

**IN THE COURT OF COMMON PLEAS OF ALLEGHENY COUNTY,
PENNSYLVANIA**

CHE DuVALL and KAREN DuVALL,

Plaintiffs,

vs.

UPMC PRESBYTERIAN SHADYSIDE,

Defendants.

CIVIL DIVISION

No. GD 16-

COMPLAINT IN CIVIL ACTION

Code: 007 – Medical/Hospital Liability

Filed on behalf of Plaintiffs

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JURY TRIAL DEMANDED

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NOTICE TO DEFEND

YOU HAVE BEEN SUED IN COURT. If you wish to defend against the claims set forth in the following pages, you must take action within TWENTY (20) days after this complaint and notice are served, by entering a written appearance personally or by attorney and filing in writing with the court your defenses or objections to the claims set forth against you. You are warned that if you fail to do so the case may proceed without you and a judgment may be entered against you by the court without further notice for any money claimed in the complaint or for any other claim or relief requested by the plaintiff. You may lose money or property or other rights important to you. YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER, GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW. THIS OFFICE CAN PROVIDE YOU WITH INFORMATION ABOUT HIRING A LAWYER. IF YOU CANNOT AFFORD A LAWYER, THIS OFFICE MAY BE ABLE TO PROVIDE YOU WITH INFORMATION ABOUT AGENCIES THAT MAY OFFER LEGAL SERVICES TO ELIGIBLE PERSONS AT A REDUCED FEE OR NO FEE.

**LAWYER REFERRAL SERVICE
The Allegheny County Bar Association
400 Koppers Building
436 Seventh Avenue, 3rd Floor
Pittsburgh, PA 15219
Telephone: (412) 261-5555**

3. Plaintiffs are asserting a professional negligence claim against Defendant Presbyterian.

4. At all times relevant hereto, Defendant Presbyterian was acting independently and by and through its duly authorized agents, servants and/or employees, who were then and there acting within the course and scope of their employment.

WHAT UPMC - THE "PIONEER" OF ORGAN TRANSPLANTATION - KNEW

5. For years, Defendant Presbyterian has advertised and touted itself as a, "pioneer in solid organ transplantation," which "for more than 30 years" has, "defined the field of transplantation."¹

6. In its proclaimed position as a pioneer that defines the field of transplantation, Defendant Presbyterian represents to the public that it possesses and implements certain knowledge and technology as herein described.

7. At all times relevant hereto, Defendant Presbyterian knew or should have known that Rhizopus is a filamentous fungi that falls within the Zygomycota division of the fungi kingdom, frequently isolated from soil, decaying fruit/vegetables, animal feces, and old bread.

8. At all times relevant hereto, Defendant Presbyterian knew or should have known that fungi, including Rhizopus, could cause serious and fatal infections in humans, especially in immune-suppressed patients.

9. At all times relevant hereto, Defendant Presbyterian knew or should have known that delays in accurate identification of fungal infections, including Rhizopus, negatively affect patient survival, especially in immune-suppressed patients.

¹ <http://www.upmc.com/Services/transplant/Pages/default.aspx>

10. At all times relevant hereto, Defendant Presbyterian knew or should have known that inappropriate antifungal therapy, secondary to incomplete identification or misidentification of fungal infections, including Rhizopus, leads to a reduction in patient survival rates, especially in immune-suppressed patients.

11. At all times relevant hereto, Defendant Presbyterian knew or should have known about Rhizopus “breakthrough” in treatment of patients on long-term prophylaxis with Voriconazole and such breakthrough presented an additional need for the accurate and rapid identification of these organisms.

12. At all times relevant hereto, Defendant Presbyterian knew or should have known that Voriconazole, while effective against some fungus species including Aspergillus, was ineffective against Zygomycota fungi, including Rhizopus.

13. At all times relevant hereto, Defendant Presbyterian knew or should have known to immediately begin empiric administration of Posaconazole and/or Amphotericin B in immune-suppressed patients on Voriconazole prophylaxis who developed new or worsening pulmonary infections.

14. At all times relevant hereto, Defendant Presbyterian knew or should have known that cytology was available and could provide rapid diagnosis of specific fungal infections, including Zygomycetes like Rhizopus, in immune-suppressed patients.

15. At all times relevant hereto, Defendant Presbyterian knew or should have known that histopathologic examination of tissues and/or cytologic examination of body fluids was available and permitted rapid, presumptive identification of fungal infections, including Zygomycetes like Rhizopus, in immune-suppressed patients.

16. At all times relevant hereto, Defendant Presbyterian knew or should have known that real-time polymerase chain reaction (“PCR”) assay was available and permitted accurate and rapid identification - within four (4) hours - of fungal infections, including Zygomycetes like Rhizopus, in immune-suppressed patients.

17. At all times relevant hereto, Defendant Presbyterian knew or should have known that the use of culture alone to diagnose fungal infections placed immune-suppressed patients at increased risk of worsened morbidity and mortality due to the length of time it takes for a diagnosis to be reached and that for some fungi, culture would not permit sufficient growth for use in identification.

18. At all times relevant hereto, Defendant Presbyterian knew or should have known that because of its decision to utilize only voriconazole prophylaxis on its solid organ transplantation patients, an antifungal that Defendant Presbyterian knew lacked coverage against mucormycetes, it was required to implement an enhanced surveillance program focused on the early identification of mucormycosis infections.

19. At all times relevant hereto, Defendant Presbyterian knew or should have known that fungi, including zygomycetes like Rhizopus, thrive, proliferate and reproduce best in moist environments.

20. At all relevant times hereto, Defendant Presbyterian knew or should have known that routine monitoring and remediation of moisture accumulations and damage within the CTICU was required in order to minimize its immune-suppressed patients’ exposure to life-threatening fungal infections like Rhizopus.

21. At all relevant times hereto, Defendant Presbyterian knew or should have known that routine monitoring of its cardio thoracic intensive care unit (“CTICU”) environment,

including but not limited to the HVAC system contained therein and the necessity of properly placed and maintained HEPA filters, was required in order to minimize its immune-suppressed patients' exposure to life-threatening fungal infections.

22. Defendant Presbyterian knew or should have known that mucormycosis (also called zygomycosis) is an infection caused by the zygomycete class of fungi, of which rhizopus is a genus member thereof.

23. On or before October 2, 2014, Defendant Presbyterian knew that post-solid organ transplant patient Tracy Fischer, had died in the CTICU from an, "angioinvasive mucormycosis as a complication of post-transplant immunosuppression."

24. Defendant Presbyterian knew that at least one other patient, subsequent to Ms. Fischer, had died from a mucormycosis infection while recuperating within the CTICU.

25. Defendant Presbyterian knew that Ms. Fischer and at least one other post-transplant patient, both of whom developed mucormycosis infections, had been confined to CTICU room #2.

26. Defendant Presbyterian knew or should have known that CTICU room #2 was a negative pressure room – the only one of its kind in the CTICU.

27. Defendant Presbyterian knew or should have known that a negative pressure room is one with a ventilation system that generates negative pressure, which forces air to flow *into* the isolation room from the adjacent corridors and outside environment, which greatly increased the risk of exposure of patients in that room to airborne pathogens, including rhizopus.

28. Defendant Presbyterian knew or should have known that negative pressure rooms are used to isolate patients with airborne contagious diseases.

29. Defendant Presbyterian knew that CTICU room #2 was located adjacent to an exit that was frequently used by visitors and, which led to a carpeted hallway and nearby family gathering area.

30. Defendant Presbyterian knew or should have known that heavy foot traffic through the aforesaid exit increased the risk of aerosolized spores circulating into the environment and then being drawn into CTICU room #2 due to its negative pressure system.

31. For some time prior to August 1, 2015, Defendant Presbyterian allowed to remain in the rooms of its CTICU, modular toilet units.

32. For some time prior to August 1, 2015, Defendant Presbyterian knew or should have known that visible black mold resided on the inside of these toilet units which increased the risk of aerosolized spores circulating into the environment of the rooms of the CTICU and specifically in CTICU room #2.

33. For some time prior to August 1, 2015, Defendant Presbyterian knew or should have known that a leak developed in a wall within CTICU room #2 which created a moist environment and increased the risk of fungi growth, including rhizopus, in the room with resultant aerosolization and immune-suppressed patient exposure thereto.

34. Defendant Presbyterian knew or should have known that placing post-transplant, immune-suppressed patients in a negative pressure environment vastly increased the risk of these patients contracting a myriad of life-threatening infections, including mucormycosis.

OPERATIVE FACTS

35. Che DuVall was admitted to Defendant Presbyterian on July 31, 2015 to undergo a double lung transplant.

36. Che DuVall was selected to receive a double lung transplant due to his robust health and vitality.

37. During Che DuVall's confinement to Defendant Presbyterian hospital he was for extended periods of time a patient in the hospital's CTICU.

38. On August 1, 2015, a double lung transplant was successfully performed upon Che DuVall.

39. During the time Che DuVall received his double lung transplant and throughout the course of his hospitalization at Defendant Presbyterian, Che DuVall was and remained iatrogenically immune-suppressed by reason of the administration of anti-rejection medications.

40. From August 1, 2015 through August 17, 2015, Che DuVall was confined to Defendant Presbyterian's CTICU room #2.

41. Defendant Presbyterian knew or should have known that at no time during his admission to the CTICU from August 1, 2015 through August 17, 2015 did Che DuVall suffer from a contagious disease, which necessitated his isolation in a negative pressure environment.

42. Defendant Presbyterian knew or should have known that placing Che DuVall in a negative pressure environment, given his state of immune suppression, vastly increased his risk of contracting a myriad of life-threatening infections, including that which befell him – a rhizopus mucormycosis.

43. While a patient in Defendant Presbyterian's hospital and while being immune-suppressed as aforesaid, Che DuVall was, in fact, caused to contract a Rhizopus fungal infection and/or other infectious organisms from the environment of the hospital as a result of Defendant Presbyterian's negligence, recklessness and carelessness as is set forth herein and more specifically hereafter.

44. On or before August 2, 2015, Che DuVall was placed on a Voriconazole anti-fungal prophylaxis regimen by Defendant Presbyterian by and through its duly authorized agents, servants and/or employees.

45. On August 9, 2015, Che DuVall was administered a toxic dose of Prograf medication which caused him to suffer an acute kidney injury which, in turn, resulted in hyperamonemia and encephalopathy.

46. As a result of the aforesaid acute kidney injury, Defendant Presbyterian placed Che DuVall at even higher risk of developing an infection while immune-suppressed.

47. Che DuVall, however, fought off this set back and, though he remained in renal failure, his physical condition improved to the point that he was transferred out of the CTICU to a “step down” unit on the ninth floor of the hospital on or about August 17, 2015.

48. In or around August 17, 2015, Karen DuVall was caused to attend a “discharge” class in preparation of Che DuVall’s impending return to home given his positive recovery.

49. On or before August 20, 2015, Che DuVall developed bilateral pleural effusions; worse on the right.

50. On August 20, 2015 Che DuVall underwent an ultrasound-guided left thoracentesis due to the left Pleural effusion with placement of a non-locking catheter.

51. Though Defendant Presbyterian submitted to pathology for fungal culture a specimen of the extracted pleural effusion, Defendant Presbyterian chose not to undertake a cytologic, polymerase chain reaction (“PCR”) nor pathohistologic diagnostic examination of the effusion, which could have immediately identified the presence of Che DuVall’s burgeoning Rhizopus infection.

52. Defendant Presbyterian chose not to supplement Che DuVall's antifungal regimen with Posaconazole and/or Amphotericin B, both of which Defendant Presbyterian knew or should have known were effective agents for the treatment of Rhizopus fungal infections.

53. On August 21, 2015 Che DuVall underwent an ultrasound guided right thoracentesis with placement of a pigtail catheter due to the right pleural effusion.

54. Again, Defendant Presbyterian chose not to undertake a cytologic, polymerase chain reaction ("PCR") nor pathohistologic diagnostic examination of the extracted pleural effusion, which could have immediately identified the presence of Che DuVall's Rhizopus burgeoning infection.

55. In fact, Defendant Presbyterian inexplicably failed to perform *any* diagnostic examination of the pleural effusion extracted from Che DuVall's right lung.

56. Again, Defendant Presbyterian chose not to supplement Che DuVall's antifungal regimen with Posaconazole and/or Amphotericin B and/or similar antifungal medication, which Defendant Presbyterian knew or should have known were effective agents for the treatment of Rhizopus fungal infections.

57. Between August 24, 2015 and August 27, 2015, Che DuVall began to experience fevers, shaking chills as well as persistence of bilateral effusions and edema in and around his lungs.

58. On August 28, 2015, Che DuVall became dyspneic with signs of increased pulmonary edema.

59. On August 29, 2015, Che DuVall was readmitted to CTICU room #10, where he was intubated and placed on a ventilator due to impending respiratory failure and sepsis.

60. On August 29, 2015, Che DuVall was febrile, tachycardic, hypotensive with elevated white blood cells and bandemia.

61. On August 29, 2015, Che DuVall's bilateral pigtail catheters continued to drain pleural effusions but Defendant Presbyterian did not submit any specimens therefrom for cytology despite the fact that the right pleural effusion had never been cultured or otherwise examined.

62. By August 31, 2015, Defendant Presbyterian, in spite of clinical evidence of worsening pulmonary sepsis, chose not to undertake a cytologic, PCR nor pathohistologic diagnostic examination of the extracted pleural effusion, which would have immediately identified the presence of Che DuVall's burgeoning *Rhizopus* infection.

63. Again, Defendant Presbyterian chose not to supplement Che DuVall's antifungal regimen with Posaconazole and/or Amphotericin B and/or other similar antifungal medication, which Defendant Presbyterian knew or should have known were effective agents for the treatment of *Rhizopus* fungal infections.

64. On September 1, 2015, Che DuVall underwent an exploratory video assisted thoracoscopy, which was converted to minithoracotomy with decortication of his right lower lung lobe and diaphragm as well as drainage of an empyema.

65. Portions of Che DuVall's right pleura, right lower lung lobe, right pleura and right diaphragmatic heel were sent to pathology for culture.

66. For reasons unknown, the aforesaid portion of Che DuVall's right lung lobe was never received by Defendant Presbyterian's pathology department.

67. Defendant Presbyterian knew or should have known that fungal growth necessary for diagnosis by culture would take several days to manifest (if growth occurred at all).

68. At no time on or before September 1, 2015 did Defendant Presbyterian undertake any diagnostic measures such as cytology, histopathology and/or real-time PCR assay upon the various fluids and tissue which were or could have been extracted from Che DuVall's lungs and/or pleural space, which would have revealed the presence of a Rhizopus infection.

69. On September 3, 2015, the aforesaid cultures had grown the Rhizopus fungus.

70. On September 4, 2015, Che Duvall was diagnosed with septic shock secondary to necrotizing right lower lobe Rhizopus pneumonia.

71. That same day, Defendant Presbyterian, through its duly authorized agents, servants and/or employees began to plan for Che DuVall to undergo a right lower lobe lobectomy and decortication.

72. During this same period of time, between September 1, 2015 and September 8, 2015, Defendant Presbyterian was given cause to and did remove a wall in one of the rooms of the CTICU.

73. Defendant Presbyterian found fungi and/or mold growing behind the aforesaid wall in the CTICU.

74. On September 8, 2015, four (4) days after Defendant Presbyterian knew that Che DuVall had an invasive and necrotizing Rhizopus infection in his lungs, Che DuVall underwent a life-saving right lower lobe and right middle lobe lobectomy.

75. As a result of the aforesaid surgery, Che DuVall was caused to have sacrificed two of his five newly transplanted lung lobes.

76. Also on September 8, 2015, Defendant Presbyterian closed the CTICU and relocated eighteen (18) patients including Che DuVall, due to a suspected mold outbreak within its environment.

77. Defendant Presbyterian closed the CTICU to undertake an environmental cleanup focused on mold remediation.

78. On September 11, 2015, Che DuVall was caused to undergo an additional debridement of his diaphragm to fully stave off the Rhizopus infection which had been permitted to progress and spread as a result of Defendant Presbyterian's delay in diagnosing the infection for the reasons aforesaid.

79. Since that time, Che DuVall has remained confined within Defendant Presbyterian's hospital recuperating from the deleterious consequences of his Rhizopus infection and other avoidable insults caused to his body as herein described.

80. At all times relevant hereto, Defendant Presbyterian failed to utilize in the CTICU adequate air filters that would properly cleanse the air of dangerous particulates and pathogens, including Rhizopus.

81. At all times relevant hereto, Defendant Presbyterian refrained from properly monitoring air from within the CTICU in order to assure the absence of fungal spores or other pathogens.

82. On or before September 21, 2015, the United Network for Organ Sharing (UNOS), a non-profit, scientific and educational organization that administers the *only* Organ Procurement and Transplantation Network in the United States, requested Defendant Presbyterian suspend its solid organ transplantation program pending investigation of a series of documented fungal infections within the hospital.

83. On September 21, 2015, in response to the request of UNOS, Defendant Presbyterian suspended its entire adult transplant program because of a suspected mold outbreak.

84. Defendant Presbyterian was negligent, careless and reckless in some or all of the following particulars:

- a. In causing and/or permitting Che DuVall to contract a Rhizopus fungal infection;
- b. In failing to protect the health of Che DuVall, particularly when he was in an immune-suppressed state;
- c. In having an improper and inadequate heating, ventilation and air conditioning system (HVAC system) in Che DuVall's hospital room, in other patient rooms and in the corridors of the same areas of the hospital;
- d. In causing and/or permitting fungal spores including but not limited to rhizopus, to be spread into Che DuVall's hospital room and/or other areas occupied by Che Duvall;
- e. In failing to install a proper and adequate HVAC system
- f. In failing to repair and maintain the HVAC system in a proper manner;
- g. In failing to test the HVAC system to determine whether it was proper and adequate, particularly in view of the fact that immune-suppressed patient such as Che DuVall were present in the CTICU;
- h. In knowing that the HVAC system in the CTICU was inadequate with respect to its ability to vent organisms and particulate matter in the rooms of patients otherwise immune-compromised, and then in failing to have intervened to adequately protect the life and wellbeing of such immune-suppressed patients such as Che DuVall;
- i. In failing to place Che DuVall in and/or transfer Che DuVall to a room with positive pressure and/or otherwise provide a protective environment in light of his impaired immune status;
- j. In failing to have employed necessary and available expertise with respect to the reduction of infectious organisms with hospital settings where immune-suppressed patients were housed, when such information and methodology appropriately employed would have greatly reduced the risk of decedent contracting a fungal infection;
- k. In failing to have employed ultra-violet radiation as an alternative means of eliminating infectious organisms in the air being circulated in the rooms in the CTICU in and around Che DuVall, at time when Defendant knew or should have known of an air filtration problem;

- l. In failing to respond to requests and/or recommendations that the HVAC system be replaced and/or repaired in view of the fact that it was improper and inadequate;
- m. In failing to replace and/or repair the HVAC system solely because of financial concerns;
- n. In disregarding recommendations, and evidence, that the HVAC system be revised to safeguard patients in the CTICU;
- o. In placing patients such as Che DuVall in an area of the hospital that Defendant knew or should have known posed needless risk;
- p. In placing Che DuVall and other transplant patients at risk by having them in an area of the hospital where there was an improper and inadequate air management system, particularly in view of the fact that Defendant knew or should have known that fungal spores were propagating in the hospital, which were of particular risk to immune-suppressed patients like Che DuVall;
- q. In failing to warn Che DuVall and Karen DuVall of the risks and dangers of transplant surgery being conducted in Defendant Presbyterian's hospital;
- r. In failing to warn Che Duvall and Karen DuVall of the improper placement of said patient in a negative pressure room near an exit leading to a carpeted corridor subject to heavy foot traffic;
- s. In failing to warn and advise Che DuVall and Karen DuVall that Che DuVall's double lung transplant could be performed in another hospital facility which had a proper and adequate HVAC system and offered a protected environment;
- t. In causing and/or permitting Che DuVall to become infected with a life-threatening fungal infection and suffer injures as herein described;
- u. In failing to adhere to hospital standards with reference to the treatment of patients who were immune-suppressed;
- v. In failing to adhere to hospital standards with reference to the installation, maintenance, monitoring, testing and repair of HVAC systems;
- w. In placing Che DuVall in a negative pressure room without those safeguards which would have prevented fungal spores and other airborne pathogens from being driven into his room;

- x. In subjecting Che DuVall to a double lung transplant surgery and then having him placed in an area of the hospital which had an improper and inadequate HVAC system permitting organisms such as the Rhizopus fungus to be spread to the room and/or area(s) occupied by Che DuVall;
- y. In failing to implement and/or enforce such policies and procedures as would assure rapid transmission of laboratory results to patients and physicians so as to ensure proper and timely treatment;
- z. In failing to utilize and/or properly maintain HEPA filters as part of its HVAC and air filtration system within the CTICU;
- aa. In failing to implement and/or enforce such policies and procedures as would assure performance of regular and routine inspection, documentation, maintenance and replacement of the HVAC system, implications of air pressure differentials and the air quality in Che DuVall's room as well as the corridor adjacent thereto;
- bb. In failing to implement and/or enforce such policies and procedures as would have assured the earlier administration of posaconazole and/or amphotericin B in patients on voriconazole prophylaxis whom had developed new or worsening sinopulmonary infections;
- cc. In failing to implement and/or enforce such policies and procedures as would assure performance of cytology testing for immediate presumptive identification of fungal infection and creation of cell blocks; and
- dd. In failing to implement and/or enforce such policies as would assure the presence of at least one person competent to oversee a patient suffering from a life-threatening fungal infection condition who would make those observations of the type and with the frequency appropriate under the circumstances.

85. As a result of the negligence, carelessness and recklessness of Defendant Presbyterian and its agents, servants and/or employees, Che DuVall was caused to contract a life-threatening Rhizopus fungal infection which resulted in subsequent medical and therapeutic treatment including surgical intervention that led to the loss of two of the five lobes of Che DuVall's newly transplanted lungs and excision of a part of his diaphragm. He has also been caused to suffer encephalopathy, acute kidney injury, hyperamonemia. He suffered the

prolonged need for mechanical ventilation and required the placement of a tracheostomy and a PEG tube for feeding. He suffered shock and the complications associated therewith. He suffered anoxic brain damage. He suffered injury to his joints, tissue and other structures in various parts of his body arising out of disuse and other complications related to his debilitated state. Some or all of these injuries are permanent in nature.

86. As a further proximate result of the conduct of Defendant Presbyterian and its agents, servants and/or employees, Che DuVall was forced to endure great pain, suffering and inconvenience and will endure same in future. He was forced to submit to medical, surgical and therapeutic treatment and may be forced to submit to same in the future. He suffered from limitation in motion in the various parts of his body and may suffer same in the future. He was forced to be confined to the hospital, and will suffer similar confinement in the future. He suffered disfigurement and loss of ability to perform independently the activities of daily living and the embarrassment and humiliation associated therewith. His health in general has been seriously and permanently impaired.

87. As a further result of the conduct of Defendant Presbyterian and its agents, servants and/or employees, Plaintiff has been forced to expend large sums of money for doctors, hospitals and other items necessary for his proper care and treatment and will be forced to expend similar sums for like items in the future.

88. As a further result of the conduct of Defendant Presbyterian and its agents, servants and/or employees, Plaintiff has suffered a loss of sums of money he otherwise would have earned and he will suffer similar losses in future. He has also suffered an impairment of his earning capacity.

WHEREFORE, Plaintiff Che Duval demands judgment against Defendant Presbyterian in an amount in excess of the jurisdictional limits of the compulsory board of arbitration division of this Court, exclusive of interest and costs.

COUNT II
Loss of Consortium

KAREN DuVALL v. UPMC PRESBYTERIAN SHADYSIDE

89. Plaintiffs incorporate by reference and make a part of this Count all of the paragraphs of the First Count of this Complaint.

90. As a result of the injuries to Plaintiff Che DuVall, Plaintiff Karen DuVall has been and/or may be deprived of her husband's aide, comfort, assistance, support, companionship, and consortium.

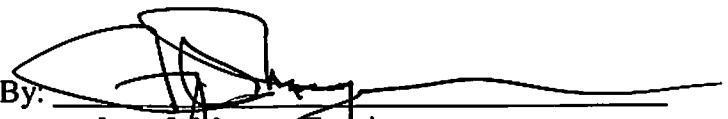
WHEREFORE, Plaintiff Karen Duval demands judgment against Defendant Presbyterian in an amount in excess of the jurisdictional limits of the compulsory board of arbitration division of this Court, exclusive of interest and costs.

WHEREFORE, Plaintiffs claim damages from Defendants in a sum which exceeds the compulsory arbitration limits of this County, plus costs and interest.

JURY TRIAL DEMANDED

Respectfully submitted,

MEYERS EVANS & ASSOCIATES, LLC

By: 
Jerry I. Meyers, Esquire
Brendan B. Lupetin, Esquire
Attorneys for Plaintiffs

VERIFICATION

I, KAREN DUVALL, have read the foregoing **COMPLAINT IN CIVIL ACTION**. The factual information therein which was provided by me to my attorneys is true and correct to the best of my personal knowledge, information or belief.

Any other contents of the Complaint in Civil Action, including additional factual information, legal theories or conclusions of law, have been prepared by my attorneys, who have signed the pleading, and are based upon their investigation and analysis of information available to them and the applicable law.

I make this statement subject to the penalties of 18 Pa.C.S. §4904 relating to unsworn falsification to authorities.

DATE: 12/31/15



KAREN DUVALL

VERIFICATION

I, CHE DUVALL, have read the foregoing **COMPLAINT IN CIVIL ACTION**. The factual information therein which was provided by me to my attorneys is true and correct to the best of my personal knowledge, information or belief.

Any other contents of the Complaint in Civil Action, including additional factual information, legal theories or conclusions of law, have been prepared by my attorneys, who have signed the pleading, and are based upon their investigation and analysis of information available to them and the applicable law.

I make this statement subject to the penalties of 18 Pa.C.S. §4904 relating to unsworn falsification to authorities.

DATE: 12-31-15

CHE DUVALL
CHE DUVALL