

Ammon Bundy
4615 Harvest Lane
Emmett, ID. 83617
208-986-6001
aebundy@msn.com

IN THE DISTRICT COURT OF THE FOURTH JUDICIAL DISTRICT OF THE STATE OF
IDAHO, IN AND FOR THE COUNTY OF ADA

ST. LUKE'S HEALTH SYSTEM, LTD;
ST. LUKE'S REGIONAL MEDICAL
CENTER, LTD; CHRIS ROTH, an
individual; NATASHA D. ERICKSON,
MD, an individual; and TRACY W.
IUNGMAN, NP, an individual,
Plaintiffs,

Defendants,

Case No. CV01-22-06789

WITNESS / EXHIBITS

vs.

AMMON BUNDY, an individual; and
~~PEOPLES RIGHTS NETWORK; and~~
~~AMMON BUNDY FOR GOVERNOR~~

KEITH REYNOLDS

650 West State Street Room 100
Boise, ID 83720

BRAD LITTLE

903 E Main St
Emmett, ID 83617

SCOTT BEDKE

P.O. Box 89
Oakley, ID 83346

BRENT HILL

1010 S. 2nd East
Rexburg, ID 83440

BLAKE HIGLEY

3056 W Elder St.
Boise, ID 83705

GREG CHANEY

P.O. Box 489
Caldwell, ID 83606

JUDY BOYLE

PO Box 57
Midvale, ID, 83645

DOROTHY MOON

4575 Jordan Creek,
Stanley, ID, 83278

CHRISTY ZITO

8821 Old Highway 30,
Hammett, ID, 83627
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JOHN MCCROSTIE

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JEFF WALL

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MISTE KARLFELDT

2316 N Justin Way

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DIEGO RODRIGUEZ

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Meridian, ID 83642

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Nampa, ID 83651

BRYAN BOWERMASTER

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Boise, ID 83706

MAC RASLEN

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Emmett, ID 83617

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Ada County Persecution Investigator

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Ada County Persecution Investigator

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JINNY PETERSON

ericnjinny@protonmail.com

208-871-5040

DATED THIS DAY, the 8th of November, 2023.

A handwritten signature in blue ink, appearing to read "Ammon Bundy". The signature is stylized with a large, sweeping initial "A" and a long, horizontal stroke extending to the right.

Ammon Bundy

Erik F. Stidham (ISB #5483)
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Boise, ID 83702-5974
Telephone: 208.342.5000
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Counsel for Plaintiffs

NO. _____
FILED
A.M. _____ P.M. _____

MAY 11 2022

PHIL McGRANE, Clerk
By JAMIE MARTIN
DEPUTY

IN THE DISTRICT COURT OF THE FOURTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF ADA

ST. LUKE'S HEALTH SYSTEM, LTD; ST.
LUKE'S REGIONAL MEDICAL CENTER,
LTD; CHRIS ROTH, an individual; and
NATASHA D. ERICKSON, MD, an
individual,

Plaintiffs,

vs.

AMMON BUNDY, an individual; AMMON
BUNDY FOR GOVERNOR, a political
organization; DIEGO RODRIGUEZ, an
individual; FREEDOM MAN PRESS LLC, a
limited liability company; FREEDOM MAN
PAC, a registered political action committee;
and PEOPLE'S RIGHTS NETWORK, a
political organization,

Defendants.

Case No. **CV 01 22 06789**

**ST. LUKE'S COMPLAINT AND
DEMAND FOR JURY TRIAL**

St. Luke's Health System, Ltd. ("SLHS"), St. Luke's Regional Medical Center, Ltd.
("SLRMC"), Chris Roth ("Mr. Roth"), and Dr. Natasha D. Erickson ("Dr. Erickson"),
collectively "St. Luke's Parties" or "Plaintiffs," by and through their counsel, Holland & Hart,
LLP, hereby bring this Complaint against Ammon Bundy ("Bundy"), Ammon Bundy for
Governor ("Bundy Campaign"), Diego Rodriguez ("Rodriguez"), Freedom Man Press LLC

Exhibit 2

<https://youtu.be/odjnGcmla70>

Exhibit 3

<https://youtu.be/T04KV7Ds6EA>

Exhibit 4

<https://youtu.be/ToLyf6XW7r0>

Exhibit 4a

<https://pplsrghts.org/3f51d298-daf4-4d77-b25e-9d78394dc5a1>

Exhibit 5

Result Date: 3/2/2022

1. Normal duodenum. Negative for malrotation. 2. Grossly unremarkable esophagus and stomach, allowing for partially limited evaluation. Results reported to NATASHA D. ERICKSON at the time of service on the evening of March 1, 2022.

ASSESSMENT & PLAN

Malnutrition (HCC)

Assessment & Plan

10 month old male admitted with failure to thrive and recurrent episodes of vomiting. Mother's milk supply seems to be good and not the cause of the patient's vomiting. I am suspicious that the recurrent vomiting is leading to insufficient po intake leading to weight loss. However, the cycle of vomiting is a bit unusual. Thyroid disease, possible metabolic condition is considered though both seem unlikely given the timing of the patient's weight loss. Neither would really account for recurrent vomiting either.

Patient had minimal oral intake overnight. It is clear that he will need supplemental NG feeds for now. I am concerned about the possibility of refeeding syndrome given how malnourished the patient is.

-Place NG and start NG feeds with breastmilk or nutramigen. Will start with hydration goals for now and monitor refeeding labs (CMP, Phos) and gradually advance to goal calories. Dietitian consulted, appreciate their assistance.

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Anderson, Cyrus James
MRN: 4289116, DOB: 5/1/2021, Sex: M
Acct #: 455250629
Adm: 3/1/2022, Adm: 3/1/2022, D/C: 3/4/2022

Exhibit 6

Electronically signed by Natasha D. Erickson, MD at 3/1/2022 6:53 PM

Assessment & Plan Note by Natasha D. Erickson, MD at 3/1/2022 1839

10 month old male admitted with failure to thrive and recurrent episodes of vomiting. He is severely malnourished. Initially mother's milk supply was reported to be good, but it is dwindling. I suspect that perhaps milk supply has been more diminished than mother has perceived given the severity of the patient's malnutrition. With the changing history of where the patient has reportedly received care, I am concerned that the patient's history is also unclear and he may have been struggling with weight issues for longer than formerly appreciated. I am unable to obtain any growth curves and it appears the patient never had a newborn screen.

He continues to have some vomiting, but it is intermittent. His weight is up today, but this may reflect fluids that were initially given, particularly since the patient has not been on full calorie feeds. Refeeding labs are reassuring today.

It is quite clear the patient is going to need NG feeds for an extended period of time, in addition to close PCP follow up, outpatient home nursing, feeding therapy, etc. I have discussed the patient with his PCP, Nadia Kravchuk, NP, who also expressed a high level of concern for the severity of malnutrition. She stated that she is not comfortable managing outpatient NG feeding for an infant. However, she has referred to her practice partner who has much more experience with such issues, including placing NG feeds on infants. The patient is scheduled to see Aaron Dykstra on Monday.

The patient's thyroid studies are suppressed. I have discussed this with peds endocrinology. It is possible that he is euthyroid sick due to his severe malnutrition. However, suppressed TSH and free T4 could also suggest central hypothyroidism.

Given the patient has not had any significant monitoring for development, it is possible that there is an underlying medical disorder resulting in the patient's failure to thrive. However, prior to pursuing what could be a very extensive (and possibly unfruitful, let alone expensive) evaluation, would like to continue to advance tube feeds and monitor weight gain, particularly since the majority of cases of failure to thrive is due to insufficient caloric intake.

I have had several conversations with the family today that the patient should remain hospitalized while we continue to work on feeds and monitor for weight gain. I would not recommend discharge today and leaving AMA would result in a CPS referral. Family states they are willing to stay as long as needed. Appreciate social work seeing the family.

Exhibit 7 – Text between Ammon Bundy and Marissa Anderson

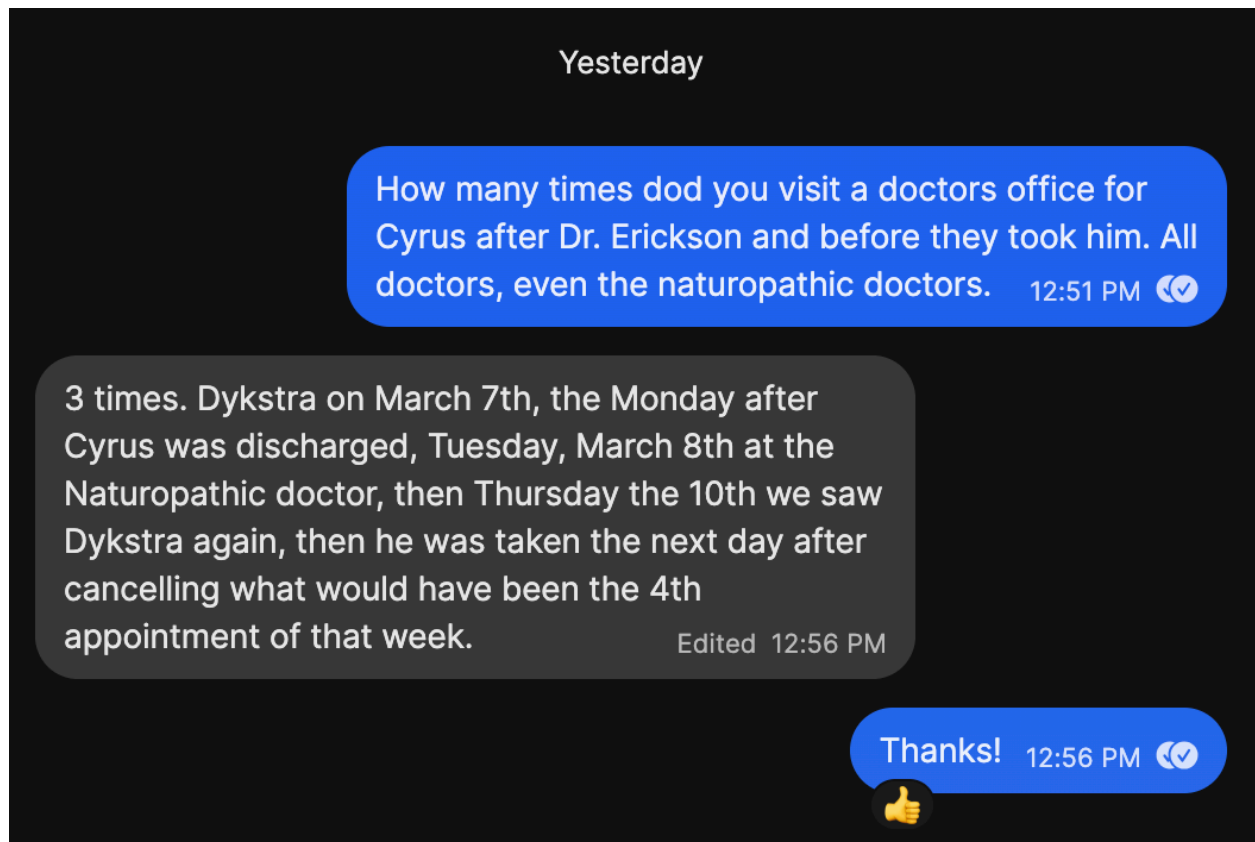





Exhibit 8

 **St. Luke's Anderson Cyrus- Final** PDF





File Edit View Help

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Log in Sign up

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   175% 

H&P by Natasha D. Erickson, MD at 3/12/2022 0304

PEDIATRIC HOSPITALIST ADMISSION NOTE

ADMITTING ATTENDING
Natasha D. Erickson, MD

ADMISSION DIAGNOSES
Active Problems:
Malnutrition (HCC)
Failure to thrive (child)

CHIEF COMPLAINT
Weight loss

HISTORY OF PRESENT ILLNESS
Cyrus is a 10 m.o. male discharged from the hospital on 3/4, who presents with weight loss in the setting of failure to thrive. Patient was admitted from 3/1-3/4 after being referred for admission due to severe malnutrition. Initially the patient required NG feeds, but at discharge, he was taking bottle feeds without issue. He was discharged home with an NG in place and family was provided syringe feeding supplies in case the patient's po intake dropped off. Family did not go home with a feeding pump as they declined this, citing cost (they are self-pay). He was scheduled to see his PCP on 3/6, but did not show for the appointment. Home health was also not able to get in touch with the family. Case was discussed on 3/11 with Tracy Jungman with CARES who reported the child had not been seen and despite multiple attempts to contact the family, the patient had not returned for a weight check. Ultimately, health and welfare and law enforcement became involved. It is my understanding a warrant was issued and the child was removed from the home and declared immediately. He was brought to the Meridian ED for evaluation. Health and welfare identified a foster family but due to protesters surrounding the hospital regarding this case, it was felt that discharge with the foster family from the ED was unsafe for all involved. For this reason, the patient was transferred to Boise for further care.

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Exhibit 10

H&P by Natasha D. Erickson, MD at 3/12/2022 0304

PEDIATRIC HOSPITALIST ADMISSION NOTE

ADMITTING ATTENDING

Natasha D. Erickson, MD

ADMISSION DIAGNOSES

Active Problems:

- Malnutrition (HCC)
- Failure to thrive (child)

CHIEF COMPLAINT

Weight loss

HISTORY OF PRESENT ILLNESS

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Exhibit 11

Electronically signed by Jamie E. Price, MD at 3/14/2022 11:55 AM

ED Provider Notes by Rachel M. Thomas, MD at 3/12/2022 0423

CHIEF COMPLAINT

Chief Complaint

Patient presents with

- Failure To Thrive

HPI

Cyrus James Anderson is a 10 m.o. male with history of admission for severe malnutrition who presents with a chief complaint of failure to thrive. Patient is brought in by EMS with police escort and CPS presents. Patient is now a ward of CPS. Per EMS and CPS report, as well as chart review, patient was recently admitted for failure to thrive, severe malnutrition. Patient was less than 2 percentile for weight. During hospitalization patient had good weight gain, child is able to tolerate formula, child was discharged out and mom was advised to supplement with formula as well as her breast-feeding. Child was scheduled to follow-up for weight checks, patient was seen on Monday and had a decrease in weight when compared to discharge weight, mom was advised to bring the child back for weight recheck, child did not return for follow-up visit and CPS was contacted. Parents then agreed to take the patient to a care's appointment today, he did not show up for this appointment. At this time patient became a ward of CPS, police presented and EMS were called to bring the patient in for medical evaluation. No further history is able to be obtained.



St Luke's™

Anderson, Cyrus James
MRN: 4289116, DOB: 5/1/2021, Sex: M
Acct #: 455708612
Adm: 3/12/2022, Adm: 3/12/2022, D/C: 3/15/2022

All Encounter Notes (group 1 of 3) (continued)

no frenulum injury, fontanelles are appropriate. Patient is tearful but consolable with being held. A bottle was offered to the child at this time the child immediately took a eating 6 ounces without difficulty. Weight was obtained and patient's weight is currently 6.31 kg, at discharge on the fourth patient was 6.545 kg. Blood work was obtained and patient is hypoglycemic which is consistent with poor feeding. Child has demonstrated that he is able and willing to feed while here in the department. At this time there are social difficulties in this situation, it was felt the patient was most appropriate for admission as there is concern about CPS attempting to leave the hospital with the child being followed to the foster care family's home. Furthermore child has significant findings of dehydration and malnutrition. I do not feel IV fluid resuscitation is necessary as child is able to take feeds without difficulty. Patient was transferred to St. Luke's Boise at this time for admission.

Exhibit 12a

<https://youtu.be/kLoLAsNd4qw>

Exhibit 13

Activity											
Time	H.R.	B.P.	RA SpO2		Resp	Rhythm	GCS	ECG Method	Temp	Prtcl	Pain/CRW*
	H.R. Method	Method	LOC		Resp Effort		GCS Qual		Ambient Temp		
Action/Comment											
01:59											
Staged in the front of SLMC at the request of the sending physician.											
02:00							4/5/6		36.6°C	0	#1
					Alert	Normal					
							Legitimate values w/o interventions such as intubation and sedation				
Operations	The sending physician handed us the pt secured in his car seat. She indicated the pt was in stable condition and requested that we leave promptly. She stated, "Just go! This is a healthy baby with no interventions." Joint Commission Time Out: Complete, Right Consent, Right Patient.										
02:02											

Exhibit 14

02:02	23				
The pt, in his car seat, was secured to our gurney. Pt is a 10 month old male acting appropriately for age. Pt is looking around at surroundings and interacting appropriately. Skin is PND. Primary assessment completed. Airway is patent and maintainable by pt. Breathing appears non-labored with no accessory muscle use noted. Brachial pulse is normal and of normal strength. No acute life threats noted.					
02:05	Alert	28	4/5/6	PM	0 #1
Normal					
Legitimate values w/o interventions such as intubation and sedation					
Pt does not appear to be in any physical distress.					
02:13	Operations				
Transport was uneventful to SIRM. Operations: Patient Offload - Cold by . Pt unloaded and moved via stretcher/car seat secured to pediatric unit. No change in pt condition.					
02:19	Alert	Normal	4/5/6	0	#1
Legitimate values w/o interventions such as intubation and sedation					



Anderson, Cyrus James
MRN: 4289116, DOB: 5/1/2021, Sex: M
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03/12/2022 - ED to Hosp-Admission (Discharged) in Boise Pediatrics (continued)

Media (Encounter and Order) (group 1 of 2) (continued)

Clinical Photos - Scan on 3/14/2022 2:27 PM

Clinical date/time: 3/14/2022 1427

User: Jamie E. Price, MD

Description: —

Scan (below)





Anderson, Cyrus James
MRN: 4289116, DOB: 5/1/2021, Sex: M
Acct #: 455708612
Adm: 3/12/2022, Adm: 3/12/2022, D/C: 3/15/2022



03/12/2022 - ED to Hosp-Admission (Discharged) in Boise Pediatrics (continued)

Media (Encounter and Order) (group 1 of 2) (continued)

Clinical Photos - Scan on 3/14/2022 2:28 PM

Clinical date/time: 3/14/2022 1428

User: Jamie E. Price, MD

Description: —

Scan (below)



Exhibit 16

<https://youtu.be/T04KV7Ds6EA>

Exhibit 17

<https://youtu.be/egggLhByTb0>

Exhibits 19

<https://youtu.be/8Du-jbE022I>



Anderson, Cyrus James
MRN: 4289116, DOB: 5/1/2021, Sex: M
Acct #: 455708612
Adm: 3/12/2022, Adm: 3/12/2022, D/C: 3/15/2022

03/12/2022 - ED to Hosp-Admission (Discharged) in Boise Pediatrics (continued)

All Encounter Notes (group 1 of 3) (continued)

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 Adm: 3/12/2022, Adm: 3/12/2022, D/C: 3/15/2022

03/12/2022 - ED to Hosp-Admission (Discharged) in Boise Pediatrics (continued)

All Encounter Notes (group 1 of 3) (continued)

Progress Notes by Brianne E. Breese, LMSW at 3/12/2022 1730

Social Work Brief Note:

Situation: Cyrus Anderson is a 10 m.o. male who was admitted for failure to thrive. Social work consult from Natasha D. Erickson, MD for failure to thrive, ward of the state.

	03/12/22 1751
Referral Data	
Referral Source	Provider
Referral Name	Natasha D. Erickson, MD
Reason for Consult	Other (Comment) (failure to thrive, ward of the state)

Background: Per chart review (provider note dated 3/12): *Cyrus James Anderson is a 10 m.o. male with history of admission for severe malnutrition who presents with a chief complaint of failure to thrive.*

Patient was initially brought to the Meridian emergency department then transferred to the Boise hospital. Social work at Meridian faxed copy of the declaration paperwork they were provided, this was placed in the patient's hard chart. Patient's shelter care hearing is 3/15/22.

Assessment: Social work spoke with Child Protective Services (CPS), 208-334-5437, who clarified that parents have decision making capacity but that if the hospital feels it is needed we can use our policy of having two providers agree and sign off on care plan to make decisions for this patient. CPS worker also advised that law enforcement made it seem like they would not want the patient's parents to visit while in the hospital and CPS is in agreement with this.

Patient's family is connected to Ammon Bundy who is running for governor. There was a planned protest that occurred in front of the Boise St. Luke's hospital on 3/12/22 regarding this case.

Social work spoke with CARES provider regarding this patient and attended an interdisciplinary meeting with providers, floor personnel, security, administrative supervisors and other staff, CPS worker Jennifer and a CPS supervisor were also involved in this meeting.



Anderson, Cyrus James
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Adm: 3/12/2022, Adm: 3/12/2022, D/C: 3/15/2022

03/12/2022 - ED to Hosp-Admission (Discharged) in Boise Pediatrics (continued)

All Encounter Notes (group 2 of 3) (continued)

intake since admission. Patient disinterested in the bottle and gagging on the nipple. Clarified during discussion with parents yesterday that they have been using a Dr. Brown's bottle, which is what we are using here. Mom was able to provide breast milk, so have been using this and per parents, he was taking 6-8 oz by mouth every 3 hours at home. He has had spitting up with feeds, which seems more associated with gagging on the bottle than spontaneous vomiting. He has seemed wean with early fatigue at the bottle when he does eat. Due to poor intake here and low urine output, he had an IV placed and was provided 2 normal saline boluses followed by maintenance IVF overnight. Urine output improved following the second fluid bolus. This morning, initially refusing the bottle this morning. Discussed NG with the family via phone updated and gave consent for the NG "under duress". Patient then decided to perk up and take a full feed this morning. Will see how the next feed goes prior to placing the NG.



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Adm: 3/12/2022, Adm: 3/12/2022, D/C: 3/15/2022

03/12/2022 - ED to Hosp-Admission (Discharged) in Boise Pediatrics (continued)

All Encounter Notes (group 2 of 3) (continued)

demonstrated good weight gain on this feeding plan last admission. If able, may be able to space out feeds and provide higher volume, but unclear if the patient will tolerate higher volumes. Would advance gradually. Daily weights. Monitor I/O.

Based on mom's report of 6-8 oz of breast milk every 3 hours at home, he would have been getting 150 kcal/kg/day at the minimum. Parents report that NG came out the day after discharge and it was left out because he was eating so well.

Here he has had varied degrees of po intake. He did not meet po goals overnight and intermittently will refuse the bottle. Intermittent gagging and spitting up as well. This am took the full feed without difficulty.

On testing, patient does have a low vitamin D level, this is common in this country and particularly common in breast fed babies. Will supplement Vitamin D as recommended by the AAP.

To ensure that the underlying cause of his weight loss is clearly determined, it's important that complete a full work up. Parents report prior food sensitivity testing, but have not been willing to provide that documentation. They report sensitivities to wheat and dairy and mom has been on an elimination diet.

Discussed the case with pediatric gastroenterology to assess the patient and provide further recommendations regarding any additional work up that would be recommended.

In addition there are metabolic and genetic syndromes that could cause poor weight gain in children. The testing for these are often not accurate when patients are malnourished. Will discuss the case further with the genetics/metabolics team to ensure appropriate testing is done.

Parents updated (see care conference note for full details), Mom reports that patient does not eat from a bottle and is exclusively breast fed. Per the documentation from prior admission, patient was tolerating oral intake from the bottle while in the hospital. In addition, on discussion 3/12/22 with parents, they stated that the patient was taking 6-8 oz by mouth every 3 hours while at home. It is unclear how this was being measured accurately if mom was exclusively feeding at the breast.

Mom feels that his oral intake is decreased because she is not here to nurse him (parents have not been allowed at the bedside as patient has been declared in imminent danger by the state and due multiple factors, it has been deemed unsafe to have them in this facility).

- Given improved intake at the bottle this morning, will assess over the next feeding to determine if NG is needed at this time

- GI consult

- Goal feeds 130 mL of MBM or elemental formula every 3 hours

Progress Notes by Tracy W. Jungman, NP at 3/13/2022 1049

CARES TEAM PROGRESS NOTE

DATE OF SERVICE: 3/13/2022

Cyrus James Anderson is an 10 m.o. male admitted with Failure to thrive (child) [R62.51]

Subjective

Fairly disinterested in bottle feeds overnight (took 60 ml at 0100, then 30 ml at 0700). Had one episode of emesis following 0100 feeding. Completely refusing bottle currently. A little fussy this morning--hungry? Voiding adequately. Gained approximately 350 grams in the previous 24 hours, although received 40 ml/kg NS bolus yesterday, and has been on maintenance IV fluids since that time.

Objective

Intake/Output last 24 hrs:

Intake/Output Summary (Last 24 hours) at 3/13/2022 1049

Last data filed at 3/13/2022 0700

	Gross per 24 hour
Intake	645.37 ml
Output	416 ml
Net	229.37 ml



Patient Care Conference by Jamie E. Price, MD at 3/13/2022 1256

Family called by medical team to provide update to them regarding overnight events and plans for the day.
Both parents: Marissa and Levi were on the phone for the update
Present during the call includes Tracy Jungman, NP and Marle, RN of incident command.

Confirmed parents name and they provided patient's date of birth.

Parents updated that patient was overall doing well.

Discussed that he has not been meeting his oral intake goals and that the medical team feels he will need his NG replaced.

Parents asked questions regarding if he has been gagging or spitting up. They were informed that he has been intermittently spitting up and intermittently has gagged, primarily on the **bottle**. In addition he has been pushing the **bottle** away and becoming fatigued at the **bottle** after 1-2 oz when he is interested in eating. Mom states that she believes that the patient would feed better at the breast as he is exclusively breast fed. Referred them back to health and welfare case worker as visitation is not a decision that the medical team makes.

Updated them regarding improvement in lab results as well as hydration status and the medical team's goal to discontinued IVF once his nutrition is up to full.

Discussed with them that the team would like to ensure that we look for any additional medical cause for his failure to thrive. In light of that the team will be discussing the case with additional sub-specialists to get together a list of possible diagnosis that should be worked up and what labs, imaging studies, or additional interventions would be recommended.

Parents requested a list of these which we will provide once additional data can be gathered. Told them we would try to have that put together by tomorrow if possible as well as a plan for next steps. Some of the studies that would be recommended may need to wait until patient has a better nutritional status.



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MRN: 4289116, DOB: 5/1/2021, Sex: M
Acct #: 455708612
Adm: 3/12/2022, Adm: 3/12/2022, D/C: 3/15/2022

Patient Care Conference by Jamie E. Price, MD at 3/13/2022 1256

Family called by medical team to provide update to them regarding overnight events and plans for the day. Both parents: Marissa and Levi were on the phone for the update. Present during the call includes Tracy Jungman, NP and Marle, RN of incident command.

Confirmed parents name and they provided patient's date of birth.

Parents updated that patient was overall doing well.

Discussed that he has not been meeting his oral intake goals and that the medical team feels he will need his NG replaced.

Parents asked questions regarding if he has been gagging or spitting up. They were informed that he has been intermittently spitting up and intermittently has gagged, primarily on the bottle. In addition he has been pushing the bottle away and becoming fatigued at the bottle after 1-2 oz when he is interested in eating. Mom states that she believes that the patient would feed better at the breast as he is exclusively breast fed. Referred them back to health and welfare case worker as visitation is not a decision that the medical team makes.

Updated them regarding improvement in lab results as well as hydration status and the medical team's goal to discontinued IVF once his nutrition is up to full.

Discussed with them that the team would like to ensure that we look for any additional medical cause for his failure to thrive. In light of that the team will be discussing the case with additional sub-specialists to get together a list of possible diagnosis that should be worked up and what labs, imaging studies, or additional interventions would be recommended.

Parents requested a list of these which we will provide once additional data can be gathered. Told them we would try to have that put together by tomorrow if possible as well as a plan for next steps. Some of the studies that would be recommended may need to wait until patient has a better nutritional status.

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Anderson, Cyrus James
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Adm: 3/12/2022, Adm: 3/12/2022, D/C: 3/15/2022

03/12/2022 - ED to Hosp-Admission (Discharged) in Boise Pediatrics (continued)

All Encounter Notes (group 2 of 3) (continued)

TECHNIQUE: Fluoroscopic single contrast upper GI examination was performed with thin barium via bottle.

FINDINGS:

Esophagus: Patient cried throughout the exam and would not cooperate with drinking contrast. Contrast was eventually squirted into the mouth via bottle with a couple of adequate contrast boluses observed through the esophagus. Satisfactory esophageal distensibility on lateral projection with more limited visualization on frontal projection.

Stomach: Stomach only mildly filled with contrast and air, with grossly satisfactory gastric distensibility. Contrast emptied quickly into the duodenum.

Duodenum: Normal distensibility and duodenojejunal junction; negative for malrotation.



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03/12/2022 - ED to Hosp-Admission (Discharged) in Boise Pediatrics (continued)

All Encounter Notes (group 2 of 3) (continued)

Progress Notes by Jamie E. Price, MD at 3/14/2022 0942

PEDS HOSPITALIST PROGRESS NOTE

DATE OF SERVICE

3/14/2022

REASON FOR HOSPITAL ADMISSION

Cyrus is a 10 m.o. male admitted on 3/12/2022 12:59 AM for:

Active Hospital Problems

Diagnosis	Date Noted
• Failure to thrive (child)	03/12/2022
• Malnutrition (HCC)	03/01/2022

Resolved Hospital Problems

No resolved problems to display.

INTERVAL HISTORY

Patient had visitation with parents for 2 hours last night off the pediatric floor with health and welfare present. As patient was due for a feed prior to the visit, 1/2 the feed was given via NG tube. He reportedly breast fed at the meeting and then developed vomiting afterward. His NG was also dislodged during the visit.

On arrival to the pediatric floor he had no interest in taking the bottle or putting anything in his mouth. The NG was replaced.

He had 1 more emesis overnight and has tolerated his morning feed without further vomiting.

He did not have any vomiting yesterday prior to the visit with parents.

Overnight, parents requested an update about feeds. This was done by an RN as the provider was not available and there was no significant update.

Parents requested that patient be given an enema for stooling, they reiterated their desire that patient not receive vaccines during his stay and requested we attempt oral feeds prior to replacing the NG tube.

The night physician observed the oral attempt and it was clear that Cyrus would not take oral feeds overnight, so NG was replaced. We continue to offer oral feeds prior to tube feeds.

We have already addressed with the family that vaccines will not be given during this hospital stay.

Per their request an enema has been ordered.



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03/12/2022 - ED to Hosp-Admission (Discharged) in Boise Pediatrics (continued)

All Encounter Notes (group 1 of 3) (continued)

Weight down 170 grams from yesterday, but up 150 g since admission (this is not surprising due to the need for aggressive fluid resuscitation on first day of admission, he is now diuresing some of that fluid off - It will take several days to have truly accurate weights for this baby).

1. FEN/GI: Feed elemental formula or MBM 130mL q3 hours, offer the bottle for 15 minutes and gavage whatever volume he doesn't take orally. This was what he was discharged on for home and demonstrated good weight gain on this feeding plan last admission. If able, may be able to space out feeds and provide higher volume, but unclear if the patient will tolerate higher volumes. Would advance gradually. Daily weights. Monitor I/O.

Parents concerned overnight for lack of stool. He did receive a glycerin suppository 3/13/22 without stool output. During clinical update, the team did ask parents their typical interventions for constipation and mom reported that they increase fluids and it usually corrects. He tolerated his morning feed without interventions, but given parental request, glycerin enema was given. He did have a small soft stool, but to be clear, he was not vomiting with the morning feed prior to this intervention.

Had not intervened further regarding stooling as patient was admitted emaciated and dehydrated and he was given a solid attempt at taking his oral feeds prior to the NG, thus he did not have much in the GI tract and stooling was not expected to pick up until more nutrition had been given.

During last night's visit, parents reported that they would give enemas for him at home. This is not unreasonable, but had not been shared with the team.

OBJECTIVE DATA

Vital signs, last 24h ranges, current

Temp: [36.4 °C (97.5 °F)-37 °C (98.6 °F)] 36.4 °C (97.5 °F)

Heart Rate: [99-140] 99

Resp: [16-30] 28

BP: (99-111)/(56-84) 106/72

MAP (mmHg): [71] 71

SpO2: [95 %-99 %] 98 %

Blood pressure percentiles are not available for patients under the age of 1.

I/O**Report**

	03/10 0701 03/11 0700	03/11 0701 03/12 0700	03/12 0701 03/13 0700
P.O.		235	80
Total Intake(mL/kg)		235 (37.4)	80 (12.7)
Urine (mL/kg/hr)			50 (0.8)
Emesis/NG output			0
Stool			0
Total Output			50
Net		+235	+30
Emesis (Unmeasured)			1 x
Urine (Unmeasured)			0 x
Stool (Unmeasured)			0 x

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Anderson, Cyrus James

MRN: 4289116, DOB: 5/1/2021, Sex: M

Acct #: 455708612

Adm: 3/12/2022, Adm: 3/12/2022, D/C: 3/15/2022

PRN Meds: acetaminophen, ondansetron HCL, sodium chloride 0.9 % (flush)

OBJECTIVE DATA

Vital signs, last 24h ranges, current

Temp: [36 °C (96.8 °F)-36.7 °C (98.1 °F)] 36.4 °C (97.5 °F)

Heart Rate: [99-114] 107

Resp: [24-28] 28

BP: (99-114)/(66-81) 99/66

MAP (mmHg): [78-93] 78

SpO2: [98 %-100 %] 100 %

Blood pressure percentiles are not available for patients under the age of 1.

I/O

Report

	03/11 0701 03/12 0700	03/12 0701 03/13 0700	03/13 0701 03/14 0700
P.O.	235	255	140
I.V. (mL/kg)		390.4 (58.9)	
Total Intake(mL/kg)	235 (37.4)	645.4 (97.3)	140 (21.1)
Urine (mL/kg/hr)		431 (2.7)	137 (3.5)
Emesis/NG output		0	
Stool		0	
Total Output		431	137
Net	+235	+214.4	+3
Emesis (Unmeasured)		5 x	
Urine (Unmeasured)		0 x	
Stool (Unmeasured)		0 x	

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Anderson, Cyrus James
MRN: 4289116, DOB: 5/1/2021, Sex: M
Acct #: 455708612
Adm: 3/12/2022, Adm: 3/12/2022, D/C: 3/15/2022

Electronically signed by Cass R. Smith, MD at 3/15/2022 12:06 PM

Event by Natasha D. Erickson, MD at 3/13/2022 2234

Patient was off the pediatric unit for 2 hours for a supervised visit with his parents. During the visit, the NG tube came out. Patient was allowed to breastfeed. Per administration that was providing supervision, the patient vomited x2 during the visit. He also vomited once more upon return to the floor.

I was informed of a few of the parent's concerns (though I did not speak to the family directly): the family had expressed concerns about being sure that the patient did not get vaccinated while he was in the hospital. They also wanted him to attempt bottle feeding again prior to having the NG tube replaced. Finally, they were concerned the patient is constipated.

I recommended to nursing to delay the patient's 2200 feed one hour as he had just breastfed and vomited. If he is not able to demonstrate goal PO feeds, the NG tube will be replaced. I reviewed the chart and the patient was given a glycerin suppository yesterday, but it does not appear he has yet had a stool.

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Exhibit 23

Children's Rehab Inpatient PT MISSED VISIT NOTE

Pt was not seen for PT eval today secondary to pt too lethargic and listless today to participate in PT eval for motor skill assessment. Discussed with RN and MD. Will follow for PT eval tomorrow as appropriate. Thank you.

	03/12/22 1200
Missed Visit	
Missed Visit	Other (Comment) (pt too lethargic to participate in PT eval and assessment, will assess for readiness tomorrow.)

Sky Pajak, MS PT
3/12/2022
12:03 PM

Progress Notes by Anna Alley, RN at 3/13/2022 0627

Shift summary: Attempted to feed pt Q2-3 hrs. Would start each feeding attempt with breast milk provided by mother, if pt exhibited disinterested would then attempt Neocate. Out of 6 attempted feeds pt tolerated 60 mL of the 01:00 feed but vomited shortly after feed and 30 mL of the 07:00 feed. Pt had a 350 gram weight gain. Pt remained lethargic and slept majority of the night. Pt had adequate UOP at 4 ml/kg/hr.

Electronically signed by Anna Alley, RN at 3/13/2022 7:39 AM

Progress Notes by Jamie E. Price, MD at 3/13/2022 0844

Resolved Hospital Problems

No resolved problems to display.

INTERVAL HISTORY

Overnight and through the day yesterday, nursing notes that patient continues to be somnolent overall. Decreasing po

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03/14/22 1155	
Current Feeding Concerns/History	
Current Feeding Concerns/History	Pt is a sweet 10mo who was admitted with FTT. This SLP met this patient a few weeks ago at his last admission. There is now a complex social situation, and parents are not allowed to be at the bedside. Baby does get visitation to breastfeed 1-2x/day, but baby is escorted off the floor and there are health and welfare staff with family. Pt continues to be primarily breastfed. Last admission parents reported that pt eats well for 3-7 days but then has 3-7 days of gagging, food refusals, and frequent emesis. Pt discharged home last admission with NG tube, however, per chart, it only lasted a day. Pt also missed follow up appointments and did not establish with homecare RN or feeding therapy support. Feeding evaluation ordered to ensure safety with po intake.
Neurological Org	
Observed States	Quiet alert
Consolability	Containment
Motor Control	
Tone	Hypotonic
Motor Control Comments	weak and lethargic, but moving more than yesterday per RN
Oral Structures	
Lips	WNL
Oral Reflexes	
Oral Reflexes Comments	Pt with straw like latch to bottle with larger bulk in upper lip. More suckling rather than sucking throughout feeding suggestive of weakness in lingual cupping. History of frenulectomy, and family reported that they did stretches following clipping, but pt continues with forward tongue presentation, bowing of the tip, and limited overall movement of tongue.
Feeding Skills	
Endurance	Fair

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Electronically signed by Jamie E. Price, MD at 3/13/2022 12:56 PM

Progress Notes by Tracy W. Jungman, NP at 3/13/2022 1049

CARES TEAM PROGRESS NOTE

DATE OF SERVICE: 3/13/2022

Cyrus James Anderson is an 10 m.o. male admitted with Failure to thrive (child) [R62.51]

Subjective

Fairly disinterested in bottle feeds overnight (took 60 ml at 0100, then 30 ml at 0700). Had one episode of emesis following 0100 feeding. Completely refusing bottle currently. A little fussy this morning--hungry? Voiding adequately. Gained approximately 350 grams in the previous 24 hours, although received 40 ml/kg NS bolus yesterday, and has been on maintenance IV fluids since that time.

Objective



Anderson, Cyrus James
MRN: 4289116, DOB: 5/1/2021, Sex: M
Acct #: 455708612
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03/12/2022 - ED to Hosp-Admission (Discharged) in Boise Pediatrics (continued)

All Encounter Notes (group 3 of 3)

Progress Notes by Jamie E. Price, MD at 3/14/2022 1159

Discussion with clinical team and hospital administration and health and welfare regarding continued updates for the parents as well as the next visitation.

Provided the team with clinical update. Security and health and welfare provided update about the success of parental visit last night.

Discussion of a visit for today and how to set patient and parents up for success with breast feeding.

Agreement to plan for visit when patient is due to eat and mom ok to breast feed during the visit.

Questions regarding more than 1 daily visit. Would not recommend breast feeding more than 1 feed per day at this time as measurement of exact intake and output is important clinical data during this time. In addition, it is disruptive to the care of the patient for him to require removal from the floor multiple times per day and due to safety concerns for other patients, having parents at the bedside is not currently recommended.

Estimation of length of stay was requested as well. At this time, it remains unclear given last nights vomiting and need for additional work up. At the earliest, patient would be discharged Wednesday, but given currently consultations and work up that may be needed, this is very tentative.

Electronically signed by Natasha D. Erickson, MD at 3/13/2022 11:07 PM

Provider Communication by Jennifer Weatherford, RN at 3/14/2022 0245

PROVIDER COMMUNICATION

Reason for Communication: **Review Case/Status Update**

Time Communicated to Provider: **3/14/2022 2:45 AM**

Provider notified: **Natasha D. Erickson, MD**

This RN entered room at approximately 0245 to start next NG feed and found patient asleep with large amount of emesis on patient and blanket. Order to continue with next bolus feed and call if patient has another emesis.

Electronically signed by Jennifer Weatherford, RN at 3/14/2022 2:48 AM



Anderson, Cyrus James
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03/12/2022 - ED to Hosp-Admission (Discharged) in Boise Pediatrics (continued)

All Encounter Notes (group 3 of 3) (continued)

Electronically signed by Bianca Arbuckle at 3/14/2022 2:29 PM

Progress Notes by Jamie E. Price, MD at 3/14/2022 1701

Patient has returned to the pediatric floor following parent visitation.

Following last visitation, parents had posted images of the baby on social media and grandfather's blog feeling that the patient was in worse condition than on admission. At the time he was sleeping as it was evening. He also had multiple episodes of vomiting around that time.



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03/12/2022 - ED to Hosp-Admission (Discharged) in Boise Pediatrics (continued)

All Encounter Notes (group 3 of 3) (continued)

Genetics in approximately 2 months time (around 1 year old).

There are also multiple inborn errors of metabolism that can result in failure to thrive. These may not have obvious physical exam findings or congenital anomalies. These should be considered for Cyrus due to the presence of vomiting and the availability of treatment for many of them. The differential for possible IEMs includes, but is not limited to, fatty acid oxidation disorders (less likely due to the presence of ketones), organic acidemias (less likely due to the absence of an anion gap metabolic acidosis), amino acidopathies, urea cycle disorders, and glycogen storage disorders (multiple forms are less likely due to an absence of significant hypoglycemia, hepatomegaly, and elevated transaminases). I contacted the Washington state newborn screening lab to obtain any previous newborn screening results for Cyrus. The lab was not able to identify any completed screens in their system with the last name "Anderson" and patient's DOB. Of note, this does NOT confirm that newborn screening was not performed. However, since it cannot be confirmed that the patient has had normal newborn screening, obtaining biochemical screening labs is appropriate. Biochemical screening labs may be falsely abnormal in the setting of malnutrition and I recommend waiting until Cyrus has demonstrated adequate weight gain for at least one week prior to obtaining labs. If patient is discharged prior to this timeline, labs could be obtained prior to discharge. In that scenario, at least some labs would likely need to be repeated in the future if there are nonspecific or nutritionally-related abnormalities.

Exhibit 26

On exam on March 14, Cyrus was sitting in lap of staff. He was quiet during exam but interactive. He is thin and small appearing for his age (length is at 16% so he is long and lean). Limited muscle mass. Neurologically - weak for age. Good head control. Sits with some support.

A: Cyrus is a 10 month old infant with failure to thrive. His weight at admission is 68% of the average weight of a 10 month old boy which categorizes him as moderate to severe malnutrition. Lab evaluation at admission noted low blood glucose of 59 (should be >70), elevated blood urea nitrogen (BUN) at 18 (normal <17) - was 7 at discharge on March 4. Given his very poor weight gain and recent weight loss Cyrus needs to be admitted to the hospital to evaluate underlying causes of his failure to thrive and manage the complications of his malnutrition. Once rehydrated he has shown improved neurologic examination and repeat lab studies on March 13 showed improved kidney function after rehydration. Cyrus is needing a feeding tube to ensure adequate caloric intake as he was unable to take adequate volume by mouth when initially admitted. He will continue to receive subspecialty medical evaluation to ensure all potential causes for his failure to thrive/malnutrition are evaluated.

Child welfare and law enforcement are involved - they are aware of CARES assessment as per our NP and are working with family.

Matthew Cox, MD
CARES Physician

Cyrus was evaluated by a provider at Functional Medicine of Idaho on February 28, at which time the failure to thrive was noted (reportedly had a 4 pound weight loss over approximately four months), and further evaluation at the ED was recommended. He was then taken to St. Luke's ED in Boise on March 1st, where he was noted by the ED provider to appear malnourished. Was admitted to the Pediatric floor from March 1 to March 4 under the care of the Pediatric Hospitalist Service. He had one episode of what was described as bilious vomiting on the evening of admission, and an upper GI was completed and was normal. There were 2-3 other episodes of small to moderate volume emesis documented throughout the hospitalization and several incidences of gagging/retching. He was initially quite listless and uninterested in oral feeds, so was briefly placed on intravenous fluids. An NG tube was placed in order to help facilitate enteral feeds.

Parents reported that Cyrus is uninsured, and the attending physician documented multiple conversations with the parents during which they requested premature discharge due to financial concerns. Cyrus had excellent weight gain during the hospitalization (gained 165 grams), and at the time of discharge was taking the majority of his feeds orally. He was, however, discharged with the NG tube in place, and family was instructed to offer breastmilk or



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03/12/2022 - ED to Hosp-Admission (Discharged) in Boise Pediatrics (continued)

All Encounter Notes (group 2 of 3) (continued)

Attempted to feed patient at 1000 and patient had no interest. He had only taken 10ml. After discussing with the physician and getting parents consent, it was decided the patient needed an NG tube. Upon entering patients room at 1110 to place the NG tube, patient began cueing to feed so a bottle of EBM was offered. Patient ended up taking full 130ml feed. It was decided by RN and physician to hold off on the NG tube and see how the patient does at next feeding time. At 1415, RN offered patient a bottle of EBM and patient again, refused feeding and was fussy. Physician was notified. NG tube was placed and placement was verified via x-ray. Feeding given at 1600 via NG tube and patient tolerated well. Since patient will be off of the floor for 1900 feed and mom voiced a willingness to breastfeed patient during visitation, half of patients goal feed was given at 1850. Report given to oncoming RN.

Electronically signed by Elizabeth K. D'Aquino, RN at 3/13/2022 7:53 PM

Exhibit 27



Exhibit 25

Electronically signed by Jamie E. Price, MD at 3/12/2022 4:58 PM

Progress Notes by Elizabeth K. D'Aquino, RN at 3/12/2022 1315

Attempted to feed patient at 0930, approximately 3 hours after patients last feed. Patient refused bottle. During attempted feed, patient was retching and had a small emesis. RN notified physician of the continued retching, small emesis, and no urine since admit. Zofran was ordered and administered and it was decided to allow patient some time for Zofran to work. Feeding was attempted again at 1030 and patient continued to retch, had no intake, and still no urine output. Physician was notified again and it was decided that an **IV** needed to be started and bolus needed to be given. **IV was started and bolus was given and completed. Fluids started.**

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Electronically signed by Jamie E. Price, MD at 3/13/2022 12:56 PM

Progress Notes by Tracy W. Jungman, NP at 3/13/2022 1049

CARES TEAM PROGRESS NOTE

DATE OF SERVICE: 3/13/2022

Cyrus James Anderson is an 10 m.o. male admitted with Failure to thrive (child) [R62.51]

Subjective

Fairly disinterested in bottle feeds overnight (took 60 ml at 0100, then 30 ml at 0700). Had one episode of emesis following 0100 feeding. Completely refusing bottle currently. A little fussy this morning--hungry? Voiding adequately. Gained approximately 350 grams in the previous 24 hours, although received 40 ml/kg NS bolus yesterday, and has been on maintenance **IV fluids since that time.**



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03/12/2022 - ED to Hosp-Admission (Discharged) in Boise Pediatrics (continued)

All Encounter Notes (group 2 of 3) (continued)

intake since admission. Patient disinterested in the bottle and gagging on the nipple. Clarified during discussion with parents yesterday that they have been using a Dr. Brown's bottle, which is what we are using here. Mom was able to provide breast milk, so have been using this and per parents, he was taking 6-8 oz by mouth every 3 hours at home.

He has had spitting up with feeds, which seems more associated with gagging on the bottle than spontaneous vomiting. He has seemed wean with early fatigue at the bottle when he does eat.

Due to poor intake here and low urine output, he had an **IV** placed and was provided 2 normal saline boluses followed by maintenance IVF overnight. Urine output improved following the second fluid bolus.

This morning, initially refusing the bottle this morning. Discussed NG with the family via phone updated and gave consent for the NG "under duress".

Patient then decided to perk up and take a full feed this morning. Will see how the next feed goes prior to placing the NG.

Exhibit 28



Anderson, Cyrus James
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03/12/2022 - ED to Hosp-Admission (Discharged) in Boise Pediatrics (continued)

All Encounter Notes (group 2 of 3) (continued)

weeks ago at his last admission. There is now a complex social situation, and parents are not allowed to be at the bedside. Baby does get visitation to breastfeed 1-2x/day, but baby is escorted off the floor and there are health and welfare staff with family. Pt continues to be primarily breastfed. Last admission parents reported that pt eats well for 3-7 days but then has 3-7 days of gagging, food refusals, and frequent emesis. Pt discharged home last admission with NG tube, however, per chart, it only lasted a day. Pt also missed follow up appointments and did not establish with homecare RN or feeding therapy support. Feeding evaluation ordered to ensure safety with po intake.



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03/12/2022 - ED to Hosp-Admission (Discharged) in Boise Pediatrics (continued)

All Encounter Notes (group 1 of 3) (continued)

Progress Notes by Brianne E. Breese, LMSW at 3/12/2022 1730

Social Work Brief Note:

Situation: Cyrus Anderson is a 10 m.o. male who was admitted for failure to thrive. Social work consult from Natasha D. Erickson, MD for failure to thrive, ward of the state.

	03/12/22 1751
Referral Data	
Referral Source	Provider
Referral Name	Natasha D. Erickson, MD
Reason for Consult	Other (Comment) (failure to thrive, ward of the state)

Background: Per chart review (provider note dated 3/12): *Cyrus James Anderson is a 10 m.o. male with history of admission for severe malnutrition who presents with a chief complaint of failure to thrive.*

Patient was initially brought to the Meridian emergency department then transferred to the Boise hospital. Social work at Meridian faxed copy of the declaration paperwork they were provided, this was placed in the patient's hard chart. Patient's shelter care hearing is 3/15/22.

Assessment: Social work spoke with Child Protective Services (CPS), 208-334-5437, who clarified that parents have decision making capacity but that if the hospital feels it is needed we can use our policy of having two providers agree and sign off on care plan to make decisions for this patient. CPS worker also advised that law enforcement made it seem like they would not want the patient's parents to visit while in the hospital and CPS is in agreement with this.

Patient's family is connected to Ammon Bundy who is running for governor. There was a planned protest that occurred in front of the Boise St. Luke's hospital on 3/12/22 regarding this case.

Social work spoke with CARES provider regarding this patient and attended an interdisciplinary meeting with providers, floor personel, security, administrative supervisors and other staff, CPS worker Jennifer and a CPS supervisor were also involved in this meeting.

Filed: 05/04/2022 14:47:52
Fourth Judicial District, Ada County
Phil McGrane, Clerk of the Court
By: Deputy Clerk - Storey, Holli

JAN M. BENNETTS
Ada County Prosecuting Attorney

Kyle Bringham
Deputy Prosecuting Attorney
Idaho State Bar No. 8442
200 West Front Street, Room 3191
Boise, Idaho 83702
Telephone: (208) 287-7700
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acpocpcourtdocs@adacounty.id.gov

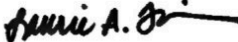
IN THE DISTRICT COURT OF THE FOURTH JUDICIAL DISTRICT OF
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF ADA
MAGISTRATE DIVISION

IN THE INTEREST OF:)	Case No. CV01-22-03645
)	
)	
CYRUS ANDERSON)	ORDER TO VACATE
)	TEMPORARY LEGAL CUSTODY
)	AND DISMISS CHILD
)	PROTECTIVE CASE
A Child Under Eighteen)	
Years of Age)	

Good cause existing, and upon Petitioner's dismissal of its Petition, that it appears that it is in the best interest of the child for the Department of Health and Welfare to vacate its legal custody over the above named child, and dismiss the Child Protective Case.

WHEREAS, the State has dismissed its Petition and it appears to be in the best interest of the child, **IT IS HEREBY ORDERED** that the Department of Health and Welfare's Legal Custody is hereby vacated, and the Child Protective Case is hereby dismissed.

DATED May 4, 2022.


5/4/2022 2:41:17 PM
JUDGE

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All Charges Dropped Against “Baby Cyrus” Mom and Family Members

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CASE DISMISSED!



SEARCH

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Patient Name: Cyrus James Anderson

Date of Birth: 5/1/2021

MRN: 111889164

Evaluation Date: 05/02/2022

Attended Visits: 1

Patient age: 12 m.o.

Encounter Diagnoses

Name	Primary?
• Failure to thrive (child)	
• <u>Cyclic vomiting syndrome</u>	
• Tongue tie	
• NG (nasogastric) tube fed newborn	

Exhibit 32









Exhibit 33







Exhibit 34

<https://youtube.com/live/MaRScsCK2l0?feature=share>

Exhibit 35

<https://youtu.be/q84r7l8hqvA>

Exhibit 36



Anderson, Cyrus James
MRN: 4289116, DOB: 5/1/2021, Sex: M
Acct #: 455250629
Adm: 3/1/2022, Adm: 3/1/2022, D/C: 3/4/2022

03/01/2022 - ED to Hosp-Admission (Discharged) in Boise Pediatrics (continued)

All Encounter Notes (continued)

they offer a combination of avocado, applesauce, and 1/2 banana (so about 4oz each), and he gets about 4oz 3x/day. Pt has lost significant weight over the last 2-3 months"

He currently has NG now working on tolerance and improved weight gain. He has been orally aversive and lethargic until today. He was seen for feeding session today with improved awake state with feeding interest. He was offered EBM via DB bottle with preemie flow rate. He accepted easily with leaning and open mouth posture for nipple. He consumed all 40mls in 10 mins (would accept more but all breast present) without overt concerns.

His current feeding needs are improved weight gain and improved oral intake. Recommend he be offered EBM via bottle prior to tube feeds, gavage remainder or supplement with formula. Would hold on oral offering of formula until he has consistent intake of breast milk to avoid negative experience with oral intake. Mother continues to have lower supply (2/4oz) and will need formula. Today his performance is reassuring but anticipate continued need for NG to support full recovery and improved oral feeding in long term.

Exhibit 37



Exhibit 38

CULTURE

The children the Nazis stole in Poland

Sabine Peschel als
03/12/2020

During World War II, the Nazis kidnapped tens of thousands of children and forcibly "Germanized" them. Afterward, they were left to grapple with their trauma alone. Now, a book and a documentary reveal their cruel fates.

f X v



Exhibit 39

<https://youtu.be/ToLyf6XW7r0>

IN THE DISTRICT COURT OF THE FOURTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF ADA

ST. LUKE'S HEALTH SYSTEM, LTD,
ST. LUKE'S REGIONAL MEDICAL
CENTER, LTD, et al.,

Plaintiffs,

vs.

AMMON BUNDY, an individual; AMMON
BUNDY FOR GOVERNOR, a political
organization; DIEGO RODRIGUEZ, an
individual; FREEDOM MAN PRESS LLC, a
limited liability company; FREEDOM MAN
PAC, a registered political action committee;
and PEOPLE'S RIGHTS NETWORK, a
political organization and an unincorporated
association,

Defendants.

Case No. CV01-22-06789

ABSTRACT OF JUDGMENT

This Abstract of Judgment is made and based upon a "Default Judgment" entered on
August 29, 2023 (the "Default Judgment") in the above-captioned civil action.

Damages Judgment. In the Default Judgment, judgment was entered in favor of St.
Luke's Health System, Ltd. and St. Luke's Regional Medical Center, Ltd. against defendants
Ammon Bundy, Ammon Bundy for Governor, Diego Rodriguez, Freedom Man Press LLC,
Freedom Man PAC, and People's Rights Network (collectively, "Defendants") jointly and
severally in the amount of Nineteen Million One Hundred Twenty-Five Thousand Dollars
(\$19,125,000).

CERTIFICATE OF SERVICE

I certify that on this day I served a copy of the attached to:

Erik F. Stidham	efstidham@hollandhart.com	<input checked="" type="checkbox"/> [X]	EMAIL
Diego Rodriguez	freedommanpress@protonmail.com	<input checked="" type="checkbox"/> [X]	EMAIL
Ada County Court	200 W Jefferson St. Boise ID 83702	<input checked="" type="checkbox"/> [X]	ICOURT

DATED THIS DAY, the 8th of Novemberr, 2023.



Ammon Bundy