Page 2 — Continuation of Deliberate Indifference to a Serious Medical Need. by these and Baraga Prison officials. Please keep all 4 page attached.

... me to the hospital was also denied emergency ... attention by Ms. Nyquist

Next Day. On 12-27-16 while passing out routine medications on first shift" I showed Ms. Ryela R.N. that my now head face and eye were swollen up even more including my legs. And I had showed her fellow R.N. Ms. Sungers, and that I had requested to go to the hospital, and I was in Pain!' R.N. Ms. Ryela stated I'm pulling you out my God Mays" I was pulled out and took up to the (examination) room where staff had called a Ambulance to rush me to the hospital. All the Baraga medical staff including the Physician Assistant Ms. Kristine Nyquist, I was rushed to the emergency ward at Baraga County Memorial Hospital when I arrive there the hospital staff ask what took them so long to send you" I told them I didn't know this unknown Doctor stated I suffered another Allergic Reaction to some medication called Bactrim/Augmentin that I never should have been prescribed in the first place by the Baraga Prison Physician Assistant Ms. Nyquist and R.N. David Kinsan shouldn't have given it to me" And that they should have immediately sent me to the hospital when they first realized I was red and swollen up. He stated you have steven johnson syndrome again Mr Mays". After my face and eye swelling went down he sent me back to Baraga Prison with a (care) plan of instructions for healthcare at Baraga. to take Prednisone steroid medication used to reduce allergic reactions" All this took because I was given a dangerous prescribed antibiotic prescribed by Ms. Nyquist a Baraga correctional prison official Physician's Assistant. On 12-29-16 I had another out break an allergic reaction due to another resurfacing of my face, eyes, head and was sent to Marquette General Hospital through head supervisors Sabrina Snyder and Aaron Jeffreys where I was treated and sent back with a care plan of instructions from unknown Doctor on 12-29-16 for Prednisone steroid medication.

Continuation of step I Grievance AMF-17-01-00046-12d3

Exhibit K-39

MICHIGAN DEPARTMENT OF CORRECTIONS-Bureau of Health Care 4835-7549 CHJ-549 11/05

HEALTH CARE REQUEST CONTINUED RETALIATORY ACTS BY AMIX HEALTH CARE NURSES AND AMF OFFICERS

EXHIBIT 40

PRISONER: COMPLETE SECTIONS A THROUGH D

A NAME: Mays FACILITY: AMF

NUMBER: 218101 LOCK: 3-121 DATE: 9-26-17

B. This Health Care Request is for the following (check one or more): ☐ Health Record Copies ☐ Non-urgent

☐ Dental ☐ Medication Refill ☑ Medical ☐ Optometry ☐ Mental Health ☑ Urgent

C. I have the following problems/symptoms: ON 9-26-17 I WAS PLACED ON FOOD LOAF FOR ASSIST BY DEFENDANT C/O PYNNONEN DUE TO LAWSUIT I'M GOING TO FILE ON HIM DUE EXCESSIVE FORCE AND FOOD POISONING ON 5-25-17 WHICH WAS RECEIVED HE STATED AS HE PASSED OUT FOOD TRAYS AS BREAKFAST I'M GOING TO PUT YOU ON FOOD LOAF RESTRICTION, YOU WON'T GET AWAY WITH FILING THAT LAWSUIT ON ME MAYS, WHILE PICKING UP FOOD TRAYS C/O

D **NOTICE TO PRISONER** PYNNONEN TOOK ONE OF MY FOOD TRAYS AS I SEE THE OTHER FOOD

You will not be denied health care services for lack of personal funds. However, if your account does not have adequate funds, the copayment will be considered an institutional debt and shall be collected as set forth in PD 04.02.105, "Prisoner Funds".

TRAY ON THE SLOT HE TOOK HIS HAND AND SLUG THE FOOD TRAY TO THE FLOOR

Signing this document formally requests treatment. In addition, it authorizes the DOC to treat or arrange treatment for you and to release any necessary medical information to facilitate that treatment, to review treatment, to respond to a related grievance, or to review any appeal you may make regarding the Department's decision to charge for the care. THEN JUMPED BACK AS THOUGH I THREW MY FOOD TRAY AT HIM CAUSING MY TRAY TO HIT THE HALLWAY FLOOR

I have read Section D above, or it has been read to me and I understand that I will be charged $5.00 for my health care visit unless it is for one of the reasons listed below in Section F. If I am charged for this visit, I agree that the $5.00 may be taken from my account.

Prisoner Signature: THEN STARTED THAT'S A RESULT MAYS AND FOOD LOAF HE STARTED HIM AND STAKE ON PRIST Date:

PRISONER: DO NOT WRITE BELOW THIS LINE

E **INSTRUCTIONS TO PRISONER** MY NEEDS ON FRIDAY AND SECOND SHIFT. ON SECOND START RN DOWN COON AND C/O MICHEALS REFUSE TO GIVE ME MY SEIZURE MEDICATION AND EXCEDRIN PAIN PILLS THEN STARTED I REFUSE MY MEDICATION RNS RN AND THE OFFICER REFUSE TO USE THE SAFETY CART TO PUT MY NEEDED MEDICATIONS IN PUTTING MY HEALTH AND SAFETY AT RISK KNOWING I COULD HAVE AND

An appointment has been scheduled for you on: Date: SEIZURE IF I CAN'T GET MY SEIZURE

Signature: MEDICATION AND ALSO KNOWING Title: Provider #: Date: HEADACHE MEDICATION

F **COPAYMENT** (to be filled out by health care): HEAD ACHES, SHE REFUSED WILLFULLY REFUSE TO GIVE ME MY MEDICATIONS WHICH IS INTENTIONAL

Note: If none of the exceptions listed below apply, check the box below and a copay will be charged.

Care that is:

- requested by a QHP (includes transfer assessments, chronic care clinics, intake and annual screening, and required follow-up care) DELIBERATE INDIFFERENCE TO A SERIOUS MEDICAL NEED
- for injuries that are work-related as documented by the prisoner's work supervisor
- requested for testing for HIV, STD's, infestations, or reportable communicable diseases
- requested for evaluation, consultation, or treatment of a mental health need
- prompted by a medical emergency (see Section I of the policy, if self-inflicted)

☐ I have reviewed the visit of _____ and certify none of these exceptions apply.

Date

Signature: Title: Provider #: Date:

Distribution: White - Health Services, Canary - Prisoner, Pink - Business Office

CRUEL AND UNUSUAL PUNISHMENT 8TH AMENDMENT SHE STATED I'M GOING TO PUT YOU ON FOOD LOAF RESTRICTION

4835-7549
MICHIGAN DEPARTMENT OF CORRECTIONS-Bureau of Health Care
CHJ-549 11/05

HEALTH CARE REQUEST Continuous Retaliatory Acts

Supporting Exhibit K-60 — **PRISONER: COMPLETE SECTIONS A THROUGH D** — Help which have been ignored

A NAME: Mays FACILITY: (AMF)
NUMBER: 218601 LOCK: 3-??? A-wing DATE: 8-19-17

B. This Health Care Request is for the following (check one or more): ☐ Health Record Copies ☐ Non-urgent
☐ Dental ☐ Medication Refill ☑ Medical ☐ Optometry ☐ Mental Health ☑ Urgent

C. I have the following problems/symptoms: This is my second request for medical attention on 8-17-17 c/o Mr. Johnson slamming my right arm in food slot after I asked him and c/o Pynnonen could I get a shower as he was picking up food tray as c/o Hietikko and Pynnonen stood and watched the officer Pynnonen

D NOTICE TO PRISONER

You will not be denied health care services for lack of personal funds. However, if your account does not have adequate funds, the copayment will be considered an institutional debt and shall be collected as set forth in PD 04.02.105, "Prisoner Funds".

stated I almost enjoy watching you

Signing this document formally requests treatment. In addition, it authorizes the DOC to treat or arrange treatment for you and to release any necessary medical information to facilitate that treatment, to review treatment, to respond to a related grievance, or to review any appeal you may make regarding the Department's decision to charge for the care. get fucked over as much

I have read Section D above, or it has been read to me and I understand that I will be charged $5.00 for my health care visit unless it is for one of the reasons listed below in Section F. If I am charged for this visit, I agree that the $5.00 may be taken from my account.

Prisoner Signature: as I enjoy beating your fucking ass. Mays Date:

RN Daugherty ... him she stated I don't ... when your arm ... when I'm putting in my medical record ... she denied me

PRISONER: DO NOT WRITE BELOW THIS LINE

E INSTRUCTIONS TO PRISONER I told RN Daugherty and RN Elizabeth Corrigan that day neither took my health care kite, I also told Ms RN ... visit she also refuse to take my ... on 8-17-17, during routine rounds I told Ms Elizabeth Corrigan who just snatched my health care

An appointment has been scheduled for you on: Date:

Signature: kite out the door on 8-18-17 Title: Provider #: Date:

F COPAYMENT (to be filled out by health care): and ignored me. My arm is hurting numb

Note: If none of the exceptions listed below apply, check the box below and a copay will be charged.

Care that is:
- requested by a QHP (includes transfer assessments, chronic care clinics, intake and annual screening, and required follow-up care)
- for injuries that are work-related as documented by the prisoner's work supervisor
- requested for testing for HIV, STD's, infestations, or reportable communicable diseases
- requested for evaluation, consultation, or treatment of a mental health need
- prompted by a medical emergency (see Section I of the policy, if self-inflicted)

☐ I have reviewed the visit of unknown Date and certify none of these exceptions apply. (I.E) shower

Signature: This officer told me, I don't get this shift Title: Provider #: Date:

Distribution: White - Health Services, Canary - Prisoner, Pink - Business Office

He stated I don't like you Mays because all you do is file lawsuit on my fellow officers and you're going to pay! This officer pushed my ... and dropped my ... pressure stress

MICHIGAN DEPARTMENT OF CORRECTIONS — CHJ-549

HEALTH CARE REQUEST

Supporting Exhibit K-42

PRISONER: COMPLETE SECTIONS A THROUGH D

A NAME: [illegible] FACILITY: [illegible]

NUMBER: 21[illegible] LOCK: 3-121 DATE: 8-23-17

B. This Health Care Request is for the following (check one or more): ☐ Health Record Copies ☐ Non-urgent

☐ Dental ☐ Medication Refill ☑ Medical ☐ Optometry ☐ Mental Health ☑ Urgent

C. I have the following problems/symptoms: On 8-25-17 I was food poisoned by C/O Pynnonen and C/O Anderson which had me throwing up specks of blood and still have my throat burning and Health care refused to treat my sore burning throat or my arm that was just recently slammed in food slot by C/O M. Johnson as Sgt

D NOTICE TO PRISONER

Pynnonen and C/O [illegible] stood

You will not be denied health care services for lack of personal funds. However, if your account does not have adequate funds, the copayment will be considered an institutional debt and shall be collected as set forth in PD 04.02.105, "Prisoner Funds".

and watched and did nothing, my right

Signing this document formally requests treatment. In addition, it authorizes the DOC to treat or arrange treatment for you and to release any necessary medical information to facilitate that treatment, to review treatment, to respond to a related grievance, or to review any appeal you may make regarding the Department's decision to charge for the care. arm still hurts and is bruised and swollen

Supporting Exhibit K-42

I have read Section D above, or it has been read to me and I understand that I will be charged $5.00 for my health care visit unless it is for one of the reasons listed below in Section F. If I am charged for this visit, I agree that the $5.00 may be taken from my account.

Prisoner Signature: Also [illegible] Pynnonen and Date: C/O M. Johnson

PRISONER: DO NOT WRITE BELOW THIS LINE moved me

E INSTRUCTIONS TO PRISONER

Down stairs on A wing C/O Pynnonen's wing with a officer Pynnonen who not only beat me down with C/O Coronado, Parra, Massie, C/O Geneman, C/O Anderson, then poisoned my food they now at risk for getting beat down and possibly poisoned again, all this due to my protected right to file lawsuits

An appointment has been scheduled for you on: Date:

Signature: Title: Provider #: Date:

F COPAYMENT (to be filled out by health care):

on there fellow co-workers

Note: If none of the exceptions listed below apply, check the box below and a copay will be charged.

Care that is:
- requested by a QHP (includes transfer assessments, chronic care clinics, intake and annual screening, and required follow-up care) I've been continuously threatened
- for injuries that are work-related as documented by the prisoner's work supervisor by C/O Pynnonen
- requested for testing for HIV, STD's, infestations, or reportable communicable diseases M. Johnson
- requested for evaluation, consultation, or treatment of a mental health need
- prompted by a medical emergency (see Section I of the policy, if self-inflicted) and C/O Coronado

☐ I have reviewed the visit of ____________ (Date) and certify none of these exceptions apply. since they've moved me

Signature: Title: Provider #: down [illegible] Date:

Distribution: White - Health Services, Canary - Prisoner, Pink - Business Office C/O Pynnonen has

turned my water off. This officer stated I'm going as [illegible] turn your water off fixing [illegible] I'm thirsty and need some water

MICHIGAN DEPARTMENT OF CORRECTIONS-Bureau of Health Care CHJ-549 11/05

HEALTH CARE REQUEST NO RESPONSE

Supporting Exhibit K-43 **PRISONER: COMPLETE SECTIONS A THROUGH D** Additional

A NAME: Mays FACILITY: AMF

NUMBER: 218101 LOCK: 3-121 DATE: 9-1-17

B. This Health Care Request is for the following (check one or more): ☐ Health Record Copies ☐ Non-urgent

☐ Dental ☐ Medication Refill ☑ Medical ☐ Optometry ☐ Mental Health ☑ Urgent

C. I have the following problems/symptoms: ON 8-29-17 I submitted A kite 3rd new this is my fourth kite concerning my arm is still in pain ~~from~~ the bone from officer Johnson slamming it in the food slot on 8-17-17 on 1st shift along with RN Dawn Cook refusing me medical attention I was seen by a so-called M.H but she did nothing for

D NOTICE TO PRISONER my arm or my throat which is very sore

You will not be denied health care services for lack of personal funds. However, if your account does not have adequate funds, the copayment will be considered an institutional debt and shall be collected as set forth in PD 04.02.105, "Prisoner Funds".

from food poisoning on 5-25-17, every day third C/O

Signing this document formally requests treatment. In addition, it authorizes the DOC to treat or arrange treatment for you and to release any necessary medical information to facilitate that treatment, to review treatment, to respond to a related grievance, or to review any appeal you may make regarding the Department's decision to charge for the care. Pynnonen stated how'd you

you enjoy your food today I still believe he is putting

I have read Section D above, or it has been read to me and I understand that I will be charged $5.00 for my health care visit unless it is for one of the reasons listed below in Section F. If I am charged for this visit, I agree that the $5.00 may be taken from my account.

Prisoner Signature: something in my food that causing Date: my throat to still burn like disinfect cleaner

Exhibit K-43 **PRISONER: ~~DO NOT WRITE BELOW THIS LINE~~**

E INSTRUCTIONS TO PRISONER (continuing retaliatory acts)

Also on 9-1-17 the c/o came to my cell Pynnonen and Mayo, and stated you have a medical callout As I step out he told me to move forward As I move forward he slammed me up against the wall causing my fore head to hit the wall, that same day

An appointment has been scheduled for you on: Date: I had A seizure about

Signature: my head really hurts Title: Provider #: 7:00 P.M. Date: And now

F COPAYMENT (to be filled out by health care): Pynnonen stated after I hit my head against the wall causing a knot to form on my head he stated now get your fucking ass back in your cell as c/o Mayo stood and

Note: If none of the exceptions listed below apply, check the box below and a copay will be charged.

Care that is:

- requested by a QHP (includes transfer assessments, chronic care clinics, intake and annual screening, and required follow-up care)
- for injuries that are work-related as documented by the prisoner's work supervisor
- requested for testing for HIV, STD's, infestations, or reportable communicable diseases
- requested for evaluation, consultation, or treatment of a mental health need
- prompted by a medical emergency (see Section I of the policy, if self-inflicted)

☐ I have reviewed the visit of ____________ Date and certify none of these exceptions apply.

Signature: watched, I was not allowed to come out for medical callout Title: Provider #: Date:

He used unjustified excessive force under disguise of maintaining and restoring order with intent to cause me bodily harm

Distribution: White - Health Services, Canary - Prisoner, Pink - Business Office

~~[illegible]~~ A-wing with officer ~~[illegible]~~ assaulted me in May 25 2017 third poisoned my food and still is now I get assaulted again on

4835-7549

MICHIGAN DEPARTMENT OF CORRECTIONS Bureau of Health Care Additional CHJ-549 11/05

HEALTH CARE REQUEST

Exhibit #44

PRISONER: COMPLETE SECTIONS A THROUGH D

A. NAME: Mays FACILITY: AMF

NUMBER: 218101 LOCK: 3-121 DATE: 9-27-17

B. This Health Care Request is for the following (check one or more): ☐ Health Record Copies ☐ Non-urgent

☐ Dental ☐ Medication Refill ☑ Medical ☐ Optometry ☐ Mental Health ☑ Urgent

C. I have the following problems/symptoms: On 9-27-17 C/O Pynnonen came to my cell and stated kneel on your bed bitch or you won't be eating this food loaf I set you up on along with an assult on staff ticket yesterday I told you I would starve you out I told you would pay for that lawsuit you filed on me I told him to use the safety cart he stated I'm not use no safety

D NOTICE TO PRISONER cart I want to degrade you by makeing you kneel on

You will not be denied health care services for lack of personal funds. However, if your account does not have adequate funds, the copayment will be considered an institutional debt and shall be collected as set forth in PD 04.02.105, "Prisoner Funds".

the Bed [illegible] degrade you anyway I can

Signing this document formally requests treatment. In addition, it authorizes the DOC to treat or arrange treatment for you and to release any necessary medical information to facilitate that treatment, to review treatment, to respond to a related grievance, or to review any appeal you may make regarding the Department's decision to charge for the care. And medical staff will also degrade you by makeing you kneel on the bed to get your seizure

I have read Section D above, or it has been read to me and I understand that I will be charged $5.00 for my health care visit unless it is for one of the reasons listed below in Section F. If I am charged for this visit, I agree that the $5.00 may be taken from my account.

Prisoner Signature: medication because if you don't you won't eat and you Date:

PRISONER: DO NOT WRITE BELOW THIS LINE won't get your

E INSTRUCTIONS TO PRISONER medication, and even if you did kneel we will still put you down as a prisoner who refused your food loaf I set you up on and your medications

I was also denied again my seizure meds by RN: Elizabeth Corrigan

An appointment has been scheduled for you on: Date:

Signature: Title: Provider #: Date:

F COPAYMENT (to be filled out by health care):

Note: If none of the exceptions listed below apply, check the box below and a copay will be charged.

Care that is:
- requested by a QHP (includes transfer assessments, chronic care clinics, intake and annual screening, and required follow-up care)
- for injuries that are work-related as documented by the prisoner's work supervisor
- requested for testing for HIV, STD's, infestations, or reportable communicable diseases
- requested for evaluation, consultation, or treatment of a mental health need
- prompted by a medical emergency (see Section I of the policy, if self-inflicted)

☐ I have reviewed the visit of ____________ (Date) and certify none of these exceptions apply.

Signature: Title: Provider #: Date:

Distribution: White - Health Services, Canary - Prisoner, Pink - Business Office