

2017 April 7<sup>th</sup> and 2017 May 12<sup>th</sup>

- Dr. Paul Raffer – Sharp Hospital, San Diego, California
  - Criminal Negligence →

2017 May 12<sup>th</sup> 2017 Sharp Hospital Dr. Paul Raffer:

Before the ER (emergency) appointment in Sharp Hospital in April 29<sup>th</sup> I give Dr. Paul Raffer a CD that contains all the MRI data from the January 2017 MRI appointment.

I see Dr. Raffer after ER the appointment (which is assault in a medical institution):

<p style="text-align: center;"><b>SHARP</b> Rees-Stealy Medical Group</p> <p style="text-align: center;"><b>Progress Note</b></p> <p><b>Name:</b> JANA, NARENDRA NIRMAL      <b>DOB:</b> 10/27/1984 <b>MRN#:</b> 4723442      <b>Gender:</b> M</p> <p><b>Note Owner:</b> PAUL KENNETH RAFFER M.D. <b>Specialty:</b> Neurology <b>Date of Encounter:</b> 05/12/2017</p> <p><b>Patient</b> NARENDRA JANA      <b>DOB:</b> Oct 27 1984      <b>Gender:</b> M SHC#: 107697820</p> <p><b>Provider:</b> PAUL RAFFER DO#: 05132017</p> <p><b>Clin Staff Note</b> Patient is here for follow up on eye symptoms and stated MS.</p> <p><b>HPI</b> Mr. Jana has not had an MRI scan as ordered and presented to the emergency room at sharp complaining of impaired vision which led to Dr. Askim reviewing his records and recommended he follow up with me. He was complaining of decreased vision in his left visual field as well as decreased sensation on the left side, impaired thinking, and severe pain in his upper back up to his "occipital lobe."</p> <p>The patient brought in a CD with some of his prior records including MRI scans and EEGs. The EEG indication was for nonepileptic seizures and as I review that EEG I don't see any abnormalities although it is less than a minute of recording. There were also several MRIs which I could not open, but one that was reviewable is a brain MRI done in January 2017 with T2 coronal and axial views which looks normal to me. I was not able to open the spine MRIs.</p> <p>Mr. Jana indicates that he was desperate to go back on Rebir<sup>®</sup> and went to Mexico to get it, that he began reinjecting himself and that after 5 doses his vision came back, pain went away, numbness on the left side improved, and numbness in his eyes and face improved. It is interesting that on the CD he shows himself opening boxes purportedly containing Rebir<sup>®</sup> as if he is about to inject himself, but there is never any actual injection administered, and on one of the pictures he opened a syringe cartridge that flopped open when he removed it from the box, i.e., it was an previously opened cartridge. Amended: PAUL KENNETH RAFFER M.D.; 05/13/2017 10:05 AM PST.</p> <p><b>Current Meds</b> Rebir<sup>®</sup> 44 MCG/0.5ML Subcutaneous Solution Prefilled Syringe;; RPT.</p> <p><b>Allergies</b> No Known Drug Allergies.</p> <p><b>Med/Allergy Rec:</b> Meds and allergies reconciled, including those medications given at discharge where applicable. The patient's medication list has been updated accordingly.</p> <p><b>Vital Signs</b> Recorded by DAVIDSON, NANCY on 12 May 2017 08:13 AM BP:114/70, KUE, Sitting, BSA Calculated: 1.58, BMI Calculated: 17.54, Weight: 112 lb</p> <p><b>Physical Exam</b></p> <p>This document is privileged and confidential, and is intended for those individuals personally involved in the care of individual patients who may be identifiable from this information. All other use or disclosure is strictly prohibited unless specifically and legally authorized.</p> <p>Printed: 11/07/2018 11:44AM      Printed from Touchworks      1 of 2</p>	<p style="text-align: center;"><b>SHARP</b> Rees-Stealy Medical Group</p> <p><b>Patient:</b> JANA, NARENDRA NIRMAL <b>MRN:</b> 4723442</p> <p><b>Date of Encounter:</b> 05/12/2017</p> <p>Physical exam was performed. His speech was without dysarthria and he was able to follow simple and complex commands, albeit slowly.</p> <p>Cranial nerves revealed decreased left visual field and that he would not count fingers or see hand movements. Eye movements were conjugate without nystagmus. Facial power was symmetrical tongue was midline.</p> <p>Motor exam revealed collapsible decreased effort on testing his left arm and left leg. There was no tremor. He walked very slowly and would not speed up. He was able to get on toes and heels and perform tandem slowly with a normal Romberg.</p> <p>Reflexes were bilaterally normal active and toes were down</p> <p>Sensory exam revealed decreased vibration and absent position sense responses from his left fingers and toes. There was decreased vibration on the left sternum compared to the right and in the left forehead compared to the right.</p> <p><b>Assessment</b> Functional disorder, no evidence of MS.</p> <p><b>Discussion:</b> His symptoms are bizarre and inconsistent with MS. There is no reliable physical exam findings and the brain MRI scan apparently done earlier this year showed normal brain imaging on T2 FLAIR. I insisted he need a current MRI of his brain and cervical spine. I refused to refill his Rebir<sup>®</sup> prescription as I told him I did not believe he has MS. I welcomed a second opinion, which apparently has been initiated by Dr. Debitsky. At this point he will not be re-scheduled in my clinic. Amended: PAUL KENNETH RAFFER M.D.; 05/13/2017 10:09 AM PST.</p> <p><b>Signature</b> Electronically signed by: NANCY DAVIDSON LVN; 05/12/2017 8:17 AM PST, Co-participant. Electronically signed by: PAUL KENNETH RAFFER M.D.; 05/12/2017 8:44 AM PST, Author. Electronically signed by: PAUL KENNETH RAFFER M.D.; 05/13/2017 10:09 AM PST, Author.</p> <p>This document is privileged and confidential, and is intended for those individuals personally involved in the care of individual patients who may be identifiable from this information. All other use or disclosure is strictly prohibited unless specifically and legally authorized.</p> <p>Printed: 11/07/2018 11:44AM      Printed from Touchworks      2 of 2</p>
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Narendra  
Jana

Dr. Raffer is glib about furthering negligence. For the MRI data that I gave him (which is included in the USB in the folder "7-Crimes Being Committed to Cause Harm-Videos and Images of Criminality> 2017 May 12th San Diego - Raffer Ignoring Medical Diagnostics"). The doctor is able to access the MRI data but claims that he is unable to access the data (this strategy in avoidance is tried several times in the US to avoid reviewing diagnostic data eg. by Dr. Robert Fox). The data is given in two formats to make it easy for the doctor to view the data.

I still have the original CD that I gave to Dr. Raffer for review.

The doctor claims that he is unable to open the data for review stating "there were also several MRIs which I could not open, but one that was reviewable is a brain MRI done in January 2017 with T2 coronal" and proceeds to state that "I was not able to open the spine MRIs." But the MRIs come as sets, so if Dr. Raffer is able to open the brain MRI it would simultaneously open the spine thoracic MRI (same CD and same MRI series). So his claim is an attempt at avoidance of acknowledging medical data at furthering medical negligence or evasiveness in medicine.

Since optic neuropathy was prevalent in the ER, the immediate medical recommendation would have to be an ophthalmologist (taking pictures of the back of the eye to check for optic neuropathy) along with an optic neuropathy test that checks for nerve conduction rate (visual evoked potential test). None is recommended or done.

Doctor Raffer's Medical statements are clear examples of trying to further medical neglect to cause harm by a neurological syndrome.

With the number of MRIs that were done in the US that were fraudulently done in the past it would be unwise to do another MRI in the US considering the cost of almost 7500 USD for the MRI.

Narendra  
Jana

A statement by statement review of the document from his appointment is given below:

1

05.12.2017-Sharp-Dr. Paul. Raffer Summary Original Text	Statement by Statement Negation
<p>Clin Staff Note            DOB: Oct 27 1984 Gender: M            Patient is here for follow up on eye symptoms and stated MS.            HPI            Mr. Jana has not had an MRI scan as ordered and presented to the emergency room at sharp complaining of impaired vision which led to Dr. Askin reviewing his records and recommended he follow up with me. He was complaining of decreased vision in his left visual field as well as decreased sensation on the left side, impaired thinking, and severe pain in his upper back up to his "occipital lobe."            The patient brought in a CD with some of his prior records including MRI scans and EEGs. The EEG indication was for nonepi leptic seizures and as I review that EEG I don't see any abnormalities although it is less than a minute of recording. There were also several MRIs which I could not open, but one that was reviewable is a brain MRI done in January 2017 with T2 coronal and axial views which looks normal to me. I was not able to open the spine MRIs.</p>	<p>The MRI scan wasn't needed since repeating a MRI less than 4 months from the January 2017 MRI would be unnecessary in medicine.             The sever pain in the upper back would be imaged in MRI series as lesions and atrophy if the cervical spine. Occipital lobe shows a lesion in the MRI.             I have the original CDs that I gave to Dr. Raffer, both the MRIs are from the same MRI machine so if one could be opened the other could be opened as well. The brain MRI is a set with the thoracic MRI so he could see both the brain and thoracic MRI as a set. The cervical MRI is a separate MRI. The thoracic MRI has a central lesion in thoracic 12.</p>

2

05.12.2017-Sharp-Dr. Paul. Raffer Summary Original Text	Statement by Statement Negation
<p>Mr. Jana indicates that he was desperate to go back on Rebif and went to Mexico to get it, that he began reinjecting himself and that after 5 doses his vision came back, pain went away, numbness on the left side improved, and numbness in his eyes and face improved. It is interesting that on the CD he shows himself opening boxes purportedly containing Rebif as if he is about to inject himself , but there is never any actual injection administered , and on one of the pictures he opened a syringe cartridge that flopped open when he removed it from the box; i.e., it was an previously opened cartridge. Amended: PAUL KENNETH RAFFER M.D.; 05/13/2017   0:05 AM PST.            Current Meds            Rebif 44 MCG/0.5ML Subcutaneous Solution Prefilled Syringe;; RPT.</p>	<p>It takes more than 5 doses and also requires methylprednisolone to be administered simultaneously. The remission of pain is temporarily, lasting approximately 5 to 10 hours.            The initial doses also cause a physical intolerance due to an over production of cytokines if rebif is stopped and started, flu like effects.</p>

3

05.12.2017-Sharp-Dr. Paul. Raffer Summary Original Text	Statement by Statement Negation
<p>Allergies            No Known Drug Allergies.            Med/ Allergy Rec:            Meds and allergies reconciled, including those medications given at discharge where applicable. The patient's medication list has been updated accordingly.            Vital Signs            Recorded by DAVIDSON, NANCY on 12 May 2017 08: 13 AM            BP: 114/70, RUE, Sitting,            BSA Calculated: 1.58 ,            BMI Calculated: 17.54 ,            Weight: 112 lb.            Physical Exam             Physical exam was performed. His speech was without dysarthria and he was able to follow simple and complex commands, albeit slowly.            Cranial nerves revealed decreased left visual field and that he would not count fingers or see hand movements. Eye movements were conjugate without nystagmus.</p>	<p>A optic neuropathy test should have been done immediately given ER presentation.</p>

4

05.12.2017-Sharp-Dr. Paul. Raffer Summary Original Text	Statement by Statement Negation
<p>Facial power was symmetrical   tongue was midline.            Motor exam revealed collapsible decreased effort on testing his left arm and left leg. There was no tremor. He walked very slowly and would not speed up. He was able to get on toes and heels and perform tandem slowly with a normal Romberg.             Reflexes were bilaterally normal active and toes were down            Sensory exam revealed decreased vibration and absent position sense responses from his left fingers and toes. There was decreased vibration on the left sternum compared to the right and in the left forehead compared to the right.            Assessment            Functional disorder, no evidence of MS.             Discussion: His symptoms are bizarre and inconsistent with MS. There is no reliable physical exam findings and the brain MRI scan apparently done earlier this year showed normal brain imaging on T2 FLAIR. I insisted he need a current MRI of his brain and cervical spine.</p>	<p>The following ER events and clinical course shows that it's not only MS but eventuated as a secondary progressive form of MS (secondary progress due to the collective effect of a lack of appropriate treatment for MS).             Symptoms are typical of MS. The MRIs have a gross pathology so where I show it on my laptop or give it in a CD the finding should be immediately apparent.</p>

Narendra  
Jana

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Jana

5	
05/12/2017-Sharp-Dr. Paul. Raffer Summary Original Text	Statement by Statement Negation
I refused to refill his Rebif prescription as I told him I did not believe he has MS. I welcomed a second opinion , which apparently has been initiated by Dr. Debitsky. At this point he will not be rescheduled in my clinic. Amended : PAUL KENNETH RAFFER M.D.; 05/13/2017 10:09 AM PST.	

Dr. Raffer's Medical negligence is clear and undeniable and easy to demonstrate as intentional.

Narendra  
Jana