

COMMONWEALTH OF MASSACHUSETTS

SUFFOLK, SS

SUPERIOR COURT

C. A. No. 22-2805 G

JOHN DOE,

Plaintiff

v

BOSTON MEDICAL CENTER
CORPORATION, INC., ARCHANA
ASUNDI, JAI MARATHE, and
MARGRET COOKE, in her official and
individual capacities,

Defendants

**VERIFIED
COMPLAINT**

MICHAEL JOSEPH DONOHUE
CLERK / MAGISTRATE

2022 DEC 12 P 1:38

SUFFOLK SUPERIOR COURT
CIVIL CLERK'S OFFICE

INTRODUCTION

John Doe is HIV-positive, and will run out of prescription refills for his life-saving anti-retroviral treatment on December 15, 2022. To receive a new prescription, Doe must first be seen by Defendant hospital and doctors; but Doe is unable to safely wear face masks meant to prevent the spread of COVID-19; and Defendants refuse to see Doe unless he wears a face mask. It is Defendants' firm position that Doe's near-certain slow and painful death from AIDS is, on balance, a lesser harm than any risks posed by making a reasonable accommodation to Defendants' mandatory face mask policy. Doe brings this complaint for declaratory and injunctive relief, as well as for money damages, pursuant to his constitutional and common law rights to refuse unwanted medical treatment, the Massachusetts Patients' Bill of Rights, Massachusetts public accommodations law, the Americans with Disabilities Act, and the

JURISDICTION AND VENUE

1. This court has jurisdiction pursuant to G.L. c. 212, §§ 3, 4; G.L. c. 214, §§ 1, 1B, 2; G. L. c. 231A, § 1; 42 USCS §§ 2000a-3(a), 12188.
2. Venue is appropriate pursuant to G.L. c. 214, § 5.

PARTIES

3. Plaintiff John Doe (Doe) is a forty-three-year-old Black gay male. He is HIV-positive, but is otherwise in excellent health. Since his HIV diagnosis in April 2006, and all times relevant to this Complaint, Doe has been a medical patient at the Center for Infectious Diseases of Defendant Boston Medical Center Corporation, where he receives HIV treatment. Doe has no primary care physician, and receives all his non-dental health care services solely through Defendant Archana Asundi, who is Doe's physician at the Center for Infectious Diseases. Doe receives health insurance coverage through MassHealth, for which he qualifies based on his income status. Doe has moved to proceed with this action under a pseudonym. Doe is a resident of Boston.
4. Defendant Boston Medical Center Corporation, Inc., d/b/a Boston Medical Center (BMC) is a charitable corporation organized in Massachusetts and exempt from federal taxation pursuant to Section 501(c)(3) of the Internal Revenue Code. BMC states that its charitable mission is to "provide consistently excellent and accessible health services to all in need of care regardless of status and ability to pay." BMC's principal office is located at 1 Boston Medical Center Place in the city of Boston.

5. Defendant Archana Asundi (Asundi) has been Doe's physician at the BMC Center for Infectious Diseases since 2020. She is a licensed Massachusetts physician who specializes in the care of people living with HIV, with a specific focus on HIV and aging. Asundi is the Director of the Infectious Disease Clinical Research Unit at BMC, and an Assistant Professor of Medicine at the Boston University School of Medicine. Asundi is a resident of Quincy.
6. Defendant Jai Marathe (Marathe) is a licensed Massachusetts physician, the Outpatient Medical Director for the BMC Center for Infectious Diseases, and an Assistant Professor of Medicine at the Boston University School of Medicine. Marathe is a resident of Quincy.
7. Defendant Margret Cooke (Cooke) is the Commissioner of the Massachusetts Department of Public Health. She is being sued in her official and individual capacities. Cooke is a resident of Boston.

FACTS APPLICABLE TO ALL CAUSES OF ACTION

8. Defendant Boston Medical Center Corporation (BMC) maintains a face mask requirement in order to prevent transmission of COVID-19 in its buildings. According to the requirement, "[a]ll visitors will be provided a surgical mask upon arrival and are required to wear the mask continually until they leave the building, as well as practice hand hygiene."
9. The face mask requirement has been mandated by a series of public health emergency orders promulgated by the Commissioner of Public Health, Defendant Margret Cooke (Cooke). The last one of these, the October 13, 2022 COVID-19 Public Health Emergency Order No. 2022-19, was issued "[c]onsistent with the

Governor's May 28, 2021 declaration," that the COVID-19 public health emergency still exists in the Commonwealth."

10. In relevant part, the face mask order does not apply to

[p]ersons for whom wearing a mask or face covering creates a health risk or is not safe because of any of the following conditions or circumstances: 1. the face mask or covering affects the person's ability to breathe safely; or 2. the person has a mental health or other medical diagnosis that advises against wearing a face mask or covering; or 3. the person has a disability that prevents them from wearing a face mask or covering; or 4. the person depends on supplemental oxygen to breathe.
11. In 2006, John Doe tested positive for infection with the Human Immunodeficiency Virus (HIV) and began receiving medical treatment at the BMC Center for Infectious Diseases, where Defendants Archana Asundi and Jai Marathe are employed as physicians. Doe does not have a primary care physician.
12. In 99.5 % of the human population, without medical treatment, HIV infection advances to Acquired Immunodeficiency Syndrome (AIDS) in about a decade, causing death within about three years thereafter.¹
13. With anti-retroviral therapy (ART), however, HIV infection, once considered a death sentence, transforms into a chronic, but very manageable disease, allowing patients with HIV to have similar life expectancy to their peers.²
14. Despite this, ART is life-long and non-curative, and once therapy is stopped or drug resistance develops, viral rebound and immune cell decline invariably occurs

¹ E.g., Elena Gonzalo-Gil et al., Mechanisms of Virologic Control and Clinical Characteristics of HIV+ Elite/Viremic Controllers, 90 Yale J. Biology and Medicine 245, 248 (2017) ("[T]he prevalence of [those who do not go on to develop AIDS] has been estimated to be < 0.5 percent of the HIV positive patient population.").

² See H. Samji, et al., Closing the gap: increases in life expectancy among treated HIV-positive individuals in the United States and Canada, PLoS One (2013), <https://doi.org/10.1371/journal.pone.0081355>.

within weeks, leading to death from AIDS for more than 80 percent of patients within two years.³

15. Personal injuries resulting from untreated AIDS are myriad and torturous.⁴ They include loss of function due to fatigue, decreased energy levels, loss of motor control, especially of upper and lower extremities, loss of cognitive function, memory, confusion, apathy, disorientation, and loss of bowel control. They also include loss of appearance due to severe weight loss, cachexia, Kaposi's sarcoma lesions, and edema secondary to lymph node blockage. The AIDS sufferer experiences loss of social interaction due to physical disability and chronic illness limiting social activities, and the loss of intimate relationships related to fear of contagion. The AIDS sufferer also experiences loss of control over one's life, the loss of employment, income, medical benefits, and the loss of identity as a worker, family head, lover, and self-supporting person. Ultimately, if the ART is not resumed in time, the AIDS sufferer loses his own life.⁵
16. The resumption of ART treatment, as long as it occurs before immune cell numbers fall below a certain figure, allows the immune system to recover, but it does not reverse the secondary harm to the patient's health during treatment interruption. This harm is thought to "be related to the increased inflammation seen in people with" viral rebound during the interruption.⁶ In 2006, due to safety concerns, the National Institute of Allergies and Infectious Diseases cut short a

³ See Elena Gonzalo-Gil et al., 90 Yale J. Biology and Medicine at 248.

⁴ See 11 Bender's Damages in Tort Actions § 139.08 (2022).

⁵ E.g., Elena Gonzalo-Gil et al., 90 Yale J. Biology and Medicine at 248.

⁶ E.g., Jillian S.Y. Lau, Clinical trials of antiretroviral treatment interruption in HIV-infected individuals, 33 AIDS 773 (2019).

landmark ART interruption study “because those patients receiving episodic therapy had twice the risk of disease progression (the development of clinical AIDS or death),” as well as “an increase in major complications such as cardiovascular, kidney and liver diseases.”⁷

17. Interrupting the ART treatment is not only harmful to the health of the HIV-positive individual, but it also has negative public health consequences, including increased drug resistance developing due to mutations within the viral reservoir carried by the patient, and a greater likelihood of transmission to sexual partners as the HIV virus numbers in the bloodstream grow.⁸
18. Doe’s ART treatment primarily consists of a drug combination tablet that Doe must take once a day. Doe maintains extremely high adherence to his ART, leads an extremely healthy lifestyle, and keeps a strict athletic regimen. Asundi has told him that he is one of her healthiest patients.
19. In addition to taking a daily pill, Doe’s ART treatment includes semiannual in-person appointments at BMC, where his health status is checked by a physician and his blood drawn by a phlebotomist for an analysis. Without the semiannual update and blood analysis, Doe’s pharmacy will not refill Doe’s ART prescription.
20. During the initial “lockdown” phase of the COVID-19 pandemic, Doe received his health status check from BMC through telemedicine; and his pharmacy

⁷ See News Release, National Institute of Allergies and Infectious Diseases, International HIV/AIDS Trial Finds Continuous Antiretroviral Therapy Superior to Episodic Therapy (Jan. 18, 2006).

⁸ E.g., Alison J. Hughes, et al. Discontinuation of antiretroviral therapy among adults receiving HIV care in the United States, 66 J. Acquired Immune Deficiency Syndromes 80 (2014).

temporarily waived the blood analysis requirement for refilling his ART prescription.

21. On September 17, 2021, after BMC's "lockdown" phase ended, Doe had his first in-person appointment with Asundi since the start of the COVID-19 pandemic. During this appointment, Doe was given a surgical face mask to prevent the spread of COVID-19 and then ordered to put it on.
22. Although Doe had experienced negative medical symptoms from using face masks before, he was given no choice but to wear one, and therefore felt pressured to agree to put the face mask on his face for fear of being deprived of his ART prescription.
23. During the September 17, 2021 appointment, Doe experienced negative medical symptoms from using the surgical face mask: he felt anxious and as if he was unable to get a full breath of air, his eyes itched, and his airway burned from the nose down to below the throat. After the appointment, he developed a rash in the areas where the face mask touched the skin of his face, and especially on his upper lip. This rash lingered on his face for several weeks afterward. A persistent cough from the airway irritation remained for several days.
24. Both before and after the September 17, 2021 appointment, Doe has experienced similar reactions to a variety of face mask types whenever he has been required to use them to prevent the spread of COVID-19.
25. As a consequence of the negative symptoms he experienced from their use, by the time of his next BMC appointment with Asundi on February 9, 2022, Doe had decided to stop using face masks.

26. At his February 9, 2022 BMC appointment, Doe refused to consent to using the surgical face mask provided to him in the Infectious Diseases Center lobby; and was denied entry into the Center.
27. Despite being unable to receive his health status check and blood analysis on February 9, 2022, Doe was able to negotiate with Asundi and his pharmacist for another six months of ART prescription refills.
28. At the time of Doe's next scheduled BMC appointment on September 7, 2022, Doe only had enough ART medicine to last him three days.
29. In advance of the September 7, 2022 appointment, Doe retained counsel to help him negotiate a reasonable modification to BMC's policy requiring patients to use face masks as a necessary condition of being provided on-site medical treatment.
30. On September 6, 2022, Doe's counsel emailed a letter to Asundi, in which counsel requested the modification and noted: "we are both motivated by the best interests of my client and your patient; and I would prefer to resolve this issue without any outside intervention, if possible."
31. On September 7, 2022, Doe arrived at the BMC Infectious Diseases Center with a copy of his counsel's letter to Asundi, and without a face mask. Doe openly video recorded his experiences during this appointment.
32. Face masks were no longer being provided in the Infectious Diseases Center lobby, and Doe was able to proceed unmolested upstairs to Asundi's office.
33. At Asundi's office, Doe was handed a face mask and asked to put it on, but he politely refused consent. As Doe calmly sat in the waiting room, a staff member pressed a button alerting security personnel to the presence of a combative

individual.

34. Two security officers entered the waiting room after several minutes had passed, and also asked that Doe put on a face mask. Again, Doe politely refused to consent to wearing the face mask handed to him by the security officers, they left.
35. The security officers then returned with Defendant Marathe, who informed Doe: “we heard from your lawyer, so we’re going to have our lawyers respond to that; and at this time, unless you wear a mask, we are going to request you to leave until it is resolved.”
36. Doe replied: “ok, but I still need my medication, and I still need to get my blood drawn, and basically you are now denying me my health care, because you know—and I am sure you looked at my file—that I have to get blood drawn.”
37. Defendant Marathe motioned for security personnel to remove Doe and walked out of the waiting room area.
38. Doe stood up, said “ok, so we’ll go through the lawyers,” and left on his own, with the security guards following him outside the building.
39. During Doe’s September 7, 2022 appointment, he recorded and commented on at least four BMC Infectious Diseases Center employees inside the Center building who were not wearing face masks or had pulled their face masks down to their chins. During the fifteen to twenty minutes that Doe spent in the waiting area, two unmasked employees can be seen on Doe’s recording walking out of Asundi and Marathe’s own back office.
40. On September 8, 2022, BMC’s deputy general counsel (BMC counsel) replied to Doe’s counsel’s letter to Asundi, and an email dialogue between counsel ensued.

41. BMC counsel refused Doe's request for accommodations to address Doe's reported rash and breathing challenges from mask wearing because Doe's "medical record does not support such a request."
42. Doe's counsel noted that reported symptoms support a medical record, and not the other way around, but continued to seek a reasonable compromise solution, asking BMC counsel: "Is there any way for [Doe] to have his bloodwork done without having to wear a face mask, but in a way that does not compromise your client's essential policies?"
43. BMC counsel replied:
- Since your client does not want to wear a mask at his doctor's appointment at BMC, he may wish to seek his care elsewhere. Dr. Asundi has offered to write a prescription to bridge him over for a month while he obtains care at another physician's office which may not require patients to wear masks. If [Doe] would like the prescription, Dr. Asundi will send it to his pharmacy, but going forward, he will need to seek his care elsewhere. Alternatively, if [Doe] chooses to continue care at BMC, he will need to wear a mask. Please let me know how your client would like to proceed.
44. Doe's counsel replied that Doe "will gladly obtain his care from another physician if BMC and [Dr.] Asundi make all the referral and insurance arrangements to locate one for him." Doe's counsel asked that Asundi forward the prescription for the extra thirty days of Doe's ART medicine to Doe's pharmacy.
45. BMC counsel replied: "BMC is unable to locate another physician for your client. That is your client's responsibility, but typically, patient[s] start with their insurance companies for a referral."
46. BMC counsel also clarified:
- I think you misunderstand. The 30 day prescription was to carry [Doe] over while he secures care elsewhere. If he wishes to continue his care at

BMC, he must have his blood tested and will likely need to have a physical exam, as clinically indicated.

47. After Doe's counsel objected that BMC was "holding [Doe's] medication hostage on the condition that he relinquish care at BMC," Asundi finally authorized a thirty-day prescription refill of Doe's ART medication.
48. In dialogue with Doe's counsel, BMC counsel suggested that one of Asundi's colleagues could conduct "a telehealth appointment with [Doe] for the purpose of helping to evaluate [Doe] for a medical condition that prevents safely wearing a mask to his doctor's appointments."
49. Doe agreed to the appointment, but requested that his counsel join him at the telehealth appointment in order to witness it, to verify what was said, and to serve as Doe's support person.
50. BMC's list of rules and regulations for its patients provides patients like Doe with the right to the "[t]he presence of your chosen support person unless it infringes on the rights of others or poses a safety or health risk to you, other patients or staff."
51. However, BMC counsel refused to allow the presence of Doe's counsel at the telehealth appointment, writing: "the appointment is between your client and his doctor. Thus, BMC will not agree to a lawyer being present. . . . We will not agree to you attending [Doe's] medical appointment."
52. Doe believed that BMC's refusal, in violation of its own rules and regulations, to allow his counsel's presence at his face mask evaluation appointment indicated that his face mask evaluation would not be performed in good faith. Therefore, Doe's counsel began preparing this lawsuit.

53. On October 12, 2022, Doe ran out of his ART prescription and sought emergency medical treatment at BMC's emergency room. He was refused emergency medical treatment because he refused to consent to wearing a face mask intended for preventing disease transmission.
54. Doe was then able to locate enough ART medicine to last him until December 15, 2022; and now brings this lawsuit.

COUNT I

(Violation of Constitutional Right to Privacy)

55. Plaintiff hereby realleges and incorporates herein all of the allegations contained in paragraphs 1-54 as if fully set forth herein.
56. By their actions, Defendants violated Plaintiff's constitutional privacy rights, causing injury to Plaintiff.

COUNT II

(Medical Battery)

57. Plaintiff hereby realleges and incorporates herein all of the allegations contained in paragraphs 1-54 as if fully set forth herein.
58. By their actions, Defendants committed medical battery against Plaintiff, causing injury to Plaintiff.

COUNT III

(Medical Assault or Attempted Medical Battery)

59. Plaintiff hereby realleges and incorporates herein all of the allegations contained in paragraphs 1-54 as if fully set forth herein.
60. By their actions, Defendants committed medical assault or attempted to commit

medical battery against Plaintiff, causing injury to Plaintiff.

COUNT IV

(Conspiracy to Commit Medical Battery)

61. Plaintiff hereby realleges and incorporates herein all of the allegations contained in paragraphs 1-54 as if fully set forth herein.
62. By their actions, Defendants conspired to commit medical battery against Plaintiff, causing injury to Plaintiff.

COUNT V

(Violation of Massachusetts Patients' Bill of Rights, G.L. c. 111, § 70E)

63. Plaintiff hereby realleges and incorporates herein all of the allegations contained in paragraphs 1-54 as if fully set forth herein.
64. By their actions, Defendants violated Plaintiff's right under the Massachusetts Patients' Bill of Rights, G.L. c. 111, § 70E to freedom of choice in his selection of a facility, or a physician or health service mode, causing injury to Plaintiff.

COUNT VI

(Violation of Massachusetts Public Accommodations Law, G.L. c. 272, § 98)

65. Plaintiff hereby realleges and incorporates herein all of the allegations contained in paragraphs 1-54 as if fully set forth herein.
66. By their actions, on account of Plaintiff's face mask-related physical and mental disabilities, Defendants violated Plaintiff's right under Massachusetts public accommodations law, G.L. c. 272, § 98, to the full and equal accommodations, advantages, facilities and privileges offered at the BMC Infectious Diseases Center, causing injury to Plaintiff.

COUNT VII

(Violation of Americans with Disabilities Act of 1990, 42 U.S.C. § 12182)

67. Plaintiff hereby realleges and incorporates herein all of the allegations contained in paragraphs 1-54 as if fully set forth herein.
68. By their actions, on the basis of Plaintiff's face mask-related physical and mental disabilities, Defendants discriminated against Plaintiff in the full and equal enjoyment of the goods, services, facilities, privileges, advantages, or accommodations offered at the BMC Infectious Diseases Center, and otherwise violated the federal Americans with Disabilities Act, 42 U.S.C. § 12182, causing injury to Plaintiff.

COUNT VIII

(Interference with Civil Rights, G.L. c. 12, §§ 11H-11J)

69. Plaintiff hereby realleges and incorporates herein all of the allegations contained in paragraphs 1-54 as if fully set forth herein.
70. By their actions, Defendants have interfered and/or attempted to interfere by threats, intimidation, and/or coercion with Plaintiff's constitutional right to privacy, common law right to bodily integrity, and statutory rights under G.L. c. 111, § 70E, G.L. c. 272, § 98, and 42 U.S.C. § 12182, in violation of G.L. c. 12, § 11I, causing injury to Plaintiff.

REQUESTS FOR RELIEF

Plaintiff requests that this Honorable Court enter judgment in his favor and grant the following relief:

- 1) Pursuant to the Court's general and statutory equity powers under G.L. c. 214, §§ 1 & 2, order that Defendant hospital or doctor(s) provide Plaintiff with

antiretroviral treatment.

- 2) Pursuant to the Court's general equity powers under G.L. c. 214, §§ 1, permanently enjoin Defendants from violating Plaintiff's constitutional right to privacy and common law right to bodily integrity by requiring that Plaintiff wear a face mask intended for preventing disease transmission without Plaintiff's consent.
- 3) Pursuant to the Court's general equity powers under G.L. c. 214, § 1 and/or statutory equity powers under G.L. c. 214, § 2, permanently enjoin Defendants under 42 U.S.C. § 2000a-3 and G.L. c. 12, § 11J from violating Plaintiff's statutory rights to choice in health care under G.L. c. 111, § 7E, to non-discrimination in public accommodations based on physical and mental disabilities under G.L. c. 272, § 98 and 42 U.S.C. § 12182, and to noninterference with his legal rights by threats, intimidation, and/or coercion under G.L. c. 12, § 11H.
- 4) Adjudge and declare pursuant to G.L. c. 231A, § 1 that, by requiring that Plaintiff wear a face mask intended for preventing disease transmission after Plaintiff has refused to consent to wear such a mask, Defendants have unreasonably, substantially, and/or seriously interfered with Plaintiff's constitutional right to privacy.
- 5) Award Plaintiff compensatory money damages pursuant to G.L. c. 214, § 1B against Defendants, jointly and severally, in an amount to be determined at trial, for unreasonably, substantially, and/or seriously interfering with Plaintiff's constitutional right to privacy.
- 6) Adjudge and declare pursuant to G.L. c. 231A, § 1 that, by demanding that Plaintiff wear a face mask intended for preventing disease transmission after Plaintiff has refused to consent to wear such a mask, Defendants committed medical assault or attempted to commit medical battery against Plaintiff.
- 7) Award Plaintiff compensatory money damages against Defendants, jointly and severally, in tort and in an amount to be determined at trial, for committing medical assault or attempting to commit medical battery against Plaintiff.
- 8) Adjudge and declare pursuant to G.L. c. 231A, § 1 that, by refusing to provide Plaintiff with life-saving medical treatment unless Plaintiff promised to seek such treatment elsewhere in the future, Defendants violated Plaintiff's right under G.L. c. 111, § 70E to freedom of choice in his selection of a facility, or a physician or health service mode, causing injury to Plaintiff.
- 9) Award Plaintiff compensatory money damages against Defendants, jointly and severally, pursuant to G.L. c. 111, § 70E and in an amount to be determined at trial, for violating Plaintiff's right to freedom of choice in his selection of a

facility, or a physician or health service mode.

- 10) Adjudge and declare pursuant to G.L. c. 231A, § 1 that, by refusing to provide reasonable accommodations on account of Plaintiff's face-mask-related physical and mental disabilities, Defendants violated Plaintiff's right under Massachusetts public accommodations law, G.L. c. 272, § 98, to the full and equal accommodations, advantages, facilities and privileges offered at the BMC Infectious Diseases Center.
- 11) Award Plaintiff compensatory money damages against Defendants, jointly and severally, pursuant to G.L. c. 272, § 98 and in an amount to be determined at trial, including the costs of the litigation and reasonable attorneys' fees in an amount to be fixed by the court under G.L. c. 151B, § 9 for violating Plaintiff's right to the full and equal accommodations, advantages, facilities and privileges offered at the BMC Infectious Diseases Center.
- 12) Adjudge and declare pursuant to G.L. c. 231A, § 1 that, by denying Plaintiff, on the basis of Plaintiff's face-mask-related physical and mental disabilities, the opportunity to participate in or benefit from the goods, services, facilities, privileges, advantages, or accommodations of the BMC Infectious Disease Center; by failing to make reasonable modifications in its face mask policies that would afford Plaintiff the opportunity to so participate or benefit; by utilizing methods of administration that have the effect of discriminating based on Plaintiff's disabilities; by imposing or applying eligibility criteria for medical treatment at the BMC Infectious Diseases Center that screen out or tend to screen out individuals based on Plaintiff's disabilities, Defendants discriminated against Plaintiff in the full and equal enjoyment of the goods, services, facilities, privileges, advantages, or accommodations offered at the BMC Infectious Diseases Center in violation of the federal Americans with Disabilities Act, 42 U.S.C. § 12182.
- 13) Award Plaintiff compensatory money damages against Defendants, jointly and severally, pursuant to 42 U.S.C. § 2000a-3 and in an amount to be determined at trial, including the costs of the litigation and reasonable attorneys' fees in an amount to be fixed by the court, for discriminating against Plaintiff in the full and equal enjoyment of the goods, services, facilities, privileges, advantages, or accommodations offered at the BMC Infectious Diseases Center.
- 14) Adjudge and declare pursuant to G.L. c. 231A, § 1 that, by causing uniformed security officers to order that Plaintiff either put on a face mask intended for preventing disease transmission or leave the BMC Infectious Diseases Center, Defendants have interfered and/or attempted to interfere by threats, intimidation, and/or coercion with Plaintiff's constitutional right to privacy, common law right to bodily integrity, and statutory rights under G.L. c. 111, § 70E, G.L. c. 272, § 98, and 42 U.S.C. § 12182, in violation of G.L. c. 12, § 11H, causing injury to Plaintiff.

- 15) Award Plaintiff compensatory money damages against Defendants, jointly and severally, pursuant to G.L. c. 12, § 11I and in an amount to be determined at trial, including the costs of the litigation and reasonable attorneys' fees in an amount to be fixed by the court, for interfering and/or attempting to interfere by threats, intimidation, and/or coercion with Plaintiff's legal rights.
- 16) Grant such other and further relief as this Court finds just and proper.

PLAINTIFF DEMANDS A TRIAL BY JURY


Plaintiff
By his attorney,



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VERIFICATION

I hereby verify, under the penalties of perjury, that I have read the contents of the foregoing Complaint, and that the facts that form the basis of my claims against Defendants named herein are true and accurate, to the best of my knowledge and belief. The facts which are alleged on information and belief, I believe to be true.



John Doe (Dec 7, 2022 19:52 EST)

“John Doe”

Dec 7, 2022

Date