Affidavit of Charlene Monfore for Crime Committed

Date: January 23, 2024 27886 W Oral Rd Oral, SD 57766

Authority: 22-19-17. False imprisonment--Misdemeanor.

Any person who <mark>knowingly and purposely restrains another person unlawfully so as to substantially interfere with such person's liberty is guilty of false imprisonment. False imprisonment is a Class 1 misdemeanor. (highlight mine)</mark>

Source: SL 2005, ch 120, § 126.1

Accussed: Roger Flyte and Jenny Schmidt of Black Hills Advocate

Synopsis: Gerda Flyte, a protected person, has been unlawfully restrained by Roger Flyte and Black Hills Advocate from in-person and phone call visitation with Gerda's daughter, Charlene Monfore. Nineteen (19) days of no "in-person" visitation and seven (7) days of no phone call communication; or unrestricted phone call conversation. Despite the 3rd party Guardian and Conservator oversight of Gerda, there is no legal excuse for such restriction of rights. The CHAPTER 29A-5 SOUTH DAKOTA GUARDIANSHIP AND CONSERVATORSHIP ACT does not allow for such behavior either. ² One day of restricted access is too much, let alone almost 3 weeks. There are a lot of details provided. But stick to the synopsis. The law is the law.

History:

- 1. I am concerned for my mother Gerda Flyte, 90 yrs old wellbeing and violation of rights.
- 2. I am going through an absolutely difficult time emotionally .This is traumatic and a nightmare for me because of what is being done to my mom.
- 3. My mother, Gerda Flyte, has lived at 27886 W Oral Rd Oral, SD, 57766 since c. 1965.
- 4. I have been her main caretaker since her stroke c. 1996.
- 5. My mom suffers from memory loss and Dementia.
- 6. I have lived with my mother since c. 2010
- 7. In May of 2023 an order was issued for my mother to be placed under 3rd Party Guardian and Conservator, Black Hills Advocate from Rapid City, SD.
- 8. This order is under appeal before the South Dakota Supreme Court

Legal Restriction:

¹ <u>https://sdlegislature.gov/Statutes/22-19-17</u>

² Violations of 29A-5 §§ 421, 422, 423, 424, 425, 426, 428

9. Black Hills Advocate "may not restrict a protected person's right of communication, visitation, or interaction with other persons, including the right to receive visitors, telephone calls, or personal mail, unless the restriction is authorized by a court order. For purposes of §§ 29A-5-421 to 29A-5-426, inclusive, other persons only includes the parents, children, and siblings of the protected person. Source: SL 2016, ch 150, § 1. (highlight mine)

Chain of events:

- 10. Against my wishes, My mother was vaccinated with the Flu and Pneumonia vaccines in early December, but at the authority of Black Hills Advocate, and by my brother taking Gerda to Monument Health in Hot Springs, SD.
- 11. My Mother has underlying health conditions, and Gerda's own health providers were concerned with side effects. Black Hills Advocate did not consult them. Two of Gerda's primary care doctors' letters are given (Exhibit A)
- 12. Black Hills Advocate then cancelled Gerda's primary care Doctors, reverting to a past Certified Nurse Practitioner (not a doctor), Sarah Schryvers of Monument Health, Hot Springs, SD. (Exhibit B)
- 13. A couple weeks to a few weeks later, my mother developed Pneumonia, also apparently suffering a Trans Ischemic Attack (TIA, i.e. mini stroke) and was diagnosed with Pneumonia and had a high "D-dimer blood test" representative of micro clotting, and was admitted at Fall River Health Clinic in Hot Springs, SD.
- Getting Pneumonia is a known side effect of the Pneumonia Vaccine and we were not aware of any Pneumonia diagnosis for Gerda in at least decades, if at all... (Exhibit A)
- 15. On December 31st, I am the one that took Gerda from her home (where she lives with me) to the Fall River Health Clinic Emergency Room in Hot Springs SD
- 16. My mother was hospitalized and put on a course of antibiotics and seemed to recover well.
- 17. I was told that I would be able to take my mom home after a few days

Rights Restricted:

18. When I went to pick up my mother on the afternoon of January 4th, I was told I did not have access to any information about my mother's wellbeing, and that my brother Roger Flyte (the only other child of Gerda; my brother; and an "interested party" in the Guardian/Conservator case) was on his way from the airport, and that I needed

to contact Black Hills Advocate.

- 19. My mother had only "spent the night" with my brother a handful of nights in the past fifteen (15) or more years.
- 20. I called Black Hills Advocate immediately at 11:50 AM (no answer). (Exhibit C)
- 21. I received a text message later in the day. That because I appealed for extension of time to Supreme Court (case # 30384) because I was caring for my ex-husband (whom I have POA over) who broke his hip, I could not take care of Gerda . I responded as well, stating that she was assuming too much and questioning if she read the entire document. (Exhibits D and E and G)
- 22. I also expressed concern that my mother's heart healthy diet (mom has a medical history of heart problems) would not be adhered to (Exhibit F)
- 23. My brother arrived, and I, heartbroken, went home without Mom. (Exhibit G)
- 24. To my best knowledge, my mother is staying with my brother Roger in Buffalo Gap, South Dakota.
- 25.1 still have not spoken to Jenny on the phone. She does not return calls, only responds via text messages and Email (Exhibit G)
- 26. I was told that I could not message or talk to Jenny, except through an attorney, which I currently do not have. (Exhibit F)
- 27. Jenny emailed me on January 8 stating that we needed to move out of the 27886 W Oral Rd address, and that I could eventually visit with my Mom under supervision, which I understand "supervised" restriction needs a court order³ (see point 32.) (Exhibit B)
- 28. Despite not being able to visit in person, and not hearing any guidance from Jenny, I called Gerda on the phone on Gerda's birthday January 8th. And then I talked with Gerda on January 13th, 15th, and 16th, with me initiating the calls. Not a single time did I talk to Roger. All of these, Gerda answered. But no in-person visitation.

³ 29A-5-425. Types of restrictions--Supervised interaction.

- 29. As of January 23, Black Hills Advocate has not arranged any way for me to visit inperson with Gerda, despite saying they would.
- 30. Gerda's only access to a phone is Roger's cell phone, which is currently her de facto "Home phone".
- 31. Roger apparently turned the phone off in the middle of a conversation between Char, Matthew, and Gerda on January 16th, which would be a violation of His Protection Order against Matthew (and was reported to the Fall River Sheriff with an affidavit)
- 32. Char has not been able to reach Gerda by phone since January 16th, and Char received a message on Saturday January 20, from Roger, stating he could not receive calls from "Matthew's Residence". (Exhibit I)
- 33. To be clear, "Matthew" has never "called" Roger, but was put on the line with Gerda on January 16th by Char. Gerda talking to Matthew on Roger's Cell phone (Gerda's home phone) is not a violation of any SDCL statute. Roger is prohibited from interfering with Matthew's communications though.
- 34. In fact, speaking to Gerda via Rogers cell phone (de facto "Gerda's home phone") was already an established pattern (see points 28. 36. and 37.)
- 35. After not hearing from Roger, Charlene proceeded to text Roger (Exhibit H)

Established Patterns of "fairness":

- 36. There are call logs to Gerda's last residence (where Char, Matthew, and Gerda lived together for years), and Matthew's current residence, at 27886 W Oral Rd that detail an established pattern of Roger calling "Matthew's Residence"/Gerda's home and speaking with Gerda with no interference from Charlene or Matthew. Now that Charlene and Matthew speak with Gerda, there is a problem?
- 37. As mentioned above in point 28. Charlene had already established a pattern of Charlene calling Gerda. Gerda would pick up the phone; NOT Roger.
- 38. When Gerda was living with Charlene, Charlene would regularly meet Roger at The Coffee Cup on HWY 79 to allow Gerda to spend time with Roger, un supervised (which we understand "supervision" can only be required by court order. ⁴) This visitation with Roger occurred regularly up a couple times a week . Gerda has been restricted from this illegally.

⁴ 29A-5-425. Types of restrictions--Supervised interaction. Subsection (2)

- 39. It has been 19 days since Gerda has seen Charlene in person.
- 40. It has been 7 days since Gerda spoke with Charlene.
- 41. One (1) day of Gerda's rights being restricted is bad. Almost three (3) weeks of them being restricted is substantial and egregious. That is the law.
- 42. All of the details aside, They have restricted Gerda's access to her daughter Charlene, "so as to substantially interfere with such person's liberty"⁵
- 43. There are no excuses to legally justify the restriction of in-person or phone-call communication with my mom Gerda Flyte.
- 44. After typing the majority of this, on Jan 22 at 12:06 PM, I received a text from Jenny of Black Hills Advocate accusing my son falsely, of breaking the protection order (Exhibit J)
- 45. Jenny also made it more difficult for me to contact Gerda, stating 1. I had to be in a different location than Matthew (There is no court order or "proof" for Matthew to not talk with Gerda either) ⁶ (Exhibit J) 2. "supervised"(once again, there is no court order for this restriction) ⁷

⁵ SDCL 22-19-17

⁶ 29A-5-422. Presumption of protected person's consent or refusal based on proof of relationship.

⁷ 29A-5-425. Types of restrictions--Supervised interaction.

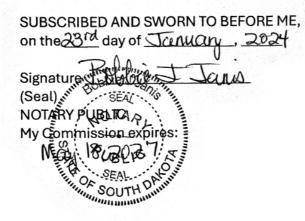
I testify under penalty of perjury that the aforementioned facts are true and accurate to the best of my ability,

Charlene C Monfore

Date, Tueday January 23, 2024

NOV

For Notary Public U STATE OF SOUTH DAKOTA COUNTY OF Fall River



Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20____.df





Date: January 2, 2024 Re: Gerda Flyte DOB January 8, 1934

Balanced Healthcare 3312 Jackson Blvd Rapid City, SD 57702

To Whom it May Concern,

Greda is a 89 y/o patient of mine that I have been asked by her family to give my recommendation for her to get the flu vaccine and pneumonia vaccine. Generally, I would have had an in-depth conversation with the patient and family about the risk and benefits of any vaccinations that they are considering. I was not consulted until after she was given both of these vaccines. Had I been consulted, I would have presented the attached data on the flu vaccine and the pneumovax with her and her family. After having been fully informed, informed consent obtained and all questions answered, we would have made a joint decision about each of these vaccines.

Please see attached "Flu Vaccination Information" and "Pneumococcal Vaccination Information"

If you have any questions, please call our office at 605-646-7158.

Thank you.

Warm regards, Kyla Helm-Swanson, MD



Pneumococcal Vaccination:

By Dr. Kyla Helm-Swanson

TYPES

Currently, there are numerous types of Pneumococcal Vaccines recommended for "Adults 65 Years or Older": Pneumococcal Conjugate Vaccine (PCV) 20, PCV 15, and PPSV23. They are listed on the CDC website as: PCV15 (Vaxneuvance®), PCV20 (Prevnar 20®), PPSV23 (Pneumovax23®)¹

The Prevnar 20 by Pfizer boasts: "First approval of a conjugate vaccine that helps protect against 20 serotypes responsible for the majority of invasive pneumococcal disease and pneumonia"²

CURRENT VACCINE BASED ON COMPARISON TO EARLIER VACCINE

The CDC admitted:

"PCV15 and PCV20 are new vaccines, so **there are no data on how well these vaccines work in real-world conditions**. They were approved based on clinical trial data **comparing their safety and immune responses to an earlier vaccine (PCV13)**.³

There is limited data available on any of the pneumonia vaccines. Data on PCV 13:

Evaluating clinical effectiveness of 13-valent pneumococcal conjugate vaccination against pneumonia among middle-aged and older adults in Catalonia: results from the EPIVAC cohort study

There was a very large study: "Population-based cohort study involving 2,025,730 individuals \geq 50 years in Catalonia, Spain, who were prospectively followed from 01/01/2015 to 31/12/2015".

It was found that "the PCV13 vaccination **did not** alter significantly the risk of pneumococcal pneumonia and all-cause death although it remained significantly associated with an **increased** risk of all-cause pneumonia. In stratified analyses focused on middle-aged or elderly persons and immunocompromised or immunocompetent subjects, PCV13 vaccination did not appear effective either."⁴

PCV13 and PCV20

In fact there is great similarity between PCV 13 and PCV20: "PREVNAR 20 includes capsular polysaccharide conjugates for the 13 serotypes (1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C, 19A, 19F and 23F) already included in Prevnar 13® (Pneumococcal 13-valent Conjugate Vaccine [Diphtheria CRM197 Protein])"⁵

⁵ Pfizer, "U.S. FDA Approves PREVNAR 20[™], Pfizer's Pneumococcal 20-valent Conjugate Vaccine for Adults Ages 18 Years or Older"

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¹ CDC, Under "What Types of Pneumococcal Vaccines Are There?" in "Pneumococcal Vaccination: What Everyone Should Know" https://www.cdc.gov/vaccines/vpd/pneumo/public/index.html accessed January 9, 2023.

² Pfizer, June 2021 "U.S. FDA Approves PREVNAR 20[™], Pfizer's Pneumococcal 20-valent Conjugate Vaccine for Adults Ages 18 Years or Older" https://www.pfizer.com/news/press-release/press-release-detail/us-fda-approves-prevnar-20tm-pfizers-pneumococcal-20-valent Accessed January 9, 2023.

³ CDC, Under "How Well Do These Vaccines Work?" in "Pneumococcal Vaccination: What Everyone Should Know"

https://www.cdc.gov/vaccines/vpd/pneumo/public/index.html#how-well-vaccines-work accessed January 9, 2023.

⁴ Vila-Corcoles, A., Ochoa-Gondar, O., de Diego, C. et al. Evaluating clinical effectiveness of 13-valent pneumococcal conjugate vaccination against pneumonia among middle-aged and older adults in Catalonia: results from the EPIVAC cohort study. BMC Infect Dis18, 196 (2018). https://doi.org/10.1186/s12879-018-3096-7

Flu Vaccination Information

Excerpts Taken from, "Flu Misinformation and Coronavirus Fears: My Letter to Dr. Sanjay Gupta". MAY 09, 2020 By Robert F. Kennedy, Jr

1. The CDC estimated deaths from Flu are vastly overstated.

CDC's estimates of overall flu deaths which have ranged in recent years from <u>36,000¹</u> for the 1990-1991 flu season to <u>80,000²</u> for the 2017-2018 flu season.

The HHS's mortality and morbidity data—available on the <u>National Center for Health Statistics</u> (NCHS) website—show that CDC's (and CNN's) annual estimates are off by orders of magnitude.³

NCHS data report the average number of mortalities attributable to influenza on death certificates is "<u>little more</u> than 1,000" ⁴. CDC devises its inflated estimate by deliberately conflating flu deaths with pneumonia deaths.

2. Influenza Vaccination effectiveness is questionable.

The Cochrane Collaboration's comprehensive 2010 meta-analysis of published influenza vaccine studies found that the influenza vaccination has "no effect" on hospitalization, and that there is "no evidence that vaccines prevent viral transmission or complications."

<u>The Cochrane Researchers concluded</u>⁵ in 2010 that the scientific evidence "seem[s] to discourage the utilization of vaccination against influenza in healthy adults as a routine public health measure."

Four years later, <u>Cochrane published a follow-up meta-review</u> ⁶ including dozens of more recent scientific studies and again concluded bluntly that the body of scientific data provides "no evidence for the utilization of vaccination against influenza in healthy adults as a routine public health measure.

3. Evidence shows that Influenza vaccination does NOT prevent viral transmission or complications and my actually increase transmission of the virus

In their 2010 systematic meta review of the literature, the Cochrane researchers found "no evidence that vaccines

prevent viral transmission or complications".7

¹ Beth P. Bell MD, MPH, Acting Director, National Center for Immunization and Respiratory Diseases Letter, under "CDC — Influenza Deaths: HHS Response to Rfc" at <u>https://aspe.hhs.gov/cdc-influenza-deaths-hhs-response-rfc</u> accessed January 5 , 2023.

² Scutti, "Flu season deaths top 80,000 last year, CDC says", <u>https://www.cnn.com/2018/09/26/health/flu-deaths-2017--2018-cdc-bn/index.html</u> accessed January 5, 2023.

³ National Library of Medicine, "4. Finding Health Statistics Exercises National Center for Health Statistics (NCHS)", <u>https://www.nlm.nih.gov/oet/ed/stats/04-100.html</u>

⁴ Tom Jefferson Senior Associate Tutor University of Oxford and Centre for Evidence Based Medicine Oxford OX2 6GG, et al," Why have three long-running Cochrane Reviews on influenza vaccines been stabilised?", https://community.cochrane.org/news/why-have-three-long-running-cochrane-reviews-influenza-vaccines-been-stabilised, accessed January 5, 2023.

⁵ Jefferson, Di Pietrnatonj, et al, pub. July 2010, "Vaccines for preventing influenza in healthy adults", https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD001269.pub4/full accessed January 5, 2023.

⁶ Demicheli, Jefferson, et al. published March 2014, "Vaccines for preventing influenza in healthy adults", https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD001269.pub5/full Accessed January 5, 2023.

⁷ Jefferson, "Vaccines for preventing influenza in healthy adults"

la Helm-Shans

Even more worrisome, <u>a study from January 18, 2018</u>, in the *Journal of the Proceedings of the National Academy of Sciences of the United States of America, PNAS*, found that influenza vaccination actually *increased* transmission of the virus, with vaccinated individuals shedding more than six times as much aerosolized virus in their breath than unvaccinated individuals.⁸

4. No safety studies in children

<u>A 2012 Cochrane</u> review looking at studies of influenza vaccination in healthy children found no *safety studies in children under age two*, and declared that safety studies were *"urgently required"*.⁹

5. No safety studies in pregnant women

<u>CDC recommends the flu shot for pregnant women</u> ¹⁰despite the fact that every influenza vaccine package insert contains warnings about the <u>lack of safety studies in pregnant women</u> and nursing mothers.¹¹

6. No evidence that influenza vaccination lowers death rates among seniors

Researchers from the National Institutes of Health (NIH) rebunked CDC's mortality claims in <u>a study published in</u> <u>April 2005 in Archives of Internal Medicine</u> (now *JAMA Internal Medicine*). Those NIH researchers pointed out that, despite a dramatic increase in vaccination coverage among people aged 65 or older—from at most 20 percent before 1980 to 65 percent in 2001—pneumonia and influenza mortality rates *"rose substantially* during this period".¹²

"Although the vaccination rate for elderly people had increased by as much as 67 percent from 1989 to 1997, there was no evidence that vaccination reduced hospitalizations or deaths. On the contrary, "mortality and hospitalization rates continued to increase rather than decline".

The 2005 NIH study authors commented that this result was "surprising" since vaccination was supposed to be "highly effective at reducing influenza-related mortality"—an assumption underlying CDC policy that "has never been studied in clinical trials".

7. Influenza vaccinations are not safe and have caused harm in many people.

Actual injury rates are impossible to determine since flu shots are exempt from pre-and-post-marketing placebo studies required of other medicines, and because HHS's post-marketing surveillance system, the Vaccine Adverse

- ⁹ Jefferson, Rivetti, et al pub. August 2012, "Vaccines for preventing influenza in healthy children", <u>https://pubmed.ncbi.nlm.nih.gov/22895945/</u>, accessed January 5, 2023.
- ¹⁰ Center for Disease Control and Prevention (CDC), Reviewed September 7, 2023, "Flu & Pregnancy", <u>https://www.cdc.gov/flu/highrisk/pregnant.htm</u> accessed January 5, 2023.

¹² Simonsen, PhD, Reichert, et al, pub. February 2005, "Impact of Influenza Vaccination on Seasonal Mortality in the US Elderly Population", <u>https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/486407</u> accessed January 5, 2023.

⁸ Yan, Gratham, et al. pub. Jan 2018, "Infectious virus in exhaled breath of symptomatic seasonal influenza cases from a college community", <u>https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5798362/</u> accessed January 5, 2023.

¹¹ Food and Drug Administration (FDA), "HIGHLIGHTS OF PRESCRIBING INFORMATION... FLULAVAL QUADRIVALENT (Influenza Vaccine) injectable suspension, for intramuscular use2023-2024 Formula Initial U.S. Approval: 2013", <u>https://www.fda.gov/media/115785/download</u> accessed January 5, 2023.

Events Reporting System [VAERS], captures "fewer than 1% of vaccine according to a 2010 HHS-funded study.13 Nevertheless, Flu vaccines account for nearly 75% 14 of payouts for injuries by the Vaccine Injury Compensation Fund (VICA). The Vaccine Court has paid out nearly \$1 billion for injuries and deaths caused by flu shots.injuries"

8. Influenza vaccination increases risk of COVID-19

However, the only study we have been able to find assessing flu shots and coronavirus is a January 2020 US Pentagon study ¹⁵ that found that the flu shot INCREASES the risks from coronavirus by 36%. "Receiving influenza vaccination may increase the risk of other respiratory viruses, a phenomenon known as "virus interference...'vaccine derived' virus interference was significantly associated with coronavirus..."

9. The Flu vaccine increases vulnerability to both flu infections and non-flu respiratory infections

The overwhelming weight of published science suggests that getting an annual flu shot can actually increase your risk of both flu and flu-like illnesses.

Only about 7 percent to 15 percent of what are called "influenza-like illnesses" are actually caused by influenza viruses. Many studies suggest the flu vaccine increases vulnerability to both flu infections and the remaining 85% -93% of non-flu respiratory infections.16

A 2011 study of healthy Australian children published in the Pediatric Infectious Disease Journal found that seasonal flu shots increase the risk of flu by 73% and doubled the risk of non-flu respiratory infections.¹⁷

Similarly, another 2012 randomized controlled trial published in Clinical Infectious Diseases found that influenzavaccinated children had no significantly lessened risk from influenza and also a higher risk of infection from noninfluenza viruses.¹⁸

Furthermore, the flu vaccine depletes capacity to fight off future flu infections. In April 2010, a study (by Skowronek, et al) published in the journal PLoS Medicine reported the "unexpected" finding from four epidemiologic studies in Canada that receipt of the influenza vaccine for the 2008 – 2009 season, while apparently effective in reducing the risk of illness due to the seasonal flu, was associated with an increased risk of illness due to the pandemic influenza A (H1N1) "swine flu" virus during the spring and summer of 2009. The scientists suggested that this finding could be due to the difference in the way the vaccine affects the immune system compared with natural infection. Under this hypothesis, repeated vaccination "effectively blocks the more robust, complex, and cross-protective immunity afforded by prior infection."19

Event Reporting System (ESP:VAERS)", Inclusive Dates: December 2007 to September 2010,

https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf accessed January 9, 2023. ¹⁴ Found by Dividing P.2 "influenza" in "Compensable Total" (3rd paragraph from the right) by "Compensable Total", "Grand Total", on pg. 3, Form updated July 2023, https://www.hrsa.gov/sites/default/files/hrsa/vicp/vicp-stats.pdf accessed January 9, 2023.

- ¹⁵ Wolff, Greg, version December 2019, "Influenza vaccination and respiratory virus interference among Department of Defense personnel during the 2017–2018 influenza season", https://www.sciencedirect.com/science/article/pii/S0264410X19313647?via%3Dihub accessed January 9, 2023.
- ¹⁶ Jefferson, "Vaccines for preventing influenza in healthy adults"

¹⁷ Heath, Kelly; Jacoby, Peter; et al., February 2011," Vaccine Effectiveness Against Laboratory-confirmed Influenza in Healthy Young Children" in "The Pediatric Infectious Disease Journal"

https://journals.lww.com/pidj/abstract/2011/02000/vaccine_effectiveness_against_laboratory_confirmed.4.aspx accessed January 9,

¹⁸ Crowling, Benjamin; Fang, Vicky; et al pub. March 2012, "Increased Risk of Noninfluenza Respiratory Virus Infections Associated With Receipt of Inactivated Influenza Vaccine" https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3404712/ accessed January 9, 2023.

Skowronski, Danuta; De Serres, Gaston; et al. pub April 2010, "Association between the 2008–09 Seasonal Influenza Vaccine and Pandemic H1N1 Illness during Spring–Summer 2009: Four Observational Studies from Canada". https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1000258#abstract2 accessed January 9, 2023

¹³ Under "Results" p. 6, in "Electronic Support for Public Health–Vaccine Adverse

Birdwell Family Medicine PC

731 St Joseph St, Suite 230 Rapid City, SD 57703 Phone: 605-600-2250 Fax: 605-653-1573

1-2-2024

To whom it may concern:

This letter is written to provide my opinion on the recent care of my patient, Gerda Flyte (1/8/1934). I have cared for Gerda and interacted with her family/caretaker since 8-23-22. She is cared for very well by her daughter, Charlene Monfore. In November of 2023 Gerda was taken to a Medicare Wellness visit outside of my care and was advised to have several procedures done. Against the denial of such procedures by her caretaker, Charlene, Gerda was taken to have two vaccines (influenza and pneumococcal) on 12-4-23 and a DEXA scan on 12-5-23.

Gerda went on to develop pneumonia and was hospitalized 12-31-23. The above vaccines were not warranted, especially against the direction of her caretaker and power of attorney. These vaccines obviously did not prevent Gerda from suffering from pneumonia.

The DEXA scans shows osteoporosis and again is advised to take a medication (Prolia) that the caretaker does not wish her to receive. This drug will take years to see any benefit, if at all, and has significant side effects that will not add to her quality of life. These side effects include fractures of femoral shafts, hypocalcemia, infection and osteonecrosis of the jaw. She has already suffered fractures of both hips and currently has hypocalcemia, therefore, giving her a drug that can do both is not warranted.

Sincerely,

Tricia Birdwell, MD

Board certified in Family Medicine

Exhibit B

Subject **Gerda Flyte**

From Jenny Schmidt <jenny@blackhillsadvocate.com>

То monfore@gwtc.net <monfore@gwtc.net>

Cc Elliot Bloom <ebloom@blackhillslaw.com>, Drew Skjoldal <drew@spearfishlaw.com>

Date 2024-01-08 12:16

Charlene,

I received the message below over the weekend and wanted to respond. We are happy to set up a supervised visitation with you and your mom, however, given the forecast of bitter cold temperatures and your mother's recent hospitalization for pneumonia, we would like to wait until the weather is warmer and she is more fully recovered.

As far as attending her hospital follow-up visit, we request that you not attend the appointment. I will be attending via phone and Roger will be accompanying Gerda. Effective upon her discharge, we transferred her care fully to Sarah Schryvers and if you can let Ms. Birdwell and any other providers know that she will be transitioning care away from them, that would be helpful.

Given the past statements you have made to me about your fears and issues with Roger and the statements you made at the protection order hearing, visiting Roger's home is not possible at this time. Please be assured that we are in contact with Roger, have conducted a home visit and feel comfortable with her living arrangements, diet, medications and care.

As for the items that you are in possession of that your mother needs, I have arranged for you to drop those items off at the Department of Social Services office in Hot Springs located at 2411 Hero Ave. They are open Monday – Friday 8:00AM – 5:00PM and closed for lunch. We have provided for her immediate needs at this time, but having her own supplies/clothing would be helpful. Please let me know when this has taken place and we will get those items to your mother.

For the benefit of Gerda's well-being, it would be ideal if you, Matthew and Jay vacated your mother's home so she could be cared for in her own home by Roger, but I understand Matthew is contesting the eviction and the matter will be addressed in court on 1/31.

Any other questions, please feel free to communicate via email. I want to be sure that Gerda's attorney as well as our attorney are included on any communication.

Hi Jenny. I would like to see mom. I would like to be able to call her to tell her I love her. I would like to take her to church as has been our custom on Sundays. I would like to attend her Dr. F/U visit post hospital. I would like to know if she is still allowed to f/u with Dr. Birdwell who has been her primary. I would like to see where she is staying and what she is eating as wheat and flour elevates her B/P. I would like to know what supplements and vitamins she is taking. Please kindly advise me on the above.

Due to the abrupt nature of mom's discharge from hospital, I was unable to prepare a good handoff for mom to Roger. She has need of adult depends, a specialty diet and supplements/vit to adher to and her clothes swim bag and cards in the mail. How can I help get this too her? Thank you for your help, Char

This a copy of text on October 30th between you, Roger and I Yes for sure! Dietary tips. have fresh fruit ie bananas, mandarins, grapes for her to snack on. Plenty fresh vegetables if possible at meals. Tender and cut small. Organic lentil soup.(Protein and fiber) Organic applesauce Avoid wheat products. raises B/P. We use Ezekiel bread and chickpea flour pancakes. Avoid sugar, salt and fats. Use quality honey or real maple syrup. She likes instant decaf coffee. She has a good appetite. Code word for hungry is "I'll have toast" but she will eat anything. Avoid toast. Thanks again!

Very Truly Yours,

Jenny Schmidt Founder/CEO jenny@blackhillsadvocate.com

Black Hills Advocate 318 Mt. Rushmore Rd. Suite C Rapid City, SD 57701 Phone 605.519.5051 Fax 605.718.1578

"What stands in the way is the way." – Marcus Aurelius

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Exhibit C

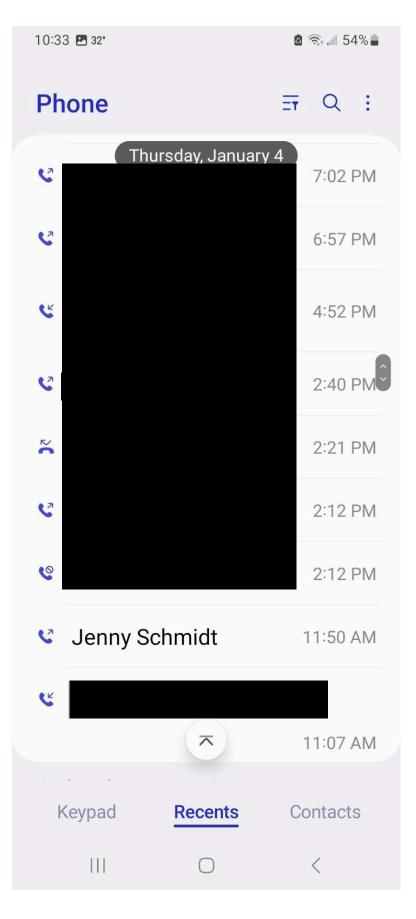


Exhibit D

5:33 29°

🗟 🗟 🕼 74% 💼

< Jenny Schmidt 3:04 PM, Jan 4

(No subject)

Char, I received the motion for extension on the Supreme Court case and in reading it, it seems clear that you have your hands full caring for Jay. I didn't see Gerda mentioned in the brief and I am not aware you are employed in any other capacity other than caring for your mom which, if that's the case, you have obtained a statement from a doctor asking to be excused from that. To that end, we feel it best for Gerda to stay with Roger for the time being.

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Exhibit E

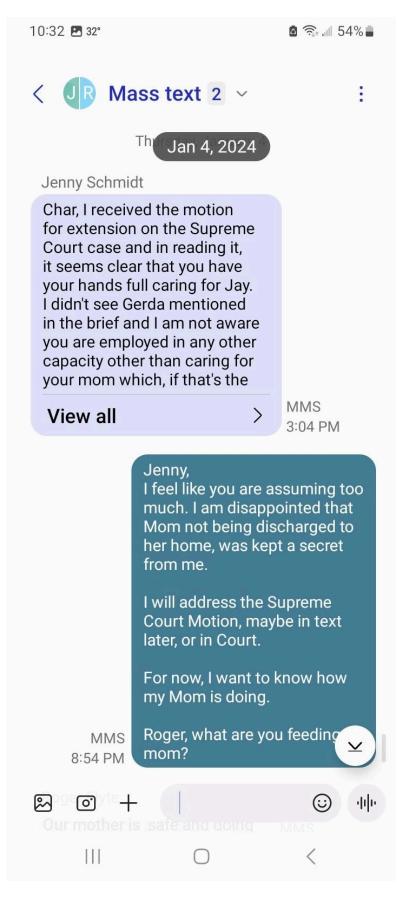


Exhibit F

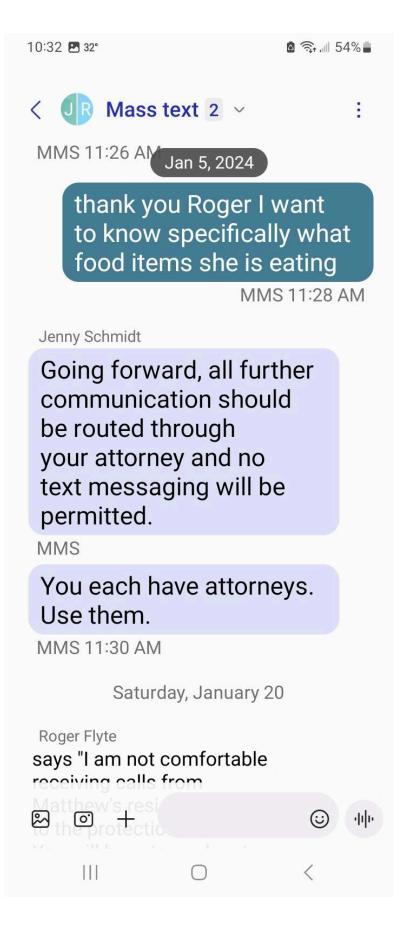


Exhibit G

 Subject
 Re: Gerda Flyte
 EXII

 From
 <monfore@gwtc.net>

 To
 Jenny Schmidt <jenny@blackhillsadvocate.com>

 Date
 2024-01-16 16:54

Hi Jenny,

In regards to Mom's care in her own home, I was shocked and blindsided with the abrupt removal of Mom's care from myself to my brother and the extreme limitations of access to mom. I had fully expected to resume that care in her home after discharge from the hospital on January 4, 2024.

I have cooperated with my brother on Mom spending time with him as his schedule dictates and attended her medical appt. with my brother and communicated her appts with Dr. Birdwell to you and my brother.

I have cooperated with you on any needs that you feel Mom may need when you give me clear concise instructions. Your communication with me has been infrequent with one random setting at the August 2023 protection order hearing and courtroom when I was distracted as an eyewitness in those proceedings. You rarely call me and have not conducted a home visit since June 2023. You have seemed to avoid my calls and sent Chase to Dr. Birdwell's office visit f/u on her R. hand wound in October 2023, instead of coming yourself as planned.

I know Roger's motivation and skill at twisting facts or him calling his assumptions fact. I wonder that he communicates with you often. To this date, it is not clear what I'm being accused of as to abruptly remove Mom from my care. I'm working on collecting my thoughts and legal advice. I will need time to process this all.

The extension for appeal is just that, a request for extension of time to appeal. I vehemently disagree with Judge Connolly's decision and his biased opinion. In my opinion, Mom doesn't need to be mentioned as this whole Case implies that I am fighting for her, and her care was not harmed in rehabbing Jay. Matthew's help was also implied in the motion.

It shouldn't be surprising since you rarely communicate with me, that Mom's care and living arrangements have disintegrated to this level. You have taken this to the point of requesting I not attend Mom's follow-up appointment on January 11[,] 2024 and I am to wait for a supervised visit. Also, you have transferred Mom's medical care from Mom's Medical Doctors who have treated Mom holistically and well. This was testified to in the Transcripts, and was not debated, that mom's being off certain medications and on diet and supplements have benefited her greatly, thanks to these Doctors.

Jay was released from Monument on December 12, 2024. Jay is in his Rehabilitation phase, as the motion was filed December 29[,] 2024. Even then, his type of symptoms and our ability to care for him did not distract from Mom's care. This, you are assuming.

Although I gave the VA additional information of why the Doctors' Note for Jay was necessary, we were told they wrote it that way because of HIPAA violations. In addition the "work" refers to MY time, money, and effort put into filing the brief. With or without an attorney, filing a brief takes lots of documentation, paperwork, and knowledge from the plaintiff. On a side note, we are concerned of a HIPAA violation as there is information going around that no one had access to, we are told, that is being used dishonestly about Jay and Myself and my son.

Also, did you not read the note from Dr. Chris Frantz as well? As a Health Advocate she was more open about the "deadline".

In summary, it seems that there is more going on "behind the scenes" than I am told. And you are not communicating this with me.

Respectfully

Charlene C. Monfore

Exhibit H



Exhibit I

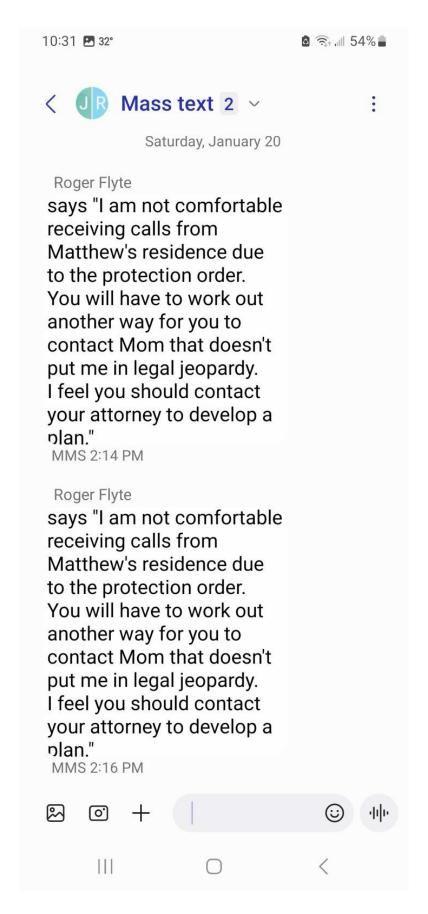
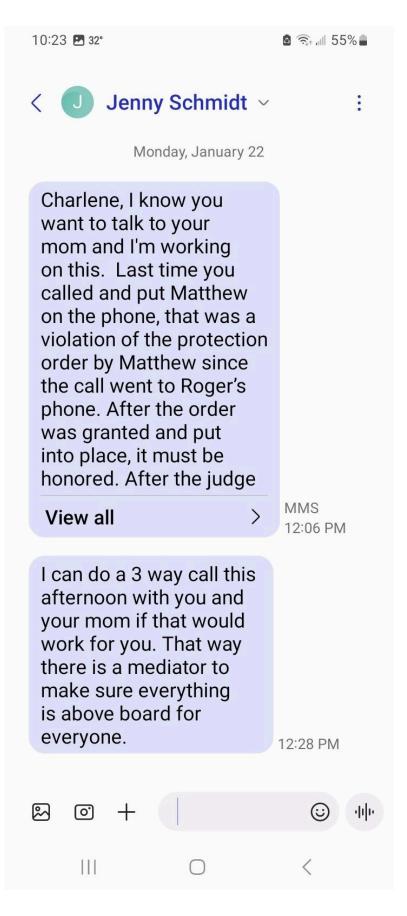


Exhibit J



10:22 32°

🗟 🗟 🛦 💷 55% 🛢



(No subject)

Charlene, I know you want to talk to your mom and I'm working on this. Last time you called and put Matthew on the phone, that was a violation of the protection order by Matthew since the call went to Roger's phone. After the order was granted and put into place, it must be honored. After the judge signs it, neither party should contact the other. We might have to work on a situation where it can be assured that Matthew is not in the same location as you are when you call your mom.

