health
24 Administrators Conference and called a colleague of mine—Guy Jouette—who works in the
25 medical and technology group for Merchant Hospital out in Jones Town, Cascadia. Guy told me
26 that Merchant Hospital’s system had been hacked on Friday the 13th in January by a ransomware
27 attack. Put simply, a ransomware attack is a computer virus that attacks a computer network and
28 completely locks the files until a ransom is paid in cryptocurrency, like BriBucks or TEPCoin. I
29 hear that hackers want to be paid in cryptocurrency because payment and transactions are almost
30 impossible to trace. Guy told me that he suspected an employee with administrator access
31 accidentally opened an email for “Purple Drink,” a popular sports drink in Jones Town, which
32 secretly installed ransomware on the administrator’s computer—and any other computer to which
33 that computer was linked. Merchant Hospital paid the ransom, but the hospital never got the key
34 to unlock their records. It was devastating to the hospital — both financially and operationally.
35

36 The Merchant Hospital hacking was good timing for us because we had our monthly
37 Computer and Technology Group (CTG) meeting the following week on February 21. To prepare
38 for that meeting, I did some more research into the ransomware incident at Merchant Hospital and
39 was able to verify all of what Guy discussed. An article from the World Press Service, which is
40 Exhibit 9, is one of the items I found after my initial research. I also found that Merchant Hospital

1 did not have a malicious network attack policy – something to prevent and respond to ransomware
2 attacks. Nor did they have a cryptocurrency account already set up. Guy also told me that setting
3 up the cryptocurrency account took longer than he had thought it would.
4

5 In light of the Merchant Hospital attack, I proposed a no-pay ransom policy that stated
6 TGH would not negotiate with or pay any ransom to hackers. The overall goal of the proposed
7 policy was to give the executive team, including myself, the opportunity to figure out what went
8 wrong and fix it, but under no circumstances would our team negotiate with attackers so as to
9 discourage further attacks.
10

11 On February 21, the CTG held its monthly meeting. As with any well-functioning team,
12 there was a lively debate about how to best deal with computer hackers and better protect our
13 computer systems. One employee in particular, Avery Jackson, was very vocal in the meeting and
14 kept arguing that the PMT was vulnerable to attack and TGH should delay, test, and revise its plan
15 to go “paperless.” I remember Avery specifically saying that an attack on TGH’s new system could
16 lead to problems with patient treatment and that an attack could put the hospital’s patients in
17 danger. The team spent the remainder of the meeting trying to ease Avery’s concerns and pointed
18 out the many assurances provided by the outside vendor, T. Rex Solutions, about security from
19 external threats. I specifically told Avery that no patients would ever be in danger after a hack
20 because the language I was proposing would allow the Board to override the policy and pay the
21 ransom if patient welfare may be in danger. Before the meeting ended, we—as a team—finalized
22 the language of the ransomware policy that I included in an internal memo to the Board of
23 Directors. That memo is Exhibit 4.
24

25 After the meeting, I emailed the policy to the Board so we could discuss it at our regularly
26 scheduled meeting on March 1, 2017. My plan was approved unanimously at that meeting in light
27 of the attack at Merchant Hospital, and the final language of the ransomware policy was included
28 in TGH’s official procedures. A copy of that policy as shown in the TGH Policies and Procedures
29 Manual is Exhibit 5. I learned that Avery had sent an email to the Board Chair on February 21 that
30 tried to undermine me. It was insubordinate and I realized that Avery was no longer a team player.
31 I called Avery into my office on March 2 and fired Avery on the spot. We do everything in CTG
32 as a team, and we do not undermine each other.
33

34 On April 1, 2017, I was checking emails at my desk about 11:00 p.m. I got an email
35 notification from the Ransom Hills neighborhood homeowners’ association (HOA). Our HOA’s
36 monthly newsletter is called the “Ransom Note.” The email I got that evening had in the subject
37 line “Ransom Note” with the only text in the email being something about rattlesnakes near the
38 pool. Our family lives close to the community pool and the rattlesnakes usually come out in April,
39 so I wanted to find out more. I clicked on the link to open the document. I didn’t think anything
40 was fishy about the email. But, when I opened the document, my computer made the sound of a

1 toilet flushing, the monitor went black—then purple—and then a message appeared on the screen
2 with a countdown timer that began at 30 seconds. The ransomware message and email looked
3 exactly like Exhibit 6. I immediately checked the system and confirmed only the patient records
4 were locked. The email system apparently worked, so I immediately emailed Dr. Virginia Foxx,
5 the Chairman of the Board of Directors (Board), describing the ransom note and letting her know
6 that I would personally handle the situation. I remember it was about midnight when I sent the
7 email and I saw no news reports about the attack. Yet...

8
9 Those 24 hours were a blur for me. I got zero sleep that night as I tried to analyze the code
10 in the “Purple Drink” malware for ways to deactivate it. I tried so hard, but I just couldn’t crack
11 the malware. I also remember that, about an hour after I started to try and crack the virus, the fire
12 alarm in my office would blare every ten minutes. Dr. Foxx responded to my email sometime
13 around 6:00 a.m. and was very ticked off. She reiterated that the hospital would not pay a ransom
14 and ordered me and my team to crack the virus, which I had already been trying to do for the past
15 six hours. Around 7:00 a.m. that morning, it was now April 2, I emailed Dr. Foxx back and gave
16 her the bad news: I couldn’t crack the code and there were news reports trickling in about the
17 ransomware attack. I also confirmed I would be at the Board of Directors meeting that Dr. Foxx
18 had thrown together at 10:30 that morning. Dr. Foxx gave me a curt response and complained
19 about the fire alarm—but she hadn’t been listening to it for the past six hours so I had didn’t have
20 much sympathy, or much energy for that matter. A copy of those emails is Exhibit 7. All I
21 remember from the emergency Board meeting was that the Board was not happy—one, for having
22 to come in on a Sunday morning, and two, because the local media was killing us for not paying
23 the ransom. More stories seem to pop up every hour, and the news trucks just kept on coming. I
24 still had not gone home from the night before, but I told the Board about two separate ransomware
25 attacks—one where the hospital paid and one where the hospital didn’t. Nothing happened to the
26 hospital that did not pay, but the hospital that did pay never got the key to disable the virus. The
27 Board unanimously agreed that they still would not pay the ransom and that no one was to tell any
28 of the patients. I was instructed to have the CTG team keep working on cracking the malware.

29
30 After working with my team for a couple more hours, we realized the malware was
31 impenetrable—that fire alarm was still going off every ten minutes. I was so tired that I had to lie
32 down. I instructed my staff to keep working on cracking the virus and fell asleep on the couch in
33 my office, in spite of the fire alarm. I woke up at about 4:00 p.m. that afternoon when my office
34 phone rang. The Board had suddenly changed their mind and instructed me to set up an account to
35 make the ransom payment. I had no idea why they changed their mind but frankly I didn’t care.
36 Sure enough, setting up the TEPCoin account was not easy. It took over an hour to set up the
37 account. The Chief Financial Officer of TGH wired \$150,000 into the account and I converted it
38 into TEPCoin for the ransom payment. Once I sent the TEPCoin, a message appeared on my
39 computer screen in the text box and it said: “Thanks for the cash Dr. High and Mighty! Not so
40 High and Mighty now!” One minute later, I got a call from one of my team members who said that

1 the records system was back online. I called Dr. Foxx to let her know the records were back and
2 the payment had been made.

3
4 I was shocked to learn that a patient, Mulder Scully, had died, but our internal investigation
5 proved that the patient's death was caused by the lack of access to the medical records during the
6 ransomware attack. There was nothing we could have done. Further, the investigation found fault
7 with Alex Karev for failing to remind Arizona Robbins of the patient's second allergy. A summary
8 of that investigation is Exhibit 8. The second allergy was only in the PMT because the patient's
9 family member, Dana Scully, remembered it when they first arrived. I think they call that the input
10 process. TGH fired Alex Karev as a result of the investigation, and I completely agreed with the
11 decision—Alex was not a team player. I was not surprised when the patient's family sued the
12 hospital in June, but the hospital settled before I could give a deposition in that case. Even though
13 my testimony is required in this trial, I am eager to testify now because our team was hurt by the
14 situation.

15
16 Further, affiant sayeth naught.

Lane Parish

LANE PARISH

SIGNED AND SWORN TO BEFORE ME on this the 17th day of October, 2017.

1 **ADDENDUM TO STATEMENT OF LANE PARISH**

2
3 The only thing I can talk about vis-à-vis the settlement is that fact that my testimony is
4 required in this case—and that TGH admitted no fault because it was not at fault.
5

6 First, I want to say that I read Addison Montgomery’s statement, the Defendant’s hired-
7 gun expert, and I was offended by what was in it. Our internal investigation clearly counters every
8 allegation made in that so-called “analysis” by that so-called “expert.” If Nurse Karev had been a
9 team player and not cut corners, then Mr. Scully would still be alive to this day.
10

11 Second, I am not a medical doctor or any other doctor. And I resent the childish name the
12 Defendant ascribed to me in the Defendant’s statement and the ransom message.
13

14 I’ve also looked again at Exhibit 7 and confirm the bottom email is the one Dr. Foxx
15 forwarded me that she received it from the Defendant; the same email that I fired the Defendant
16 over. In my frenzy after downloading the ransomware, I must have just found the last email
17 exchange I had with Dr. Foxx and continued that email thread. A couple days after Mr. Scully
18 died, Dr. Foxx had me issue a press release on behalf of the hospital regarding the Defendant’s
19 malicious attack on our paperless records system. That press release is Exhibit 10.
20

21 Finally, yes, I refused to give the Defendant a letter of recommendation. Can you blame
22 me?
23

24 Further, affiant sayeth naught.

Lane Parish

LANE PARISH

SIGNED AND SWORN TO BEFORE ME the undersigned authority at 8:00 a.m. on this
the 1st day of trial.

1 **FACT STATEMENT OF DEFENDANT AVERY JACKSON**

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My name is Avery Jackson, and my internet handle is “AceJacks.” I am 24 years old. I’ve lived in Texoma City all my life. Right now, I live in my parent’s basement – my “nest” – at 401K Golden End Road in Landry County. After graduating from Chuck Norris High in 2012, I went to Southwestern Methodist University (SMU) on a merit scholarship. I went there because SMU has a bomb computer science program, and I wanted a degree in computer science, particularly in programming. You see, I’ve been a computer freak all my life. My dad took me to a CompUSA store when I was seven years old, and we bought the components to build my own personal computer, which I did. I was also fascinated with writing computer code. When I saw my dad and mom open and close the garage door by pushing a button in the car, it was like, POW! I was blown away. So I wrote software that allowed my family to turn on the TV, house lights, adjust the temperature in the house – winter or summer – and lock and unlock the doors from our home computer. Sure, you can do all that now on your mePhone, but I did it first – and I was only 10 years old! Outrageous! Amirite?

Now that I’ve lost my job at Texoma General Hospital (TGH), and once I’m found not guilty of this truly bogus manslaughter charge (and serve out my sentence if the federal judge sends me to prison for my hacking crime), I plan to get into gaming – creating video games for serious gamers. I particularly want to create super-hero action games. After watching the national political news lately, I’ve got new outrageous super-villains in my head that I’m sure Disney or CNN will pay me megabucks for. I intend to work for myself and not have to deal with other people. Just me and my computers in my own nest! How dope would that be?

Anyways, when I graduated from SMU in 2016 with a C.S. degree (“computer science” for all you non-geeks), I got a job at TGH in their so-called Computer and Technology Group, or CTG for short. It was staffed by a small group of so-called “information technology specialists” who were real sloggers when it came to anything having to do with cybersecurity. This is especially true of the head dork – Lane Parish – who was TGH’s “Chief Information Officer.” What a joke! Parish couldn’t program a VCR, and I gave Parish the well-deserved title of “Dr. High and Mighty.” I was the lowest person on the totem pole in the CTG, but I knew more about digital information systems than all of those other plodders combined.

Early in January 2017, Parish, our clueless CIO, proposed transitioning to a paperless records system at the hospital. It sounded reasonable and doable, and I was assigned to start working on finding the necessary software package from an outside vendor. I really got into it too, but when I reviewed the program that the vendor, T. Rex Solutions, devised I was convinced that it was über vulnerable to being cracked. The software they were proposing to use was notorious for having major security flaws that T. Rex Solutions would ignore and not patch for months, even after being made public, if ever! The CTG goons, at the direction of Dr. High and Mighty,

1 “adapted” the software and, in the process, made it even MORE vulnerable to being cracked! The
2 implications of this were huge. Any semi-sophisticated script kiddie could gain unauthorized
3 access to TGH’s paperless records and access confidential patient information. All the unpatched
4 vulnerabilities would expose the proposed system to lots of the malware out there making the
5 hospital a super-soft target for a ransomware attack where they could be held up for mucho buckos!

6
7 At the CTG meeting to discuss the paperless records project (PMT) on February 21, 2017,
8 I raised my concerns with the group. I told them that I had seen on the ‘net that hospitals have been
9 victims of ransomware attacks. In fact, very recently Merchant Hospital in Cascadia was hacked
10 by The Black Hat Gang who held its digital records for ransom and threatened to make all that
11 hospital patients’ records public unless they got paid \$1 million in cryptocurrency. This also
12 happened to a hospital in France, I think, about two years ago, where hackers also threatened to
13 make patients’ files public. The French hospital refused to pay, nothing was made public, and the
14 hospital got the records back quickly. Merchant Hospital refused to pay the amount demanded and
15 negotiated the kidnapers down to just peanuts. But I don’t think Merchant got their records
16 back—at least according to the ‘net.

17
18 After those two ransomware attacks, lots of white hat hackers on the ‘net diagnosed a
19 typical hospital’s vulnerabilities to cyber-terrorists and told anyone in the world who could use
20 Google how to significantly reduce the chances of getting cracked. When Dr. High and Mighty
21 blew me off as being unrealistic, “overly-dramatic,” and missing “the big picture” going forward,
22 I warned everyone at the CTG meeting that if they rolled out the PMT, they better have a stash of
23 cryptocurrency on hand ready to buy back their records because it takes time to set up a
24 cryptocurrency account and purchase enough TEPCoin to pay a ransom—during which time there
25 could be all kinds of chaos. Parish said the hospital would not negotiate with terrorists as a matter
26 of policy in order to deter future attacks. Parish figured that if TGH was attacked, the worst that
27 could happen was the patient records could be made public. This would be unfortunate, Parish
28 said, but that “collateral damage” did not justify encouraging cyberterrorism. Parish justified this
29 position because it was a parallel policy of many countries, the U.S. included, of not negotiating
30 with terrorists. Unbelievable!

31
32 Parish didn’t understand that unless the ransom was paid, the data could just disappear,
33 forever! I pushed for more security testing, or at least that the system should be rolled out on a
34 limited basis with more firewalls, but Dr. High and Mighty blew me off, saying, “All of that is
35 unnecessary. Plus, I’ve promised the hospital Board of Directors that the paperless system would
36 go online no later than the end of March of this year, and the policy language I am proposing
37 specifically allows the Board to override the policy—so there’s no way patients would ever be in
38 danger. Now, I’ve heard enough from you. If you don’t like what we’re doing here, go work
39 someplace else.” Wow! The PMT couldn’t possibly have been ready to go online by the end of
40 March!

1
2 Well, I don't give up so easily. That evening, I found the email address of the chair of the
3 hospital's Board of Directors (Board), Dr. Virginia Foxx. I emailed her all of my concerns
4 regarding how vulnerable the paperless records software was to cyber-attack, explaining that more
5 time was needed to fix the gaping holes in its security system. That email is at the bottom of Exhibit
6 7. (By the way, I find it absolutely hilarious that Dr. High and Mighty used that same email thread
7 to demonstrate to Dr. Foxx the complete inability to fix the virus – what a fool!) In my email to
8 Dr. Foxx, I emphasized that the system needed further testing to be sure it was adequately protected
9 from attack. Well, I now know that Dr. Foxx told Parish about my email. But Parish apparently
10 convinced the Board that I was a real flake and should be disregarded—obviously, since the Board
11 approved the new system without any more security checks, tests, or fixes! They hadn't even
12 planned for a testing period or a staggered rollout so the doctors and staff could get used to the
13 system and CTG could work out the bugs that would inevitably occur. Parish returned from the
14 March 1 meeting furious at me. We are talking major volcano action! The next day, on March 2, I
15 was summoned into Parish's office and Parish yelled at me again, accusing me of being an
16 insubordinate, opinionated, egocentric non-team player (among other things), and then fired me. I
17 was given 30 minutes to clear out my workspace and get out. Security officers literally “perp-
18 walked” me out of the building in front of everyone. I was humiliated. All my co-workers probably
19 thought I'd been caught stealing drugs from the hospital.

20
21 Because I was fired and Parish refused to give me a letter of recommendation, I couldn't
22 find another similar job. I didn't want to spend my precious time loading software on customers'
23 new Orange laptops at the local meAppliance Super Store. I was going to get back at Dr. High and
24 Mighty if it was the last thing I'd do. I spent all of my days (and nights) on the web connecting
25 with lots of groups of white, gray, and yes even some black hat hackers and crackers learning how
26 cyberterrorists plant malware on computers. Usually they use a “Trojan horse” and some kind of
27 malware or ransomware. When a Trojan horse is used, the target clicks on a link inside an open
28 email and the virus automatically downloads in the background and does its damage. And if it's a
29 ransomware virus, it can encrypt certain files on the computer (and any other computer connected
30 to that first computer) essentially making them unreadable by anyone that doesn't have the key
31 code. As the name suggests, the attacker is holding the files hostage and demanding a ransom.
32 After the terrorist is paid over the 'net with cryptocurrency, like TEPCoin, the code key
33 automatically unlocks files. Payment is always in cryptocurrency because the FBI can't trace it.
34 Smart, right?

35
36 The best way to attack a computer network is to target people in the system with the greatest
37 security privileges so that when they open your virus, you steal their privilege and have access the
38 whole network. It's like stealing the school janitor's key ring; he has the keys to everything in the
39 building on that ring. Get that key ring and you get access to everything. Because I had been in
40 CTG, I knew who had the best privileges in the hospital's system and who was the perfect target—

1 Parish! This had the added advantage of allowing me get sweet revenge. Rather than simply
2 destroying everything on Parish’s hard drive with some malware, I decided to prove how stupid
3 and wrong Dr. High and Mighty was about the cyber-vulnerability of that precious PMT, which
4 was rushed “live” on March 20. The hospital had shut down my old account on their computer
5 system when I left, so I couldn’t log in using that anymore. However, there was a generic email
6 maintenance account that the CTG staff regularly used. I tried logging in to that account and
7 discovered that the password I knew still worked! Really?! The computer security people at the
8 hospital are so stupid - they didn’t remember to change that password!

9
10 Around 11 p.m. on April 1 (Ha! April Fools, fool!), I hacked into Parish’s TGH email
11 account and found a lot of email from Parish’s homeowners’ association – Ransom Hills. I then
12 sent a fake email to Parish and made it look like it was from the homeowners’ association with a
13 subject line that would surely capture Parish’s attention: “Ransom Note” (the double meaning was
14 hilarious!). The only text in the email was something like “Rattlesnake spotted in Ransom Hills
15 near the community pool. See the attached picture of the snake.” People can’t resist looking at
16 pictures of animals. I made it so when Parish opened the attachment, a Trojan horse would install
17 the ransomware “Purple Drink,” which would then encrypt all of the patient records on the PMT.
18 I programmed it to encrypt only the patient records on all of its computers and servers, nothing
19 else would be affected.

20
21 Because the ransomware attacks on the other two hospitals were not successful, I decided
22 to “up the ante.” I was going to threaten to totally destroy all TGH’s patient records, not just make
23 them public or allow them to negotiate down the amount of the ransom. I also made the ransom
24 demand a very reasonable one hundred and fifty grand—big enough to pay for a smokin’ hot
25 computer gaming lab, but small enough that they could easily pay it. I mean, this hospital almost
26 prints money. I’m not a greedy person. Finally, I mentioned in the ransom note that I was going to
27 send a message to the local media tipping them off that the hospital had been hacked and its records
28 taken for ransom. That evening around midnight, I made an anonymous phone call to an
29 investigative reporter at the local prominent newspaper, the Texas Tornado, and left a message
30 about the hack on her voice mail. I figured that this would increase the pressure on the hospital to
31 pay me quickly. Exhibit 6 is the fake email I sent Dr. High and Mighty and my ransom demand
32 that would have appeared on Parish’s screen.

33
34 I knew that one of two things would happen: either they would blow me off, in which case
35 I’d un-encrypt the files after a couple of days, or they would pay me and quickly to get their records
36 back. I didn’t intend to harm anyone or to actually destroy the patient records. I just needed money
37 to set up my gaming lab. Okay, I also wanted to prove that I was right, that Dr. High and Mighty
38 didn’t know squat about cybersecurity, and that Parish was blowing smoke at the Board about the
39 readiness of the paperless system. Bottom line: I wanted Parish to get fired.

1 Well, I guessed right. TGH paid the ransom—the whole measly \$150,000—around 6:00
2 p.m. the next day, on April 2. Within minutes, I collected the TEPCoin payment; the encryption
3 key had already released the records when the TEPCoin was received in my account. Stupidly, I
4 referred to Parish in my email as “Dr. High and Mighty.” My co-workers knew I always referred
5 to Parish that way, so that together with my recent firing by Parish led the FBI right to my door. I
6 was arrested on April 5. The federal prosecutor charged me with the federal crime of illegal
7 hacking. I’ve already pleaded guilty to that on July 28, 2017, and am now out on bail (Thanks,
8 mom and dad!) and waiting to be sentenced. Because I’m a “first offender,” my lawyer thinks I
9 might get probation as long as I promise never to hack anyone again. If I do, my lawyer says I’ll
10 go to prison for a couple of years!! Bogus! You can’t play video games on the ‘net in prison.

11

12 Further, affiant sayeth naught.

Avery Jackson

AVERY JACKSON

SIGNED AND SWORN TO BEFORE ME on this the 16th day of August, 2017.

1 **ADDENDUM TO STATEMENT BY AVERY JACKSON**
2

3 Hacking the hospital was wrong and really stupid. I am ready to take my medicine for that.
4 But now, out of the blue, the State of Texoma has charge me with homicide—manslaughter! Me??
5 I never imagined that someone would *die!* Ironically, if they refused to pay, the ransomware
6 program was set to automatically release the records at 11:59 p.m. on April 3. I mean, how could
7 I foresee that some stupid doctor or nurse would forget that the dead guy was allergic to some toxic
8 drug after being told he was? His death is not my fault. I did not cause that man’s death! The
9 hospital people are the criminals here! I don’t know anything about treating patients. I categorically
10 deny that I said anything about patients or their treatment in the CTG meeting like the lies in
11 Parish’s statement. I’m a doctor of computers, man – not a doctor of people.

12
13 I am still waiting to be sentenced by the federal judge. We are waiting for something called
14 a “pre-sentence report” to be done by the probation department, which is waiting to see what the
15 verdict is in my state trial. My parents also paid my bail for this stupid manslaughter case, and I’m
16 still holding my breath in hopes of getting probation in the federal case. My lawyer says I would
17 have a much better chance of getting probation if I am found not guilty of manslaughter. Fingers
18 crossed!!!

19
20 Further, affiant sayeth naught.

Avery Jackson

AVERY JACKSON

SIGNED AND SWORN TO BEFORE ME the undersigned authority at 8:00 a.m. on
this the 1st day of trial.

1 **FACT STATEMENT OF ALEX KAREV**

2
3 Hello, my name is Alex Karev and I currently work as a nurse at Ganister Flint Memorial
4 Hospital (GFM) here in Texoma City. I am 34 years old and have worked as a nurse for the last
5 12 years. I'm originally from Russia, which used to be a cool thing but now everyone automatically
6 thinks you're trying to steal their vote. I have been married once before, but I am currently single
7 after my divorce was finalized two years ago. Despite all the heartache in the divorce process, my
8 attorney was very good and my former spouse got hardly anything. Payback is sweet.

9
10 I live in unit 1917 at the Westgate Townhomes on 75th street. It's pretty close to the
11 medical district in Texoma City, where GFM is located. I used to work at Texoma General Hospital
12 (TGH), which is also located in the medical district, until I was fired as a scapegoat to try and
13 distract from the fact that TGH, Dr. Arizona Robbins, Lane Parish, and that paperless medical
14 records system are the reasons that Mulder Scully died tragically on April 2, 2017. I worked in the
15 Accident and Emergency (A&E) department at TGH and saw up to 20 different patients during an
16 18-hour shift. And I'm somehow supposed to remember one allergy for one patient off the top of
17 my head? Isn't that the whole reason TGH got the "paperless" system in the first place? You know
18 what, I should just start at the beginning.

19
20 As a nurse in the A&E department, I was responsible for conducting intake for non-
21 emergency patients and entering their information on a mePad, which would then be stored in the
22 "paperless" records system available for all medical personnel in the hospital. The mePads are
23 stored in central docking stations on each floor of the hospital and are all linked to a mainframe
24 somewhere in the bowels of the hospital. After intake, I would continue to care for patients
25 admitted through the A&E Department, which is not typical at most other hospitals but hardly the
26 most unusual thing at TGH. Speaking of which, the paperless system went active on March 20,
27 2017. It wasn't the easiest thing to transition into. I went to a bunch of seminars and meetings
28 about it. I never saw any doctors in those meetings, but I assume they were given the same
29 instructions. Although they didn't seem to know much about it for the first few weeks.

30
31 On April 1, 2017, just a couple of days after the new system went live, a patient was
32 admitted though the A&E Department who presented with a deep laceration to his left hand. I
33 completed the intake process for the patient—his name was Mulder Scully. I took down Mr.
34 Scully's name, date of birth, medical history, blood pressure, temperature, heart rate, and other
35 vital signs—the standard stuff—and then logged the patient's complaints. Mr. Scully said that he
36 fell off a ladder while using some hedge trimmers in his yard and cut his left hand on the trimmers.
37 The bleeding had stopped, but Mr. Scully's hand was very swollen and I was concerned he could
38 have picked up an infection from the hedge trimmers. I asked if Mr. Scully had any allergies, just
39 like I always do during intake, and he mentioned penicillin—an antibiotic. Mr. Scully said that

1 was the only one. I asked if he was sure, and Mr. Scully said “yes.” You can see all of that in
2 Exhibit 3, which is a copy of his medical chart as it would appear on the mePad screen.

3
4 I moved on to the next section on the intake form using a mePad, but then Mr. Scully’s
5 adult child, Dana Scully, who was also there said, “Dad, aren’t you allergic to naproxen?”
6 Naproxen is an anti-inflammatory, pain reliever, and fever reducer. The patient thought for a
7 moment and then said naproxen was also an allergy. I could tell the patient was clearly having
8 memory troubles, but it wasn’t out of the ordinary for someone as old as Mr. Scully. I went back
9 to the allergy section on my mePad and recorded naproxen. Then I put a bright red wristband that
10 says “ALLERGY” on the patient’s right wrist. The allergy wristband doesn’t have room to write
11 down each individual allergy, but it reminds the medical staff to double-check for any allergies
12 before giving any medication. Exhibit 1 is a picture of a red “ALLERGY” wristband like the kind
13 TGH used when I worked there—the same kind I put on Mr. Scully’s wrist. I’m pretty sure Dr.
14 Robbins was in the room when the family member mentioned the second allergy, but in any event
15 Dr. Robbins came into the exam room towards the end of the intake process. Dr. Robbins came by
16 to ask about a different patient but took a few minutes to examine Mr. Scully’s injured hand. Dr.
17 Robbins prescribed 10 milligrams of hydrocodone and ordered a CT scan to check the extent of
18 the injuries, which is what I would have recommended. Mr. Scully was taken to have the CT scan
19 done.

20
21 Dr. Robbins reviewed the CT scan results and recommended that Mr. Scully stay overnight
22 for observation and to ensure the swelling went down. I moved Mr. Scully into a room 1007 on
23 the tenth floor of the A&E department. I think I got Mr. Scully situated in Room 1007 about 5:00
24 p.m. that day because my shift ended at 6:00 p.m. and Mr. Scully asked me several times what
25 time it was, which I attributed to the hydrocodone. I also know I left about an hour after finishing
26 up with Mr. Scully. My next shift was on April 2. I arrived just before 8:00 a.m. and tried to read
27 all the reports for the patients in the A&E department to get up to speed for anything that had
28 happened while I was off. There is a pretty high turnover of patients in the A&E department, and
29 sometimes a patient’s condition gets better or worse when you’re not on shift. Another nurse told
30 me that the hospital had been hit by a ransomware attack that had locked up all the medical records.
31 I had heard of ransomware attacks but I had no idea what it actually meant. Sure enough, the
32 mePad couldn’t access anything on the paperless system. All the medical equipment was working
33 like normal. It was just the patient medical records that we couldn’t access on the “paperless”
34 network.

35
36 I stopped by Room 1007 and saw Mr. Scully and Dana about 10:30 a.m. Mr. Scully still
37 had a lot of swelling in his left hand but there was some improvement from the day before. I told
38 them it just might take some extra time for the swelling to go down. I made rounds on the tenth
39 floor to check on the 12 other patients who I was caring for, and I checked back in on Mr. Scully
40 about 4:00 p.m. The swelling seemed to have gotten worse. I called Dr. Robbins, reported the

1 patient's condition, and asked Dr. Robbins to re-examine the patient. Dr. Robbins met me at Room
2 1007 and examined Mr. Scully. The doctor asked a couple of questions and scribbled out a
3 prescription for Bocotraxophen and penicillin. Bocotraxophen is for swelling and pain
4 management, and penicillin is an antibiotic use to combat infection. I knew the patient had an
5 allergy because he was wearing a red "ALLERGY" wristband, but I couldn't obviously access the
6 patient's medical records with the system down. I told Dr. Robbins we should double check the
7 allergy. The doctor groaned and then hurriedly asked the patient about any allergies. Mr. Scully
8 said only one, penicillin. Dr. Robbins said "oh, that's right," changed the antibiotic to amoxicillin,
9 and ordered me to administer the medications to Mr. Scully STAT. That means immediately. I
10 obtained both medications from the internal pharmacy and went back to Room 1007 to administer
11 them. I told Mr. Scully that I would be back to check on him in a little bit. That was about 4:45
12 p.m.

13
14 The hospital was still going a bit nuts behind the scenes because the records were down. I
15 circled back with three of my other patients on the tenth floor and returned to Mr. Scully's room
16 probably about 5:30 p.m. That's when I realized something was really wrong. Mr. Scully appeared
17 to be having a bad reaction to the medication the Doctor had ordered. I paged Dr. Robbins who
18 rushed down to the room. The doctor examined the rash on Mr. Scully neck and face, and I could
19 tell Mr. Scully was not in a good condition because he was having trouble breathing and suffering
20 from hypotension. Dr. Robbins and I started arguing over which treatment to give the patient and
21 yelling about the ransomware attack and how we couldn't access the medical records. Dr. Robbins
22 was frustrated and said: "I swear, someone is going to have to die during one of these ransomware
23 attacks before a hospital will do something about it. We need these records!"

24
25 Then something weird happened. A nurse down the hall screamed "the records are back!"
26 I ran and grabbed a mePad from the nurse's station, pulled up Mr. Scully's records, and ran back
27 to Room 1007. I showed the doctor the medical records on the mePad and Dr. Robbins said, "Oh
28 no, the patient is allergy to naproxen." Dr. Robbins told me to call a Code Blue and then ran past
29 me and nearly knocked me down. I assume the doctor went to get some different medication or
30 another doctor, but I don't know. I called a Code Blue, grabbed the crash cart, and found the auto-
31 injector for epinephrine, which is always the first drug administered to treat anaphylaxis. But Mr.
32 Scully didn't respond to the epinephrine. Then he flat-lined and I knew we had to establish an
33 airway fast. We performed an emergency tracheotomy and performed CPR, but Mulder Scully
34 sadly died on April 2, 2017 at 6:02 p.m. About five minutes after we called the time of death, Dana
35 Scully showed up at the room with the patient's two grandchildren. We explained to Dana what
36 had happened but Dana just started screaming at us—but mostly at me—about why didn't we
37 remember Mr. Scully's allergy to naproxen and why didn't we call Dana at the number written on
38 the white board before giving Mr. Scully any strong drugs. Dana also started babbling about some
39 colors swirling around my head, which didn't make any sense, but I totally understood Dana was
40 going through a really tough time. That aspect is probably the worst part about my job.

1
2 TGH did an investigation and I spoke to some guy in a suit with a green tie for about two
3 hours. The meeting went fine, or so I thought. About a week and a half later, I received a
4 termination letter saying that I had been fired because I screwed up during Mr. Scully's death.
5 That's totally bogus. If anyone screwed up, it was Dr. Robbins or TGH for putting in that stupid
6 paperless system. And I hate to say this, but the patient has himself to blame too since he couldn't
7 remember his own allergies. I later learned we got the medical records back because TGH finally
8 paid the ransom to the hacker—after bragging about their policy of “not negotiating with hackers.”
9 Not only did TGH put their patients' lives at risk while they sat on their hands, but ultimately they
10 didn't even stick to their own policy as shown in Exhibit 5. I am not saying I condone hackers or
11 sending a ransomware attack to a hospital—that's illegal for a reason. But a hospital's number one
12 goal is to protect their patients, not their bottom line or their image in the press. It's shameful that
13 TGH didn't figure that out until it was too late.

14
15 Further, affiant sayeth naught.

Alex Karev

ALEX KAREV

SIGNED AND SWORN TO on this the 15th day of August, 2017.

1 ADDENDUM TO STATEMENT OF ALEX KAREV

2
3 In case it matters, I want to be clear that I am an American citizen. I hold dual citizenship
4 from Russia and the United States, and frankly I might be the only one.

5
6 Yes, Exhibit 2 is a picture of the whiteboard in Room 1007 with Dana’s phone number on
7 it. I remember watching Dana write the number on the board, but there was no time to make any
8 phone calls once we called a Code Blue.

9
10 I did not mark in Mr. Scully’s medical records that he was suffering from memory problems
11 because it wasn’t noteworthy – it was typical for a 75-year-old patient. I still can’t believe that I
12 got sued by Mr. Scully’s family. That case was settled almost as fast as TGH firing me, but I did
13 not—and still do not—admit any fault.

14
15 I’ve read the investigation report summary in Exhibit 8 and it sounds like TGH had made
16 up their mind before they even started an investigation. The investigator even confirms that Dr.
17 Robbins was in the exam room when Dana Scully reminded Mr. Scully about his allergy to
18 naproxen. So, the nurse is required to remember that detail but the doctor isn’t? Typical big
19 corporation hospital...

20
21 Further, affiant sayeth naught.

Alex Karev
ALEX KAREV

SIGNED AND SWORN TO BEFORE ME the undersigned authority at 8:00 a.m. on this
the 1st day of trial.

1 **FACT STATEMENT OF ADDISON MONTGOMERY**

2
3 My name is Addison Montgomery and I am precisely 38 years, six months, and seven days
4 old as of the date of this Statement, my date of birth being Friday, February 29, 1980. I am a
5 medical doctor, practicing in the area of infectious disease and immunology vis-à-vis medical
6 research. I have reviewed all of the available medical information, including all the exhibits and
7 fact statements in the case of the unfortunate death of Mulder Scully.
8

9 My background is simple. I was raised outside of Gardenville, Pennsylvania in a small
10 town called Wismer. My family immigrated to the Texoma area when I was 6 years, 8 months,
11 and 3 days old. My father, who was a gifted cardio-thoracic surgeon, was hired as the Chief of
12 Staff of the Methodist General Hospital in Elliott, Texoma.
13

14 As for me, I graduated as Valedictorian from Yarbro College Preparatory School in
15 Huxtable, Texoma and received the prestigious Hibbert Scholarship to attend Southern Texoma
16 University (STU). (To answer your question, yes, I skipped several grades and graduated in 1996
17 at the age of 16 years 3 months and 2 days.) Despite also receiving several (and I do mean several)
18 other scholarship offers, all of which were full tuition, room, board, books, etc. from many colleges
19 and universities of which you have no doubt heard, I elected to stay in Texoma and complete my
20 education at STU. I graduated in the top three of my class, Summa Cum Laude, with degrees in
21 Biology and Biochemistry, as well as a minor in Philosophy. In a mere three years in 1999. I was
22 recruited by several outstanding medical schools and eventually settled on the renowned
23 Karolinska Institute in Stockholm, Sweden. I received a fellowship for medical research, which
24 was the area of medicine that had interested me since I was 10 years, 4 months, and 12 days old
25 when my mother died of Creutzfeldt Jakob Disease. I still plan to cure that disease. The educational
26 program at Karolinska is 5 years, 5 months long and, unlike in the United States, occurs during
27 medical school instead of after residency.
28

29 In 2004, after graduating from Karolinska (with highest honors, first in my class), I returned
30 to Texoma where I completed my residency at Leonard McCoy General Hospital, the premier
31 medical research hospital in the United States. In addition to the usual rotations one undergoes
32 while in Residency, I spent a great deal of time learning at the feet of Dr. Drake Ramoray, one of
33 the top brain surgeons and medical researchers in the world.
34

35 After completing residency in 2007, I worked briefly at Northern Texoma Doctor's
36 Hospital with Dr. Christina Yang studying disease and allergies, as well as drug interactions and
37 treatment for various ailments. In 2013, I was recruited by St. Nicholas Texoma Hospital to be
38 their #2 medical research doctor and, in 2017, I became the youngest lead medical research doctor
39 in the State. It was at this time that I also opened up my practice to the legal field where I offer
40 opinions as to various medical issues. As a high-level medical researcher, I am familiar with many

1 aspects of medical practice, including hospital administration and personnel, as well as
2 immunology, drug interaction, allergies, and disease pathogens.

3
4 I was hired by the Defendant to render an opinion as to the cause of the death of Mulder
5 Scully. It is my opinion that the unfortunate death of Mr. Scully was caused by the negligence of
6 the hospital and the hospital personnel, and this tragedy was preventable, yet at some point
7 unavoidable. Nothing done by the Defendant contributed to the death of Mr. Scully, which almost
8 certainly would have happened regardless of the status of the information system at the hospital.

9
10 My review revealed that the hospital had recently adopted a “paperless” environment, as
11 have other hospitals in the United States. On April 1, 2017, Mr. Scully was admitted to the hospital
12 though the Accident and Emergency Department for an injured upper appendage. Mr. Scully told
13 a nurse that he had an allergy to penicillin but omitted a more serious allergy to naproxen, a
14 common Non-Steroidal Anti-Inflammatory Drug (NSAID). It was a family member who reminded
15 Mr. Scully that he had an allergy to these drugs, one of which is a very new drug called
16 Bocotraxophen. The nurse entered both into the system as shown in Exhibit 3.

17
18 Some background on Bocotraxophen is appropriate. This drug was created by Hawkins-
19 Cepeda Laboratories in the second quarter of 2014 as a derivative of acetaminophen. Pre-clinical
20 testing started immediately, as the potential for “Boco” as a Non-Steroidal Anti-inflammatory was
21 immense. That testing was conducted over a period of approximately 18 months, and consisted of
22 equal parts *in vitro* and *in vivo* testing. On June 6, 2016, Hawkins-Cepeda received approval to
23 conduct clinical trials with the drug. A broad, sweeping trial was begun immediately. This step of
24 the drug development process (Step 3) generally takes the longest, once a drug has been
25 discovered. Clinical trials last between one and four years, and sometimes even longer. There are
26 4 phases within Step 3, each of which increases the number of participants while at the same time
27 eliminating potential drugs due to anything from ineffectiveness to side-effects. Clinical trials
28 follow a typical series from early, small-scale, Phase 1 studies to late-stage, large scale, Phase 3
29 studies.

30
31 Hawkins-Cepeda ultimately involved more than 15,000 subjects in their clinical trials,
32 which is a large clinical trial. Compared to other NSAIDs on the market, Boco was shown to have
33 fewer and less severe side-effects; and those that were extant occurred very infrequently. Most
34 reactions were mere mild urticaria, also known as skin rashes. The only truly concerning
35 contraindication was found in a very small number of patients who experienced NSAIDs-
36 exacerbated respiratory disease (NERD). This condition can provoke symptoms very similar to
37 asthma, but it does not respond to epinephrine, which is typically the first treatment for an allergic
38 reaction or during CPR. While NERD is usually mild, there was a significant morbidity rate of
39 those who developed NERD during the clinical trial of Bocotraxophen, especially since most of
40 those patients fail to respond to epinephrine. Hawkins-Cepeda managed to push Bocotraxophen

1 to market after a whirlwind nine month trial, with the drug hitting pharmacies nation-wide on
2 February 15, 2018. I was concerned that Bocotraxophen was not well-tested enough, but the drug
3 was rolled out and was almost immediately hailed as the newest and best NSAID available. I will
4 describe what an NSAID does on a very basic level since no one would understand it as I do. An
5 NSAID like Bocotraxophen blocks chemicals produced within the body that cause inflammation
6 necessary for healing. Inflammation is indubitably reduced with an NSAID.
7

8 When Mr. Scully reported to the hospital, he was unable to recall all of his allergies,
9 particularly his allergy to naproxen. As noted above, Boco is a strong derivative of naproxen. At
10 any rate, the injury which brought Mr. Scully to the hospital was a fairly severe laceration with
11 tearing of the supporting dermis. This injury certainly would have needed some sort of suture, and
12 the injury would have, no doubt, caused substantial soft tissue swelling. Mr. Scully told the treating
13 doctor and nurse about his allergy to penicillin, which is a fairly common allergy and easy enough
14 to work around with different antibiotics. Again it was the family member who reminded Mr.
15 Scully of his allergy to certain naproxen. The nurse recorded the allergy and issued an allergy wrist
16 band; all perfect protocol.
17

18 The assertion that the Defendant is somehow responsible for the death of Mr. Scully is
19 fiction. First of all, it was not the Defendant who did not recall the allergy. NSAID allergies are
20 not at all uncommon. And the vast, sweeping majority of allergies to NSAIDs are fairly benign.
21 Mr. Scully's death was caused by his allergic reaction to Bocotraxophen, which caused
22 anaphylaxis. Knowing he had been given Boco very recently and that he was allergic to another
23 NSAID, naproxen, the moment Mr. Scully's breathing became labored and he failed to respond to
24 the injection of epinephrine, medical staff should have recognized the condition and administered
25 either an inhaler or an injection of Fepivivrant, a drug that I helped bring to market, which can
26 almost instantly alleviate the symptoms of asthma, which is what NERD resembles. It was the
27 failure of the medical staff to properly diagnose and treat the patient's allergic reaction that caused
28 Mr. Scully's death. Even with their records intact, there is a likelihood that Mr. Scully could have
29 been administered a dose of Bocotraxophen. The bottom line is that, records or no records, the
30 hospital staff should have realized how to treat their patient when the throes of his reaction to Boco
31 became obvious.
32

33 Further, affiant sayeth naught.


ADDISON MONTGOMERY

SIGNED AND SWORN TO on this the 5th day of September, 2018.

ADDENDUM TO STATEMENT OF ADDISON MONTGOMERY

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The charges for my services are \$1,200 per hour for each hour of record review and preparation for testimony with a five hour minimum. I also charge \$2,500 per hour for testimony, with a three-hour minimum. I have reasonable travel requirements, but since this case is in my home city, I am waiving my mileage and lodging fees.

Make no mistake, Dr. Robbins is the one who erred. As Dr. Robbins pointed out, there is very, very small risk that a patient would develop a serious and life-threatening reaction to Bocotraxophen due to a naproxen allergy. Thus, even if Dr. Robbins knew about the allergy, it would still have been a reasonable medical decision to give Bocotraxophen to Mr. Scully because the benefits greatly outweigh that small risk. However, when Mr. Scully developed the serious reaction and failed to respond to the epinephrine, Dr. Robbins should have immediately recognized the patient was experiencing NERD and should have behaved accordingly.

Dr. Robbins literally ran away from the problem and left the room. That is exactly the opposite of what a medical professional is supposed to do, and Dr. Robbins' many failures led to the patient's death. Nurse Karev should be applauded for taking control and trying to save Mr. Scully, and it's a shame TGH instead decided to terminate Nurse Karev rather than Dr. Robbins.

Further, affiant sayeth naught.



ADDISON MONTGOMERY

SIGNED AND SWORN TO BEFORE ME the undersigned authority at 8:00 a.m. on this the 1st day of trial.



Exhibit 1

Welcome:

Mudder!

Today is:

04/01

Room #

1007

Doctor:

A. Robbins

Phone #

X-5498

Nurse:

Alex K.

Aide:

Doogie

Plan of Care:

Wound mgmt.
Change dressing

Done
279) 555-0160

Exhibit 2



Texoma General Hospital PMT - Patient Chart and Medical Records

Patient #	SSN	Last Name	First Name	MI	Gender	Age
125671-21	775-11-0091	SCULLY	MULDER	N	MALE	75
Address:		2424 Texoma Peak Rd		Status:	Stable - laceration left hand	
					Referral: NA	
		Texoma City, Texoma 12321			Intake: A. Karev	
Home Ph.		279-555-1121		Marital Status:	Married	
Cell Ph.		279-555-0160 (Dana Scully)		Email Address:	NA - Call Dana Scully	
Work Ph.		NA			Date: 4/1/2017	
Employer		NA - retired		Ext:	Temp: 100.2	
Last Note:		4/1/2017		By:	A. Karev	
				Summary:	CT Scan per Dr. Robbins	

ALLERGY ALERT: (1) Penicillin; (2) Naproxen

Wristband: v

Encounter Notes	Treatment Log												
<p>Pt trimming hedges w large hedge clippers, fell, cut left hand Large laceration, bleeding stopped; poss. ligament dmg Pt states pain 7/10</p>	<p>Dr. Robbins observations, visual exam; signif swelling Hydrocodone 10mg (oral); monitor swelling CT scan ordered to det extent of dmg CT scan reviewed; Pt admitted overnight for observ.</p>												
Medications	Test Tracking & Images												
<p>Hydrocodone 10mg (4-1-18) (oral) Poss. 2d dose needed</p>	<p>CT Scan <link> Results - poss lig dmg, swelling prevents further diagnosis Follow up after swelling has reduced</p>												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">PRINT</td> <td style="width: 33%;">Encounter Entry</td> <td style="width: 33%;">Intake Qs</td> </tr> <tr> <td>MESSAGES</td> <td>Differential Diagnosis</td> <td>Enter/Update</td> </tr> </table>	PRINT	Encounter Entry	Intake Qs	MESSAGES	Differential Diagnosis	Enter/Update	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Medications</td> <td style="width: 33%;">Tracking/Images</td> <td style="width: 33%;">SEARCH</td> </tr> <tr> <td>Log Meds/Rx</td> <td>Log Tests</td> <td>EXIT</td> </tr> </table>	Medications	Tracking/Images	SEARCH	Log Meds/Rx	Log Tests	EXIT
PRINT	Encounter Entry	Intake Qs											
MESSAGES	Differential Diagnosis	Enter/Update											
Medications	Tracking/Images	SEARCH											
Log Meds/Rx	Log Tests	EXIT											

**TEXOMA GENERAL HOSPITAL
INTERNAL MEMORANDUM**

FROM: Lane Parish, Chief Information Officer

TO: Board of Directors

DATE: February 21, 2017

RE: Proposed Ransomware Policy

It has come to my attention that hospitals in this country and elsewhere have been victimized by ransomware cyberattacks that have disabled their computerized records until the hackers were paid a ransom. I, and my entire Computer and Technology Group, have full faith in the security of the hospital's network and its paperless records system. However, we recognize that the hospital should have a plan in case a hacker is somehow successful at significantly disrupting our robust technology protections.

After a thorough meeting with the Computer and Technology Group, I am pleased to propose the following language for the Board to consider as Texoma General Hospital's new Ransomware Attack Policy:

Response to Ransomware Attacks: Subject to the terms and conditions of any indemnity agreements entered into by the Hospital, in the event of a ransomware attack, it is the policy of the Hospital not to pay — in any amount or form — any individual or group who conducts a ransomware attack against the Hospital. The Hospital Board may supersede this general policy in cases of emergency involving a complete denial of access to all patient records or similar risks to the health and safety of our patients.

The overall goal of the proposed policy is to provide the Board and the Computer and Technology Group the opportunity to determine the nature and extent of the attack, and the probable risk to our patients before deciding whether to contravene this policy. Moreover, refusing to negotiate with hackers will discourage further hacks because hackers will realize there is no reward for doing so. Finally, we note that one of the hospitals that paid the ransom never got its records back.

My team and I look forward to the Board's response.

Texoma General Hospital – Policies and Procedures

Section 4 — Malicious Computer Attacks

§ 4.2: Responses to Ransomware Attacks — Subject to the terms and conditions of this Policy or any other indemnity provision entered into by the Hospital, in the event of a ransomware attack as defined in § 4.1, it is the general policy of the Hospital not to pay — in any amount or form — any individual or group who conducts a ransomware attack against the Hospital. The Hospital Board may supersede this general policy in cases of emergency involving a complete denial of access to all patient records.

From: Ransom Hills HOA <HOA@RansomHills.com>
Sent: Saturday, April 1, 2017, 10:58 PM
To: Lane Parish <Lane.Parish@tgh.com>
Subject: Ransom Note

Neighbors: A rattlesnake was spotted in Ransom Hills near the community pool! See the attached picture of the snake.

<<snakepix.jpeg>>

[Attachment]

Pop quiz, Dr. High and Mighty! You just installed 'Purple Drink' on your computer and it is now filtering throughout the entire hospital network encrypting all of your medical records. You have 48 hours to deposit \$150,000 worth of TEPCoin into the Dark Web account provided below. This is not negotiable!!! If you don't pay, all the medical records on that new paperless system of yours will be DESTROYED! So, what do you do? The clock is TICKING!

P.S. I have notified the local media that you've been hacked and all your patient files have been grabbed. Ooooh! Bad publicity!! Better act FAST!!!!

Here's the account into which you **MUST** deposit the TEPCoin: ccbankx.dw/crypto/account/31415926535

Exhibit 6

From: Chairman of the Board of Directors – Virginia J. Foxx, M.D. <Virginia.Foxx@tgh.com>
Sent: Sunday, April 2, 2017 7:08 AM
To: Lane Parish – CIO <Lane.Parish@tgh.com>
Subject: Re: Paperless Records

I'm extremely disappointed Lane – for a multitude of reasons that frankly I don't have the time or energy to go into now.

I would strongly recommend that you have a plan of action for the Board this morning. I've been at the hospital now for 15 minutes and I've heard the fire alarm go off twice already. This is ridiculous!

Best,
Dr. Virginia J. Foxx
Chairman of the Board of Directors
Texoma General Hospital

From: Lane Parish – CIO <Lane.Parish@tgh.com>
Sent: Sunday, April 2, 2017 7:01 AM
To: Chairman of the Board of Directors – Virginia J. Foxx, M.D. <Virginia.Foxx@tgh.com>
Subject: Re: Paperless Records

Dr. Foxx:

I'm sorry, but I have been unable to fix this situation. I have tried everything I can think of but nothing has worked. The medical records are still the only thing that appears to be locked up, but I have made no progress.

I will be at the 10:30 meeting and we can discuss how to address this. I have called in my entire team, and we will continue to work on the problem until we find a way to fix it.

When you get to the hospital, don't worry if you hear the fire alarm going off every now and then. It started going off last night as I was working to fix the problem. I don't think it's something I did, but truthfully I have no idea. I called in the facilities manager to look into the fire alarm problem so I can focus on the ransomware virus.

And I hate to be the bearer of more bad news, but the local news was in fact notified about the attack. I've seen two stories already on social media, and a couple members of my team forwarded me an additional one from the Texas Tornado.

Sorry again.

Sincerely,
Lane Parish
Chief Information Officer, Texoma General Hospital

From: Chairman of the Board of Directors – Virginia J. Foxx, M.D. <Virginia.Foxx@tgh.com>
Sent: Sunday, April 2, 2017 5:41 AM
To: Lane Parish – CIO <Lane.Parish@tgh.com>
Subject: Re: Paperless Records

Lane, are you kidding me?! Is this some sort of practical joke for April Fool's Day? If so, I am not laughing one bit.

I assume you aren't joking, so I have contacted the rest of the members on the board of directors and we have a meeting set at 10:30 this morning to address this situation. The board members are NOT going to be happy about having to meet early on a Sunday morning. And we absolutely are not going to pay that ransom amount. I don't care what the virus has done. I expect you and your team to figure out how to unlock this virus ASAP. That is what we pay you for.

I have not seen anything on the news about this yet, but that doesn't mean something won't pop up on the internet sometime this morning.

GET TO WORK!

Best,
Dr. Virginia J. Foxx
Chairman of the Board of Directors
Texoma General Hospital

From: Lane Parish – CIO <Lane.Parish@tgh.com>
Sent: Saturday, April 1, 2017 11:29 PM
To: Chairman of the Board of Directors – Virginia J. Foxx, M.D. <Virginia.Foxx@tgh.com>
Subject: Re: Paperless Records

Dr. Foxx:

I was checking my emails just now and opened a link in an email from my homeowners' association in Ransom Hills. The email said something about rattlesnakes being spotted near the community pool so I clicked on a link in that email . . . and then something bad happened. There was a sound of a toilet flushing and my monitor went black, then purple, and a message appeared with a countdown timer.

The message said I had installed something called "Purple Drink," which was spreading through the hospital's network and had locked all of the medical records on our system. The message then demanded we pay \$150,000 in TEPCoin, some sort of cryptocurrency, within 48 hours or the medical records will be destroyed. I'm pretty sure this is one of those ransomware attacks that have been going on.

Well, I checked our records system and sure enough all of the medical records are locked down. I can't access any of them from my computer or any of the mePads that are connected to the system. No matter. I am going to work on breaking the ransomware virus tonight. After all, we do not negotiate with hackers! I will let you know when I have broken the virus and everything is back online, which shouldn't take me very long.

Feel free to shoot me an email (the email system still works) or give me a call if you have any questions or concerns. I'll follow up ASAP.

Oh, one more thing, the hacker claims to have already alerted the media about this but I haven't seen anything on the internet about this, so I think that's totally a bluff.

Sincerely,
Lane Parish
Chief Information Officer, Texoma General Hospital

From: Lane Parish – CIO <Lane.Parish@tgh.com>
Sent: Wednesday, February 22, 2017 8:14 AM
To: Chairman of the Board of Directors – Virginia J. Foxx, M.D. <Virginia.Foxx@tgh.com>
Subject: Re: Paperless Records

No. I will handle this.

Thanks for letting me know.

Sincerely,
Lane Parish
Chief Information Officer, Texoma General Hospital

From: Chairman of the Board of Directors – Virginia J. Foxx, M.D. <Virginia.Foxx@tgh.com>
Sent: Wednesday, February 22, 2017 6:04 AM
To: Lane Parish – CIO <Lane.Parish@tgh.com>
Subject: Fwd: Paperless Records

FYI – see below from one of your employees. Let me know if you want to discuss.

Best,
Dr. Virginia J. Foxx
Chairman of the Board of Directors
Texoma General Hospital

From: Avery Jackson <Avery.Jackson@tgh.com>
Sent: Tuesday, February 21, 2017 8:44 PM
To: Chairman of the Board of Directors – Virginia J. Foxx, M.D. <Virginia.Foxx@tgh.com>
Subject: Paperless Records

Dr. Foxx,

You don't know me, but I'm one of the employees in the Computer and Technology Group under the blind direction of Lane Parish. I'm sending you this

email because I have serious concerns about the paperless records system that Lane is proposing. I have analyzed the software package provided by our outside vendor, and it has JURASSIC security flaws that will put the hospital at serious risk of being hacked. A middle schooler could crack into our system and then god knows what would happen to the patients here.

Today, during a CTG meeting, I raised all of these concerns (and more!) to Lane Parish but Lane completely ignored me. It's difficult to decide what is more ill-equipped: Lane running the CTG group, or the paperless records system running the hospital's internal system. You are playing with fire on both fronts.

As a doctor, I urge you to reconsider the risks posed by the paperless records system championed by Dr. High and Mighty (aka Lane Parish). You shouldn't have too much trouble figuring out why that is Lane's nickname.

A.J.

**TEXOMA GENERAL HOSPITAL
SUMMARY OF INTERNAL INVESTIGATION**

Investigator: Derek Shepard

Subject of Investigation: Death of Mulder Scully; Ransomware Attack April 1-2, 2017

Date of Report: April 17, 2017

Dear Board of Directors:

I have completed my internal investigation regarding the death of a patient named Mulder Scully that occurred in Room 1007 at Texoma General Hospital on April 2, 2017. This report summarizes my findings and proposed recommendations. To prepare this report, I analyzed the relevant medical records for the patient and interviewed the nurse and treating physician, Alex Karev and Dr. Arizona Robbins, respectively. I also reviewed section 4.2 of TGH's Policies and Procedures regarding ransomware attacks. Finally, I note that Avery Johnson was arrested on April 4, 2017 and charged with a federal hacking crime for the ransomware attack on TGH.

Mulder Scully, the patient, died as a result of an allergic reaction to Bocotraxophen, which is a derivative of naproxen and is prescribed to reduce swelling and pain. Alex Karev told me that the patient's family member, Dana Scully, was present during intake and that Dana was the one who mentioned the naproxen allergy. I confirmed the allergy was noted in the patient's electronic medical chart. However, when Dr. Robbins decided to prescribe Bocotraxophen on April 2 to address the patient's swelling, the electronic medical records were not accessible due to the ransomware attack.

At that time, Nurse Karev should have remembered that the patient was allergic to naproxen— even without the electronic medical records, which certainly contributed to the patient's death— since it had been barely 24 hours since the patient was admitted. At a minimum, Nurse Karev should have telephoned Dana Scully to confirm the patient's allergies, especially since Dana was the one who told Nurse Karev about the second allergy the day before and had left her contact number. Alex Karev failed on both of these points. Even if Dr. Robbins was in the examination room when Dana reminded Mr. Scully that he had a naproxen allergy, that does not excuse Nurse Karev's failures.

Accordingly, it is my recommendation that Alex Karev should be terminated for failure to meet the appropriate standards of care for nurses employed by Texoma General Hospital.

Derek Shepard

Exhibit 8

RANSOMWARE ATTACK PUTS PATIENTS AT RISK!

January 14, 2017 (Jones Town) — World Press Service: A Jones Town hospital fell victim to a ransomware attack yesterday on Friday, January 13th and was completely unprepared for it. Senior Merchant Hospital officials confirmed to the World Press Service that this ransomware attack was “most likely caused by a direct upload to the system.” When asked if an employee directly uploaded the virus, the source refused to comment further but did indicate that the malware used in this ransomware attack is called “Purple Drink.” Senior Merchant Hospital officials also refused to answer questions about the nature of the virus itself or what systems had been affected. Guy Jouette, an executive in the medical and technology group at Merchant Hospital, released a statement about seven hours after the attack saying that “Merchant Hospital values the health and safety of its patients and at no time during this malicious computer event were any of our patients in danger.” When this reporter tried to follow up with him about the nature of the virus and how it infiltrated the Merchant’s system, Mr. Jouette curtly responded that we should stop “hassling” him.

TEXOMA GENERAL HOSPITAL

PRESS RELEASE

11:30 A.M., APRIL 4, 2017

FROM THE CHAIRMAN OF THE HOSPITAL'S BOARD OF DIRECTORS, VIRGINIA J. FOXX

THREE DAYS AGO, THE TEXOMA GENERAL HOSPITAL WAS THE VICTIM OF A COWARDLY ATTACK BY A CYBER TERRORIST. AS A RESULT, A FEW OF THE HOSPITAL'S COMPUTER RECORDS WERE RENDERED TEMPORARILY INACCESSIBLE, BUT THERE WAS NEVER ANY SIGNIFICANT RISK TO OUR PATIENTS.

THROUGH THE HEROIC EFFORTS OF THE HOSPITAL'S I.T. STAFF, ALL OF THE HOSPITAL'S RECORDS HAVE BEEN RECOVERED AND THE HOSPITAL IS NOW FULLY FUNCTIONAL.

THE F.B.I. IS INVESTIGATING THIS CRIME AND IS CONFIDENT THAT THE ARREST OF THE CYBER TERRORIST IS CLOSE AT HAND.

WHILE WE ARE VERY SORRY FOR ANY INCONVENIENCE THIS INCIDENT MAY HAVE CAUSED, WE CAN STATE WITHOUT QUALIFICATION THAT OUR PATIENTS AND THE PUBLIC NEED NOT FEAR THAT THE TEXOMA GENERAL HOSPITAL IS RENDERING IMPAIRED MEDICAL CARE.

FINALLY, AS A RESULT OF THIS INCIDENT, THE HOSPITAL HAS INSTITUTED NEW AND STRONGER DEFENSES AGAINST CYBER ATTACKS THAT WILL PREVENT THIS FROM HAPPENING AGAIN, INCLUDING REDESIGNING OUR STATE-OF-THE-ART ELECTRONIC MEDICAL RECORDS SYSTEM.