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Exhibit A3

2019 Emails to TN Agencies:

1. Email Letter Title: The Commoditization, Discrimination, and Abuse of Vulnerable Patients, Particularly the Medically Disabled
    - A. Recipients: Governor of Tennessee Bill Lee (full letter), Dept. Commerce and Insurance Commissioner Carter Lawrence (first page), TennCare Deputy Commissioner Gabe Roberts (first page), and The National Academy of Medicine (first page)

Gmail **Sean Smith <thelastquery@gmail.com>**

Discrimination, Abuse, & Commoditization of Disabled Persons - Gov. Bill Lee

1 message

Sean Smith <thelastquery@gmail.com> Thu, Sep 12, 2019 at 4:04 PM
To: bill.lee@tn.gov

A Letter to:
Carter Lawrence, Insurance Commissioner, Dept. of Commerce & Insurance.
Bill Lee, Governor of Tennessee, Office of the Governor of Tennessee.
Gabe Roberts, Deputy Commissioner, Dept. of TennCare.
The Committee on Temporomandibular Disorders, The National Academy of Medicine.

From:
Sean Smith, 6402 Baird Lane, Bartlett TN, 38135, Cell: (901) 573-8610
September 10, 2019

The Commoditization, Discrimination, and Abuse of Vulnerable Patients, Particularly the Medically Disabled:

Governor Bill Lee,

Calling what I experience day to day 'pain' doesn't provide an accurate model. Neither would it be appropriate to label it merely as musculoskeletal dysfunction. The toll exacted on cognition and mood alone make it clear there is a systemic impact with a disabling influence on quality of life. Temporomandibular Disorders (TMDs) are complicated, but treatable disorders.

TMDs are systems disorders involving the nervous system, brain, craniofacial anatomy and so much more: disordered breathing that leads to bruxism; bruxism that contributes to TMDs; head trauma that contributes both neurologically and structurally to TMDs; joint orthopedics; compressed tissues; nerve entrapment; hypertonic muscles; fascial restrictions; paresthesia of the face and hands; impaired digestion; microbial dysbiosis of the mouth, nose, throat, and gut; disruptions to circadian biology; dissociation that adaptively promotes function/survival; sensitization of the limbic system; sympathovagal imbalance; a variety of insults which impair sleep quality, and along for the ride a very long list of things that go wrong when sleep is disturbed: altered neural networks, brain damage, gastrointestinal diseases, increased incidence of cancer, increased aggressiveness of cancer, increased recurrence of cancer, increased risk for the development and progression of diabetes, increased likelihood of developing a chronic pain condition, etc; systems disorders interrelate with other chronic diseases in a complex manner.

The presentation of symptoms in systems disorders, like Temporomandibular Disorders, is nuanced and requires individualized care, and in complex cases it becomes necessary to provide individualized interdisciplinary care where doctors actively collaborate with one another and their patient - there is no cookie-cutter approach which holds efficacy. It's a costly mistake to sit and wait for controlled trials or systematic analyses to provide 'the answer'. Nor is it advisable to trust alleged experts who are so caught up in their own concept of an 'evidence-based approach' that they create artificial distinctions between which complaints they will acknowledge and those they will shirk responsibility for all. Human biology, its Systems Biology, involves multiple systems acting in unity; reality does not respect artificial boxes and labels. So often patients get stuck with problems doctors won't acknowledge because the doctor presumes 'there's insufficient evidence' even when there is evidence, sometimes so much so that in retrospect existing standards of care as they are practiced amount to outright quackery.

The foundational science to model complex medical problems exists and is ever-expanding. Unfortunately, the knowledge gaps of researchers and clinicians are a source of ire for patients with chronic pain conditions, particularly when it comes to TMDs.

I think it fair to say that patients with a Temporomandibular Disorder get the short end of the stick in medicine. It is normal for a TMD patient to be accustomed to hearing excuses; manufactured 'reasons'; 'just-so' stories; getting blown off and spending years of their life on a referral merry-go-round trying to figure out their pain and dysfunction before even receiving an accurate diagnosis. The stark irony is the problem was staring every doctor directly in the face. It takes less than thirty-seconds to screen someone and two minutes to perform an evaluation when one knows what to look for. Yet it required my condition to deteriorate until I was functionally disabled by pain, then three years of concerted effort as a 'professional patient' before I received a diagnosis of TMD almost by accident, and three years later I still haven't been able to access the care I need.

I stopped counting how many doctors I'd seen after about twenty-five by which time it had become quite clear to me they did not know what was going on and wouldn't admit as much to themselves or their patient. I realized I would have to make it my full-time 'job' to figure this out. People who spent over 8-years in college and several years to decades in clinical practice had determined doing so was too hard. Even so, I was to solve this problem while medically disabled by it; my mind impaired with pain, dysfunction, poor sleep, and the burden of intense psychosocial distress. I am to enact such an achievement while financially limited to the resources afforded by SSI and the limitations imposed by SSI on assistance I could receive from third parties.

Not all doctors are so complacent to this plight. My current physical therapist has been a resource for learning, an ally, even a friend. On rare occasions treatment allows me to feel 'relaxation' for a transitory period of time, which is a great reprieve to the constant 'threat mode'...the sympathetic dominance of my autonomic nervous system which I am accustomed to.

Under current conditions my life is not something which offers satisfaction or enjoyment. I and others in similar circumstances are prone to contemplating suicide due to an inability to access the medical care we need. Really though, I observe it's the constant fight to try to access care that breaks people; patients I observe on forums, speak with over the phone, and in-person encounters in daily life with random strangers who give accounts that corroborate the wide-spread misbehavior of medical institutions, doctors, insurers, as well as state and federal organizations and representatives.

It's the two-facedness, the lies. It's how people whose duty it is to facilitate access to care pathways and assist patients, to assist the disabled, to behave with competence and integrity are so full of excuses as to why it is not their responsibility to provide assistance that one wonders if they received more training in the practice of cognitive dissonance than they did in understanding how to provide efficacious care.

It's the medical insurers and their wrongful denials of claims, out-of-network adequacies, and pre-authorizations for procedures. It's the sick games they play to obfuscate access to care by engaging in behaviors (such as the wrongful denials for pre-authorization) that amount to little more than harassing clinicians in order to eat up their time with the process of performing appeals and peer-to-peer phone calls thereby limiting how many patients the doctor can see, the number of procedures the doctor can order, undermining the quality of care the doctor can deliver, and as a consequence people are harmed; people die; people kill themselves. People stay sick to diseases that can be cured. All done For Profit at the expense of human suffering, people's lives, and taxpayer dollars.

It's how the experience physicians acquire in their attempts to work with medical insurers lead the physician to believe it is essentially futile to even attempt to write an appeal on the patients behalf. And if one does find a physician willing to 'fight the good fight' the physicians knowledge gaps limit their participation.

Physicians develop such detrimental knowledge gaps because they have to spend so much time navigating the obstacle course erected by medical insurers, legislators, administrators, and even their own professional organizations. As I stated earlier, the foundational science to model these complex medical conditions exists - the trend to sit and wait for guidelines, continuing education materials, meta-analysis or cochrane reviews; to acquire simple answers isn't about understanding what works. It's about a system so broken doctors are unable to be doctors and patients are limited to a paradigm of care dictated by parties whose goal is to commoditize people like they're livestock, particularly so when it comes to the medically disabled.

Who assists the disabled? It's supposed to be the Social Security Administration and TennCare. "Supposed to be" and yet that's not what happens. Social Security says it's the responsibility of doctors and insurers, most doctors dance around the topic to ultimately blame insurers, Cigna says it's Unitedhealthcare's responsibility, United Healthcare says it's Tenncare's responsibility, Tenncare says it's Unitedhealthcare's responsibility, and then on some days Unitedhealthcare says it's Tenncare's and on others Unitedhealthcare says it's Cigna's, and in the midst of that I get told to talk to the Department of Commerce and Insurance who tells me I have to speak to the Department of

Labor, and the Department of Labor tells me to speak with Commerce and Insurance, who then directs me to the Medical Board Unit, who tells me to speak with the Office of Investigations, who tells me to speak with the office of the Insurance Commissioner, who tells me to speak with the Office of Investigations, who say they really don't deal with this and it sucks that I keep getting bounced around and perhaps I should just contact the Governor's office, and *the Governor's office tells me to send in a brief letter which summarizes this complex issue when it takes a paragraph* just to describe the several months of nonsense one endures trying to figure out who to talk to about the discrimination and abuse of medically disabled persons; a process that, ironically, is in itself both discriminatory and abusive.

I am instructed to write a letter which I don't know how to find the time to write properly as I'm overwhelmed with the tasks insurers, doctors, and society has placed upon persons who are medically disabled. To think, all of these people over the phone at these offices are employed to engage in these behaviors. Incompetence from top to bottom. Broken programs that fail to fulfill their primary mandates. **This problem is a state and federal fiscal disaster costing human lives.** It's a meat grinder; it's Soylent Green *in situ.*

There are so many grievances to voice, reasons to believe there is little to no prospect that I and others will find access to the medical care we are in need of. In the past, while on the phone trying to get access to care for my TMD and sleep breathing issues from Cigna, Unitedhealthcare, and Tenncare I would include outlining what daily life is like for me. Usually this leads them to ask "are you safe". I've learned that it is unsafe to answer that question. On more than one occasion I've communicated as much, stating how I'm not interested in speaking about this topic over the phone as past experience has proved it hazardous to my safety to do so. Once I decided to just flat-out lie to see if that would work. In both of those cases and many others, they called the cops to my house.

It's a coin toss what the police do. I've convinced them to leave me be several times, but I've also been involuntarily committed by police escort to a psychiatric facility multiple times over this nonsense. Twice earlier this year. That's over four-thousand dollars of reimbursement paid to 'keep me safe' under conditions that endanger my safety for 2019 alone. I would suggest understanding the true costs of these incidents requires one to include what is paid to police, representatives at medical insurers and state agencies, and any other parties who participate in these events. The reader may as well include oneself in those calculations. It is quite disturbing to observe how resources, monetary or otherwise, are being squandered. What's more is that this waste often comes packaged with a lie, which is delivered to already distraught individuals, that one's life is valued and should be preserved from the risk of undue harm.

In each commitment, none of my medical needs were met. During commitments the facilities could not provide food I could eat so I had to fast (dietary intake manages my TMD/Breathing/Sleep). I was cut-off from the self-care tools I need to manage my TMD. I was limited to sleeping conditions that provoke my sleep onset and sleep-maintenance insomnias. I was not provided the means to manage my sleep-related disordered breathing. I was starved, sleep-deprived, and subjected to conditions that worsen a chronic pain disorder and then discharged.

I had told the medical insurance representatives, police officers, nurses, administrators, doctors, and nearly every other party involved in this process about my medical needs and how a psychiatric facility would be unable to meet them and being committed to one would endanger my health. I was assured my medical needs would be met; I was lied to.

At each discharge my TMD was more severe and I was experiencing more intense thoughts of suicide than I had been experiencing at intake; 'getting help' put me at greater risk. While at greater risk I was then released to once again go figure out how to fix what doctors ignore or break. I told doctors the same things at intake as I did at discharge, but to hold me longer they'd have to put me in front of a judge who would have to hear what I had to say for myself prior to signing off on allowing any further commitment.

I'd expect if a judge were to hear my account it could lead to unfavorable consequences being imposed upon the institutions and doctors that held me. The instances of fallacious record keeping alone call into question the integrity of their intake process. But, these psychiatric hospitals don't let that happen. Doctors and facilities hold people as long as they can to maximize profit and satisfy their perceived legal liability ('look he may have killed himself, but I held him 5-days for observation and had two doctors sign off he was 'safe'), and then they release someone.

Most of the time I am so preoccupied trying to work on my problems that I do not 'feel' much of anything about them. I become task oriented in a world of actions and outcomes. It requires a lot effort to maintain my limited ability to function and I cannot afford to let something like 'feeling' get in the way. I spend all morning and most of the day massaging muscles throughout the craniofacial complex. I go to a physical therapist twice a week every week, and sometimes see a chiropractor. I get directed to specialists to deal with complications as they arise. I manually distract my jaw when I need to. I do whatever it takes to minimize how much the pain and dysfunction impact my sleep quality. I regularly skip meals because eating is so unpleasant, or, at least, I used to skip meals until the constipation it caused led to rectal bleeding and other problems. All of this and more while combating memory issues, brain fog, fatigue, depression, social isolation, and suicidal ideation...I have to juggle so many balls I'm not sure when I drop one - it's a hazardous situation that leaves little time to write appeals, letters, and make phone calls, let alone do anything that amounts to 'having a life'.

In fact, the amount of time I spend trying to manage things and fight insurers has placed significant constraints on my ability to attend to my medical needs, which have increased in severity - thousands of dollars in reimbursement to doctors has been spent on managing the consequences of my inability to access needed care. This isn't living and one would have to be an idiot to think talk therapy or psychotropic medications is going to change any of this, let alone ensure my safety.

Honestly, talking involves engaging in the habitualized movement of the jaw and tongue alongside coordinated respiration. The muscles of mastication, tongue, and other craniofacial structures are in a state of active pathology in persons with TMD, and on top of it there are breathing issues which reinforce posturing of the head and neck into a relationship that further contributes to the TMD. One might as well suggest one 'walk off' a torn hamstring or broken leg - saying it's idiotic is really a kindness. At this point I've become intolerant and indignant that so many clinicians and academics seem to have a strong case of the 'stoopids' when it comes to managing chronic pain patients, especially TMDs. More so considering the barriers that prevent even motivated patients from receiving the care they need from experienced specialists.

Why is it the police won't protect me from abuses in the medical system? Why can't I find any legal assistance for these problems? Why do state and federal agencies give me the run-around? Explain to me why Cigna, Unitedhealthcare, and TennCare think that me seeing a competent specialist in TMD medicine so that I can receive appropriate diagnosis and treatment isn't medically necessary? Money is being flushed down the toilet; it would cost so much less to facilitate access to care for myself and so many others. Disabled by a treatable condition...

Wouldn't it cost the state less to fix me so I could work? Or just improve my function enough so I would have the time and energy to make a website to provide information to patients and call out medical professionals on the absurdity of their behaviors. Even if all someone could amount to is be a doorman it'd still be more beneficial to fix them rather than limit them to perpetual disability. It certainly doesn't cost less to have had the police drag me to a psychiatric hospital that only makes my medical conditions worse thereby requiring more utilization of accessible healthcare services. To think you lot think I'm the crazy one.

My physical therapist and I are engaged in fire control. This last few months have been especially trying. I regularly ponder the value of continued existence under these conditions. I've had plenty of close calls before, but these have become increasingly frequent as my condition worsens and becomes less responsive to treatment. And before you panic and try to call the cops to my house so they'll drag me off to some behavioral health center where provided care is inimical to a patients medical needs; where patients are commoditized like cattle - no exaggeration, *literally*, like cattle, where dear doctor gets to be the rancher, with the administrators and insurers a corporate partnership who share ownership of the farm - I will remind the reader that such a place inflicts greater harm upon persons in my situation and I would hold you personally responsible for engaging in any actions that result in my having to once again endure that.

What's more, because of how abysmal access to care is suicidal ideation is nothing unusual for patients in similar circumstances and suicide completion simply an inescapable reality of our society which even the academics, whose alleged role is to field research efforts and apprise clinicians of their findings with integrity, have poorly attended to documenting. It is Normal and, apparently, an acceptable standard of care to abandon the medically disabled to conditions that promote and sustain suicidal ideation. Worse yet, when one undergoes the process of 'getting help' via a police escort to a psychiatric facility one is subjected to conditions that can and do make underlying medical issues worse while the officers, facility, physicians, ancillary staff, and medical insurers are being paid to do so - oh gee, I'm now so convinced continued life is a worthy endeavour whilst people get paid to cause me harm and face no consequences for having done so!

I don't know how what is happening isn't explicitly criminal and these organizations aren't buried under a tide of lawsuit and state and federal charges. Maybe it's because the people they hurt are vulnerable, or do not understand they're being harmed, and even when they do understand lack the resources to fight back. What's more, when one asks for **help** it's over the phone or in a letter directed towards persons who say it's always someone else's problem to deal with. I figure I just need to keep making phone calls and sending letters to people until someone decides it's their problem too. But also, to document it all, so that when this matter is in full receipt of people's attention, when action is brought to bare, when major news outlets get interested and request interviews, I will have the documentation to show how people in charge were informed and decided to ignore pleas and make excuses.

With Regard,

Sean Smith

Gmail **Sean Smith <thelastquery@gmail.com>**

Discrimination, Abuse, & Commoditization of Disabled Persons - To Carter Lawrence

1 message

Sean Smith <thelastquery@gmail.com> Thu, Sep 12, 2019 at 4:01 PM
To: Ask.TDCI@tn.gov

A Letter to:
Carter Lawrence, Insurance Commissioner, Dept. of Commerce & Insurance.
Bill Lee, Governor of Tennessee, Office of the Governor of Tennessee.
Gabe Roberts, Deputy Commissioner, Dept. of TennCare.
The Committee on Temporomandibular Disorders, The National Academy of Medicine.

From:
Sean Smith, 6402 Baird Lane, Bartlett TN, 38135, Cell: (901) 573-8610
September 10, 2019

The Commoditization, Discrimination, and Abuse of Vulnerable Patients, Particularly the Medically Disabled:

Commissioner Carter Lawrence,

Calling what I experience day to day 'pain' doesn't provide an accurate model. Neither would it be appropriate to label it merely as musculoskeletal dysfunction. The toll exacted on cognition and mood alone make it clear there is a systemic impact with a disabling influence on quality of life. Temporomandibular Disorders (TMDs) are complicated, but treatable disorders.

TMDs are systems disorders involving the nervous system, brain, craniofacial anatomy and so much more: disordered breathing that leads to bruxism; bruxism that contributes to TMDs; head trauma that contributes both neurologically and structurally to TMDs; joint orthopedics; compressed tissues; nerve entrapment; hypertonic muscles; fascial restrictions; paresthesia of the face and hands; impaired digestion; microbial dysbiosis of the mouth, nose, throat, and gut; disruptions to circadian biology; dissociation that adaptively promotes function/survival; sensitization of the limbic system; sympathovagal imbalance; a variety of insults which impair sleep quality, and along for the ride a very long list of things that go wrong when sleep is disturbed: altered neural networks, brain damage, gastrointestinal diseases, increased incidence of cancer, increased aggressiveness of cancer, increased recurrence of cancer, increased risk for the development and progression of diabetes, increased likelihood of developing a chronic pain condition, etc; systems disorders interrelate with other chronic diseases in a complex manner.

The presentation of symptoms in systems disorders, like Temporomandibular Disorders, is nuanced and requires individualized care, and in complex cases it becomes necessary to provide individualized interdisciplinary care where doctors actively collaborate with one another and their patient - there is no cookie-cutter approach which holds efficacy. It's a costly mistake to sit and wait for controlled trials or systematic analyses to provide 'the answer'. Nor is it advisable to trust alleged experts who are so caught up in their own concept of an 'evidence-based approach' that they create artificial distinctions between which complaints they will acknowledge and those they will shirk responsibility for all. Human biology, its Systems Biology, involves multiple systems acting in unity; reality does not respect artificial boxes and labels. So often patients get stuck with problems doctors won't acknowledge because the doctor presumes 'there's insufficient evidence' even when there is evidence, sometimes so much so that in retrospect existing standards of care as they are practiced amount to outright quackery.

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Gmail

Sean Smith <thelastquery@gmail.com>

Discrimination, Abuse, & Commoditization of Disabled Persons - Gabe Roberts

1 message

Sean Smith <thelastquery@gmail.com>
To: Tenn.Care@tn.gov

Thu, Sep 12, 2019 at 4:01 PM

A Letter to:
Carter Lawrence, Insurance Commissioner, Dept. of Commerce & Insurance.
Bill Lee, Governor of Tennessee, Office of the Governor of Tennessee.
Gabe Roberts, Deputy Commissioner, Dept. of TennCare.
The Committee on Temporomandibular Disorders, The National Academy of Medicine.

From:
Sean Smith, 6402 Baird Lane, Bartlett TN, 38135, Cell: (901) 573-8610
September 10, 2019

The Commoditization, Discrimination, and Abuse of Vulnerable Patients, Particularly the Medically Disabled:

Deputy Commissioner Gabe Roberts,

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Gmail **Sean Smith <thelastquery@gmail.com>**

To the Committee - A letter I sent to TN Gov and state reps

2 messages

Sean Smith <thelastquery@gmail.com> Thu, Sep 12, 2019 at 4:01 PM
To: "Liverman, Cathy" <CLiverma@nas.edu>

I, Sean Smith, give the Committee on Temporomandibular Disorders permission to include these materials in their proceedings and the public access file.

A note to the NAM TMD Committee:

I wrote this letter primarily for the gov and state reps. This letter repeats information provided in the letter I sent to the committee in June. I felt it worthwhile to include the committee in this letter so they could be aware of the efforts independent citizens are engaged in while also allowing the state representatives to be aware of the committee's presence. I should mention, what I cover isn't really the worst parts of what's occurring - I withhold a lot. I'm working on figuring out how to use what I've learned before I start a public campaign of sorts because, it's looking like what will need to happen is going to be a very messy business.

A Letter to:
Carter Lawrence, Insurance Commissioner, Dept. of Commerce & Insurance.
Bill Lee, Governor of Tennessee, Office of the Governor of Tennessee.
Gabe Roberts, Deputy Commissioner, Dept. of TennCare.
The Committee on Temporomandibular Disorders, The National Academy of Medicine.

From:
Sean Smith, 6402 Baird Lane, Bartlett TN, 38135, Cell: (901) 573-8610
September 10, 2019

The Commoditization, Discrimination, and Abuse of Vulnerable Patients, Particularly the Medically Disabled:

The National Academy of Medicine's Committee on TMDs,

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