

FILED
U.S. DISTRICT COURT
EASTERN DISTRICT ARKANSAS

TRULINCS 07405510 - LYNCH, JASON M - Unit: ERE-D-A

~~MAR 02 2026~~

TAMMY H. DOWNS, CLERK

By:  DEP CLERK

SUBJECT: RE: Definitive Statement 2
DATE: 02/24/2026 10:21:02 PM

Below is a More Definite Statement Regarding Plaintiff's Medical Care and Retaliation Claims, drafted to directly respond to Defendants' Rule 12(e) request. It consolidates the factual allegations, medical documentation, grievance history, and legal theories previously submitted in this action and related filings concerning Jason Matthew Lynch, Reg. No. 07405-510.

PLAINTIFF'S MORE DEFINITE STATEMENT

REGARDING MEDICAL CARE AND RETALIATION CLAIMS

Jason Matthew Lynch, Reg. No. 07405-510
Case No. 4:24-cv-00740-LPR-BBM
United States District Court, Eastern District of Arkansas

Plaintiff Jason Matthew Lynch, proceeding pro se, respectfully submits the following More Definite Statement in response to Defendants' request under Federal Rule of Civil Procedure 12(e), limited specifically to the claims concerning (1) denial and interference with medical care, and (2) retaliation for protected activity.

This statement is intended to clarify dates, actors, actions, injuries, and the constitutional basis of each claim.

I. MEDICAL CARE CLAIMS

(Deliberate Indifference to Serious Medical Needs 42 U.S.C. § 1983)

A. Plaintiff's Medical Condition

1. Plaintiff is HIV-positive.
2. Prior to incarceration at White County Jail, Plaintiff was stable on prescribed antiretroviral therapy (ART), specifically Biktarvy, a once-daily, intact-tablet HIV medication.
3. Biktarvy carries explicit medical instructions: do not crush, chew, or split.
4. Continuous, uninterrupted ART is medically necessary to prevent:
 - Viral rebound
 - CD4 decline
 - Immune system damage
 - Opportunistic infection
 - Increased cancer risk
 - Long-term morbidity and mortality

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Plaintiff's HIV status constitutes a serious medical need under clearly established federal law.

B. Time Period of Medical Deprivation

The primary period of unconstitutional medical conduct occurred:

**June 9, 2024 September 9, 2024 (~100 consecutive days)
White County Jail, Searcy, Arkansas**

C. Specific Acts of Medical Interference

During this period, Defendants, including medical staff and jail supervisory personnel, engaged in the following conduct:

1. Denial of Prescribed Medication

Plaintiff was denied full daily doses of ART on multiple occasions.

Doses were skipped, delayed, or partially administered.

Plaintiff was at times left without medication entirely.

2. Crushing of Medication Against Medical Orders

Despite known instructions that Biktarvy must not be crushed, pill nurses repeatedly crushed Plaintiff's medication.

Plaintiff informed staff verbally and through grievances that crushing the medication rendered it medically ineffective and harmful.

Crushing caused:

Severe gastrointestinal burning

Vomiting

Expulsion of medication

Reduced therapeutic effect

3. Non-Medical Interference with Medical Decisions

Non-medical jail officials overrode or influenced medical administration.

Medical decisions were altered at the direction of non-licensed personnel.

Plaintiff was refused referral to a physician despite repeated requests.

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4. Refusal of Chronic Care Monitoring

Plaintiff was denied:

CD4 testing

Viral load monitoring

Infectious disease specialist access

Over 60 days passed without appropriate chronic HIV follow-up.

5. Conditioning Medical Access on Payment

Plaintiff was refused placement on medical lists unless he paid fees, despite being a chronic care inmate and in custodial control.

6. Destruction / Obstruction of Medical Grievances

Numerous medical grievances were ignored, rejected, or blocked.

Appeals were handled by individuals implicated in the underlying misconduct.

D. Documented Medical Harm

As a direct and proximate result of the above:

Plaintiff experienced measurable immune decline.

CD4 counts dropped.

Immune instability developed.

Elevated inflammatory markers were recorded.

Plaintiff developed a lung mass during or shortly after the interruption.

Plaintiff experienced chronic fatigue, infection risk, and systemic symptoms.

Plaintiff now faces long-term immune damage and reduced life expectancy.

Medical addendums and laboratory documentation submitted to the Court support these findings.

E. Legal Basis Deliberate Indifference

Defendants:

1. Knew Plaintiff was HIV-positive.

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2. Knew uninterrupted ART was required.
3. Knew medication must not be crushed.
4. Were repeatedly informed of harm.
5. Continued crushing and interfering with medication anyway.
6. Denied specialist care and chronic monitoring.

This conduct satisfies:

Objective seriousness (life-threatening condition)

Subjective deliberate indifference (knowledge + disregard)

The misconduct was not negligent. It was repeated, sustained, and knowingly harmful.

II. RETALIATION CLAIMS

(First Amendment 42 U.S.C. § 1983)

A. Protected Activity

Plaintiff engaged in constitutionally protected conduct, including:

1. Filing grievances regarding medical mistreatment.
2. Attempting to file § 1983 litigation.
3. Contacting courts and attorneys.
4. Complaining about religious discrimination.
5. Reporting unconstitutional conditions.

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B. Adverse Actions Taken in Response

Following Plaintiff's grievances and complaints, Defendants engaged in adverse actions including:

1. Denial of Medical Care After Complaints

Medical refusals escalated after grievances were filed.

Medication administration worsened after formal complaints.

2. Legal Mail Interference

Outgoing legal mail refused or not sent.

Incoming legal mail opened or blocked.

Officers refused to sign for legal mail.

Law library access disabled.

Attorney calls denied.

3. Denial of Exercise (Yard Call)

Plaintiff was denied yard call for extended periods.

Other pods received yard access.

Staff blamed Plaintiff for contacting courts.

4. Retaliatory Disclosure

Officers disclosed Plaintiff's legal matters to other inmates.

Other inmates filed grievances against Plaintiff after disclosure.

5. Retaliatory Searches and Lockdowns

Plaintiff was subjected to repeated searches.

Medical lockdown used punitively after grievances.

Strip searches conducted despite available scanning alternatives.

6. Obstruction of Civil Rights Filing

Jail administration refused to complete required IPF paperwork needed to pursue § 1983 litigation.

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C. Causal Connection

The retaliation claim is supported by:

1. Temporal proximity between grievances and adverse actions.
2. Statements by staff referencing Plaintiff's court filings.
3. Escalation of mistreatment after protected conduct.
4. Pattern of coordinated conduct among multiple officers.

III. COORDINATION AND CONSPIRACY RELATED TO MEDICAL AND RETALIATION CLAIMS

Plaintiff alleges coordinated action among:

Jail administration

Medical contractor staff

Supervisory officials

Mail room staff

Line officers

This coordination included:

Suppression of grievances

Alteration of medication practices

Blocking legal filings

Shared retaliatory motive

The actions were not isolated incidents but part of a sustained pattern.

IV. INJURY AND DAMAGES FROM MEDICAL + RETALIATION CLAIMS

Plaintiff has suffered:

Physical Injury

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Immune system damage

Lung mass

Gastrointestinal injury

Increased infection risk

Chronic fatigue

Emotional Injury

Severe distress

Anxiety

Fear of premature death

Psychological trauma from retaliation

Legal Injury

Impaired ability to litigate

Obstructed access to courts

Delay and complication of civil rights claims

V. SUMMARY

Plaintiff's medical care claim is based on:

100-day interruption and sabotage of HIV treatment

Crushing of medication against medical directives

Denial of specialist care and monitoring

Resulting permanent immune harm

Plaintiff's retaliation claim is based on:

Adverse actions taken after grievances and court access

Legal mail obstruction

Exercise denial

Retaliatory disclosure

Escalation of mistreatment after protected conduct

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These claims are:

Fact-specific

Date-bound

Actor-identified

Injury-supported

Constitutionally grounded

This statement is submitted to clarify the factual and legal basis of Plaintiff's medical and retaliation claims and to remove any alleged ambiguity in the pleadings.

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SUBJECT: 31 57 73 75 77 78 79

DATE: 02/24/2026 10:21:02 PM

Below is a more definitive, consolidated factual statement drawn directly from the record in:

(Doc. 31 handwritten declaration & grievance log)

(Doc. 57 Supplemental Memorandum & Medical Legal Report)

(Doc. 75 Motion for Re-Review & Super Summary)

(Doc. 77 Objections to Termination of Defendants)

(Doc. 79 Rule 8 Personal Statement)

(Doc. 78 Supplemental Objections Parts I III)

(Doc. 73 Omnibus Filing Notice & Exhibit Index)

DEFINITIVE STATEMENT OF FACTS AND CLAIMS

Jason Matthew Lynch v. Does et al.

No. 4:24-cv-00740-LPR-BBM

Eastern District of Arkansas

I. Core Medical Claim 100-Day ART Interruption

Between June 9, 2024 and September 9, 2024 (~100 days), while confined at the White County Jail in Searcy, Arkansas, Plaintiff Jason Matthew Lynch an HIV-positive detainee prescribed Biktarvy (ART) was intentionally deprived of his life-sustaining antiretroviral medication.

The record establishes:

Physicians and FDA labeling instructed "Do not crush, chew, or split Biktarvy."

Jail staff repeatedly crushed the medication, partially dosed it, withheld doses, or denied it entirely.

On multiple occasions medication was refused, delayed, improperly altered, or interfered with.

Over 100 medical requests and grievances were submitted and ignored or dismissed.

See Doc. 31 grievance chronology; Doc. 57 Medical Legal Report; Doc. 75 Super Summary.

Medical Consequences (Documented)

According to the medical addendum and report in Doc. 57 and Doc. 75:

CD4 decline

Immune instability

Viral rebound risk

Severe gastrointestinal injury from crushed medication

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Lung mass discovered post-interruption

Elevated inflammatory markers

Long-term immune damage

Increased cancer and mortality risk

The medical report concludes the interruption and crushing of ART constituted deliberate interference with prescribed HIV treatment and directly caused permanent injury.

II. Deliberate Indifference and Intentional Medical Sabotage

The filings collectively allege:

Non-medical jail officials overrode medical directives.

Staff crushed medication after being told not to.

Medication was allegedly thrown away or given to other inmates.

Medical grievances were blocked or destroyed.

Access to a physician was denied for extended periods.

Care was conditioned on payment of fees despite chronic care status.

See Docs. 31, 57, 75, 78.

These actions were not isolated negligence. The pleadings consistently allege:

Repeated misconduct

Knowledge of harm

Ignoring specialist directives

Retaliatory motive

Coordinated obstruction

III. Retaliation and Interference with Legal Process

The record reflects systematic interference with Plaintiff's constitutional right of access to the courts:

Outgoing legal mail refused or not sent

Incoming legal mail opened or blocked

Law library disabled or inaccessible

Attorney calls denied

IPF paperwork refused to block §1983 filing

Grievances ignored by the same officials accused of misconduct

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See Doc. 31 pp. 11-13, 26-27, 41, 47-51; Doc. 78; Doc. 75.

Additionally:

Legal matters were disclosed to other inmates in retaliation.

Strip searches allegedly conducted in retaliatory fashion.

Yard call denied for extended periods after contacting courts.

IV. Religious Discrimination (First Amendment & RLUIPA)

The pleadings consistently allege:

Blanket ban on Catholic religious materials

Denial of clergy access and sacraments

Denial of rosary and religious texts

Mockery or punishment tied to religious practice

See Docs. 31, 43, 75, 78.

No legitimate penological justification is documented in the pleadings.

V. Conditions of Confinement

The filings detail prolonged exposure to objectively serious and unsanitary conditions:

Raw sewage in living areas

Black mold in showers

Human waste and blood on walls

No potable water

Rotten/contaminated food

No cleaning supplies

One shower for 30+ inmates

Overcrowding

Forced sleeping on concrete floors

Extended denial of exercise

Handcuffing to metal benches

Placement next to mentally ill inmate as punishment

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See Doc. 31 pp. 15-17; Doc. 45; Doc. 75; Doc. 78.

These are pleaded as systemic, not isolated.

VI. Supervisory and Municipal Liability

The objections (Docs. 77 and 78) assert:

Sheriff and County Commission are final policymakers.

They were personally notified via grievances and service of filings.

Despite actual knowledge, no corrective action was taken.

Chronic understaffing and lack of chronic care policy existed.

Similar prior §1983 litigation history against White County.

Municipal liability is alleged under Monell based on:

Custom of denying medical care

Failure to train and supervise

Policy allowing non-medical staff to override medical decisions

Pattern of constitutional violations

VII. Pattern, Witnesses, and Evidence Identified

The record identifies:

16 inmate witnesses

3 expert witnesses

5 staff witnesses

Body-cam and pod-camera video

Medical lab results

Grievance logs

Mail logs

Administrative reports

See Doc. 75 and Doc. 78.

Plaintiff repeatedly requested discovery prior to dismissal.

VIII. Procedural Posture and Rule 8 Clarification

In Doc. 79, Plaintiff acknowledges Rule 8 concerns but clarifies:

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The pleadings are lengthy due to fear of omitted facts.

Claims are factually detailed and organized by defendant and event. 111

Dismissal solely for length would elevate form over substance.

Plaintiff seeks amendment or clarification rather than dismissal.

DEFINITIVE CONCLUSION

Taken together, the filings allege:

1. Intentional, prolonged deprivation and alteration of life-saving HIV treatment (~100 days).
2. Permanent immune injury and measurable medical deterioration.
3. Systemic obstruction of legal access and retaliation for protected activity.
4. Religious discrimination under the First Amendment and RLUIPA.
5. Extreme and prolonged unconstitutional conditions of confinement.
6. Supervisory and municipal liability based on knowledge, policy, and inaction.
7. Patterned misconduct rather than isolated negligence.

The record, as presented in Docs. 31, 57, 75, 77, 78, 79, and 73, alleges coordinated constitutional violations under:

42 U.S.C. § 1983

42 U.S.C. § 1985

First, Eighth, and Fourteenth Amendments

RLUIPA

ADA & Rehabilitation Act

Arkansas state tort law

