

103-17

EXHIBIT 2-1-B

TO: STEP III APPEAL DIRECTOR'S OFFICE (GRIEVANCE AND APPEALS SECTION)
P.O. BOX LANSING MICHIGAN 48909

TO: WHOM THIS LETTER MAY CONCERN PREFERABLY
MR. RICHARD RUSSELL

DEAR MR. RUSSELL ON 7-19-17 I SENT A STEP 1-3
GRIEVANCE ON HEALTH CARE FOR INTENTIONAL
DELIBERATE NEGLIGENCE TO A SERIOUS MEDICAL
NEED AND HAVE NOT RECEIVED MY STEP 3
RESPONSE BACK GRIEVANCE IDENTIFIER
NUMBER IS ANK-17-06-1437-12E4
THESE PRISON OFFICIAL MAINLY THE OFFICER WHO
PASS OUT MAIL WILL THROW A PRISONERS
STEP 3 RESPONSE AWAY IN THE TRASH CAN
I HAVE NO WAY OF KNOWING IF YOU HAVE SENT
IT OR NOT I'M FILING A LAWSUIT AND
NEED MY STEP III RESPONSE PLEASE SO
I CAN SEND THIS TO THE UNITED STATES
DISTRICT COURT TO VERIFY EXHAUSTION
OF MY ADMINISTRATIVE GRIEVANCE ~~REMEDIES~~
WITH THE COURT. AND IF YOU HAVE
SENT IT I NEVER RECEIVED MY 3RD STEP
GRIEVANCE RESPONSE ON HEALTH CARE ANK 17-06-1437.
-RE 4 (PLEASE RESPOND) THANK YOU
Sincerely PRISONER MARCUS D. MAYS #218121

HEALTH CARE REQUEST

EXHIBIT K-1

I was never called out by this RN. About 12:00 PM. About 12:00 PM. About 12:00 PM.

PRISONER: COMPLETE SECTIONS A THROUGH D

A NAME: Mays FACILITY: AMIC
 NUMBER: 21801 LOCK: 3-244 DATE: 5-25-17

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 5-25-17, WHILE BEING ESCORTED BACK FROM HEALTH CARE X-RAY LAB, I WAS ASSAULTED BY UNKNOWN C/O PERNA (GENTLEMAN A.) MASSIVE SECOND SHIRT CO) UNKNOWN C/O ANDRESSO AND UNKNOWN C/O PYNNONEN WHO STATED THIS IS FOR THAT LAWSUIT AS YOU KEEP FILING ONE ON OUR CO-WORKERS ESP PACHITZ, AS (C/O UNKNOWN GENTLEMAN STATED TALK YOUR SHIT NOW MAYS I WAS KICKED PUNCHED AND

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".
 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.
HEAD AND FACE AND BEAT DOWN WHILE SUBJUDGED IN HANDCUFFS - UNKNOWN HEALTHCARE C/O STOOD AND WATCHED THESE DRUGS HELD WITH NO OTHER PURPOSE THEN TO KETAPROF WITH INTENTIONS TO INFLICT

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: PACHITZ DUE TO MY PROTECTED RIGHT TO FILE A LAWSUIT AS C/O Date: _____

PRISONER: DO NOT WRITE BELOW THIS LINE

E INSTRUCTIONS TO PRISONER

THIS SHOULD TEACH YOU ABOUT MY LAWSUITS AND THE MESS (BOY) THIS ALL HAPPENED AT HALLWAY ENTRANCE ISOLATED AREA (ROUTINE) I TOLD THIS RN MS. ELIZABETH BIR-CORRISAN ABOUT THE UNJUSTIFIED ASSAULTS I RECEIVED BY C/O SHE STATED I DON'T CARE

An appointment has been scheduled for you on: _____ Date: IF THEY KILL YOU MAYS YOURSELF
 Signature: _____ Title: _____ Provider #: 17 LAWSPH 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 _____ and certify none of these exceptions apply.

Signature: AMF HEALTH CARE IS KNOWINGLY NOT COVERING EXCESSIVE Title: INJURIES Provider #: OUT Date: _____

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

PLEASED OFFICIAL MAY NOT BE DELIBERATELY INDIFFERENT TO A PRISONER'S NEED OR MEDICAL ATTENTION IN ADDITION TO SETTING BEAT DOWN MY FOOD WAS ALSO POSSESSED BY C/O ANDRESSO AND C/O PYNNONEN

Supplemental Exhibit K-1

TR DENYING ME NEEDED MEDICAL ATTENTION.
 THIS RN MS. ELIZABETH CORRISAN ALSO SHOWS A CONTINUOUS CONSISTENT PATT. EAM

HEALTH CARE REQUEST

PRISONER: COMPLETE SECTIONS A THROUGH D

A NAME: Mays FACILITY: AMK
NUMBER: 218101 LOCK: 3 214 DATE: 5-25-17

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 5-25-17 WHILE EATING MY FOOD TRAY WHICH WERE POTATOES, AFTER SETTING MY FOOD TRAY FROM C/O ANDERSON I TOLD THIS C/O THAT MY POTATOES TASTED LIKE DISINFECTED, AND THAT MY THROAT WAS BURNING AS C/O ANDERSON BLED C/O PENADENT STATED FUCK YOUR THROAT WE DONT CARE IF IT IS BURNING FUCKING NERSES HOW DID YOU LIKE THAT

D NOTICE TO PRISONER FOOD TRAY, HOW ABOUT DO YOU THINK YOUR GUARDS TO KEEP 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".
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. THESE TWO C/O ACTED WITH SPECIFIC INTENT TO RETALIATE AND CAUSE ME SERIOUS TRAUMA

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: BY TAMPER WITH MY FOOD TRAY Date: ESS C/O ANDERSON WITH INTENT TO

PRISONER: DO NOT WRITE BELOW THIS LINE

E INSTRUCTIONS TO PRISONER ON THIS SAME DATE WHILE PASSING OUT MY ROUTINE MEDS TO PRISONER IN CELL 215 I CALLED MS. ELIZABETH CORRISSON TO MY CELL AND TOLD HER MY THROAT WAS BURNING AND I WAS THROWING UP SPITS OF BLOOD DUE TO OFFICER TAMPERING WITH MY FOOD TRAY SHE STATED KICK YOU AND KEPT PASSING

An appointment has been scheduled for you on: _____ Date: OUR MEDICATIONS TO OTHER PRISONERS
Signature: _____ Title: CONTINUED 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 _____ and certify none of these exceptions apply.
Signature: _____ Title: _____ Provider #: _____ Date: _____

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

HEALTH CARE REQUEST

PRISONER: COMPLETE SECTIONS A THROUGH D

A NAME: [Handwritten Name] (EXHIBIT K-3) FACILITY: AME

NUMBER: 2810 LOCK: 3-214 DATE: 5-26-17

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 5-25-17 while eating my food tray of fish and potatoes that I got from clo ANDERSON, + DJ of this CO that my potatoes tasted like disinfectant which had my throat burning and throwing up specks of blood. As both clo ANDERSON and PYNNONE were coming down the hall they announced started rock your throat like don't care if it is burning fucking

D NOTICE TO PRISONER MISSES HOW DID YOU THINK THAT FOOD TRAY

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".

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.

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: [Handwritten Signature] Date: [Handwritten Date]

PRISONER: DO NOT WRITE BELOW THIS LINE

E INSTRUCTIONS TO PRISONER

Both these clo ANDERSON and PYNNONE started this

CAUSE ME SELLING MARCH BY TRAILING WITH MY FOOD TRAY WITH INTENT TO BURST IN ME I REQUIRE THE HEALTH CARE AND WAS DENIED I TOLD 3 NURSES AND WAS NEVER CALLED OUT FOR EMERGENCY

An appointment has been scheduled for you on: Date: would drop

Signature: [Handwritten] Title: [Handwritten] Provider #: [Handwritten] Date: [Handwritten]

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)

ALSO ONE

I have reviewed the visit of [Handwritten Name] and certify none of these exceptions apply.

Signature: [Handwritten] Date: [Handwritten] Title: [Handwritten] Provider #: [Handwritten] Date: [Handwritten]

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

I ALSO TOLD [Handwritten] WHO TOOK MY SUBKNOCK SAGGING WHO TOOK MY [Handwritten] I WAS CALLED OUT BY UNKNOWN NURSE ABOUT A FINGER PROBLEM ON 5-26-17 [Handwritten]

EXHIBIT K-3

HEALTH CARE REQUEST *Amie Health care yet I continue to receive*

PRISONER: COMPLETE SECTIONS A THROUGH D *NO RESPONSE*

A NAME: *Mays Exhibit K-4* FACILITY: *ADIX*
NUMBER: *218101* LOCK: *3-214* DATE: *5-27-17*

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 5-25-17 I was beat down by officers my head and jaw hurts really bad I've put in numerous ICES and told RN Elizabeth, SOBRISAN, (SAGIWA SYUDA) AND MRS. UNKNOWN RYKA, ABOUT MY SWOLLEN JAW AND THE fact that my head hurts*

D NOTICE TO PRISONER *From head faces yet I continued to get ignored by nurse*

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"
I also told another unknown
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.

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: *A Swollen Kinsek problem that* Date: *5/27/17*

PRISONER: DO NOT WRITE BELOW THIS LINE

E INSTRUCTIONS TO PRISONER *Health care was already aware of this is how I got beat down from officers coming back from X Ray Lab about my*

Amie Health care nurse will probably throw this visit away to with intention

An appointment has been scheduled for you on: *to cover up* Date: *5/27/17*
Signature: *those incidents that happened* Title: *prisoner* Provider #: *kinsek* Date: *5/27/17*

F COPAYMENT (to be filled out by health care): *on 5-25-17 for the yellow officers to officer friend like at Sagaya Prison*

- 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 _____ and certify none of these exceptions apply.
Signature: _____ Title: _____ Provider #: *6280* Date: *5/27/17*

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

Exhibit K-4

It's quite clear that (Amie) health care whole intention is to care excessive force

HEALTH CARE REQUEST

PRISONER: COMPLETE SECTIONS A THROUGH D

A NAME: Mays EXHIBIT K-5 FACILITY: PHMP
NUMBER: 218101 LOCK: 3-214 DATE: 5-28-17

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 5-28-17 DUKINS MEXAMINE WILD POUND
I ASKED UNKNOWN IN MR. USITALO WHY WASNT I CALLED
OUT AND THAT IVE BEEN SEEKING MEDICAL TREATMENT SINCE 5-25-17
ABOUT MY EXCESSIVE KNEE BENDINGS AND THE KNEE THAT OFFICER
DUDERSON AND PYNAMENT TAMPERED WITH MY SHOULDER WHICH
HAD MY THROAT BURNING AND HAD ME SPITTING UP SPECKS

D NOTICE TO PRISONER ON SHOULDER WHICH I WAS MADE ALL KNS HURTS 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"

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.

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: EXHIBIT K-5 Date: ON 5-27-17 I TOLD RN NICOLE SUNGUY ABOUT I WAS SPITTING UP SPECKS OF BLOOD AND I WAS IN PAIN I WAS

PRISONER: DO NOT WRITE BELOW THIS LINE

E INSTRUCTIONS TO PRISONER BY DISTRICT AND MADE IT CLEAR I WAS IN PAIN I WAS NEVER CALLED OUT
(6) ON (SAT) SECOND SHIFT I TOLD AND SHOWED RN DAVID FINSON THE SPECKS OF BLOOD AND SHOWED HIM MY SOLE WAS SWOLLEN AND MY HEAD WAS HURTING HE STATED YOU LOOK LIKE TO ME A LITTLE MASS WHIPPING HIT GOES TO HURT YOU, AND THAT BLOOD YOU NEED TO GET ON IT AND DUE. (7) ON 5-28-17 I TOLD MR RN USITALO THAT I WOULD NEVER CALLED OUT ABOUT MY INJURIES SHE STATED

An appointment has been scheduled for you on: Date: THUR 10 RED I WOULD LIKE TO HAVE COPY
Signature: EXHIBIT K-5 Title: CALLED OUT PROVIDER#: NICOLE SUNGUY Date: ON 5-28-17 SECOND SHIFT TAKE

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 _____ and certify none of these exceptions apply.
Signature: _____ Date: _____
Title: _____ Provider #: _____

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

HEALTH CARE REQUEST

PRISONER: COMPLETE SECTIONS A THROUGH D

A NAME: Mays EXHIBIT K-6 FACILITY: Hill NUMBER: 21814 LOCK: 3-214 DATE: 5-29-17

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

C. I have the following problems/symptoms: ON 5-29-17 I was called out by RN NICOLE SUNBURY, I was never treated or referred to a doctor about injuries sustained on 5-25-17 all she did was check my vital sign, I (took) out of my cell by door because I became down on 5-25-17 what was the purpose of sending for nurse staying going

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". 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. CONTINUOUS HEADACHES NOTHING WAS DONE FOR ME

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: [Signature] Date: [Date]

PRISONER: DO NOT WRITE BELOW THIS LINE

E INSTRUCTIONS TO PRISONER Came back to my cell and took my medication I was told to take it and I did. A Joke of life then started this is what you get for writing that grievance when I came back my cell was tore up cases POPERSAY OVER THE FLOOR AND MY GRIEVANCE I WROTE UP PYNMONEN, PARAH MASSIE, ANDERSON EUBONARD, GENEMAN

An appointment has been scheduled for you on: Date: [Date]

Signature: [Signature] Title: [Title] Provider #: [Provider #] Date: [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) These officers made... requested for injuries that are work-related as documented by the prisoner's work supervisor These officers made... requested for testing for HIV, STD's, infestations, or reportable communicable diseases These officers made... requested for evaluation, consultation, or treatment of a mental health need clearly... prompted by a medical emergency (see Section I of the policy, if self-inflicted) Grievance...

[] I have reviewed the visit of [Name] and certify none of these exceptions apply.

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

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

EXHIBIT K-6

It's quite obvious she said... excessive... AND FOOD POISONING... 153 quit obvious she said... EXCESSIVE... AND FOOD POISONING...

MICHIGAN DEPARTMENT OF CORRECTIONS



Kite Response

RX 1610 K-7

Patient Name	MARCUS MAYS	Age	53 Years
Date Received	05/24/2017		
Time Received	00:00		
Taken By	Trudy A. Duquette, RN		
Date Initiated	05/24/2017		

Action & Resolution

<u>Date</u>	<u>Time</u>	<u>User</u>	<u>Detail</u>
05/24/2017	11:31 PM	Trudy A. Duquette, RN	Schedule Nurse Sick Call approx 05/26/2017 with RN by Trudy A. Duquette, RN. Reason: Finger swell and numb, shoulder pain, and "ongoing problems". Comments: Nurse Sick Call, Lock 3-214.

Other

Reason: Finger swell and numb, shoulder pain, and "ongoing problems".

supra cilia

EXHIBIT K-7

Comment: Nurse Sick Call, Lock 3-214.

*I never refuse my call out
 On 5-20-17 I came on there
 and told nurse usitalo that
 I've already been xray on 5-25-17, ~~I~~ ^{Monday} ~~at~~ ^{about} ~~the~~ ^{house}
 I was ~~being~~ call out about my ~~injuries~~ ^{assault}
 and ~~burns~~ throat I told her ~~throat~~ ^{no need}
 to keep being assessed about problems
 Health care is ~~already~~ ^{available} or ~~is~~ ^{needed}
 to see a doctor about my throat ~~and~~
~~burns~~ and the specks on ~~throat~~ ^{throat} I've been spitting up ~~blood~~
 (my head and jaw) ~~but~~ ^{still} refused to ~~treatme~~ ^{see} for my ~~injuries~~
 OK ~~never~~ ^{never} me to see a doctor which ~~David~~
 stated that I would not ~~see~~ ^{see} ~~any~~ ^{any} ~~doctor~~ ^{doctor} ~~is~~ ^{is} ~~without~~ ^{without} a nurse
 approval*

MAYS, MARCUS
218101
03/25/1964

Lock 3-214