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Judicial Discipline Reform
<http://www.Judicial-Discipline-Reform.org>

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20 November 2023

U.S. Senator Kirsten Gillibrand¹
senator@gillibrand.senate.gov
casework@gillibrand.senate.gov; fax (866) 824-6340

Dear Senator Gillibrand, assistants team, and fellow senators,

1. I read with great interest your account of how you assisted “a local pharmacy in Brooklyn [that had] discovered they were at risk of losing their ability to accept Medicare...they reached out to Kirsten’s office for help. Her team contacted the Centers for Medicare & Medicaid Services, who reviewed the issue and reinstated the pharmacy as a Medicare provider”; Kirsten’s New York Minute: SOMOS Puerto Rico; 17 November 2023.
2. I am a lawyer holding a Ph.D. in law. I appealed from decisions of my HMO EmblemHealth, headquartered at 55 Water Street, NY, NY 10041-8190, and having over 2 million insureds. My saga through four appeal levels includes a hearing before an Administrative Law Judge -ALJ appeal # 3-7135145411 and 3-10817205455- and appeal M-23-386 to the Medicare Appeals Council.
3. I filed that appeal over a year ago on 28 October 2022, but it is still pending, although the Council has only 90 days to decide an appeal. My emails to over 30 officers of Medicare and EmblemHealth remain unresponded to, as have the numberless calls that I have made, which are redirected to an answering machine, so that I can only record a message that never receives a call back.
4. For its part, EmblemHealth, which assigned me membership # K4051915001, has informed me by letter of 9 November 2023 from Tamara May, Vice President, Case Installation and Maintenance, ref. Y0026_204477_C, that “Medicare has confirmed your disenrollment from EmblemHealth VIP Dual (HMO D-SNP). Beginning 1/1/2024, EmblemHealth VIP Dual (HMO D-SNP) won’t cover your health care”. At no time did I request to be disenrolled from that insurance plan, in particular, or from EmblemHealth, in general. Nor was I ever asked whether I wanted to be disenrolled. I contacted Ms. May and Grievance and Appeals Supervisor Sean Hillegass, tel. (646)447-0617. The latter let me know today that Emblem will take up to 30 to decide whether to reenroll me, thus disregarding the statutory deadline for insures to choose their 2024 plan before next December 7.
5. The above reveals a coordinated cover-up and retaliation. The reasons therefor are stated in my file². Those reasons have proved persuasive to the numberless visitors to my website at <http://www.Judicial-Discipline-Reform.org>. As of 26 Dec. 2023, it had 49,354 subscribers. How many individual lawyers or even law firms do you know who have anywhere as many subscribers?
6. This points to the manner in which many people, who as patients are least able to afford an attorney, are treated by Medicare and related entities: They are abused. They need your assistance, Sen. Gillibrand. This case offers you the opportunity to become the Champion of over 65 million Medicare insureds in NY as well as the rest of our country. Let's work together to make that happen.
7. To that end, I offer to make a presentation on this case ²in person, if in NYC; otherwise, via video conference. It can lay the basis for you to call for congressional hearings or what can make a name for you: pioneering the proposed **UNPRECEDENTED CITIZENS HEARINGS**, described in the file¹.
8. Equally name-making: your exposure of indictments fabricated³ on false and insufficient evidence by prosecutors and police, and presented to a grand jury, including me, with judges condoning the abuse of jurors, most of whom are untrained in the law and critical judgment, and the inditees.

Dare shout “*I accuse!*” ...You may trigger history and enter it.

I look forward to hearing from you.

Sincerely, Dr. Richard Cordero, Esq.

¹ http://Judicial-Discipline-Reform.org/ALJ/DrRCordero-SenKGillibrand_Medicare.pdf

².../ALJ/23-8-28DrRCordero_class_action_v_Medicare.pdf ³.../IAB/DrRCordero-Judges_IAB_IGs.pdf

Kirsten's New York Minute: SOMOS Puerto Rico
From: Senator Kirsten Gillibrand (senator@gillibrand.senate.gov)
To: drrcordero@judicial-discipline-reform.org
Date: Friday, November 17, 2023 at 03:38 PM EST



Welcome to Kirsten's New York Minute!

Here's what she's been up to this week:

See 2. below.



1. Working for Latino communities



Kirsten joined Latino leaders and New York lawmakers in Puerto Rico for the annual SOMOS Conference to celebrate the connection between New York State and

Puerto Rico and to discuss the most pressing issues facing the Latino community, including the Puerto Rican and Dominican communities.

2. Fighting for New York small businesses



When the owner of a local pharmacy in Brooklyn discovered they were at risk of losing their ability to accept Medicare, they reached out to Kirsten's office for help. Her team contacted the Centers for Medicare & Medicaid Services, who reviewed the issue and reinstated the pharmacy as a Medicare provider.

Individual casework is Kirsten's top priority. If you need help with a federal agency, contact her [here](#).

3. Keeping the government up and running



Office of United States Senator Kirsten Gillibrand

Case Authorization and Privacy Release Form

I hereby consent to the disclosure to the office of U.S. Senator Kirsten Gillibrand any record pertaining to me that appears in any system of records of the federal agency(s) mentioned below.

Which Federal Agency is involved?

Medicare

Personal information of the Constituent/Petitioner:

Last Name: Cordero Esq

First Name: Richard

Date of Birth (mm/dd/yyyy):

Gender: Male

Current Address: 2165 Bruckner Blvd

City: Bronx

State: NY

Zip: 10472

Email: Dr.Richard.Cordero_Esq@verizon.net

Phone Number: (718) 827-9521

Country of Birth: U.S.A.

Social Security Number:

If applicable, please provide.

Passport Number:

Medicare Number:

Taxpayer Identification Number:

Loan/Account Number:

Veterans Affairs Claim/File Number:

Please provide a brief explanation of the issue and the resolution you are seeking.

November 20, 2023

U.S. Senator Kirsten Gillibrand¹

fax (866)824-6340

senator@gillibrand.senate.gov; casework@gillibrand.senate.gov

<https://www.gillibrand.senate.gov/contact/email-me/>

Dear Senator Gillibrand, assistants team, and fellow senators,

1. I read with great interest your account of how you assisted “a local pharmacy in Brooklyn [that had] discovered they were at risk of losing their ability to accept Medicare...they reached out to Kirsten’s office for help. Her team contacted the Centers for Medicare & Medicaid Services, who reviewed the issue and reinstated the pharmacy as a Medicare provider”; Kirsten’s New York Minute: SOMOS Puerto Rico; 17 November 2023.
2. I am a lawyer holding a Ph.D. in law. I appealed from decisions of my HMO EmblemHealth, - at 55 Water Street, NY, NY 10041-8190, and having over 2 million insureds. My saga through four levels of appeal includes a hearing before two Administrative Law Judges -ALJ # 3-7135145411 and 3-10817205455- and appeal M-23-386 to the Medicare Appeals Council (the Council).
3. I filed that appeal over a year ago on 28 October 2022, but it is still pending, although the Council has only 90 days to decide an appeal. My emails to over 30 officers of Medicare and Emblem-Health remain unresponded to, as have the numberless calls that I have made, which are redirected to an answering machine, so that I can only record a message that never receives a call back.

OL3:1630

http://Judicial-Discipline-Reform.org/OL3/DrRCordero-Honest_Jud_Advocates3.pdf

¹ <http://Judicial-Discipline-Reform.org/ALJ/23-11-21DrRCordero-SenKGillibrand.pdf>

4. EmblemHealth assigned me membership # K4051915001. It informed me by letter of 9 November 2023 from Tamara May, Vice President, Case Installation and Maintenance, ref. Y0026_204477_C, that "Medicare has confirmed your disenrollment from EmblemHealth VIP Dual (HMO D-SNP). Beginning 1/1/2024, EmblemHealth VIP Dual (HMO D-SNP) won't cover your health care". Dual means patient covered by Medicare and Medicaid; and SNP stands for Special Needs Plan. The phone number that she provided, i.e., (877)344-7364, is only Emblem's customer service number.
5. At no time did I request to be disenrolled from that insurance plan, in particular, or from Emblem, in general. Nor was I ever asked by it or any other similar entity whether I wanted to be disenrolled.
6. I contacted Grievance & Appeals Supervisor Sean Hillegass -see infra- with whom I deal exclusively: At Emblem, no service rep takes ownership of a case; none feels responsible for it. He let me know on November 20, that Emblem will take up to 30 days to decide whether to reenroll me, disregarding the statutory deadline for insureds to choose their 2024 plan by next December 7.
7. The facts concerning Emblem, supra, and Medicare, infra, show abuse of power, cover-up, and retaliation. My discussion thereof and similar matters has proved persuasive to the many visitors to my website at <http://www.Judicial-Discipline-Reform.org>. As of November 27, it had 49,216 subscribers. How many lawyers or even law firms do you know have anywhere close as many?
8. My postings resonate with people because of the way providers of medical services and equipment treat them: As patients facing copays, deductibles, and diminished earning capacity, they are unable to afford a lawyer; and due to their ignorance of the law and dire physical and emotional condition, they cannot defend their rights. They are abused. They need your help, Sen. Gillibrand.
9. It follows that this case goes beyond my request for you to cause Emblem to reenroll me in its VIP Dual (HMO D-SNP) plan with competitive Over-The-Counter (OTC) benefits; and cause the Medicare Appeals Council to decide my appeal². Its decision, expected to cover up its wrongdoing, Emblem's, and other providers', is needed to appeal it to a U.S. district court in a class action.³
10. So, this case offers you the opportunity to become the Champion of over 65 million people affected by Medicare and more by HMOs and other providers. Let's work together to make that happen.
11. To that end, I offer you, your assistants team, and fellow senators to make a presentation in person if in NY City or at your cost; otherwise, via video conference, on abuse by Medicare et al. It can lay the basis for you to call for congressional hearings and what can make a name for you: pioneering the proposed UNPRECEDENTED CITIZENS HEARINGS, described infra in OL3:1613¶3.
12. Equally name-making can be your exposure of indictments fabricated⁴ on false and insufficient evidence by prosecutors and police, and presented to a grand jury, including me, with judges condoning the abuse of jurors, who lack knowledge of the law and critical judgment, and the inditees.

Dare shout "*I accuse!*" ...You may trigger history and enter it.

I certify that all of the information provided in this privacy release and any attached documents are true and accurate to the best of my knowledge.

Signature (in ink) of Petitioner: *Dr. Richard Cordero, Esq.* Date: *27 November 2023*
 Signature (in ink) of Beneficiary/Applicant: *Dr. Richard Cordero, Esq.* Date: *27 November 2023*

Please sign, date, and return this form by email to casework@gillibrand.senate.gov or by fax to 866-824-6340. Feel free to attach additional information or relevant documentation that is necessary to support your request.

² http://Judicial-Discipline-Reform.org/ALJ/22-10-26DrRCordero-Medicare_Appeals_Council.pdf

³ http://Judicial-Discipline-Reform.org/ALJ/23-8-28DrRCordero_class_action_v_Medicare.pdf

⁴ http://Judicial-Discipline-Reform.org/IAB/DrRCordero-Judges_IAB_IGs.pdf

26 November 2023

Request to U.S. Sen. Kirsten Gillibrand to take the lead in exposing Medicare's and its medical services and equipment providers' coordinated abuse of power and cover-up, which injure its more than 65 million insureds and their recipients[‡]

1. Medicare provides health insurance coverage to Dr. Richard Cordero, Esq., a NY City resident. EmblemHealth (Emblem) is the HMO that provides him Medicare Advantage coverage. Medicaid covers him too. Emblem is supposed to coordinate Medicare and Medicaid benefits for him.
2. A medical event that befell Dr. Cordero on September 8, 2021, set off this years-long saga. It is formed by a never-ending manifestation of managerial and staff incompetence and sheer irresponsibility, evidenced by the fact that more than 19 Emblem supervisors have each briefly dealt with Dr. Cordero only to stop without any explanation doing so. That has forced him to start all over again by calling Emblem's customer service at (877)344-7364, and explaining even the basics of his case to a likely offshore 'phone pick-upper', poorly trained but well instructed to resist any request for a transfer to a supervisor or the U.S. Exercising hardly any quality control on its staff and providers, or receiving it from Medicare or Medicaid, for fear of driving them out of their respective networks, Emblem provides substandard medical care to its over 2 million members.
3. Most Medicare insureds are aged. Likely all who suffer from a medical problem are overwhelmed by the complexities of the rules, procedures, requirements, nomenclature, etc., for obtaining medical services and equipment. Most insureds and members know neither the law nor the way to research it, and the financial stress caused by their medical problem renders them unable to afford a lawyer. Hence, they are worn out and give up altogether or settle for substandard medical care.
4. Therefore, ask yourself, if Medicare, Medicaid, Emblem, and other providers have treated and continue to treat Dr. Cordero as summarized in the following statement of facts¹, though he is a lawyer and holds a Ph.D. in law, how much more abusively may they treat lay people and how much more flagrantly do they cover up their abuse? In answering that question, note that the aged vote and even donate to politicians who look after them when they are sick and need assistance.

A. Salient facts of Medicare's and Emblem's abuse of power and cover-up

5. Emblem made decisions to which Dr. Cordero objected. It submitted whatever it wanted without asking for his input to Medicare reviewer Maximus Federal Services (Maximus), tel. (585)348-3300; fax (585)425-5292. Only because he inquired why he had not received any review determination did he find out that one had been made. He asked for a copy. They tried again to withhold it from him so that he would miss the deadline for petitioning for its review at an ALJ hearing.
6. For the same purpose of avoiding accountability at the hearing, which Dr. Cordero petitioned, Emblem failed to provide any discovery or disclosure or file an answer. Maximus secretly provided

¹ For additional details and contact information on the people and entities referred to herein, download Dr. Cordero's appellate briefs and motions, which contain as exhibits relevant emails, letters, and other documents. The links to his main briefs are the one to petition a Medicare Administrative Law Judge (ALJ) hearing, at http://Judicial-Discipline-Reform.org/ALJ/22-5-21DrRCordero_Statement_on_Appeal.pdf; and the appellate brief for the Medicare Appeals Council (the Council), at http://Judicial-Discipline-Reform.org/ALJ/22-10-26DrRCordero-Medicare_Appeals_Council.pdf.

documents to the ALJ; while Emblem engaged in an ex parte communication with him. Upon finding that out, Dr. Cordero protested to the legal assistant of the ALJ; the latter would not take his calls. The assistant filed a complaint about Dr. Cordero with Homeland Security Federal Protective Services. An inspector contacted him: He was treated as a terrorist threatening federal employees!

7. Dr. Cordero moved for the ALJ to recuse himself and have the hearing transferred from his Office of Medicare Hearings and Appeals (OMHA) in Phoenix, AZ, to an OMHA field office elsewhere.² The ALJ rubberstamped a recusal denial order form without addressing any of the facts or legal arguments in the motion of Dr. Cordero. He appealed to the Council, which never acknowledged receipt or docketed his motion. But the ALJ recused himself by rubberstamping a form for withdrawing a recusal denial order. The hearing was transferred to the OMHA Atlanta, GA, office and another ALJ, precisely the chief of that office, was assigned or assigned himself to conduct it.
8. Emblem failed to provide any discovery or disclosure, or file an answer for the hearing in Atlanta too. At the hearing, the ALJ refused to discuss Dr. Cordero's request that Emblem be defaulted or any of the issues raised in his petition and motion briefs, e.g., Emblem's incompetence and irresponsibility and its wrongful coordination with Maximus.³ Instead, he presented and argued the issues for Emblem, although it was represented at the hearing by its deputy general counsel.
9. After the hearing, Dr. Cordero moved for the Atlanta ALJ to recuse himself due to his bias at a hearing that had been a fraud; and for a new hearing to be ordered.⁴ The ALJ did not even acknowledge receipt of that motion; but his legal assistant admitted in an email to Dr. Cordero that it had been received. The ALJ did not even mention it in his decision, which found in favor of the issues that he himself had raised on behalf of Emblem at the hearing, while not discussing any of the issues that Dr. Cordero had insisted that he, as appellant, had the right to raise and have discussed.
10. On 28 October 2022, over a year ago, Dr. Cordero filed an appeal from the ALJ decision with the Council, which docketed it as M-23-386.¹ It is still pending, whereby the Council has grossly exceeded the 90 days for deciding an appeal. It should have defaulted Emblem for failing to produce evidentiary material and file a respondent brief. But Medicare covers for its network members.
11. After Dr. Cordero received the ALJ decision, he requested Medicare, its Appeals Council, and OMHA to produce the emails, phone conversations -which are recorded-, and other requested material in his case involving them, Emblem, him, the ALJs, their assistants, et al. Legal specialist Jim G., tel. (571)457-7262, emailed Dr. Cordero that a CD containing them was ready to be sent to him and provided a tracking number, which instead revealed that it was never handed to UPS.
12. Only on 15 February 2023, did a Council branch chief in Washington, DC, mail Dr. Cordero a CD pretending to contain all the requested material.⁵ He reviewed it: Of the scores of files that could have been produced, the CD contained only 12. They were recordings of only his voice mails after nobody had answered his calls and only those to OMHA in Phoenix. The Atlanta chief ALJ and his staff were protected. The CD too was a fraud, part of the cover-up of abuse of power. Dr. Cordero has emailed some 30 officers daily. His thousands of emails and appeal remain unanswered.

Dare shout "*I accuse!*" ...You may trigger history and enter it.

Dr. Richard Cordero, Esq.

² http://Judicial-Discipline-Reform.org/ALJ/22-6-3DrRCordero_motion_recuse_ALJYanohira.pdf

³ http://Judicial-Discipline-Reform.org/ALJ/22-8-5DrRCordero-EH_OMHA-email_evidence.pdf

⁴ http://Judicial-Discipline-Reform.org/ALJ/22-8-17DrRCordero_motion_recuse_ALJFleming.pdf

⁵ http://Judicial-Discipline-Reform.org/ALJ/23-3-11DrRCordero_supp_brief-Medicare_Appeals_Council.pdf; and http://Judicial-Discipline-Reform.org/ALJ/23-3-27DrRCordero_efiled_faxed_supp_brief.pdf

26 November 2023

**A call to the Medicare Appeals Council
to decide appeal M-22-386, pending since filed on October 28, 2022;
and
to people who have been denied their rights by Medicare and related entities,
to class action law firms, and to investigative journalists, to join forces to
expose the abuse of power and cover-up affecting so many people who assert
their rights as single party to their stand-alone case and even do so without a
lawyer (pro se), whereby they have barely any chance against:**

a. hospitals, medical practitioners, equipment and laboratory services providers, health insurance companies and health management organizations (HMOs) and their networks of services and equipment providers, medical decisions reviewers, administrative law judges, Medicare, Medicaid, and the Medicare Appeals Council, all of which have lawyers and work in coordination to further their common interest in:

- 1) enlarging their networks of services and equipment providers;
- 2) denying claims of people to save money; and/or
- 3) billing them for the balance of bills in excess of what the tables of medical costs allow by law and contract, which constitutes balance billing and has been illegal since 1997[†]([OL3:1611§A](#)) because it defeats the purpose of medical costs limited by health insurance, thus prompting the recent adoption by Congress of the **No Surprise Bill Act**, which so many entities with Medicare's condonation blatantly disregard.[‡]

HHS.gov

MOD e-File | Departmental Appeals Board
Medicare Operations Division
Electronic Filing System

Appeal Status Information

Docket Number	M-22-386
ALJ Appeal Number	3-7135145411
Status	Pending

[Back to Check Appeal Status](#)

https://dab.efile.hhs.gov/mod/appeals/public_status_result?utf8=%E2%9C%93&authenticity_token=UVyRwr7T4WJpEQVQT6RPnIk12orgtVBBzMaKxze3wg%2FZ6tsTC%2BSjfoX1WwizcqH4MdaMo1ASE%2FLX31hWwjcPcA%3D%3D&case_type=M&case_year=2022&case_seq=M-22-386&alj_appeal_number=3-7135145411&commit=Search

(dab = Departmental Appeals Board of Medicare, tel. (202)565-0100;
alj appeal = appeal from the administrative law judge decision)

and

Appeal Status Information

Docket Number
M-23-386
ALJ Appeal Number
3-10817205455
Status
Pending

[Back to Check Appeal Status](#)

https://dab.efile.hhs.gov/mod/appeals/public_status_result?utf8=%E2%9C%93&authenticity_token=%2Fo3O%2FIE6Hn6UtRtnlIEKqsVtxgZtoBzpIx5p94pMMGR2O4Qv5A1cYnhRRT9oV%2B1OfZ6QL90HX1o4B7tmf8z9Gw%3D%3D&case_type=M&case_year=2022&case_seq=M-23-386&alj_appeal_number=3-10817205455&commit=Search;

A. To lawyers, journalists, schools, patients, and Advocates of Honest Judiciaries

1. The above-named entities have engaged in coordination consisting in harmonious conduct in support of common interests, described below. Thereby they have reached implicitly or explicitly reciprocal exoneration agreements providing that ‘I help and protect you today and you help and protect me tomorrow’. They function as a collective entity ‘too powerful to be held accountable’.
2. As a result of their unaccountability, they have been able to form and operate a racketeering enterprise. Cf. Racketeer Influenced and Corrupt Organizations Act ([RICO](#)); 18 U.S.C. [§§1961](#) to [1968](#); and [Enterprise Corruption](#); NY Consolidated Laws, Penal Law-[PEN §460](#). There is a lot of money to be grabbed through racketeering.
 - a. "The [Medicare Program](#) [has] 65.0 million beneficiaries and total expenditures of \$905 billion in 2022". It works with hundreds of health insurance and management organizations (HMOs), and medical services and equipment providers. All of them have common interests: pay the fewest claims and attract to, and maintain in their, networks the largest number of providers. To advance their interests they:
 - 1) deny and uphold the denial of as many of their insureds’ claims as possible;
 - 2) disregard their legal duty to accept as total payment the amounts stated in Medicare’s and HMOs’ tables of medical services and equipment costs; and

3) condone the billing of insureds for the unpaid balance, which constitutes the illegal practice of 'balance billing'.

- a) Section 1902(n)(3)(B) of the Social Security Act, found in Title 42 of the U.S. Code of federal laws, as modified by Section 4714 of the Balanced Budget Act of 1997, P.L. 105-33, prohibits services and equipment providers from balance billing Medicaid QMBs (Qualified Medicare Beneficiaries) for Medicare cost-sharing.
- b) The provider is duty-bound statutorily and contractually to submit its bill to Medicaid and accept as full payment what Medicaid pays, as set forth in its tables of services and equipment costs. See also Overview of Medicaid Provisions in the Balanced Budget Act.
- c) Knowledge of the prohibition on balance billing insureds is imputed to the provider because by law and contract it was informed of it: There is no need to prove that it had actual knowledge.
- d) The provider has 'superior knowledge' relative to the knowledge that insureds can reasonably be expected to have. Consequently, the provider and the insureds do not deal at arm's length. When the provider takes advantage of this knowledge differential to balance bill an insured, it abuses its power.

- b. Most insureds who appeal claim denials and balance billing appear pro se, unable to afford lawyers precisely when they must pay mounting medical costs. Due to their ignorance of the law, they easily fall prey to abusive providers.
- c. Moreover, burdened by their health problems, few insureds have the substantial resources of emotional energy, let alone money, needed to struggle through four levels of appeal until reaching the Medicare Appeals [Council](#), whose decision is appealable to a U.S. district court.

3. The exposure of the providers' coordinated abuse of power can be set off by holding [UNPRECEDENTED CITIZENS HEARINGS](#).

- a. They are to be held by journalists, media outlets, IT experts, and [journalism, law, and IT](#) students and professors.
- b. Their venue will be media stations, school auditoriums, and via the Internet so that wherever abusees are, they can tell their [story](#) of the abuse that they have suffered or witnessed by providers and the other entities.
- c. At the citizens hearings, the abusees will shout self-assertively the rallying cry:

Enough is enough!

We won't take any abuse by anybody anymore.

4. Abusees can so [inform and outrage](#) the national public as to cause it to challenge the abusers' unaccountability through the electoral process and a class action. To that end, we can join forces to turn the above-named entities' coordinated [abuse of power](#) into a key issue of the presidential debates, the primaries, and the general election. This issue can attract the attention of the national public and politicians, whether principled or opportunistic, because "The [Medicare Program](#) is the second-largest social insurance program in the U.S.", after Social Security.

5. Together we can pioneer a multidisciplinary academic and [journalistic business venture](#); and launch of a civic, *MeToo!*-like movement arising from an informed and outraged national public ready to wield its strongest powers: electoral donating, volunteering, and voting. The venture and the movement can implement a concrete, reasonable, and feasible [plan of action](#) offering rewards:
 - a. The plan includes a [class action](#), for it can accomplish what abusees cannot proceeding individually. A class action win can force transformative change in the way health entities coordinate their abuse of patients, in particular, and of the national public, in general. Lawyers can win huge rewards: treble damages, attorney's fees, and national recognition that increases their number of clients; cf. the suits against tobacco, guns, and opioids entities.
 - b. Journalists who investigate([OL:194§E](#)) this story and join in holding the unprecedented citizens hearings can reasonably expect to be considered for a Pulitzer prize.
 - c. Students can be nationally recognized as the [youth](#) of the Montana climate case have been. They can parlay the experience gained by creating a niche law and investigative practice.
 - d. The media and the schools, suffering from low public esteem and income, can increase their appeal and profitability by becoming an engine of transformative socio-political change to be reckoned with. The schools can emerge as the fifth power for public accountability.
6. I offer to make via video conference or, if in NY City, in person, a [presentation](#) on the citizens hearings and the plan of action. See my contact information in the letterhead above. Consequently, this email and its link[‡] can be shared and posted widely to announce my offered presentation.
7. The presentation is supported by my professional [law research and writing](#), and [strategic thinking](#). They are the skills that have already produced my three-volume study*^{†♣} of judges and their judiciaries, titled and downloadable thus:

**Exposing Judges' Unaccountability and Consequent Riskless Abuse of Power:
Pioneering the news and publishing field of judicial unaccountability reporting*^{†♣}**

8. The study discusses evidence supporting the axiom 'Unaccountability breeds abuse'. Its corollary is 'What [judges](#) allow themselves to do -exposed by *The Wall Street Journal* and [Thomson Reuters](#)-, others copy and exceed'.
 - a. How many of the above-named entities and judges have found comfort and encouragement in the ethical and illegal practices that justices of the U.S. Supreme Court and the 'Friends of the Justices' have engaged in for decades, as revealed by [ProPublica](#); and that a [former President](#) has engaged in for years, as stated by NY State [Judge Arthur Engoron](#) in his decision on Trump and his business of Tuesday, 26 September 2023?
9. Some of my articles on unaccountability and abuse of power are posted to my website [Judicial-Discipline-Reform.org](#). They have attracted so many webvisitors and impressed them so positively that as of 26 December 2023, the number of visitors that had become subscribers was [49,355](#).
 - a. Those subscribers not only read what is in front of them, but also ask for more. They can reasonably be expected to be educated, influential, and capable of understanding how they are harmed by coordinated health entities and willing to support a class action against them.

B. Thousands of emails to top Medicare and related officers and entities have met the silence of a coordinated cover-up

10. [Thousands of emails](#) have been sent to dozens of top officers of Medicare and health insurer

EmblemHealth for more than a year, who have left them unanswered. Their same conduct cannot reasonably be said to be merely coincidental. Their failure to answer constitutes the circumstantial evidence from which a reasonable inference can be drawn: It betrays the silence of a coordinated cover-up. So does their failure to provide discovery, disclosure, even a responsive brief to answer my complaint of 21 May 2022, and to enter default judgment as a consequence thereof.

11. Likewise, their failure to decide the appeal M-23-386, filed with the Medicare Appeals Council almost a year ago on 28 October 2022, betrays self-interested dereliction of duty and obstruction of justice. A sample of the email headers and text has been collected below. They were sent:

To: Medicare.Appeals@hhs.gov, OSDABImmediateOffice@hhs.gov, OS-OMHAATLECAPE@hhs.gov, OSOMHAHearingTechSupport@hhs.gov, erin.nugent@hhs.gov, DABMODHotline@hhs.gov, notifications@dab.efile.hhs.gov, dawn.kos@hhs.gov, john.colter@hhs.gov, appeals@dab.efile.hhs.gov, James.Griepentrog@hhs.gov, Jon.Dorman@hhs.gov, erin.brown@hhs.gov, Rajda.Nachampassak@hhs.gov, Darryl.Holloway@hhs.gov, alethia.wimberly@hhs.gov, hillary.didona@hhs.gov, James.Brown@hhs.gov, Kathy.Greene@hhs.gov, leslie.mcdonald@hhs.gov, Sherese.Warren@hhs.gov, corderoric@yahoo.com, medicareappeal@maximus.com, SHillegass@emblemhealth.com, EHCommunications@emblemhealth.com, toni-ann.devito@emblemhealth.com, CManalansan@emblemhealth.com, esosa@emblemhealth.com, M_Cipolla@emblemhealth.com, sdambrosio@emblemhealth.com, SBergstrom@emblemhealth.com, Dr.Richard.Cordero_Esq@verizon.net, DrRCordero@Judicial-Discipline-Reform.org

C. A similar case of coordinated abuse of power and cover-up involving prosecutors, police officers, and judges

12. In the same vein are the thousands of emails and letters sent, and phone calls made, to the dozens of prosecutors, police officers, and judges in the below bloc of email addresses since 7 June 2022, with no response, on the subject of:

Fabricated indictments*

based on false and insufficient evidence presented to grand juries by prosecutors, police officers, and judges who abuse the jurors' ignorance of the law and untrained and uncritical judgment. They reciprocally cover up leveraging fabricated indictments to coerce defendants into unfavorable plea bargains. That leads to higher conviction rates, greater chances of reelection and promotion, and collection of IOUs to be cashed in when needed. Thereby they gain a benefit by inflicting injury in fact on defendants, deprive them and the public of honest services, and obstruct justice. They thus commit fraud, racketeering, and enterprise corruption.

The proposal to expose the fabricators and their abuse of power through *unprecedented citizens hearings* (§2↑) and a story that can earn journalists and media outlets Pulitzer Prizes.

13. The officers listed next have failed to respond though duty-bound to deal effectively with their constituents' grievances, especially those brought to their attention so repeatedly and for so long.
 - a. Their conduct is non-coincidental.
 - b. It is motivated by interests that can foreseeably be advanced by obstructing justice through an implicitly or explicitly coordinated cover-up. Any alleged willful ignorance and blindness is particularly inexcusable because of their duty of due diligence to know.

c. Those officers have engaged in dereliction of duty and abuse of power.

14. The abusees can tell their stories at the CITIZENS HEARINGS, thereby enabling the detection of patterns of circumstances where the fabricators fester and their modus operandi.

To: iab@nypd.org, iabcmdctr@nypd.org, outreach@oignypd.nyc.gov,
Shawn.Morris@nypd.org, Sherman.Tyson@nypd.org, Fernando.Garza@nypd.org,
Billy.Ramirez@nypd.org, Jesus.Ramos@nypd.org, Kandice.Hall@nypd.org,
Robert.Candela@nypd.org, John.McLoughlin@nypd.org, Xiomara.Linton@nypd.org,
CorderoRic@yahoo.com question@nycourts.gov, ig@nycourts.gov,
doipress@doi.nyc.gov, bronxjury@nycourts.gov, agencymail@customercare.nyc.gov,
rhuff@advocate.nyc.gov, reception@advocate.nyc.gov, nsmith@advocate.nyc.gov,
gethelp@advocate.nyc.gov, jdominguez@advocate.nyc.gov,
recordsaccess@advocate.nyc.gov, public.integrity@ag.ny.gov,
NYAG.Pressoffice@ag.ny.gov, ig.press@ig.ny.gov, Press.Office@exec.ny.gov,
mtesciql@bb.nyc.gov, scheduling@bronxbp.nyc.gov, pressinquiry@bronxbp.nyc.gov,
mivory@bronxbp.nyc.gov, Everas@bronxbp.nyc.gov, lwalton@bronxbp.nyc.gov,
jpeguero@bronxbp.nyc.gov, webmail@bronxbp.nyc.gov, jcortes@bronxbp.nyc.gov,
rmiraglia@bronxbp.nyc.gov, amukoko@bronxbp.nyc.gov,
accessibility@council.nyc.gov, dinowitz@council.nyc.gov, district8@council.nyc.gov,
district12@council.nyc.gov, district13@council.nyc.gov, district14@council.nyc.gov,
district15@council.nyc.gov, district16@council.nyc.gov, district18@council.nyc.gov,
district18@council.nyc.gov, socratessolano2021@gmail.com,
Info@bronxdefenders.org, justineo@bronxdefenders.org, media@bronxdefenders.org,
Dr.Richard.Cordero_Esq@verizon.net, DrRCordero@Judicial-Discipline-Reform.org,

**D. Every meaningful cause needs resources for its advancement;
none can be continued, let alone advanced, without money**

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I look forward to hearing from you.

Dr. Richard Cordero, Esq.

Dr.Richard.Cordero_Esq@verizon.net, DrRCordero@Judicial-Discipline-Reform.org,
CorderoRic@yahoo.com

Dare shout "*I accuse!*" ...You may trigger history and enter it.

End Page