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BY EMAIL ONLY

December 18, 2015

Mr. Daniel Struck
Struck Wieneke & Love, P.L.C.
3100 West Ray Road, Suite 300
Chandler, AZ 85226-2473

Re: *Parsons v. Ryan*, 2:12-CV-00601
ADC Prisoners in Need of Immediate Medical, Dental, and/or Mental Health Care

Dear Counsel:

We write following the parties' visit to ASPC-Eyman on December 7-8, 2015 to notify you of patients who may be in need of immediate health care, as identified by plaintiffs' counsel and/or Dr. Stewart during the visit. These patients were identified through interviews and/or chart reviews, and are in addition to the individuals who we brought to your attention during the tour and/or in individual letters sent in the past ten days.

[REDACTED], Meadows

- Dx: dental issues
- Issue: His gum line is fully exposed to the roots and bone on the lower jaw. He was referred to the dentist on 8/10/15 but hasn't been seen yet. His molars have fallen out. He reports filing numerous dental HNRs and being told he's on the waiting list. He also has metal in his upper jaw from repair after an attack, and the plates are painful and need evaluation. He needs to be seen by a dentist immediately for evaluation and referral to an oral surgeon for repair of his gum line.

[REDACTED], Meadows

- Dx: Cerebral palsy, epilepsy, history of heart attacks
- Age: 58
- Issue: [REDACTED] takes Dilantin and Phenobarbital for his seizures as well as nitroglycerin for his heart. However, his dosages were recently cut in half for all three of those medications. With a reduced dose of nitroglycerin, [REDACTED] reports increased angina.

  With regard to his seizure medication, [REDACTED] reports that the Dilantin and Phenobarbital dosages were cut because his levels tested too high. However, he says this is because he never receives the medications at the proper time (with a twelve hour window between pills), meaning that his levels are sometimes too high and sometimes too low. On 12/1/15, the Dilantin was cut to 300 mg once per day and the Phenobarbital was cut to 120 mg once per day (both were previously provided twice per day). Since that time, [REDACTED] reports that he is having more seizures,

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often in his sleep. [redacted] needs to be immediately seen by a provider to have his medication re-established and provided at the correct times.

[redacted], Cook

- Dx: Heart murmur, hx of heart attacks, tremors, diverticulitis, schizophrenia
- Age: 58
- Issue: [redacted] has to use a wheelchair because of his heart condition, including a history of heart attacks. He also has tremors that according to his psychiatrist may be Parkinson's Disease, but [redacted] believes are a side effect of the Lithium he takes for his mental health diagnosis. [redacted] reports that he has lost close to 60 pounds in recent months. [redacted] was improperly prescribed high blood pressure medicine (altenol), which was causing dizziness and hypotension.

  His medical record shows that on 8/23/15, the provider submitted a request for gastrointestinal specialty appointment and colonoscopy due to the diverticulitis and weight loss. The request is still listed as submitted to Utilization Management, with no action taken. He was seen on 11/18/15 by a cardiologist regarding chest pains and dizziness. The cardiologist recommended the altenol be discontinued, and that he also be referred to a neurologist for evaluation of the tremors and the dizziness. NP McKaney reviewed the cardiology report on 11/20/15, discontinued the blood pressure medication, but did not submit a request for a neurology evaluation. [redacted] needs to be scheduled for a colonoscopy and GI evaluation of his weight loss, and scheduled with a neurologist regarding his tremors and dizziness.

[redacted], SMU I

- Age: 27
- Issue: On 12/8/15, Dr. Stewart evaluated [redacted] and observed that he was experiencing severe auditory hallucinations and other psychotic symptoms that were causing him extreme distress. Furthermore, [redacted] is receiving a 16 mg dose of Trilafon Qhs, an insignificant amount of antipsychotic medication.

  A review of his medical record revealed that during a previous incarceration he was prescribed two antipsychotic medications (Haldol and Geodon) to control his symptoms and it is unclear from [redacted] medical record why he is not receiving these medications today. Dr. Stewart believes that [redacted] is at risk of self-harm due to the severity of his untreated psychotic symptoms, and recommends that he be promptly placed into an area that will allow for increased observation and that he be reevaluated by a psychiatrist.

  Finally, we note that concerns about [redacted] mental health condition and treatment were raised before. In his November 2013 Expert Report, Dr. Stewart referenced an incident where chemical agents were deployed against [redacted] while he was on mental health watch for refusing to submit to a strip search. Dr. Stewart observed that [redacted] was a seriously ill man and that the use of chemical agents in response to a psychotic break, or mental health crisis, would likely inflict serious and long-term psychiatric harm.

Eyman SMU-I

- Dx: kidney disease
- Age: 44
- receives dialysis. He reported that raw sewage was backing up into his cell. He then suffered an e.coli infection in his dialysis port. On May 4, 2015, was seen on nurses' line for flu-like symptoms. His port was checked and showed no signs of infection. On May 7, 2015 at approximately 12 midnight, was seen again on the nurses' line for the same symptoms. At this appointment, Christine Salas, LPN noted some redness around the port. No vitals were taken. was seen again at 5:30 a.m., when Ms. Salas noted no redness at the port site. At this time, temperature was 101.6. was not seen by a nurse until 2:29 p.m. on May 7, 2015, at which time he was suffered from severe chills and had a temperature of 100.5. received intravenous medications and was admitted to the hospital. By the time of his return from the hospital, the plumbing problem in cell remained unaddressed, putting him at immediate risk of contracting another infection. Either needs to be moved to a cell with properly functioning plumbing or the plumbing problem causing sewage to back up into his cell needs to be immediately addressed.

, Cook

- Dx: uses w/c, cancer, no teeth
- Age: 55
- Issue: reports that in the past year he has lost 85 pounds (210 to 135), as a result of the recurrence of cancer. He is visibly gaunt and reports that as a result of the extreme weight loss, his dentures do not fit. He is supposed to receive a chemo infusion every three weeks at Palo Verde Cancer Center. He received his first infusion on 11/6/15, but the health care record confirms that his subsequent infusion on 11/30 was cancelled and not rescheduled. As of the time of the 12/7/15 interview with Counsel, he reported that he had not received his scheduled chemo infusion. If still has not had his second infusion, he must have it immediately, and the subsequent appointments should be scheduled with the frequency listed in the oncologist's cancer treatment plan.

, Browning

- Dx: "Diseases of the nervous system complicating pregnancy, unspecified trimester" listed in his health care chart
- Age: 33
- Issue: Dr. Stewart evaluated on 12/7/2015. During the exam, appeared very psychotic and anxious. He broke into tears while speaking with Dr. Stewart, and complained of auditory hallucinations that were "freaking [him] out." statements are consistent with prior behaviors observed the week before. On 12/2/15, the staff noted that was "referred to mental health by security" and that he was "yelling at night, responding to internal stimuli and 'going downhill' in the last few days." At the time, complained that he was hearing voices of his mother and sister screaming at him. Although denied being suicidal, Dr. Stewart determined that he poses a serious risk of self-harm.

Furthermore, Dr. Stewart's review of [redacted] medical record raised two additional concerns. First, [redacted] recorded diagnosis ("Diseases of the nervous system complicating pregnancy, unspecified trimester") demonstrates a lack of awareness of his specific psychiatric condition. Second, [redacted] recommended dose of 150mg of Haldol Decanoate every two weeks is exceedingly high (for example, the recommended dose for schizophrenia is 50 mg every four weeks). [redacted] should be placed in an inpatient psychiatric unit and his medication regime should be promptly reassessed.

[redacted], Cook Unit

- Dx: History of cancer (prostate, colon); spinal cord injury (uses wheelchair)
- Age: 63
- Issue: [redacted] prostate cancer may be returning, as his prostate-specific antigen (PSA) levels are rising, when he should not have a PSA level exceeding 0.1 after his past treatment. After a man has been treated for prostate cancer, the standard of follow-up care is to measure his PSA every three months to detect for signs of possible recurrence of the cancer. [redacted] reports that he has not had it tested in more than three months, and as far as he knows, no referral has been made to a cancer specialist for additional diagnostic or imaging tests to rule out the return of cancerous prostate tissue.

[redacted], Cook Unit

- Dx: Marfucci's Syndrome
- Age: 51
- Issue: [redacted] has Marfucci's Syndrome, a congenital genetic bone and skin disorder that results in numerous encondromas (noncancerous cartilage and calcium growths) that develop on the bones, especially on limbs, skeletal deformation, and the development of hemangiomas, or warty vascular skin lesions, on the skin. He has dozens of these lesions on his right arm and hand, and on his leg and foot. There are so many on his hand, for example, that he cannot use his fingers to grasp and has problems performing activities of daily living. People with Marfucci's Syndrome must be closely monitored by specialists because they are at a high risk of developing chondrosarcomas, a type of bone cancer. The hemangiomas can be injected with a drug that shrinks and hardens the area (sclerosing agent); however, often surgical removal is also needed. Enchondromas can be surgically removed if necessary. A specialist in hand surgery is needed to correct the skeletal abnormalities of the hand that cause loss of function or recurrent fracture.

  A review of [redacted] medical records reflects that no specialty requests are pending. [redacted] has a Medical score of 4. The health chart does not include a diagnosis of Marfucci Syndrome and refers only to his hemangiomas. There are no scheduled consults or outstanding specialty requests. [redacted] has not been offered any surgery or other treatment for the condition, except Naproxen for the pain and inflammation. He states he cannot take Naproxen because he has a low platelet count.

[redacted], Cook

- Dx: Prostate cancer, spread to bones
- Age: 52
- Issue: [redacted] first filed an HNR on 7/21/14 regarding his swollen prostate. He was not seen for a month, during which his symptoms subsided and he was told to submit an HNR again if they came back. When his symptoms returned in October 2014, [redacted] again started filing HNRs reporting that he could not sleep due to pain, and was repeatedly told that he was scheduled to see a doctor, but never did. [redacted] was not seen until February 2015, when he was hospitalized because he could barely walk and almost fell out. At that time, he was told he had a swollen prostate with likely cancerous nodes. When his PSA was finally tested at the end of February, it was 954. On 3/4/15, [redacted] seen by a urologist who said that he likely had metastasized prostate cancer and ordered a biopsy, bone density scan, colonoscopy, and CT scan. Those tests were done slowly over the next three months, with [redacted] finally starting treatment in June 2015. His PSA fell to 10 by 8/24/15. However, on 12/3/15, [redacted] saw the urologist, who noted that he had malignant neoplasm of the prostate with a PSA of 139, and recommended Casodex 50 mg daily, Contine, Hepron, Trelstar, and Zometa 4 mp IV monthly. Given his rising PSA, we request that [redacted] be scheduled for a follow up appointment with the oncologist to discuss his treatment plan.

[redacted], Cook

- Dx: blindness
- Age: 57
- Issue: [redacted] needs uninterrupted refills of his prescription Timolol eye drops that are used to regulate the pressure in his eyes. He has previously had to go two weeks without the drops while waiting on a refill, causing him intense pain from the built-up pressure in his eyes.

[redacted] SMU-I

- Dx: gastrointestinal problems
- Age: 19
- [redacted] reports that he has been spitting up blood since late August 2015, as well as experiencing nausea and muscle pain. He has submitted approximately 15 HNRs. He was seen on nurses line and diagnosed with constipation. Lab tests were ordered approximately 3 weeks ago, but have yet to be drawn. His symptoms persist. [redacted] needs to be immediately evaluated for his symptoms, have the proper lab work timely drawn and have an appropriate treatment plan implemented.

[redacted], Cook

- Age: 88
- Dx: diabetes, hypertension, coronary artery disease
- Issue: [redacted] has lost his acute eyesight, and can no longer read. He reports that he saw an ophthalmologist approximately 6-7 months ago who told him they wouldn't/couldn't do anything for his case, but he did not know if this was a medical analysis or Corizon not permitting that level of care. He was not told of his exact eye condition, including whether it is a result of his diabetes.

He is a monolingual Spanish speaker and many of his medical encounters are conducted without an interpreter. He will be released in 7 months, but he is concerned he will lose the remaining vision he has before he is released. He has a chronic care appointment scheduled for 2/22/16 for his diabetes, hypertension, and heart disease, but nothing further scheduled with optometry or ophthalmology.

[REDACTED] has difficulty walking, and relies upon other prisoners to assist him because he does not have a cane or walker to help him ambulate. He needs to be evaluated for and provided with all appropriate mobility devices to reduce his risk of falls and injury.

[REDACTED], Cook

- Dx: COPD
- Age: 26
- Issue: [REDACTED] has COPD and used a nebulizer several times per day before entering ADC. He reports impaired breathing and says he frequently wakes up coughing in the night. However, [REDACTED] is currently only receiving a steroid inhaler and an Albuterol inhaler, which he uses regularly without success. On 10/1/15, [REDACTED] provider noted that he uses up the albuterol inhaler in one month and steroid inhaler in one to two weeks with no effect, but only ordered Ciclesonide, Albuterol, and Naproxen. [REDACTED] reports that he usually finishes the inhalers before the prescription renewal, which means that he goes for four to seven days without any treatment for his COPD.

  It appears that [REDACTED] had a chest x-ray on 9/21/15, but the results were not in his file as of 12/8/15. He filed HNRs on 9/15/15 and 11/23/15 requesting emergency breathing treatment due to trouble breathing; the 9/16/15 response just said "UR" and 11/24/15 response said that he already had inhalers, ignoring the fact that they clearly were not working. [REDACTED] needs to be seen by a specialist to develop a treatment plan for his COPD, including the possible need for a nebulizer.

[REDACTED], Meadows Unit

- Dx: insulin-dependent diabetic, osteomyelitis, above the knee leg amputation of left leg, left eye not functional, duplex vision in right eye, uses w/c.
- Age: 58
- Issue: [REDACTED] had his most recent leg amputation in September 2015 due to gangrenous necropsis due to an incorrectly-fitted orthopedic shoe. In July he had his foot amputated, but due to delays in receiving appropriate medication to fight the infection, more of his leg had to be amputated. He reports that the gangrenous infection spread to his brain, resulting in memory loss, aphasia, and a recurrence of PTSD and agoraphobia. He cannot open his left eye, and he has to hold his right eye open with his hand in order to see, but he has double vision. He has not been seen by orthotics to be fitted for a prosthetic leg, and there is no documentation of a referral to specialists regarding the ongoing injury to his brain and eye.

  [REDACTED] needs to be seen by an orthotics specialist for a properly-fitting prosthetic leg, so

that he can walk and not be confined to a wheelchair. His ongoing problems with his eyes and memory loss raise the concern of whether the infection in his brain is really cleared or not. The determination that it is cleared must be proven via serial CT or MRI scans. The most urgent concern is for him to see an infectious disease doctor unless he has been totally cleared by one in the hospital. Beyond that, a neurologist would be necessary and he would probably need some cognitive testing and brain rehabilitation similar to what a stroke patient should receive. For the vision problems, that would best be referred to an ophthoneurologist since they have to work out whether the defect is in the eye or in the central nervous system. He probably needs to see a psychiatrist regarding the psychiatric issues but that should be done as a team approach with the neurologist, not just scheduled to see the prison psychiatrist.

[REDACTED], Browning Unit

- Dx: paranoid schizophrenia, bipolar disorder, multiple personality disorder
- Age: 43
- Issue: [REDACTED] received letter from ADC in October 2015 notifying him they were no longer considering his status to be SMI. [REDACTED] was SMI and receiving mental health treatment in the community, and has been on psychiatric medication since he was a teenager. According to his medical records, the 10/20/2015 SMI determination stated that [REDACTED] did not have a mental health contact or in-person evaluation when this change was made. Notes state he is "stable on his pysch meds, is able to care for himself, get his needs met, and is functioning quite well" which led to the decision that [REDACTED] doesn't meet the SMI criteria for functional impairment. No explanation of why he was being removed from SMI status and programming was ever provided to [REDACTED], and he reports feeling worse and increasingly depressed of late and that the SMI programming for prisoners in isolation units was helping him.

[REDACTED], Cook

- Dx: glaucoma, hearing impaired
- Age: 80
- Issue: [REDACTED] hearing aid is broken and cannot hear much speech, including instructions from custody staff. His inability to hear custody officers puts him at risk of injury or discipline for failing to obey orders. There are interruptions in the refill of his Latanoprost eye drops that treat the high pressure in his eyes, and the delays cause him to go days or weeks without the drop, subjecting him to a great deal of eye pain and risk of developing blindness.

[REDACTED], Cook

- Dx: Axonal neuropathy, stage 3 (idiopathic peripheral neuropathy); degenerative disc disease/ bulging discs, uses wheelchair
- Age: 60
- Issue: [REDACTED] needs to see a neurologist, needs different pain management medication, and needs diabetic shoes to prevent injury or infection of his feet due to the neuropathy. [REDACTED] was seeing a neurologist every 6-8 weeks for treatment/management of his neuropathy before entering prison in April, 2015. He was undergoing testing with his neurologist to determine the cause of his neuropathy. He has not been able to see a neurologist at all since he was incarcerated,

despite multiple HNRs (6/23/15, 7/16/15, 9/15/15). [redacted] also requested and was denied special shoes to protect his feet, which he frequently runs over with his wheelchair wheels and causes harm to his feet because they are numb. He was denied diabetic shoes on the basis that he's not diabetic, but the underlying reason why diabetic patients receive such shoes is because diabetics develop neuropathy, the condition which [redacted] has. He is only prescribed Tylenol-3 for the severe neuropathic pain; prior to incarceration he was taking Norco. He has filed multiple HNRs about the need for better pain management, and has not received a response.

[redacted], Cook

- Dx: urethral stricture
- Age: 39
- Issue: [redacted] needs urethral reconstruction surgery. He has a history of urethral stricture, and had two urethral surgeries on the street prior to incarceration. He reported in a 6/22/15 HNR that he was having problems with his catheter. The 9/7/15 response said he was referred to the provider line. On 9/15/15, the provider requested a urology consult. In early October, [redacted] had to be rushed to the hospital due to excessive bleeding while trying to catheterize himself. The hospital performed a cystoscopy, and he was discharged on 10/4/15 with request for follow-up urology consults including for evaluation of a possible urethrectomy. On 10/19/15 NP McKamey submitted a request for specialty services for this surgery, as of 12/8/15, this request was still listed as submitted to Utilization Management for review. [redacted] reports extreme amounts of pain and problems with urination, as the scar tissue in his urethra is building up again. He must be evaluated by a urologist for the urethrectomy and reconstruction surgery.

[redacted], Cook

- Dx: Hodgkin's Lymphoma on neck, cyst on neck (possibly from chemo)
- Age: 37
- Issue: [redacted] had his last chemo treatment on 8/5/15, but recent tests have shown a shrinking but still enlarged lymph node on his chest. The oncologist recommended a PET scan to determine if [redacted] needs radiation. The patient records show that the PET scan was recommended on 11/16/15 to occur in December, but it does not appear that the scan was scheduled. We request that [redacted] be immediately scheduled for a PET scan and a follow up appointment with his oncologist to discuss his treatment plan.

[redacted], Cook

- Dx: cataracts, hypertension, depression
- Age: 73
- Issue: [redacted] was told in 2010 that he needed cataract surgery. He has not received the surgery in the past five years, despite reporting that his eyesight has become so bad that he can't see well enough to read or write. His vision impairment impacts his ability to perform activities of daily living and to get around his dorm and yard. He submitted a HNR to see an eye doctor in May, and was told the wait was five months. As of 12/7/15, he had not been seen by an optometrist or an ophthalmologist.

[redacted], Cook

- Dx: Stomach problems for several years including left side abdominal pain (level 6), pressure, lower sternum pain, frequent diarrhea, and bloating
- Age: 30
- Issue: [redacted] began filing HNRs about his stomach pain in 2012 and finally had an offsite consultation on 11/5/15. During the consult, he was told he needs biopsies and a colonoscopy. However, no testing has been done since. We request that an urgent referral for the ordered testing be submitted. We also request that [redacted] be scheduled for a follow up appointment to discuss the test results and his treatment plan.

[redacted], Cook

- Dx: gastrointestinal bleeding disorder, low hemoglobin
- Age: 65
- Issue: [redacted] states that he went to the hospital in November 2015 because he was defecating and vomiting blood. Despite complaining about his symptoms he was not taken to the hospital until he was so weak he could not get out of bed. He reports that the hospital doctors had to infuse him with three bags of blood and two bags of iron, and his hemoglobin count was 6. The physician in the hospital stated that he needed a surgical procedure to cauterize a section in his gastrointestinal track. Eight years ago [redacted] had the same symptoms and they were resolved with a similar treatment. Before the hospital could perform the procedure, Corizon would not authorize the procedure and had him discharged from the hospital. Despite receiving the blood and iron, he states that he is feeling increasingly weak. A review of his medical records indicates that there has been no follow up from the hospitalization.

[redacted], Browning

- Dx: Dementia, SMI
- Age: 51
- Dr. Stewart evaluated [redacted] on 12/7/15. During the exam, [redacted] was observed to be very psychotic, responding to internal stimuli, stating that his "Bible name is Peter," and extremely malodorous. Prior notes from staff recount similar observations. A note by staff on 9/7/15 states that [redacted] was observed to be very psychotic, malodorous and uncooperative. At that time, [redacted] was designated SMI and began a prescribed treatment of 100mg of Haldol Decanoate every four weeks. On 10/20/15, staff noted that he was "almost totally mute and uncooperative for answering questions for completing this evaluation." He was then diagnosed as having a "psychotic disorder due to another medical condition with hallucinations." Although the other "medical condition" was not stated in the record, Dr. Stewart assumes that the other medical condition is dementia based on the earlier note from 9/7/15. Finally, a staff member's note from 12/2/15 states that [redacted] was "tangential with delusions."

  [redacted] should be promptly transferred to an inpatient care facility. Based on his in-person exam and review of [redacted] medical and mental health records, Dr. Stewart has determined that his condition has not improved and that it is possible that his condition has worsened over the last several months. Furthermore, if indeed [redacted] has been diagnosed with dementia, his

Haldol treatments should be immediately discontinued as antipsychotic medications are contraindicated in individuals with dementia.

[REDACTED], Cook

- Dx: cataracts
- Age: 86
- Issue: [REDACTED] had cataract surgery nine months ago, and the ophthalmologist ordered follow up 3 months after the surgery, but he has not had this follow up appointment. [REDACTED] has put in several HNRs requesting to see an eye doctor (11/7/15, 11/14/15), the latest of which has a "no action needed" note on it in medical record. [REDACTED] vision is very blurry and he can't read at all, and the glasses he has been prescribed don't help. Due to his vision impairment, he has problems performing all activities of daily living and safely navigating his yard and dorm.

[REDACTED], SMU I

- Dx: Schizophrenia, undifferentiated
- Age: 31
- Issue: Dr. Stewart evaluated [REDACTED] on 12/8/15 and found him to be very psychotic and unable to engage in a rational conversation. At that time, [REDACTED] was on mental health watch for "decomposition [sic], urinating on himself and property." On two recent occasions [REDACTED] had serious medical episodes, but there is no documentation in the record that he received any medical intervention to address these episodes. On 11/6/15, [REDACTED] was placed on mental health watch for "being found unresponsive in his shower." A nurse responded by taking his vital signs before again returning him to mental health watch. [REDACTED] was returned to mental health watch on 12/7/15 for displaying very disorganized behavior and urinary incontinence.

  [REDACTED] requires acute intervention. Dr. Stewart recommends an immediate medical workup in light of the two serious medical episodes observed in recent weeks to which there has been no documented response. Furthermore, it should be noted that Dr. Stewart raised concerns about [REDACTED] mental health condition and his access to psychiatric treatment in his November 2013 Expert Report. At that time, Dr. Stewart expressed concern that [REDACTED] was not receiving the appropriate level of psychiatric treatment after he was observed to be extremely psychotic and suicidal (standing naked in his cell, responding to internal stimuli, and unable to engage in rational communication).

[REDACTED], SMU I

- Dx: History of brain tumors and cervical foraminal stenosis resulting in an inability to use his left hand and arm
- Age: 44
- Issue: [REDACTED] had a large (>5 cm) non-cancerous tumor removed from his brain in 2014. The Casa Grande neurologist recommended follow-up every six months to ensure that there would not be recurrence of the tumors. He saw the neurologist during the summer who found a foraminal narrowing of the C5-6 and C6-7, likely causing the problems with his hands and arm. The

Corizon provider requested a referral to a neurosurgeon, but instead [redacted] was mistakenly sent to the neurologist again. The neurologist, Dr. Ahmandieh, saw him on 9/4/15, and again noted the foraminal stenosis, and noted a 6 mm cyst on the thyroid. The neurologist reiterated the past recommendation of a referral to a neurosurgeon for a MRI of [redacted] spine with contrast to evaluate possible surgical removal of the cyst and repair of the stenosis. The neurologist also recommended referral to a rheumatologist to rule out an immune system involvement causing the damage.

On 11/6/15 the provider Dr. Graham made a note that [redacted] was incorrectly sent to a neurologist, and stating that he (Dr. Graham) had sent an email to Dr. Raddatz at Corizon to explain the situation and that [redacted] needed to see a neurosugeon. However, there is no evidence in [redacted] electronic record that a second neurosurgery consult was requested, nor is there evidence of a rheumatology consult request. [redacted] is left handed and reports great difficulty in performing activities of daily living.

[redacted], Meadows

- Dx: left and right stents, history of two heart attacks; amputated leg with no prosthesis
- Age: 52
- Issue: In November 2014, [redacted] experienced heart palpitations and went to hospital where he got a stress test with abnormal results. He was told he needed a Holter Monitor, but did not get it until October 2015. He reports that he has not had any follow up since and has not seen the cardiologist since his hospitalization. We request that [redacted] be immediately scheduled to see the cardiologist to assess the results of his Holter Monitor and discuss a treatment plan.

  [redacted] also lost his leg to sepsis in October 2014, after he was repeatedly ignored when he alerted staff about an infected ulcer on his foot, which developed because he has diabetes but was not given special shoes. He has now been waiting for a prosthetic leg since March 2015 (he was told the amputation needed six months to heal). In September 2015, [redacted] went to the orthotic specialist/ prosthetist for a fitting and was told they just needed to add carbon fiber, but has not been seen since and has not received his prosthetic. [redacted] reports that he has asked multiple medical staff and, two weeks ago, was told that his last appointment got passed over inexplicably. [redacted] is very concerned about receiving his prosthetic as he was told that his hip would continue to degenerate the longer that he is in a wheelchair. We ask that [redacted] be immediately scheduled to see the prosthetist/orthotics specialist to receive his prosthetic.

[redacted], SMU I

- Dx: Psychotic Disorder NOS, SMI
- Age: 37
- Issue: Dr. Stewart evaluated [redacted] on 12/8/15. He is designated SMI and Dr. Stewart found posturing in his cell. Posturing is a serious psychotic symptom. Upon exam Dr. Stewart noted him to be responding to internal stimuli, displaying thought blocking and complaining of auditory hallucinations telling him that he and his family are going to be hurt. The last psychiatric note Dr. Stewart found in his medical record was dated 7/13/15. It listed his diagnosis as

Psychotic Disorder NOS. It went on to state "off meds for two months; currently psychotic. plan-restart prozac 20mg am and risperdal 3mg qhs." As a MH-3A [redacted] should be seen by the provider a minimum of every 90 days. This lack of appropriate follow-up has caused [redacted] untold harm. He needs to be reevaluated immediately and have his medication regimen modified.

Thank you for your attention to these matters. We look forward to your response and ADC and Corizon's prompt attention to these patients' health care needs.

Sincerely yours,

/s/ Corene Kendrick

Corene Kendrick, Staff Attorney

cc: Counsel of Record