

## **NV-CURE**

Citizens United for the Rehabilitation of Errants

540 E. St. Louis Ave.

Las Vegas, NV 89104

702.347.1731

[nevadacure@gmail.com](mailto:nevadacure@gmail.com)

Masternevadacure.org

### *Board of Directors*

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November 6, 2013

TO: Advisory Committee on Administration of Justice Committee

FROM: NV-CURE, Inc.

SUBJECT: Issues to be Addressed By Committee and Supporting Documents

NV-CURE respectfully requests that the Committee address the following issues:

1. Hep C Testing and Treatment NRS 209.385
  2. Access to Files NRS 213.1075
  3. Adequate Medical Care for all prisoners
  4. Conditions of Confinement - Lockdowns & ESP General Population
  5. Statute Preventing Retaliation Against prisoners for filing grievances and lawsuits and providing statutory damages
  6. Mental Health Care for Prisoners in Segregation
  7. ADA accessibility for disabled prisoners, plus work good time for those unable to work.
- Attached are documents relevant to issues.

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MICHELLE REVELL

Treasurer, NV-CURE

and

JOHN WITHEROW

President, NV-CURE

540 E. St. Louis Ave

Las Vegas, NV 89104

702.347.1731

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[nevadacure.org](http://nevadacure.org)

**Wanted by NV-CURE: Amendment of NRS 209.385 to include a provision requiring all prisoners to be tested for the hepatitis c virus. All tht is required is the insertion of [and the hepatitis c virus in section 1 of the statute. See below.**

**This is important because hepatitis c is just as dangerous as the HIV virus and is TRANSMITTED in the same manner as HIV. Hep C is even more dangerous than HIV because the hep c virus survives longer when exposed to the atmosphere than the human immunodeficiency virus.**

**NRS 209.385 Testing offenders for exposure to human immunodeficiency virus; disclosure of name of offender whose tests are positive; segregation of offender; duties of Director.**

1. Each offender committed to the custody of the Department for imprisonment shall submit to such initial tests as the Director determines appropriate to detect exposure to the human immunodeficiency virus **[and the hepatitis c virus]**. Each such test must be approved by regulation of the State Board of Health. At the time the offender is committed to custody and after an incident involving the offender:

(a) The appropriate approved tests must be administered; and

(b) The offender must receive counseling regarding the virus.

2. If the results of an initial test are positive, the offender shall submit to such supplemental tests as the Director determines appropriate. Each such test must be approved for the purpose by regulation of the State Board of Health.

3. If the results of a supplemental test are positive, the name of the offender must be disclosed to:

(a) The Director;

(b) The administrative officers of the Department who are responsible for the classification and medical treatment of offenders;

(c) The manager or warden of the facility or institution at which the offender is confined; and

(d) Each other employee of the Department whose normal duties involve the employee with the offender or require the employee to come into contact with the blood or bodily fluids of the offender.

4. The offender must be segregated from every other offender whose test results are negative if:

(a) The results of a supplemental test are positive; and

(b) The offender engages in behavior that increases the risk of transmitting the virus, such as battery, the infamous crime against nature, sexual intercourse in its ordinary meaning or illegal intravenous injection of a controlled substance or a dangerous drug as defined in chapter 454 of NRS.

5. The Director, with the approval of the Board:

(a) Shall establish for inmates and employees of the Department an educational program regarding the virus whose curriculum is provided by the Health Division of the Department of Health and Human Services. A person who provides instruction for this program must be certified to do so by the Health Division.

(b) May adopt such regulations as are necessary to carry out the provisions of this section.

6. As used in this section:

(a) "Incident" means an occurrence, of a kind specified by regulation of the State Board of Health, that entails a significant risk of exposure to the human immunodeficiency virus.

(b) "Infamous crime against nature" means anal intercourse, cunnilingus or fellatio between natural persons of the same sex.

(Added to NRS by 1989, 385; A 1993, 6, 516, 517; 1997, 906)

**Wanted by NV-CURE: Amendment of NRS213.1075 to include bracketed provision. The person that is the subject of information gathered or obtained by an employee of the Division (of Probation and Parole) of the Board (of Parole Commissioners) *MUST BE PERMITTED* to review any and all information pertaining to themselves and to challenge the accuracy of that information. Otherwise, the person who is the subject of the information may be penalized based on *FALSE AND/OR INACCURATE INFORMATION*.**

This is a major problem that must be corrected. Under the current statute, the Division and Board *REFUSE TO PERMIT* a prisoner to review any of the information gather by the Division or the Board in determining whether to grant or deny parole. This disadvantages the prisoner tremendously. Anyone can tell the Division or the Board *ANYTHING* about a prisoner – and the prisoner has no opportunity to challenge the accuracy of the information or the credibility of the person providing the information.

As an example, in 2001, when I started my campaign against the Parole Board, *SOMEONE* told the Board I was a terrorist, was involved in terrorist activities and intended to kill 2 people when I was released from prison. *NONE* of the information was true – and I was denied any opportunity to see the information provided or to challenge the credibility of the person providing the information. As a result, I was denied parole for 3 years. That, quite simply, is not fair.

A prisoner must be permitted to review all information provided to the Division or the Board pertaining to him and to challenge the accuracy of that information – especially when that information is relied upon in making a decision whether or not to grant parole.

**NRS 213.1075 Information obtained by employees of Division or Board privileged; nondisclosure.** Except as otherwise provided by specific statute, all information obtained in the discharge of official duty by an employee of the Division or the Board is privileged and may not be disclosed directly or indirectly to anyone other than the Board, the judge, district attorney[, **the person that is the subject of the information,**] or others entitled to receive such information, unless otherwise ordered by the Board or judge or necessary to perform the duties of the Division.  
(Added to NRS by 1959, 799; A 1975, 179; 1993, 1524; 1995, 2066; 1997, 837; 2005, 83)

Chris O'Neill #39343

Ely State Prison

P.O. Box 1989

Ely, NV. 89301

March 27<sup>th</sup>, 2013

John,

I just got your information and I'm desperate for some help. I have a Civil case going # 3:12-cv-00030-LRH-WGC. It is specifically about me having Hepatitis C and the State is refusing to give me any care or treatment. My disease state is deteriorating fast. My liver enzymes are consistently triple the normal limits, bilirubin over double. I'm extremely sick, nauseated and my abdomen is in constant pain, day and night. My stomach is expanding and now it appears there is a visible mass where my liver is. The medical department flat out is refusing me any care. In the suit the State claims that the yearly enzyme blood test is "treatment" that monitoring these yearly results is treatment. I lost a preliminary injunction motion as they used a Declaration of Nurse administrator John Peery saying I'm fine and don't need anything. He lied about test results and frankly he has never even seen me much less examined me. Now in some discovery they claim the one thing they have

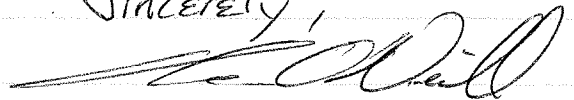
Monitored, the liver enzymes, dont even matter!  
I'm growing sicker each day, Even the attorneys  
at the Federal Public Defenders Office wrote a  
letter to the A.G on my Criminal case describing  
there concern as the liver growth is visible through  
my shirt.

There Killing me. It is happening fast. I need  
help with the law suit, I'm not a law clerk or  
a attorney and I'm sick to boot.

Can you help me, or direct me to a Attorney  
who can take my case? I can maybe come  
up with some money up front, but it would  
be hundreds, not thousands. I'm just being  
straight up. But I can tell you this, my case  
would be a real strong case on the Medical,  
Hepatitis treatment front, I can send you  
any documents you require or most you can  
probably just look up on the computer.

Please get back with me A.S.A.P. Time is of  
the essence on this.

Sincerely,



Chris O'Neill #39343  
E.S.F  
P.O Box 1989  
Ely, NV. 89301

LAS VEGAS, NV 89104

ELY STATE PRISON

MAR 27 2013

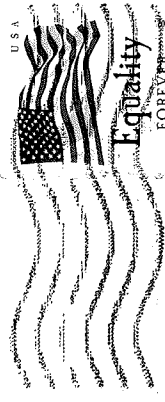
John Witherow

U7

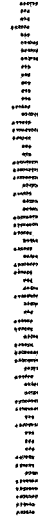
% NV-CURE

540 E. St. Louis Avenue  
Las Vegas, NV

89104



89104255940



John Wilkrow,  
I am writing you this letter for  
my son John Morgan # 86884.  
He is in High Desert State Prison. He  
has been there 3 years and has  
another year to go. He has Hep C  
for about 10 years, the last couple of  
years it has gotten really bad. He  
can't get out of bed for weeks. he said  
he feels like he has the flu, his  
brain feels foggy. it took months  
to see the Dr. and he took blood  
and said he dose need treatment  
but they are not going to spend \$20,000.  
on him. he can wait until he gets  
out. I got a copy of his medical  
records and ask my Dr. She  
said he needs to be treated immediately.  
if it turns to serious he will  
die. I'm sending you a copy of  
his records for 2011.

Thank you

Karen Morgan  
2832 Mill Point Dr  
Henderson, NV 89074

phone 702-834-4409



Specimen # <b>085-195-0058-0</b>		Control/Reg # <b>BBF2705970</b>		Pg <b>1</b>	LabCorp® V 1.30
Fasting <b>No</b>	Micro Source	Total Urine Volume	Report Status <b>S /Final</b>		
Date Collected <b>03/24/07</b>	Time Collected <b>13:15</b>	Date Entered <b>03/27/07</b>	Date Reported <b>03/27/07</b>		
Patient ID Number <b>86884</b>		Patient Phone Number	Patient SSN		
Patient Name <b>MORGAN, JOHN J</b>			Sex <b>M</b>	Date of Birth <b>07/14/87</b>	Account <b>27316970</b> <b>Casa Grande</b> <b>Nevada Dept of Corrections</b> <b>3955 West Russell Rd</b> <b>Las Vegas NV 89118</b>  <b>702-486-9942</b>  <b>DR.ID: HANF,T</b>
Patient Address					
Comments <b>PATN AGE: 019/08/10</b>					
Tests Requested <b>HP4+1AC; Panel 083824; RPR, Rfx Qn RPR/Confirm TP-PA</b>					

*\*CHART*  
*pn. 4 3/28*

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
<b>HP4+1AC</b>					
<b>ALT (SGPT)</b>	<b>156</b>	<b>High</b>	<b>IU/L</b>	<b>0 - 55</b>	<b>01</b>
<b>Hep A Ab, IgM</b>	<b>Negative</b>			<b>Negative</b>	<b>01</b>
<b>HBsAg Screen</b>	<b>Negative</b>			<b>Negative</b>	<b>01</b>
<b>Hep B Core Ab, IgM</b>	<b>Negative</b>			<b>Negative</b>	<b>01</b>
<b>HCV Ab</b>	<b>60.6</b>	<b>High</b>	<b>s/co ratio</b>	<b>0.0 - 0.9</b>	<b>01</b>
Positive indicates past or present HCV infection; Immunoblot testing not performed. Samples with high S/CO ratios (>9.9) confirm positive (95%), but <5 out of 100 might represent false-positives. PCR testing can be requested if indicated. Qualitative HCV RNA testing will differentiate active from resolved infection.					

**Panel 083824**

<b>HIV 1/0/2 Abs-ICMA</b>					<b>01</b>
<b>HIV 1/0/2 Abs-Index Value</b>	<b>&lt;1.00</b>			<b>&lt;1.00</b>	<b>01</b>
Index Value: Specimen reactivity relative to the negative cutoff.					
<b>HIV 1/0/2 Abs, Qual</b>	<b>Non Reactive</b>			<b>Non Reactive</b>	<b>01</b>

**RPR, Rfx Qn RPR/Confirm TP-PA**

<b>RPR</b>	<b>Non Reactive</b>			<b>Non Reactive</b>	<b>01</b>
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01 PD LabCorp Phoenix Dir: Frank Ryan, PhD  
 3930 E Watkins Suite 300, Phoenix, AZ 85034  
 For inquiries, the physician may contact Branch: 888-522-2677 Lab: 602-454-8000

LAST PAGE OF REPORT

*Forwarded to Dr Hanf 3/27 CS*  
*for Rpt transferred to HADSP*  
*130p approx 1 hr ago. CS*

FINAL REPORT

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MORGAN, JOHN J

86884

085-195-0058-0 Seq# 0415 03-27-07 12:14ET



Specimen Number 085-195-0058-0	Patient ID 86884	Control Number BBF27316970	Account Number 27316970	Account Phone Number 702-486-9942	Account Delivery Route
Patient Last Name MORGAN			Account Address Casa Grande 3955 West Russell Rd Las Vegas, NV 89118		
Patient First Name JOHN		Patient Middle Name J			
Patient SS#	Patient Phone	Total Volume			
Age (Y/M/D) 19/8/10	Date of Birth 07/14/87	Sex M	Fasting No		
Patient Address			Additional Information		
Date and Time Collected 03/24/07 13:15 ET	Date Entered 03/27/07	Date and Time Reported 03/27/07 12:16 ET	Physician Name	NPI	Physician ID HANF, T
Tests Ordered HP4+1AC; RPR, Rfx Qn RPR/Confirm TP-PA; Panel 083824					
General Comments PID: 86884					

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
HP4+1AC					
ALT (SGPT)	156	High	IU/L	0-55	PD
Hep A Ab, IgM	Negative			Negative	PD
HBsAg Screen	Negative			Negative	PD
Hep B Core Ab, IgM	Negative			Negative	PD
HCV Ab	60.6	High	s/co ratio	0.0-0.9	PD
Positive indicates past or present HCV infection; Immunoblot testing not performed. Samples with high S/CO ratios (>9.9) confirm positive (95%), but <5 out of 100 might represent false-positives. PCR testing can be requested if indicated. Qualitative HCV RNA testing will differentiate active from resolved infection.					
RPR, Rfx Qn RPR/Confirm TP-PA					
RPR	Non Reactive			Non Reactive	PD
Panel 083824					
HIV 1/0/2 Abs-ICMA					PD
HIV 1/0/2 Abs-Index Value	<1.00			<1.00	PD
Index Value: Specimen reactivity relative to the negative cutoff.					
HIV 1/0/2 Abs, Qual	Non Reactive			Non Reactive	PD

PD: LabCorp Phoenix 3930 E Watkins Suite 300, Phoenix, AZ 850340000 For inquiries, the physician may contact: Branch: 602-454-8000	Dir: Ryan, Frank PhD Lab: 602-454-8000
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MORGAN, JOHN J	86884	085-195-0058-0	Seq # 0101
03/28/07 02:28	FINAL REPORT		Page 1 of 1



Specimen Number 025-195-0484-0	Patient ID 86884	Control Number L5227304940	Account Number 27304940	Account Phone Number 702-879-6690	Account Delivery Route
Patient Last Name <b>MORGAN</b>			Account Address NV.Dept.of Corrections-HDSP 22010 Cold Creed Rd. Indian Springs, NV 89070		
Patient First Name <b>JOHN</b>		Patient Middle Name			
Patient SS#	Patient Phone	Total Volume			
Age (Y/M/D) 25/6/11	Date of Birth 07/14/81	Sex M	Fasting No		
Patient Address			Additional Information		
Date and Time Collected 01/25/07 12:00 ET	Date Entered 01/26/07	Date and Time Reported 01/26/07 14:20 ET	Physician Name	NPI	Physician ID
Tests Ordered Panel 083824;RPR, Rfx Qn RPR/Confirm TP-PA					
General Comments PID: 86884					

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
<b>Panel 083824</b>					
HIV 1/0/2 Abs-ICMA					PD
HIV 1/0/2 Abs-Index Value	<1.00			<1.00	PD
Index Value: Specimen reactivity relative to the negative cutoff.					
HIV 1/0/2 Abs, Qual	Non Reactive			Non Reactive	PD
RPR, Rfx Qn RPR/Confirm TP-PA					
RPR	Non Reactive			Non Reactive	PD

PD: LabCorp Phoenix      Dir: Ryan, Frank PhD  
 3930 E Watkins Suite 300, Phoenix, AZ 850340000  
 For inquiries, the physician may contact: Branch: 602-454-8000      Lab: 602-454-8000

*[Handwritten signature]*  
 1-29-07

<b>MORGAN, JOHN</b>	<b>86884</b>	<b>025-195-0484-0</b>	Seq # 0165
01/26/07 02:58		Page 10 of 26	



## Serial Monitoring Report

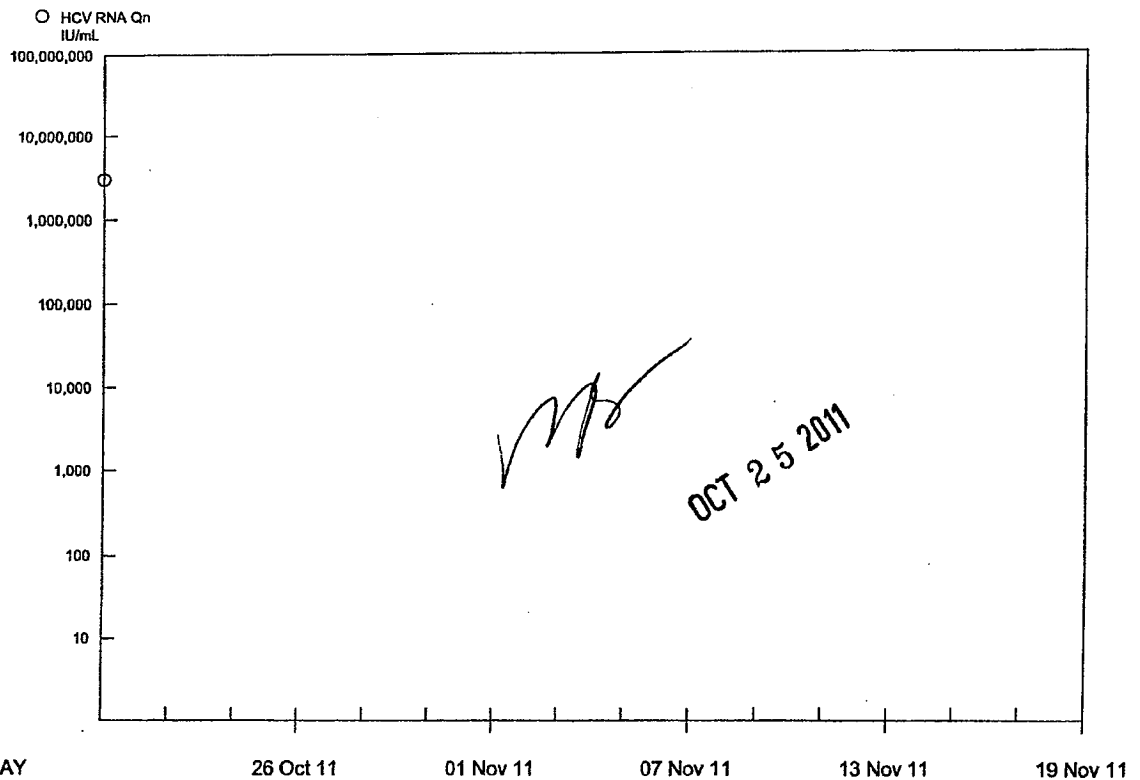
1912 Alexander Drive, Research Triangle Park, NC 27709 (919) 361-7700

Report Date: 10/23/2011

Patient	
Name: MORGAN, JOHN	Date of Birth: 07/14/81
Patient ID: 86884	Sex: M

Specimen	
Number: 293-237-6054-0	LLS Acc #:
Date: 10/20/2011	
Patient Age: 30 Years/3 Months	

Account	
NV.Dept.of Corrections-HDSP	
Attn:Infirmary	
22010 Cold Creek Rd.	
Indian Springs NV 89070-	
Branch:	NVB47
Account #:	27304940
Physician:	HANF T
Phone:	702-879-6686



Recent Result History		X-Axis: DAY	
		26 Oct 11	01 Nov 11
		07 Nov 11	13 Nov 11
		19 Nov 11	
○ HCV RNA Qn IU/mL	Reference Range	10/20/11	
	Low High	3,003,400	
		N/A N/A	
Relevant Notes			

- Effective April 15, 2002, LabCorp introduced a new assay, HCV Quantasure Plus, for quantitation of HCV from 10 IU/ml to 100,000,000 IU/ml using real-time PCR technology.

Joe Sebastian, PhD, Director, Infectious Disease  
Arundhati Chatterjee, MD, Medical Director

This document contains private and confidential health information protected by state and federal law.  
This report is a compilation of previously reported tests and is provided to assist in the interpretation of test results and to aid prognosis.



Specimen Number <b>293-237-6054-0</b>		Patient ID <b>86884</b>		Control Number <b>M416210002</b>	Account Number <b>27304940</b>	Account Phone Number <b>702-879-6686</b>	Rtc
Patient Last Name <b>MORGAN</b>				Account Address NV.Dept.of Corrections-HDSP 22010 Cold Creek Rd. Indian Springs, NV 89070			
Patient First Name <b>JOHN</b>		Patient Middle Name					
Patient SS#	Patient Phone		Total Volume				
Age (Y/M/D) <b>30/3/6</b>	Date of Birth <b>07/14/81</b>	Sex <b>M</b>	Fasting				
Patient Address				Additional Information  <b>UPIN: F42770</b>			
Date and Time Collected <b>10/20/11 10:59</b>	Date Entered <b>10/21/11</b>	Date and Time Reported <b>10/23/11 17:30ET</b>		Physician Name <b>HANF, TED</b>	NPI	Physician ID <b>F42770</b>	

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
AST (SGOT)	52	High	IU/L	0-40	01
ALT (SGPT)	129	High	IU/L	0-55	01
Iron, Serum	133		ug/dL	40-155	01

01 PD LabCorp Phoenix 3930 E Watkins Suite 300, Phoenix, AZ 850347251 For inquiries, the physician may contact: <b>Branch: 602-454-8000</b>	Dir: Ryan, Frank PhD <b>Lab: 602-454-8000</b>
02 LA ViroMed Laboratories Inc 6101 Blue Circle Drive, Minnetonka, MN For inquiries, the physician may contact: <b>Branch: 800-582-0077</b>	Dir: Cartwright, Charles P PhD <b>Lab: 800-582-0077</b>
03 TG LabCorp RTP 1912 Alexander Drive, RTP, NC 277090150 For inquiries, the physician may contact: <b>Branch: 800-735-4087</b>	Dir: Chatterjee, Arundhati MD <b>Lab: 800-735-4087</b>

*[Signature]*  
OCT 25 2011

MORGAN, JOHN	86884	293-237-6054-0	Seq # 1494
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Specimen Number <b>293-237-6054-0</b>	Patient ID <b>86884</b>	Control Number <b>M416210002</b>	Account Number <b>27304940</b>	Account Phone Number <b>702-879-6686</b>	Ref
Patient Last Name <b>MORGAN</b>			Account Address <b>NV.Dept.of Corrections-HDSP 22010 Cold Creek Rd. Indian Springs, NV 89070</b>		
Patient First Name <b>JOHN</b>		Patient Middle Name			
Patient SS#	Patient Phone	Total Volume			
Age (Y/M/D) <b>30/3/6</b>	Date of Birth <b>07/14/81</b>	Sex <b>M</b>	Fasting		
Patient Address			Additional Information  <b>UPIN: F42770</b>		
Date and Time Collected <b>10/20/11 10:59</b>	Date Entered <b>10/21/11</b>	Date and Time Reported <b>10/23/11 17:30ET</b>	Physician Name <b>HANF, TED</b>	NP1	Physician ID <b>F42770</b>
Tests Ordered <b>HCV RT-PCR, Quant (Graph);Comp. Metabolic Panel (14);Iron, Serum</b>					
General Comments <b>PID:</b>					
<b>TESTS</b>	<b>RESULT</b>	<b>FLAG</b>	<b>UNITS</b>	<b>REFERENCE INTERVAL</b>	<b>LAB</b>

#### HCV RT-PCR, Quant (Graph)

Hepatitis C Quantitation	<u>3003430</u>	IU/mL	02
HCV log10	6.478	log10 IU/mL	02
Test Information:			02

The quantitative range for this assay is 25 IU/mL to 69 Million IU/mL using a combination of Taqman real-time PCR (LLOQ 43 IU/mL) plus reflex to another Taqman assay (LLOQ 25 IU/mL) for low viral load samples that were detectable by the original Taqman real-time PCR assay but not quantifiable. The limit of detection of the assay is 7.1 IU/mL for HCV Genotype 1.

#### Comp. Metabolic Panel (14)

Glucose, Serum	89	mg/dL	65-99	01
BUN	12	mg/dL	6-20	01
Creatinine, Serum	0.97	mg/dL	0.76-1.27	01
eGFR If NonAfricn Am	104	mL/min/1.73	>59	01
eGFR If Africn Am	121	mL/min/1.73	>59	01

Note: A persistent eGFR <60 mL/min/1.73 m2 (3 months or more) may indicate chronic kidney disease. An eGFR >59 mL/min/1.73 m2 with an elevated urine protein also may indicate chronic kidney disease. Calculated using CKD-EPI formula.

BUN/Creatinine Ratio	12		8-19	01
Sodium, Serum	140	mmol/L	135-145	01
Potassium, Serum	4.0	mmol/L	3.5-5.2	01
Chloride, Serum	104	mmol/L	97-108	01
Carbon Dioxide, Total	24	mmol/L	20-32	01
Calcium, Serum	9.0	mg/dL	8.7-10.2	01
Protein, Total, Serum	7.1	g/dL	6.0-8.5	01
Albumin, Serum	4.5	g/dL	3.5-5.5	01
Globulin, Total	2.6	g/dL	1.5-4.5	01
A/G Ratio	1.7		1.1-2.5	01
Bilirubin, Total	0.5	mg/dL	0.0-1.2	01
Alkaline Phosphatase, S	73	IU/L	25-150	01

OCT 25 2011

MORGAN, JOHN	86884	293-237-6054-0	Seq # 1494
10/23/11 05:31	<b>FINAL REPORT</b>		Page 1 of 2



Specimen Number <b>286-195-0604-0</b>	Patient ID <b>86884</b>	Control Number <b>M413132083</b>	Account Number <b>27304940</b>	Account Phone Number <b>702-879-6686</b>	Rtc
Patient Last Name <b>MORGAN</b>			Account Address NV.Dept.of Corrections-HDSP 22010 Cold Creek Rd. Indian Springs, NV 89070		
Patient First Name <b>JOHN</b>		Patient Middle Name			
Patient SS#	Patient Phone	Total Volume			
Age (Y/M/D) <b>30/2/29</b>	Date of Birth <b>07/14/81</b>	Sex <b>M</b>	Fasting		
Patient Address			Additional Information  <b>UPIN: F42770</b>		
Date and Time Collected <b>10/13/11 11:36</b>	Date Entered <b>10/14/11</b>	Date and Time Reported <b>10/15/11 22:05ET</b>	Physician Name <b>HANF, TED</b>	NPI	Physician ID <b>F42770</b>
Tests Ordered Urinalysis, Routine;Hepatitis Panel (4);Sedimentation Rate-Westergren;Creatine Kinase,Total,Serum;Aldolase;Ferritin, Serum					
General Comments PID:					

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
<b>Urinalysis, Routine</b>					
Urinalysis Gross Exam					01
Specific Gravity	1.026			1.005-1.030	01
pH	7.5			5.0-7.5	01
Urine-Color	Yellow			Yellow	01
Appearance	Clear			Clear	01
WBC Esterase	Negative			Negative	01
Protein	Negative			Negative/Trace	01
Glucose	Negative			Negative	01
<b>Ketones</b>	<b>Trace</b>	<b>Abnormal</b>		Negative	01
Occult Blood	Negative			Negative	01
Bilirubin	Negative			Negative	01
Urobilinogen, Semi-Qn	0.2		mg/dL	0.0-1.9	01
Nitrite, Urine	Negative			Negative	01
Microscopic Examination					01
Microscopic follows if indicated.					
<b>Hepatitis Panel (4)</b>					
Hep A Ab, IgM	Negative			Negative	01
HBsAg Screen	Negative			Negative	01
Hep B Core Ab, IgM	Negative			Negative	01
<b>Hep C Virus Ab</b>	<b>&gt;11.0</b>	<b>High</b>	s/co ratio	0.0-0.9	01

Negative: < 0.8  
Indeterminate 0.8 - 0.9  
Positive: > 0.9

In order to reduce the incidence of a false positive result, the CDC recommends that all s/co ratios between 1.0 and 10.9 be confirmed with additional RIBA or PCR testing.

#### Sedimentation Rate-Westergren

MORGAN, JOHN	86884	286-195-0604-0	Seq # 1030
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Specimen Number <b>286-195-0604-0</b>	Patient ID <b>86884</b>	Control Number <b>M413132083</b>	Account Number <b>27304940</b>	Account Phone Number <b>702-879-6686</b>	Rte
Patient Last Name <b>MORGAN</b>			Account Address NV.Dept.of Corrections-HDSP 22010 Cold Creek Rd. Indian Springs, NV 89070		
Patient First Name <b>JOHN</b>		Patient Middle Name			
Patient SS#	Patient Phone	Total Volume			
Age (Y/M/D) <b>30/2/29</b>	Date of Birth <b>07/14/81</b>	Sex <b>M</b>	Fasting		
Patient Address			Additional Information  UPIN: F42770		
Date and Time Collected <b>10/13/11 11:36</b>	Date Entered <b>10/14/11</b>	Date and Time Reported <b>10/15/11 22:05ET</b>	Physician Name <b>HANF, TED</b>	NPI	Physician ID <b>F42770</b>

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Sedimentation Rate-Westergren	1		mm/hr	0-23	01
<b>Creatine Kinase, Total, Serum</b>					
Creatine Kinase, Total, Serum	167		U/L	24-204	01
<b>Aldolase</b>					
Aldolase	6.3		U/L	1.2-7.6	02
<b>Ferritin, Serum</b>					
Ferritin, Serum	101		ng/mL	30-400	01

01 PD LabCorp Phoenix 3930 E Watkins Suite 300, Phoenix, AZ 850347251 For inquiries, the physician may contact: <b>Branch: 602-454-8000</b>	Dir: Ryan, Frank PhD <b>Lab: 602-454-8000</b>
02 BN LabCorp Burlington 1447 York Court, Burlington, NC 272153361 For inquiries, the physician may contact: <b>Branch: 800-762-4344</b>	Dir: Hancock, William F MD <b>Lab: 800-762-4344</b>

*Handwritten signature: JCH 10/20*

MORGAN, JOHN	86884	286-195-0604-0	Seq # 1030
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Specimen Number <b>237-195-0777-0</b>	Patient ID <b>86884</b>	Control Number <b>M395035529</b>	Account Number <b>27304940</b>	Account Phone Number <b>702-879-6686</b>	Rtc
Patient Last Name <b>MORGAN</b>			Account Address NV.Dept.of Corrections-HDSP 22010 Cold Creek Rd. Indian Springs, NV 89070		
Patient First Name <b>JOHN</b>		Patient Middle Name			
Patient SS#	Patient Phone	Total Volume			
Age (Y/M/D) <b>30/1/10</b>	Date of Birth <b>07/14/81</b>	Sex <b>M</b>	Fasting		
Patient Address			Additional Information		
Date and Time Collected <b>08/24/11 15:05</b>	Date Entered <b>08/26/11</b>	Date and Time Reported <b>08/26/11 13:12ET</b>	Physician Name <b>Aranas MD, Romeo</b>	NPI	Physician ID
Tests Ordered ANA w/Reflex if Positive;Rheumatoid Arthritis Factor;Prothrombin Time (PT);Iron and TIBC;CBC With Differential/Platelet;Comp. Metabolic Panel (14);Lipid Panel;TSH					
General Comments PID:					

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
<b>ANA w/Reflex if Positive</b>					
ANA Direct	Negative			Negative	01
<b>Rheumatoid Arthritis Factor</b>					
RA Latex Turbid.	<b>22.0</b>	High	IU/mL	0.0-13.9	01
<b>Prothrombin Time (PT)</b>					
INR	<b>1.0</b>			0.8-1.2	01
Reference interval is for non-anticoagulated patients.					
Suggested INR therapeutic range for Vitamin K antagonist therapy:					
Standard Dose (moderate intensity therapeutic range):			2.0 - 3.0		
Higher intensity therapeutic range			2.5 - 3.5		
Prothrombin Time	11.0		sec	8.7-11.5	01
<b>Iron and TIBC</b>					
Iron Bind.Cap.(TIBC)	305		ug/dL	250-450	01
<b>UIBC</b>	<b>133</b>	Low	ug/dL	150-375	01
<b>Iron, Serum</b>	<b>172</b>	High	ug/dL	40-155	01
<b>Iron Saturation</b>	<b>56</b>	High	%	15-55	01
<b>CBC With Differential/Platelet</b>					
WBC	4.9		x10E3/uL	4.0-10.5	01
RBC	5.31		x10E6/uL	4.10-5.60	01
Hemoglobin	16.2		g/dL	12.5-17.0	01
Hematocrit	46.3		%	36.0-50.0	01
MCV	87		fL	80-98	01
MCH	30.5		pg	27.0-34.0	01
MCHC	35.0		g/dL	32.0-36.0	01
RDW	13.2		%	11.7-15.0	01
Platelets	205		x10E3/uL	140-415	01
Neutrophils	56		%	40-74	01
Lymphs	29		%	14-46	01

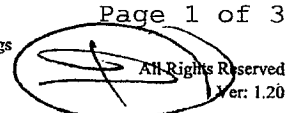
MORGAN, JOHN	86884	237-195-0777-0	Seq # 8461
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Specimen Number <b>237-195-0777-0</b>	Patient ID <b>86884</b>	Control Number <b>M395035529</b>	Account Number <b>27304940</b>	Account Phone Number <b>702-879-6686</b>	Rte
Patient Last Name <b>MORGAN</b>			Account Address <b>NV.Dept.of Corrections-HDSP 22010 Cold Creek Rd. Indian Springs, NV 89070</b>		
Patient First Name <b>JOHN</b>		Patient Middle Name			
Patient SS#	Patient Phone	Total Volume			
Age (Y/M/D) <b>30/1/10</b>	Date of Birth <b>07/14/81</b>	Sex <b>M</b>	Fasting		
Patient Address			Additional Information		
Date and Time Collected <b>08/24/11 15:05</b>	Date Entered <b>08/26/11</b>	Date and Time Reported <b>08/26/11 13:12ET</b>	Physician Name <b>Aranas MD, Romeo</b>	NPI	Physician ID

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Monocytes	12		%	4-13	01
Eos	3		%	0-7	01
Basos	0		%	0-3	01
Neutrophils (Absolute)	2.7		x10E3/uL	1.8-7.8	01
Lymphs (Absolute)	1.4		x10E3/uL	0.7-4.5	01
Monocytes (Absolute)	0.6		x10E3/uL	0.1-1.0	01
Eos (Absolute)	0.1		x10E3/uL	0.0-0.4	01
Baso (Absolute)	0.0		x10E3/uL	0.0-0.2	01
Immature Granulocytes	0		%	0-2	01
<b>**Please note reference interval change**</b>					
Immature Grans (Abs)	0.0		x10E3/uL	0.0-0.1	01
<b>Comp. Metabolic Panel (14)</b>					
Glucose, Serum	84		mg/dL	65-99	01
BUN	13		mg/dL	6-20	01
<b>Creatinine, Serum</b>	<b>1.29</b>	<b>High</b>	mg/dL	0.76-1.27	01
eGFR If NonAfrican Am	74		mL/min/1.73	>59	01
eGFR If African Am	85		mL/min/1.73	>59	01
Note: A persistent eGFR <60 mL/min/1.73 m2 (3 months or more) may indicate chronic kidney disease. An eGFR >59 mL/min/1.73 m2 with an elevated urine protein also may indicate chronic kidney disease. Calculated using CKD-EPI formula.					
BUN/Creatinine Ratio	10			8-19	01
Sodium, Serum	140		mmol/L	135-145	01
Potassium, Serum	3.8		mmol/L	3.5-5.2	01
Chloride, Serum	104		mmol/L	97-108	01
Carbon Dioxide, Total	20		mmol/L	20-32	01
Calcium, Serum	9.2		mg/dL	8.7-10.2	01
Protein, Total, Serum	7.0		g/dL	6.0-8.5	01
Albumin, Serum	4.0		g/dL	3.5-5.5	01
Globulin, Total	3.0		g/dL	1.5-4.5	01
A/G Ratio	1.3			1.1-2.5	01
Bilirubin, Total	0.7		mg/dL	0.0-1.2	01
Alkaline Phosphatase, S	67		IU/L	25-150	01
<b>AST (SGOT)</b>	<b>66</b>	<b>High</b>	IU/L	0-40	01
<b>ALT (SGPT)</b>	<b>141</b>	<b>High</b>	IU/L	0-55	01
<b>Lipid Panel</b>					

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MORGAN, JOHN	86884	237-195-0777-0	Seq # 8461
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Specimen Number <b>237-195-0777-0</b>	Patient ID <b>86884</b>	Control Number <b>M395035529</b>	Account Number <b>27304940</b>	Account Phone Number <b>702-879-6686</b>	Rte
Patient Last Name <b>MORGAN</b>			Account Address NV.Dept.of Corrections-HDSP 22010 Cold Creek Rd. Indian Springs, NV 89070		
Patient First Name <b>JOHN</b>		Patient Middle Name			
Patient SS#	Patient Phone	Total Volume			
Age (Y/M/D) <b>30/1/10</b>	Date of Birth <b>07/14/81</b>	Sex <b>M</b>	Fasting		
Patient Address			Additional Information		
Date and Time Collected <b>08/24/11 15:05</b>	Date Entered <b>08/26/11</b>	Date and Time Reported <b>08/26/11 13:12ET</b>	Physician Name <b>Aranas MD, Romeo</b>	NPI	Physician ID

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Cholesterol, Total	178		mg/dL	100-199	01
Triglycerides	75		mg/dL	0-149	01
HDL Cholesterol	51		mg/dL	>39	01
According to ATP-III Guidelines, HDL-C >59 mg/dL is considered a negative risk factor for CHD.					
VLDL Cholesterol Cal	15		mg/dL	5-40	01
LDL Cholesterol Calc	112	High	mg/dL	0-99	01
<b>TSH</b>					
TSH	1.890		uIU/mL	0.450-4.500	01

01 PD LabCorp Phoenix 3930 E Watkins Suite 300, Phoenix, AZ 850347251 For inquiries, the physician may contact: Branch: 602-454-8000 Lab: 602-454-8000	Dir: Ryan, Frank PhD
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Specimen Number 305-195-0675-0		Patient ID 86884		Control Number 60112442186		Account Number 27304940		Account Phone Number 702-879-6686		Rte	
Patient Last Name MORGAN						Account Address NV.Dept.of Corrections-HDSP 22010 Cold Creek Rd. Indian Springs, NV 89070					
Patient First Name JOHN				Patient Middle Name							
Patient SS#		Patient Phone		Total Volume							
Age (Y/M/D)		Date of Birth		Sex M		Fasting No					
Patient Address						Additional Information SRC: RIGHT EAR      DOB? UPIN: C37817					
Date and Time Collected 11/01/10 00:00		Date Entered 11/02/10		Date and Time Reported 11/04/10 07:16ET		Physician Name ARANAS, R		NPI 1457417610		Physician ID ARANAS	
Tests Ordered Upper Respiratory Culture											
General Comments PID: 86884											

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Upper Respiratory Culture					
Upper Respiratory Culture					01
Result 1		Final report			01
	Mixed bacterial flora.				
	Light growth				

01	PD LabCorp Phoenix 3930 E Watkins Suite 300, Phoenix, AZ 850347251	Dir: Ryan, Frank PhD
For inquiries, the physician may contact: Branch: 602-454-8000		Lab: 602-454-8000

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MORGAN, JOHN	86884	305-195-0675-0	Seq # 2926
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Karen Morgan  
2832 Mill Point  
Henderson NV 89074



NV-CURE  
540 E. St Louis Ave  
Las Vegas, NV 89104

att: John Withrow

89104255940



Attn: Nevada Cure

This letter is in Re: Abuse of the prisoners at Ely State Prison (ESP).

Due to the “overcrowding” and fraudulent General Population (GP) scheme which has been wisely conceived or effectively implemented now over five (5) plus years.

ESP has 4 units which are purportedly GP, but only one wing of unit 8, 8b is GP by legal standards, other units 5, 6, 7 and 8A are Segregated Housing Units, because the Inmates are kept in their cells, 23 plus hours a day 365 days a year, the cells are less the 75 square feet with Furniture. Inmates in these aforementioned units are required to double cell in the sweltering cramped confines, when occupied with 2 adults theirs under 20 square feet per inmate of living space, including space occupied by two bunks, wash basin and toilet and table. The day rooms are not accessible nor open to those inmates at any time without restraints in Units 5 – 8A purportedly GP. It is not a healthy habitable environment.

The closed front solid steel box car door and sensory deprivation, only one (1) glass window 3 inches x 36 inches in the outdoor wall for viewing outside. “Wholly unfit for double celling habitually” a condition of imposed idleness and without adequate opportunity for human intervention. There is no General Movement nor General Interaction, no opportunity to leave the cramped cell during normal prison routine, a shower is offered every other day and you are escorted in wrist restraints. Inmates in these units 5 – 8A are denied access to dining hall, church, work, library, any transitional programs the cells were originally constructed as single occupant cells, and the prison originally designed to hold 768 is overcrowded!!!!

ESP has 8 units, close and max custody, units 1 – 4 are labeled accordingly Segregated Housing Units where inmates are placed for Administrative including disciplinary reasons but in Unit 3 you have Nevada's Condemned Death Row! What makes the argument that the purported GP is Constitutionally Intolerable, Units 5 – 8A: Is Death Row Unit 3 "gets tier time" access to the Day Room, time out of cell without restraints.

The administrators – NDOC know that calling Units 5 – 8A GP is a distortion of reality and outright fraud for Economic Gain those Units 5 – 8A do not meet the legal stand/definition of GP. These units are anything but GP, and instead are more like solitary confinement, the only difference from Seg Unit 1 – 4 is inmates in Units 5 – 8A can receive packages and wear their personal clothes but are confined to the same movement of space restriction as the segregated units "except" Unit 3 Death Row.

There is no legitimate penal purpose of keeping inmates in solitary confinement under the pretext that it' GP, but allows the Administration to house more inmates without creating more jail space. The State conduct violates contemporary standards of decency – US Constitution amendments VIII, XII.

In Units 5 – 8A -- purportedly GP cells --a bunk and table were added, but the interior space was not increased, so you have two wings in each unit with 48 cells, on average in these purportedly GP units 180 Inmates are housed, that is A&B wing of each Unit combined, now multiply 180 x 4 units is 720 inmates minus 90 inmates, who are in 8b, the only GP by legal stands., so approx. you 630 inmates in these units 5

– 8A are caged in inhumane conditions of confinement under the fraudulent scheme of GP.

Inmates are required to sign a kite agreeing to be double celled under the pretext it's General Pop (GP), subsequent fate of these we do not sign a kite is "indeterminate Administration Seg" DECEPTION or COERCION????

The conditions under which the inmates are held are, thus, entirely different and can in no way be considered Rehabilitative and non-punitive at the Ely State Prison Campus (ESP). It violates the principle that the prisoners should be treated humanely. (A)

ESP Administrators and NDOC certainly have condoned this unconstitutional practice/ maximizing profits for the increased revenue stream at the OVERCROWED dangerous facility. (I) Turning a blind eye to the cruel and inhumane living conditions allowing the Adm to increase the pop by upsizing: putting 2 adult bodies in a single cell that's less than 70 SQ FT., meaning that the inmates are confined to the cramped quarters with no opportunity to access the day room, because they have downsized the staff and locked down these units 5 – 8A purported GP. (II) Causing wanton pain and suffering of such an unusual nature prohibited by the 8<sup>th</sup> US Amendment. This scam has been working for over a decade. (III) Absolutely no penological justification or reasonable Administrative Justification to double cell inmates in these units 5 – 8A of this type exists. Fraud to be particularly insidious there's a health and safety aspect. See *Battle v Anderson* 788 F2d 1421, court held ea. Resident living in a cell should have a min 60 SQ. FT. of sleeping space defined as interior measurement of cell divided by the number of inmates living in cell!



NOTE: minimum – minimum criteria of State Department of Correction doubled celled inmates have at least 60 SQ FT of floor space \*(when a day room is provided)\* or 70 SQ FT when there is no day room. Refer to *Reece v Gregg* (1986, OC Ken) 650 supp 1297. The cells at ESP are an unspecified size, but “are less” then 75 SQ FT total. Now put two adults in the cell with their property without any opportunity to leave the cell during the day. Closed front door (solid steel box car door) 23 plus hours a day is solitary confinement.

SAFETY has been compromised. This “is not” a temporary condition!!! Inmates are relegated to the sweltering cramped confines 23 plus hours each day.

Risk of harm obvious from this (SARDINE housing) it’s the root cause in the increasing violence amongst the prisoners (i) its well documented that inmates suffer physical and mental injury from such long exposure to the said conditions here at ESP (ii) the results/effect is Psycho Social decimation of men’s minds resulting from Prolonged and in some cases, endless isolation i.e. Cadderick Randall #83853 came to ESP at 19 years old, been here isolated almost 10 years and now he’s provided forced meds!! Imminent Health Hazard many from this combination of these conditions are prisoners exhibiting close signs of decompensation (absent of reality contact, obvious personality disturbance etc.) \*\*A devastating effect on the mental health. Call these conds in Unit 5 – 8A cruel and unusual is an understatement.

Various Ancillary Services were curtailed and or denied because of this overcrowding.

Inadequately staffed: Inmates are locked in the tiny cells – undetermined size, but less than 75 SQ FT total, 23 plus hours a day.

Day rooms are not accessible nor open to the prisoners in Units 5, 6, 7, 8A purportedly Gen Pop (GP).

(I) Wholly unfit for double celling habitation forcing inmates to live in such proximity to others ea. Day with no Gen. movement or Gen Interaction is psychologically debilitating. (A)

State created by statute right of prisoner to accumulate work credits, but in the aforementioned units there is no opportunity to work. This clearly illegal housing infringes States Constitution to rehabilitation. It increase each prisoner's sentence housed in the units purported GP, instead of shrinking your sentence; you lose 6/8 days per month not being able to work!

In units 5 – 8A prisoners are “isolated and not” offered any meaningful programs, a condition of Imposed Idleness, Deprivations of most human contact except with others in the same state/cell mate. This overcrowding affects the delivery of services to inmates: exercise is cruelly insufficient in relation to the hours of cell confinement in the cramped quarters at the minimum of 23 hours each Day, and locks any other out of cell activities, denied access to church, work, library, phone on a daily bases and culinary facility. **No movement is clearly not General Population.**

This type of fraud is particularly insidious – there is a health and safety aspect: Those units where there is no general movement or general Interaction should be decommissioned Forthwith as GP...because it's “Clearly Unhealthy”.

The Implication that opening the dayroom tiers in Units 5 – 8A will compromise safety, has no Foundation in Reality! That's a fiction.

The Administration has a skewed perception of reality and cannot fathom getting caught....

**\*\*Consider Inmate Green a whistle blower exposing Governmental wrong doing.**

The courts could be asked to correct this Administration of NDOC wayward Interpretations of General Pop lawsuit will put an end to the dangerous, shocking and fraudulent practices of the OVERCROWDED prison, where 7½ of 8 units are locked down 23 plus hours a day.

This case is of exceptional practical importance to NDOC/ESP and the thousands of Inmates affected. It is Critically important that Media/Public be aware of these conditions.

(a) If I sell you a mango drink and claim it's made of pure fruit then you find out it's not what I said it was – that's punishable by law

(b) If units 5 – 8A "Purportedly Gen Pop" (GP) were a product and the manufacturer made claims that were untrue (Defrauding Consumers) that company would be dragged into court

This plight should go public, bring lots of media attention, reach out to media and make the story go VIRAL!!!

A call to the Collective Conscience of the Public, these conditions pre-text (GP) are Inhumane, it's not a healthy environment!

It has to be a moral crusade for the Incarcerated men/ESP, this Fraudulent (GP) scam has been wisely conceived effectively Implemented nearly 10 years.

Unprecedented Greed

This scheme has netted millions by the Administration: less staff and no movement of any of the prisoners in Units 5, 6, 7, 8A and (no opportunity for rehabilitation or recreation)

- (i) The courts cannot permit unconstitutional conditions to exist simply because prison officials cannot or will not spend the necessary money to fulfill construction requirements
- (ii) Also see the false claims act (the Gov. could recover triple changes) inmates may require Federal Government to join a lawsuit
- (iii) NDOC does not enforce the rule and ESP is not exercising ordinary reasonable care
- (iv) It is not even clear what class of prisoner are assigned to ESP Administration hasn't insured class process is in accord

AR 503: Conduct of objective classification

AR 521: Custody Categories & Criteria

AR 506: Reclass Schedule

But allows the Administration to house more prisoners without creating more space. Growth in population has not been countered by increase in staff, creating a health risk. (A) as administration has added prisoners they increase revenue stream by locking the prisons down with less personnel (B) it seems their reasoning is selfish (profits) at best and morally indefensible at worst.

Presently the Administration is receiving undeserved pay from the US Government through lies and deception about the true housing conditions.

Shelter for the inmates is unfit for double cell habitation, the cramped quarters a combination of oppressive heat and overcrowded cells, which occupied less than 20 sq ft floor space per inmate is cruel and unusual punishment. Every element of the physical plant and provision of services falls below the Construction Norms. Being confined to the tiny cell 23 plus hours each day is punitive and violates the VIII Amendment to the U.S. Constitution.

Insufficient recreation opportunities and double celling with solid steel box car doors, the in house staff (administration) seems to have exhibited a wanton disregard for human rights.

(4) They've maximized profit from the existing facility by up sizing units 5 – 8A, requiring unsuspecting prisoner to sign a kite that he can live with an individual in GP but the cell size is wholly unfit for double celling, with 0 movement. Then they downsize staff, because there is no general movement or General Interaction Locking the Population down. (Falsify records to conceal this fraud) "Check the internet to see where the Nevada Prisons are in this piece" presently I am still in Disciplinary Seg., but I have experienced the aforementioned conds since 2008. I have been in Unit 5, 6, 7 & 8.

They have endangered prisoner safety in pursuit of profit. It is clear beyond Argument double celling in these units under crowded and oppressive conditions is unconstitutional.

Prison officials are violating law through this deliberate Indifference for economic gain! Totality of conditions is incompatible with evolving standards of decency.

There is no legitimate penal purpose to double cell without movement under the pretext that GP units do not meet the legal definition of Gen Pop. (GP) (2) by claiming the prisoners are in fact GP is false. So they receive funds from the US Government for various rehabilitation programs, see Part 39 of title 28 Code Fed Reg (CFR) Rehabilitation Act under Sec 504 rehabilitation act of 1975 29 USC 794....Only 8B is GP. The other 7½ units are in solitary confinement conditions were Forced/Coerced double celling is a permanent condition (3) If the Federal Government knew the true housing conditions they would not fund Inhumane Housing of two (2) adults in these tiny cell of less than 75 SQ FT of living space. Prolonged isolated confinement is clearly a fraud for economic gain, and the administration knows this overcrowding causes increased violence and this arrangement has had deadly results....under the arrangement described when an inmate goes to shower or any movement one cell mate cuffs up first, and then the other, unless he has other intentions! Such as assaulting or harming his celly, if not killing him; which happens more frequently than you would know.

No rehabilitation value: nor a productive way for the prisoners to occupy their time.

Nevada Society for the Prevention of Cruelty to Animals would cringe if they only knew the true housing conditions of the men here at ESP in units 5 – 8A, knowing the true housing conditions the public would be incensed! The following Prisoners can attest to the conditions purported GP alleged here: Alan Hanes #48984, Brandon Allan #65839, Cornelius Gunns #61503, Melvin Jackson #58225, Timothy Grimaldi #11013 and John Gillihen #105507, Tommy Ramirez #75358, Robert Lisonebee #62221.

## Chapter 2

### Fraud for Economic Gain

Refer to Greivanc Filed 2006 29 65758 around 18<sup>th</sup> Aug 2013, but staff returned grievance on Sept 11, 2013 stating it was Improper Greivance because you wrote outside the margin, I resubmitted grievance. Shortly after Sept 11, 2013 I/M is still waiting for a response.....

The present Administration is Defrauding the US Gov by claiming the prisoners are being housed in Gen Pop. (1) in fact the tiny cells and the units with over 600 I/M's are isolation

An investigation story, should uncover facts substantiating the Horrid Conds ESP units 5 – 8A pretext GP. See the class action filed by Landman v Royster (1971 ED VA) Fed 308...data bases are made current by the weekly add in of relevant cases.

This practice of crowding multiple men in single solitary isolation cells – units 5 – 8A Constitutes Cruel & Unusual Punishment, confinement of more men than the cell was meant to hold under the fomentation conditions is punitive and violates of XIVth and VIIIth amend.

A title for this piece is the penal non movement: \*my next part of this series will address NDOC's Liability & the Prison Industry is allowed largely to self-regulate. \*\*A prompt & appropriate response is requested. I've sent 3 letters separately totaling a 15 pg communication inclu a 4 pg affidavit in RE illegal, overcrowded cond. At ESP it's a General Pop. Scheme for economic gain – as stated this fraud is a scam that netted millions \*\* (ii) Send me something downloaded in Re False Claims Act, An Investigation Report is necessary and contact Director

Cox (III) presently I'm being denied medical care for a previous existing medical cond.

Write Back Soon



## AFFIDAVIT/DECLARATION

State of Nevada)

White Pine County)

I James Henry Green #10820696 do solemnly swear under penalty of perjury and pursuant to NRS 53.045, NRS 208.165 et seq, & 28 USC.1746, that the following is true and correct.

1. I am an inmate (I/M) incarcerated at Ely State Prison (ESP) located at 4569 Route 490, Ely, Nevada 89315; and I am a citizen of USA over age 18
2. I am signing this affidavit as a means of bearing witness to the Crowded & Unconst'l Conds of confinement at ESP pre-text Gen Pop Units 5, 6, 7, 8A
3. The only unit of 8 units at ESP that Gen Pop (GP) by legal stands at ESP is Unit (8b) wing
4. I/M's in unit 5 – 8A purportedly GP are doubled celled by Coercion or Deception in less than 75 SQ FT cell, where their 0 general movement & no general interaction, kept in the cell 23 + hrs a day, solid steel box car door, the day rm, is not accessible to I/M's in these units.
5. I/M's have no opportunity to leave the cramped cell w/o restraints during normal prison routine
6. In these units 5 – 8A I/M's are denied the rt. to any transitional programs, work, dining hall, church, the units are anything but GP. Isolation w/o Gen Interaction is solitary confinement.

7. In addition ea. I/M in units 5 – 8A loses 8 days ea. Month because you cannot work in these units

8. The aforementioned units 5 – 8A have the same movement restrictions as units 1 – 4 Seg housing except unit 3 Death Row, who are allowed out of cell access to day rm.

9. I personally know that labeling the units as GP, disguises a fraud being perpetrated for economic gain by req. re I/M's to double cell under the Inhumane Conds allows the Adm to cram two Adults in a space designed for one, leading the Fed Gov to believe I/M's are humanly housed & treated

10. This scheme allows for upsizing the placement of two adults in a space design for 1 person, w/o any access to a day room. The cells less than 75 SQ FT an (unspecified size)

11. Further I know to live in proximity to others in the same state as yourself ea. day/All day is psychologically debilitating & detrimental to the mental & physical state in the prolonged & indefinite isolation units labeled GP

12. When fully occupied with 2 adults, there is less than 20 SQ FT of Flr Space provided around the Clock in the sweltering cramp confines of units 5 – 8A, this is not a temporary cond!

13. Also I/M's are required to sign a kite stating they can live with someone, and those w/o do not are placed in Adm Seg Indefinite, where you are only allowed a shower every 3 days, but your restrained wrist & ankles & you have to kneel in the previous used shower on your bare knees, clearly un-sanitary.

14. Growth in Pop. Has not been countered with increased Pop. In units 5 – 8A there is only 3 C/O's in ea. unit with at least 180 I/M's per unit, that's A – B wing in ea. unit.

15. Under the locked down conds 23 plus hrs ea. day, there is no opportunity for rehabilitation or sufficient recreation.

16. Due to this overcrowding, most I/M's will never see Gen Pop Unit 8b, the only unit & wing that's GP by legal stands

17. Due to this overcrowded facility, all the services fall below Constit norms, the quality of Food Served is an item to debate, the lunches ea. day is clearly not 850 calories, the medical service is tax, I have been deprive of Dr. visit now 28 days, for a pre-existing cond. Itchyosis

18. Since Sept 23, 2013 I submitted 4 separate kites, two emerg-Griev., 1 informal all to no aval, the Dr. & Medical Service constitutes cruel & unusual punishment

Further your affiants sayeth naught

I James H Green #1020696, do hereby declare under penalty of perjury, that the foregoing affidavit was prepared by me, ea. & every fact to be true & correct. Execute at ESP 21<sup>st</sup> day Oct 2013

By Affidavit James H Green 1020696

***Suicide at NNCC – Death of Joe Oxford***  
**NDOC Conditions of Confinement**

Excerpt of Letter from a friend of Joe – who was there:

Last night a homeboy of mine hung himself in his cell, like 10 cells away from me. It is so surreal. You know, I understand what he must have been feeling, that's the sick part. His name was Joe Oxford. Being back here in the hole is hard on all of us, but he was a youngster, fresh into prison and didn't even have a lot of time, so I don't know what happened. These assholes don't allow us books or education or contact visits or even yard on a regular basis. Twenty-two days a month you are locked in this cell 24 hours a day. It's crazy shit to go through. I am grateful I have you and my dad in my life because if I didn't, I'd lose hope. And seeing my buddy being taken out of his cell really made me realize that I don't want my life to end here.

NV-CURE believes conditions of confinement within the NDOC must change. Contact Director COX and your Legislators if you agree. Make your voice heard. Thank you.