

Gary M. Northington 193035  
Cotton Correctional Facility  
3510 N. Elm  
Jackson, MI 49201

METROPLEX MI 480  
31 AUG 2021PM 5 L

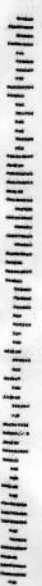
Rudy & Erin Davis  
P.O. Box 2088  
Forney, TX 75126



U.S. POSTAGE  PITNEY BOWES  
ZIP 49201 \$001.76<sup>0</sup>  
02 4M  
0000376916 AUG 31 2021

1.2x

75126-20888



28 AUG 2021

Gary M. Northington 193035  
3510 N. Elm  
Jackson, MI 49201

Dear Rudy & Erin:

C said it has been the longest hot spell she has ever seen. I watched in the weather reports as it occurred and wondered about C's health.

I recall 2 or 3 Summers of 120° for Northwest Ohio in the early 1960s when everything was brown and dry. Even watering the lawn was a wasted effort. It amazes me to still be able to remember such things, all the way back to 3-years old in the early 1950s. I recall seeing the asbestos siding as I fell and hit my head on a rock at 3-years old, then getting stitches in my head at Dr. Gipson's office. Those were the days when life was simple and there were not TVs in most homes. I never saw a TV until I was 13-years old and our life revolved around family and neighborhood friends, not electronic media as things are today. This is why, even though I'm a techno-geek, <sup>I say</sup> that we the People should not forget the basics and be skilled in them, if they are needed for survival in the future. Most will be lost without technology.

Enclosed is my last letter to Governor Whitmer that is in chronological sequence of MDOC events with the prior 3. This is similar to #15 with medical records. I deleted about 40 pages of the records that are not relevant to the blocked Right Coronary Artery. Please put these on ~~the~~ my page. The last page is the Governor's Response.

I'm not surprised that Joe Biden messed-up the exit from Afghanistan. He created a mess in the U.S., so why not expect it elsewhere. It's been a busy day, here.

I hope and pray, as usual, that you are doing well.

God Bless!

Gary M.,  
a.k.a. Roadrunner

ps: Most MDOC Prisons are operating at around 50% staffed because it's difficult to get new hires.

WHITMER #1 7:  
07 JUL 2021

Gary M. Northington #193035  
Cotton Correctional Facility  
3510 N. Elm  
Jackson, MI 49201

GRETCHEN WHITMER, Governor  
P.O. Box 30013  
Lansing, MI 48909

RE: STATE RETALIATION FOR SEEKING MEDICAL RIGHTS IN COURT

Dear Governor WHITMER:

\*\*\* Enclosed Grievances, noted as "Gr #\_\_", and other documents are only supporting evidence summarized herein so you don't have to read them.

A. APRIL 2021 LETTER ON COPAY DENYING MEDICAL CARE

\*\*\* My 07 APRIL 2021 letter to you was on the MDOC abusively charging \$5 Medical COPAY to coerce prisoners to not seek Care for Serious Medical Needs and has thereby KILLED HUNDREDS OF PRISONERS.

B. MAY 2021 LETTER ON DENIAL OF MEDICAL CARE & ABUSIVE TRANSFERS

\*\*\* My 07 MAY 2021 letter with 2016 medical records were on ATTEMPTED MURDER BY the STATE's long term denials of medical care of:

- \* (1) 1-year REFUSAL TO TREAT LYME DISEASE in 1997;
- \* (2) 2.5 month REFUSAL TO TREAT STREP and Walking PNEUMONIA that SCARRED my LUNGS and HEART ("lesions") blocking MY CORONARY ARTERIES since 2008;
- \* (3) 7-month REFUSAL TO TREAT MRSA INFECTION that scarred and paralyzed my Left Leg in 2013;
- \* (4) 7-year Refusal to Treat HYPERLIPIDEMIA that INCREASED my CORONARY artery BLOCKAGE (of § 2) to cause HEART SURGERY in JUNE 2016 and JUNE 2019 but my Right Coronary Artery ("The WIDOWMAKER") is still 100% blocked; and,
- \* (5) Three 12-HOUR BUS RIDES that began UPON HOSPITAL RELEASE FROM OPEN HEART SURGERY (of § 4) again hospitalized me with [1] DEEP VEIN THROMBOSIS and PULMONARY EMBOLI on 06 AUGUST 2016;
- \* (6) Each event put me at point of IMMINENT DEATH and has MADE ME MEDICALLY FRAIL.

C. JUNE 2021 LETTER ON RETALIATION FOR MEDICAL RIGHTS COMPLAINT

\*\*\* My 07 JUNE 2021 letter was on retaliatory taking of my property after I filed medical CIVIL RIGHTS COMPLAINT in NORTHINGTON v ABDELLATIF, U.S. District Court No. 2:16-cv-12931, when MDOC STAFF from AUGUST 2016 to APRIL 2017, TOOK from me:

- \* (1) My beard trimmer and calculator for NORMAL WEAR and tear;
  - \* (2) My memory typewriter by holding it in a locked DRF Prison property room when transferring me then taking from me a typewriter with cut wires they had put in place of it;
  - \* (3) My hobbycraft and writing materials;
  - \* (4) Store items all other prisoners had and were allowed to have;
  - \* (5) My 30-year-old GUITAR for DAMAGE DONE BY MDOC staff RATHER THAN sending it for REPAIR PER MDOC POLICY (they damaged Soundhole PICKUP that was not part of guitar but lied about it as excuse to take guitar);
  - \* (6) My musical accessories and music teaching materials; and
  - \* (7) Refused to transfer my guitar and music materials with me to from JCF to LCF in 2018 CONTRARY TO MDOC POLICY.
- \* All said takings, worth about \$2,700, were taken CONTRARY TO MDOC POLICY.

**jpays** Tell your friends and family to visit [www.jpays.com](http://www.jpays.com) to write letters and send money!

\*\*\* My 07 JUNE 2021 letter also noted: On 02 SEPTEMBER 2020, PROPERTY OFFICER SIMS forced me to send out my guitar (held for 3-years in JCF Property Room) in retaliation for me rejecting what seemed like SIMS' HOMOSEXUAL PROPOSITION that a private part of his body wanted to "HAVE A PERSONAL THING FOR YOU" (me). SEPTEMBER 2020 was the first time, since JANUARY 2017, I was able to see my guitar was not damaged but a soundhole pickup (not of the guitar) was ripped-up by MDOC STAFF. [2]

#### D. THIS LETTER ON 2019 RETALIATION FOR CIVIL COMPLAINT ON MEDICAL CARE

\*\*\* On 15 AUGUST 2019, I filed a 2nd Federal CIVIL RIGHTS COMPLAINT (Enclosed Exhibit COMPLAINT) on the life-threatening, because I am MEDICALLY FRAIL:

- \* (1) AUGUST 2016 12-HOUR bus-ride TRANSFERS between prisons after my multiple heart attacks and strokes; and
- \* (3) continuing 2016 to 2019 denials of medical care.

\*\*\* On 25 AUGUST 2019, MDOC STAFF at LAKELAND Prison (LCF) took carry bags off "DRIVE" Rollater-Walkers of DISABLED PERSONS like me. This forced us to carry our property in one hand (court papers on way to library, food tray at chow, etc.) while holding our Walkers with the other hand on the left or right grip. This puts all user weight on the left or right of Walkers and makes them unstable. DRIVE INC. says to keep user weight at the "CENTER OF GRAVITY" or a Walker or Wheelchair becomes dangerously unstable. I fell 9-times in 3 days while carrying things to appointments because of this (Grievance #315). Administrative STAFF got angry when I told them this.

\*\*\* On 25 AUGUST 2019, the LCF Prison Administration was told I had filed said 2nd Civil Rights Complaint, then transferred me from LCF Prison to URF Prison in the Upper Peninsula (Grievances #316, #317). This 12-hour bus ride further injured my left leg and caused it to drag for weeks because it had gone numb and mostly paralyzed during the 12-hour bus-ride (Grievance #318). This was 2.5-months after my 2nd major HEART SURGERY (EXHIBITS A & R), and 7-weeks after release from hospitalization for ATRIAL FIBRILLATION (EXHIBIT E). It is like the AUGUST 2016 MDOC ATTEMPT TO MURDER me WITH a TRANSFER 5-days AFTER hospital release from OPEN HEART SURGERY AND STROKES (of § B(5)). [3]

\*\*\* Before 28 AUGUST 2019 RETALIATORY TRANSFER to the Upper Peninsula by Deputy Warden R. AULT at LCF, I was scheduled by Henry Ford Hospital in Jackson for follow-up CARE regarding:

- \* (1) Cardiology on my JUNE 2019 HEART SURGERY (EXHIBIT R);
- \* (2) Neurology on my JULY 2019 MRI to fix my paralyzed left leg; and
- \* (3) Inguinal Hernia Surgery.

MDOC STAFF IGNORED Medical Provider HOLD on TRANSFERS TO abusively DELAY Medical CARE over 1.5 years which endangers my life.

\*\*\* Please DEFUND such UNCIVILIZED 3rd-world type TRIBAL ABUSES OF MDOC with ORDER to cease and desist.

Sincerely,

/s/ Gary M. Northington

**jpays** Tell your friends and family to visit [www.jpays.com](http://www.jpays.com) to write letters and send money!

Gary M. Northington,  
Plaintiff Pro Se,

No. 2:16-cv-12931  
Judge Paul D. Borman  
Magistrate Mona K. Majzoub

vs

ABDELLATIF, et al,  
Defendants.

\_\_\_\_\_/

Gary M. Northington #193035  
4269 W. M-80  
Kinchloe, MI 49784  
email @ JPay.com

Plaintiff Pro Se

\_\_\_\_\_/

Sarah R. Robbins, Asst. Attorney General  
P.O. Box 30754  
Lansing, MI 48909  
(517) 335-7573  
Atty. for MDOC Defendants

\_\_\_\_\_/

CHAPMAN LAW GROUP  
RONALD W. CHAPMAN (P37603)  
WEDAD IBRAHIM (P81970)  
JOHN C. CORDELL (P\_\_\_\_\_)  
1441 W. Long Lake Road, Suite 310  
Troy, MI 47098  
(248) 644-6326  
Atty. for CORIZON Defendants

Exhibit A

Medical Record on Plaintiff's STENTS for HEART  
FAILURE and RENAL FAILURE Surgeries (05-07 JUNE  
2019) (4-pages)

Patient Name: Gary Northington  
 Date of Birth: 11/15/48  
 Referring Physician's Name: Dr. Mehta  
 Hospital Name: HFAH  
 Physician's Name: Dr. Mehta  
 State: MI  
 Date of Implant: 6/7/2019

The Vascular recommends registering the MR conditions on this card with the MedicAlert Foundation or equivalent organization. The MedicAlert Foundation can be contacted by phone at: (888) 633-4298, 668-3333 or on the internet at [www.medicalert.org](http://www.medicalert.org).

Identification Information	
REF: 1011499-18 6.0 x 18 mm, 135 cm 9020661	Affix Product Label Here or complete: Product Part # (REF): Product Lot #: Location of Second Stent:
Affix Product Label Here or complete: Product Part # (REF): Product Lot #: Location of Third Stent:	Affix Product Label Here or complete: Product Part # (REF): Product Lot #: Location of Fourth Stent:

- Please carry your Patient Information Card for 90 days. At that time, the Anglo-Seal device components are fully absorbed.
- This product is MR safe and does not contain latex.

- Please carry your Patient Information Card for 90 days. At that time, the Anglo-Seal device components are fully absorbed.
- This product is MR safe and does not contain latex.

Please indicate Anglo-Seal device placement site, date, deployment time and ambulation time on label. Attach label to patient's chart.

INSERTED:  RIGHT  LEFT (check one)  
 Femoral Artery  
 Date: 6-7-2019  
 Deployment Time: 1426  
 Ambulation Time: Dr. Mehta  
 Deployed By: Dr. Mehta  
 Lot Number: 06092861

Clinical Information Service  
 Toll Free 1 (888) 864-7444

Attach label to top of sterile Anglo-Seal device dressing site.

Please indicate Anglo-Seal device placement site, date, deployment time and ambulation time on label. Attach label to patient's chart.

INSERTED:  RIGHT  LEFT (check one)  
 Femoral Artery  
 Date: 10-5-19  
 Deployment Time: 1135  
 Ambulation Time: Dr. Mehta  
 Deployed By: Dr. Mehta

Anglo-Seal™ VIP  
 REF: 610130  
 LOT: 06092861

Clinical Information Service  
 Toll Free 1 (888) 864-7444

Attach label to top of sterile Anglo-Seal device dressing site.

Patient Information Card

MRN: 61783979  
 CSN: 10634201475  
 Northington, Gary  
 11/15/1948 70Y M  
 6/5/2019

Attach label to top of sterile Anglo-Seal device dressing site.

Patient Name: Gary Northington  
 Hospital Name: HFAH  
 Physician Name: Dr. Mehta  
 Physician Phone Number: 217-205-5909

INSERTED:  Right  Left (check one)  
 Femoral Artery  
 Date: 6/7/2019  
 Device Placement Location: HFAH

Anglo-Seal™ VIP  
 REF: 610130  
 LOT: 06092861

Attach label to top of sterile Anglo-Seal device dressing site.

Patient Information Card

Patient Name: Gary Northington  
 Hospital Name: HFAH  
 Physician Name: Dr. Mehta  
 Physician Phone Number: 217-205-5909

INSERTED:  Right  Left (check one)  
 Femoral Artery  
 Date: 6/7/2019  
 Device Placement Location: HFAH

Anglo-Seal™ VIP  
 REF: 610130  
 LOT: 06092861

Attach label to top of sterile Anglo-Seal device dressing site.

Exhibit A,  
 3- pages  
 p. 1

Please keep this card with you for the next 90 days.

Please keep this card with you for the next 90 days.

3933

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF MICHIGANGary M. Northington,  
Plaintiff Pro Se,No. 2:16-cv-12931  
Judge Paul D. Borman  
Magistrate Mona K. Majzoub

vs

ABDELLATIF, et al,  
Defendants.  
-----/Gary M. Northington #193035  
4269 W. M-80  
Kinchloe, MI 49784  
email @ JPoy.com  
-----/Plaintiff Pro Se  
-----/Sarah R. Robbins, Asst. Attorney General  
P.O. Box 30754  
Lansing, MI 48909  
(517) 335-7573  
Atty. for MDOC Defendants  
-----/CHAPMAN LAW GROUP  
RONALD W. CHAPMAN (P37603)  
WEDAD IBRAHIM (P81970)  
JOHN C. CORDELL (P\_\_\_\_\_)  
1441 W. Long Lake Road, Suite 310  
Troy, MI 47098  
(248) 644-6326  
Atty. for CORIZON Defendants  
-----/Exhibit EPlaintiff's MDOC and Hospital Records on 01 JULY 2019  
Food-Triggered HYPOTENSIVE EMERGENCY (9-pages): Pre-syncope and syncope (pp. 1,9); Atrial Fibrillation (pp. 2,4-8); Bradycardia (pp. 2,4,6-7); Defecated and Vomited (pp. 2-3, 6); Hypotensive Emergency (pp. 2,4,6,9); Irregular Heart-beat and Palpitations (p.4); Postprandial Hypotension (p.6); Statin Allergy (p.7); Hypothyroidism (p.8); Ambulance Record (pp. 4-5)



**McLaren Greater Lansing Hospital**  
401 W Greenlawn Ave, Lansing, MI 48910  
Phone: (517) 975-6000

**Patient Summary**  
**Discharge Instructions, Orders and Medications**

**Visit Summary For GARY NORTHINGTON**

We would like to thank you for allowing us to assist you with your healthcare needs. Our entire staff strives to provide an excellent experience for our patients and their families. The following includes information regarding your visit.

**Age:** 70 years **Sex:** Male **DOB:** 11/15/1948 **MRN:** 300000844867  
**Address:** G ROBERT COTTON CORRECTIONAL JACKSON, MI 49201  
**Home:** (989)584-3941 **Work:** -- **Mobile:** --  
**Primary Care Provider:** --  
**Race:** White **Ethnicity:** Not Hispanic, Latino, or Spanish Origin  
**Language:** English  
**Health Plan:** 1°MCD - MEDICAID HMP INCARCERATION

**Immunizations Provided: Immunizations**  
No Immunizations Documented This Visit

**Discharge Diagnosis:** 1:Dizziness; 2:Pre-syncope; 3:Carotid stenosis; 4:Coronary artery disease; 5:Essential hypertension; 6:Hypothyroidism

**Mode of Discharge Transportation:** Other: State Vehicle

*Postprandial Hypotension*

Yes - Patient/Family/Caregiver demonstrates understanding of instructions given

*Gary M. Northington*  
Patient/Family/Caregiver Signature

07/04/19 16:09:14  
Date/Time

\_\_\_\_\_  
Relationship to Patient

NORTHINGTON, GARY M  
Patient Name

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date/Time  
*Exhibit E, 9 pages*



MICHIGAN DEPARTMENT OF CORRECTIONS

3948

NURSE PROTOCOL

SITE: LCF

COMPLETED BY: Jennifer J. Meyer, RN 07/01/2019 5:38 AM

Patient Name: GARY NORTHINGTON

DOB: 11/15/1948

ID#: 193035

Patient presenting with chief complaint(s) of: Cardiovascular.

Vital Signs:

Date	Time	Temp	Pulse	Pattern	Resp	Pattern	BP	Sp O2	Peak Flow	Weight Lb
07/01/2019	5:51 AM		45	regular	18		90/56	99		
07/01/2019	5:42 AM						79/52			
07/01/2019	5:41 AM	96.8	49	regular	18		74/46	99		156.60

← Bradycardia

← Hypotensive Emergency

MISCELLANEOUS AND OTHER COMPLAINTS

Subjective:

Date of Onset: 07/01/2019.

Associated symptoms: Approx. 04:50 am, Prisoner states he felt his BP dropping. Woke up in a cold sweat. Had Officer notify HC. Prisoner arrived to HC via w/c. Diaphoretic. Alert & oriented. Feeling nauseated. Prisoner vomited x3 & had a BM when it started. ← Told to nurse by c/o Buendia.

Objective:

Physical Examination Findings

Vitals taken. Blood sugar = 146. LSCTA. Heart rate, extra beat noted. Provider arrived and notified. EKG ordered.

← Atrial fibrillation

Assessment:

Gave Day shift Nurse report and passed the Prisoner along to her.

Plan:

ORDERS

Status	Order	Reason	Date
completed		Medication allergies and contraindications reviewed and pregnancy ruled out prior to treatment	
completed		Sick call if signs and symptoms of infection develop or symptoms do not subside	

Document generated by: Jennifer J. Meyer, RN 07/01/2019 6:11 AM

Provider: Margaret Ouellette PA

EXHIBIT E, P. 2

NAME: NORTHINGTON, GARY M  
 NUMBER: 193035  
 D.O.B.: 11/15/1948

MICHIGAN DEPARTMENT OF CORRECTIONS - BUREAU OF  
HEALTH CARE SERVICES 3949

PATIENT: GARY NORTHINGTON  
 DATE OF BIRTH: 11/15/1948  
 DATE: 07/01/2019 6:36 AM  
 VISIT TYPE: Provider Visit-unscheduled

**History of Present Illness**

**1. Dizziness**

Onset was 2 Hour(s) ago. Severity is severe. The problem is unchanged. The patient describes it as (an) light-headed. It occurs spontaneously. Denies aggravating factors. Relieving factors include rest. Associated symptoms include nausea, vomiting and weakness. Pertinent negatives include chest pain, diplopia, hearing loss, loss of vision, headache, palpitations, seizures, slurred speech or tinnitus.

**Chronic Problems**

Dermatophytosis

Hypothyroidism

Hyperlipidemia, mixed high cholesterol

Anemia

Degeneration, vitreous body

Opacity, vitreous NEC

Hypertension, essential NOS

Recent MI, Unspecified Site Myocardial Infarction

Atherosclerosis, coronary

CAD, Arterial Graft Open Heart Surgery

Embolism/infarction, pulmonary

Rhinitis, allergic

chr airway obstruct nec - 496 COPD

GERD

Hyperplasia, prostate

Disorders, skin NOS

Osteoarthritis NOS

Claw foot, acquired

Dizziness

Edema food triggered

Symptoms inv respiratory syst/chest

Chest Pain, Unspecified Angina

Pulmonary Embolus, History of during 12-hour bus rides

Long-term Use of Anticoagulants

**Medications Active Prior to Today's Visit**

Drug Name	Dose	Qty	Description
Questran	4 Gram	60	Injest 1 packet mixed with water BID PRN
KOP			
Plavix	75 Mg	30	Take one tablet daily KOP
Coreg	6.25 Mg	180	2 Tablets PO BID s/p CABG
Hold if pulse < 60			
Lisinopril	10 Mg	30	Take 1 by mouth once daily
Nizoral	2 %	1	apply topically to affected area, after 5-10
min rinse with water 2 times a week			KOP

NORTHINGTON, GARY

193035

11/15/1948

1/3

EXHIBIT E,  
P. 3

Zaditor	0.025 % (0.035 %)		1	one drop each eye BID
Cyanocobalamin Injection	1,000 Mcg/ml	1		Give 1ml IM every month
Verapamil Er	120 Mg	30		Take one tablet daily KOP
Saline Nasal Spray	0.65 %	1		One spray in each nostril daily as needed
KOP				
Synthroid	50 Mcg	30		Take one tablet by mouth in am on empty
stomach with a full glass of water				KOP
Zantac	150 Mg	30		Take 1 daily as needed for heartburn
Senna	8.6 Mg	30		Take 1 daily as needed for constipation
for refills				kite
Aspirin	325 Mg	30		Take 1 by mouth once daily
Pain Reliever	325 Mg	60		Take 1 - 2 by mouth 3 times a day as
needed				
Nitroglycerin	0.4 Mg	1		1 tablet PO PRN chest pain, may repeat
every 5 minutes contact physician if used 3 or more.				profile
Incruse Ellipta	62.5 Mcg/actuation		1	1 puff daily. ACMO approved
indefinitely				
Proventil	90 Mcg	1		1 PUFF Q 4-6 hours PRN. Kite for Refill
limit of 2 canisters/12 month.				profile

3950

**Allergies**

<u>Allergen/Ingredient</u>	<u>Brand</u>	<u>Reaction:</u>
Carbamazepine; Tricyclic Anti-depressants		
Phenothiazines		
Benzodiazepines		
Latex	Appears To Get Irritation/rash.	

**Review of Systems**

**Constitutional:**

Negative for fever.

**HEENT:**

**ENMT**

See History of Present Illness.

**Respiratory:**

Positive for:

- Dyspnea.

Negative for cough and wheezing.

**Cardiovascular:**

Positive for:

- Irregular heartbeat/palpitations.

**Gastrointestinal:**

See History of Present Illness.

*Hypotensive Emergency*  
*Bradycardia*

**Vital Signs**

Date	Time	Height	Weight	Temp	Bp	Pulse	Resp.	Pulse Ox	Rest	Pulse Ox	Amb
07/01/2019	6:36 AM	74.0			82/52	40	18	99			
07/01/2019	5:51 AM				90/56	45	18	99			
07/01/2019	5:42 AM				79/52						
07/01/2019	5:41 AM	74.0	156.6	96.8	74/46	49	18	99			

**FiO2 PeakFlow Pain Score Comments**

Report per 3'rd shift RN. PA in to evaluate. EKG completed as ordered. To PA for interpretation. To sent to Promedica ER via ambulance.

Heart rate has Extra beat noted.

Blood sugar= 146

*Atrial Fibrillation*

**Measured By**

Jennifer J. Meyer, RN  
Jennifer J. Meyer, RN  
Jennifer J. Meyer, RN  
Jennifer J. Meyer, RN

**Physical Exam**

NORTHINGTON, GARY

193035

11/15/1948

2/3

*Exhibit E,*  
*P.4*

No acute distress. Well nourished. Overall appearance is ill-appearing and pale.

**Head / Face:** Normocephalic.

**Eyes:**

Right

No icterus.

Left

No icterus.

**Respiratory:** Normal to inspection. Lungs clear to auscultation and percussion.

**Cardiovascular:**

Rate and Rhythm: Heart rate is bradycardic. Rhythm is regular.

**Neurological:**

Level of Consciousness: Normal.

Orientation: Alert and oriented X 3. Grossly normal intellect. .

Memory: Intact. .

**Psychiatric:**

The patient is oriented to time, place, person, and situation.

**Procedures**

**EKG Interpretation:**

Rhythm: atrial fibrillation w/SVR. Rate: 43. QRS Axis and Voltage: normal. Chamber Hypertrophy/Enlargement: normal. ST/T Wave Abnormality: nonspecific abnormality, T-wave leads 1, 11, aVL, V5, V6. Myocardial: Q wave lead 111 (?significance).

**Assessment/ Plan**

Shortness of breath (786.05)

Dizziness and giddiness (780.4)

Hypotension NOS (458.9)

- has not taken Coreg 12.5, Lisinopril 10 mg

CAD, Arterial Graft (414.04)- CABG x 3 2016

- CABG x 3 2016

Atherosclerosis, coronary (414.0)

- CI and DES of D1. LIMA to LAD patent, SVG to RCA patent, and occluded SVG to OM. S/P PTA

Plan comments: Send patient to Promedica via ambulance

Called report to Promedica ER provider

Follow-up upon return

Verbalized understanding of plan of care

**Office Services**

**Instructions / Education**

<u>Status</u>	<u>Completed</u>	<u>Order</u>	<u>Reason</u>
completed	07/01/2019	Patient was reassured	
completed	07/01/2019	Patient education provided and patient voiced understanding	
completed	07/01/2019	Discussed treatment of low blood pressure, A- fib with SVR (new)	

Document generated by: Margaret A. Ouellette, PA-C 07/01/2019 7:01 AM

EXHIBIT E,  
p. 5

NORTHINGTON, GARY  
193035  
11/15/1948

Patient Name: NORTINGTON, GARY M  
MRN: 300000844867

DOB/Age/Sex: 11/15/1948 70 years Male

Kowalczyk, DO, Michael C

**Consultation Notes**

Document Type: Cardiology Consultation  
Service Date/Time: 7/2/2019 11:16 EDT  
Result Status: Auth (Verified)  
Document Subject: Consult Note-cardiology  
Sign Information: Carlson, FNPC, Katherine A (7/2/2019 11:50 EDT); Madala, MD, Mohan C (7/2/2019 11:29 EDT)

**Chief Complaint**

dizziness, lightheadedness

**Reason for Consultation**

atrial fibrillation

**History of Present Illness**

This is a 70 year old male with pmh of hypertension, hyperlipidemia, hypothyroid, DVT/PE, MI, CAD with CABG x 3 (2016), cardiac stents x 2 on 06/05/2019, and a renal artery stent on 06/07/19. He also has a history of post-prandial hypotension that he reports has been ongoing x 30 years. He transferred to MGL on 7/1 from Coldwater Regional Hospital; originally presented from Lakeland Correctional Facility following an episode of symptomatic bradycardia and hypotension.

Patient reports he awoke at 4 am and had a snack per his usual routine. He laid back down and shortly thereafter began having cold sweats, nausea, and had the urge to defecate. He ambulated to the bathroom where he did vomit and have a bowel movement (not diarrhea). He called for help at that time and was taken to the medical unit for evaluation. He was found to have a blood pressure of 80s/40s and a heart rate in the 30s. An EKG performed at that time revealed him to be in atrial fibrillation with a heart rate in the 40s. He reports that he had another episode of N/V with another bowel movement, and then his symptoms began to resolve. He was then taken to Coldwater Regional and subsequently to MGL for further evaluation. EKG done at Coldwater showed a sinus rhythm with a rate of 67 and frequent PVCs.

**Problem List/Past Medical History**

Ongoing

- Allergic rhinitis
- Anemia
- Carotid stenosis
- Chest pain
- Chronic airway obstruction
- Claw foot
- Coronary artery disease
- Coronary atherosclerosis
- Dermatophytosis
- Edema
- Essential hypertension
- GERD
- Hyperlipidemia
- Hypertension
- Hypothyroidism
- Osteoarthritis
- Personality disorder
- Prostate hyperplasia
- Pulmonary embolism

Historical

atrial fibrillation

Carotid stenosis

Patient reports that he had been prescribed 120 mg verapamil po daily for rate control of his atrial fibrillation in May of this year. He had a cardiac catheterization on June 5, 2019; records indicate "PCI and DES of D1. LIMA to LAD patent, SVG to RCA patent, and occluded SVG to OM" (from Department of Corrections records sent with patient). Patient states that his verapamil was not returned to him following his stay at Henry Ford Allegiance in June. He was therefore without this medication from approximately June 8th until his new prescription came on June 30th. He took his first dose with dinner on 6/30, and this episode occurred at approx 4 am on 7/1. His other home medications include clopidogrel, 81 mg aspirin, carvedilol 12.5 BID, and lisinopril 10 mg QD.

**Procedure/Surgical History**

Renal angiogram (06/07/2019), Stent placement (06/05/2019), CABG x 3 - Coronary artery bypass grafts x 3 (01/01/2017).

**Medications**

Inpatient

- famotidine, 20 mg= 1 tabs, Oral, BID
- Ketotifen 0.035% Opth Soln, 1 EA, Eye-Both, Q12H
- lisinopril, 10 mg= 1 tabs, Oral, Daily w/Lunch
- Plavix, 75 mg= 1 tabs, Oral, Daily
- Proventil HFA 90 mcg/inh inhalation aerosol, 90 mcg= 1 puffs, Inhale, Q4H, PRN
- Spiriva, 18 mcg= 1 cap, Inhale, Q24H
- Synthroid, 50 mcg= 1 tabs, Oral, Daily
- Xarelto, 20 mg= 1 tabs, Oral, Daily w/Supper

Since arrival at MGL he has had a carotid doppler study which showed bilateral ICA stenosis of 50-69%. EKG showed sinus bradycardia with a rate of 57. An echocardiogram was performed; results are pending. Last blood pressure was 121/70 with a HR of 53. Labs show troponin 0.020, Hgb 11.1.

Upon exam this morning patient denies chest pain, palpitations, headache, or edema. He reports that while most of his symptoms have resolved, he still complains of some nausea and dizziness with position changes. He is a non-smoker. His father also had coronary artery disease.

Exhibit E, p. 1

Gary M. Northington,  
Plaintiff Pro Se,

No. 2:16-cv-12931  
Judge Paul D. Borman  
Magistrate Mona K. Majzoub

vs

ABDELLATIF, et al,  
Defendants.

\_\_\_\_\_/

Gary M. Northington #193035  
4269 West M-80  
Kincheloe, MI 49784  
email @ JPay.com

Plaintiff Pro Se  
\_\_\_\_\_/

Sarah R. Robbins,  
P.O. Box 30754  
Lansing, MI 48909  
(517) 335-7573  
Atty. for MDOC Defendants  
\_\_\_\_\_/

Asst. Attorney General

CHAPMAN LAW GROUP  
RONALD W. CHAPMAN (P37603)  
WEDAD IBRAHIM (P81970)  
JOHN C. CORDELL (P\_\_\_\_\_)  
1441 W. Long Lake Road, Suite 310  
Troy, MI 47098  
(248) 644-6326  
Atty. for CORIZON Defendants  
\_\_\_\_\_/

EXHIBIT R

Plaintiff's 2019 Henry Ford Medical Record on HEART  
Tests and Surgery (6-pages):  
Coronary Stents (p.1)(05 JUN 2019);  
Stress Test (19 JAN 2019)( pp. 2-3);  
Heart Catherization and Surgery (05 JUN 2019)( pp. 4+5);  
Renal Surgery (07 JUN 2019)( p. 6).

182-1, p. 67

ECF#232; Pg ID 4030

Pg ID 3288

# NM myocardial perfusion imaging pharmacologic stress test

Status: Final result

## Patient Images

Show images for NORTHINGTON, GARY M



Auth Prov: Oliver Johnston

### Henry Ford Health System Radiology

Henry Ford Allegiance Radiology Nuclear Medicine, Henry Ford Allegiance Diagnostic Cardiology  
**Imaging Result**

Name:	DOB:	Sex:	Patient Class:
Northington, Gary M	11/15/1948	Male	Nuc Med Series
MRN:	Patient Location:	Authorizing Provider:	Accession Number:
61783979		Oliver Johnston	i0003396414
Procedures Performed:	Exam Time:	Reason for Exam:	Diagnosis:
NM myocardial perfusion imaging pharmacologic stress test	01/29/2019 11:36 AM	transcribed - chest pain, skin disorders Other Comments	Chest pain, unspecified type Disorder of skin color

ORDER DATE: 1/29/2019 11:36 AM  
PROCEDURE: NM MYOCARDIAL PERFUSION IMAGING PHARMACOLOGIC STRESS TEST

REASON FOR EXAM: Other Comments; transcribed - chest pain, skin disorders

ADDITIONAL HISTORY: EF 53%; TID 1.05

SPECT MYOCARDIAL PERFUSION SCAN WITH PHARMACOLOGIC STRESS

Technique: At rest, 8.8 mCi of sestamibi was injected. 0.4 mg of Lexiscan was injected intravenously over 13 seconds. At peak stress, 25.8 mCi of sestamibi was injected. Gated SPECT imaging was

From Pg ID 3288  
ECF# 182-1  
Exhibit R,  
P. 4  
Exhibit R

182-1, p. 68

ECF# 232 PgID 4031  
~~PgID 3289~~

performed. Left ventricular wall motion is analyzed, with calculation of the ejection fraction. Image acquisition was done utilizing SPECT-CT technology. Attenuation correction and nonattenuation correction imaging was obtained and reviewed.

Comparison: none.

FINDINGS:

The left ventricle is normal in size. There is a large stress-induced perfusion defect noted involving almost entire lateral wall and lateral portion of inferior wall with corresponding hypokinesia. No fixed perfusion defect is seen to suggest infarct.

The left ventricular ejection fraction is calculated at 53% with stress. The TID ratio is calculated at 1.0, with normal values less than 1.2.

The CT portion of the SPECT-CT imaging demonstrates a normal appearance of the lungs and mediastinum, to the extent evaluated.

Caused by blocked Right Coronary Artery.

IMPRESSION:

1. Large stress-induced perfusion defect involving almost entire lateral wall and basilar and midportion of inferolateral wall with corresponding hypokinesia ischemia.
2. No evidence of infarction.
3. The ejection fraction is calculated at 53% with stress

INITIATED BY: Mohammad Asad, M.D  
Interpreted, finalized AND E-SIGNED: Mohammad Asad, M.D at 1/29/2019 11:54 AM  
WORKSTATION: DSV2  
MDOC:

Signed By: Mohammad Asad, MD on 1/29/2019 11:54 AM

CPT for Order

From PgID 3289  
ECF# 182-1, R, p. 5  
Exhibit R, p. 3



Diagnosis: I20.8 Angina pectoris

Test supervised and electronically signed by reading/interpreting physician h7994 Tareq Baghal on 6/6/2019 at 3:42:47 PM

Final

## Cardiac Cath - Cardiac Results

### Cardiovascular Catheterization Procedure

Resulted: 06/05/19 1156, Result status: Edited Result

Accession number: I0003490150

Resulting lab: SYNGO

Narrative:

HENRY FORD HEALTH SYSTEM  
Henry Ford Allegiance Hospital  
205 N. East Ave  
Jackson, MI 49201

### Cardiovascular Catheterization Report

Patient Name: GARY M NORTHINGTON Date of Study: 6/5/2019  
Med Rec #: 61783979 Patient Height: 188.0 cm (74.0 in)  
Date of Birth: 11/15/1948 Patient Weight: 71.2 kg (157.0 lb)  
Patient Age: 70 years Patient BSA: 1.96 m<sup>2</sup>  
Pt. Gender: M Accession #: 207406102

### Performing Physician(s):

Diagnostic Physician: Mehta, Rajendra Interventional Physician: Mehta,  
MD Rajendra MD

Ordering Physician: H138258 RAJENDRA MEHTA

INDICATIONS:  
CAD

Non-Invasive Stress Test Risk Stratification: High-Risk (>3% annual mortality rate).

### PROCEDURES PERFORMED:

Bypass Grafts, Coronary Angiogram, Coronary Stent, Left Heart Cath and Lima Injection

### CONCLUSIONS:

1. Unstable angina positive stress test.
2. HEMODYNAMICS: Moderately elevated systemic pressure. Normal LVEDP.
3. CORONARY ANGIOGRAPHY: Three vessel (involving proximal LAD) obstructive coronary artery disease.
4. VALVE FINDINGS: No aortic valve stenosis.
5. LM: no left main stenosis.
6. LAD: no left anterior descending artery stenosis.  
Mid LAD: 100% LAD stenosis.  
Distal LAD: 100% LAD stenosis.  
Diag 1: 90% entire 1st diagonal stenosis with long, moderately calcified, calcified lesion.
7. LCX: 100% left circumflex stenosis.
8. Proximal circumflex: fills by left to left collaterals.
9. RCA: no right coronary artery stenosis.
10. GRAFTS: LIMA to mid LAD: patent. SVG1 to distal RCA: patent. Radial to OM1: totally occluded 100% stenosis in ostium of graft.
11. INTERVENTIONAL RESULTS (Lesion 1): (overlapping within same lesion). 3 tandem lesions proximal two fixed with PCI and stent. distal lesion unable to fix.
12. Successful mRFR of right common femoral puncture site.
13. Ostial right renal artery showed 95% stenosis.

Right Coronary Artery, "The Widowmaker", that has been blocked since 2008. The bypass failed in 2016.

### COMPLICATIONS:

None.

FINAL DIAGNOSIS: CAD

RECOMMENDATIONS:

Exhibit R, p.4



STATE OF MICHIGAN  
OFFICE OF THE GOVERNOR  
LANSING

GRETCHEN WHITMER  
GOVERNOR

GARLIN GILCHRIST II  
LT. GOVERNOR

August 9, 2021

Gary Northington (#193035)  
3510 N Elm  
Jackson, MI 49201

Dear Gary,

Thank you for reaching out to my office. I appreciate the time you took to write me and the opportunity to respond.

I am committed to keeping an open line of communication between our state government and the people of Michigan. While we have received thousands of messages in recent months, please know that every message is given proper attention and that your correspondence is being reviewed by the appropriate members of my office.

I take your feedback and concerns seriously, and I am committed to protecting the health, safety, and well-being of all Michiganders. Thank you again for contacting my office.

Sincerely,

A handwritten signature in black ink, appearing to read "Gretchen Whitmer".

Gretchen Whitmer  
Governor of Michigan