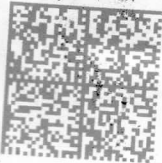


Gary M. Northington 193035
Cotton Corrections Facility
3510 N. Elm
Jackson, MI 49201

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

METROPLEX MI 480
8 OCT 2021 PM 6 L



U.S. POSTAGE PITNEY BOWES
ZIP 49201 \$000.93⁰
02 4W
0000376916 OCT 08 2021

75126-2088

93



05 OCT 2021

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

Dear Brother Rudy:

I got back from the hospital very late on the day after my hernia surgery (28 SEP 2021). It would have been an in and out procedure but I was held a 2nd day because I could not urinate after the surgery. Apparently, a nurse got rowdy with putting a catheter in while I was knocked-out before the surgery. I am still self-cathing when needed because the nurse ruptured my urethra and a blood clot blocks it sometimes. I'm still slightly tired.

JPay has been blocking my emails since I sent Deep State Coup D'Etat #26. I'm working on getting it cleared. It makes one wonder if they are angry with the TRUTH. THEY CAN'T HANDLE THE TRUTH.

The \$3.5-trillion U.S. House Bill is a wholesale attempt to bankrupt and MARXIZE the U.S.A. I told Joe Manchin he needs to change political parties. IF that Bill passes in any form, it's Civil War 2. There are more of us than there are of them.

I see by your last email that the Lord has given us a like revelation on COVID-19. Info I get says that a large part of COVID-19 statistics are false with intent to create fear.

Please file the enclosed latest letter to Governor Whitmer. It has my latest medical records.

May God Bless and Protect Y'all!

Gary M.

God Bless the Republic; Death to the New World Order;
We shall prevail! (GDW)

Silver and Gold are the only legal currency. U.S. Const.

WHITMER #18, p. 1:
07 SEP 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:

*** Thank You for acknowledging receipt of my prior letters. 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 was on ATTEMPTED MURDER BY the STATE's long term denials of medical care of:

- * (1) 1-year REFUSAL TO TREAT LYME DISEASE in 1997-1998;
- * (2) 2.5 month REFUSAL TO TREAT STREP and Walking PNEUMONIA that SCARRED my LUNGS and HEART ("lesions") blocking MY CORONARY ARTERIES since APRIL 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 (EXHIBIT A); and,
- * (5) Three 12-HOUR BUS RIDES UPON HOSPITAL RELEASE FROM OPEN HEART SURGERY (of § 4) that again hospitalized me with DEEP VEIN THROMBOSIS and PULMONARY EMBOLI on 06 AUGUST 2016;
- * (6) Of which 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 an AUGUST 2016 to MAY 2017 [1] 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 TOOK from me:

- * (1) My beard trimmer and calculator for NORMAL WEAR and tear;
 - * (2) My memory typewriter by holding it in a locked property room, 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 to a Soundhole PICKUP that was not part of the guitar but they lied as an excuse to take the guitar, RATHER THAN sending the pickup for REPAIR PER MDOC POLICY;
 - * (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.
- * The takings, worth about \$1,700, VIOLATED MDOC POLICY.

jp Tell your friends and family to visit www.jp.com to write letters and send money!

WHITMER #18, p. 2:

*** My 07 JUNE 2021 letter also noted: On 02 SEPTEMBER 2020, PROPERTY OFFICER SIMS MADE ME SEND OUT my GUITAR, after HELD 3-YEARS in JCF Property Room, FOR me REJECTING HIS likely PROPOSITION OF a private part of HIM WANTING to "HAVE A PERSONAL THING FOR YOU" (me). SEPTEMBER 2020 was the first time, since 2016, I had seen my guitar was not damaged, because ARUS Chris YOUNG would not bring it to alleged 2017 hearing IN VIOLATION OF POLICY. MDOC STAFF had ripped-up a soundhole pickup (NOT part OF GUITAR) to create a lie for taking my guitar.

D. JULY 2021 LETTER WAS ON 2019 RETALIATION FOR 2ND MEDICAL COMPLAINT

*** My 07 JULY 2021 letter states that on 15 AUGUST 2019 I filed a 2nd CIVIL RIGHTS COMPLAINT, U.S. District Court No. 2:19-cv-12329, about: (1) Two AUGUST 2016 12-HOUR BUS-RIDE TRANSFERS between 3 prisons, 5-days after hospital release from surgery for multiple heart attacks and strokes; and (2) further 2016 through 2019 REFUSALS TO TREAT causes of such INJURIES.

*** My 07 JULY 2021 letter, with medical records, states:

* (1) On 25 AUGUST 2019, the LCF Prison Administration was told I had filed said Second MEDICAL RIGHTS COMPLAINT;

* (2) On 28 AUGUST 2019, MDOC STAFF transferred me from LCF Prison to URF Prison in the Upper Peninsula which further injured my partially [2] paralyzed Left Leg and caused it to drag for weeks because it had gone totally numb and paralyzed during the 12-HOUR BUS-RIDE;

* (3) This was 2.5-months after my 2nd major HEART SURGERY, and 7-weeks after hospitalization for ATRIAL FIBRILLATION, like the AUGUST 2016 ATTEMPT TO MURDER ME BY TRANSFER (§ B(5) herein) 5-days AFTER hospital release from OPEN HEART SURGERY AND STROKES;

* (4) Before the 28 AUGUST 2019 RETALIATORY TRANSFER to the Upper Peninsula, I had been scheduled by Henry Ford Hospital in Jackson for follow-up CARE regarding: (a) Cardiology on my JUNE 2019 HEART SURGERY; (b) Neurology on my JULY 2019 MRI about my paralyzed left leg; and (c) Inguinal Hernia Surgery;

* (5) All of which are thereby ABUSIVELY DELAYED over 2 years for the follow-up Medical CARE; and

* (6) This was and is life-threatening by the delay because I am MEDICALLY FRAIL with a blocked Right Coronary Artery, "The WIDOWMAKER" (EXHIBIT A, 11 MAY 2021).

E. THIS LETTER IS ON MORE RETALIATION FOR 2ND MEDICAL LAWSUIT

E(1). MDOC STAFF TOOK MEDICAL & PERSONAL SUNGLASSES

*** On 01 JUNE 2015, I had passed-out and hit my head on the floor during an Atrial FIBRILLATION event (which CORIZON HEALTH INC. had refused to treat for 15-years). This caused a "THROMBUS" (clot) and a likely ANEURYSM of my Right Carotid Artery Bulb (attached EXHIBIT B, 03 MAY 2021). Every once in a while, part of the blood clot breaks-off and blocks either my optical artery or temporal artery where they come out of the Bulb, and sometimes the clot grows. Depending upon which artery is blocked, I either go temporarily blind, pass-out and/or get confused. MDOC/CORIZON MEDICAL refuses to treat this.

*** I have a constantly varying 50% to 75% stenosis caused by the "THROMBUS" (blood clot) in my Right Carotid Bulb (EXHIBIT B) that always lessens blood flow (STROKE) to my right brain and right eye which causes repeated events of TRANSIENT MONOCULAR BLINDNESS (TMB) every 5 to 6 months (Gr #154-359, not all #s) (Gr #284, p. 2) (Gr #286, pp. 2-3) (pages 2-5 of Gr #327-329) (Gr #351, pp. 6-8, 10, 16) (pages 1-3 of Gr #354, 356, 359). After each TMB event, my vision is like looking through a spiderweb for months. Each TMB event further permanently degrades my vision to where, now, the large "E" on an eye chart often is no more than a dark shadow. [3]

*** Loss of blood flow to my right eye deprives the Vitreous Humor, which feeds the retina, of fluid and dries it out when I am in bright sunlight. I purchased my own sunglasses to protect my eye from this drying (Gr #329, p. 7 (receipt), ADA Complaint). MDOC Policy PD 04.07.112, Attachment C, § 44 (attached EXHIBIT C), allows prisoners to have sunglasses, and most have them. Certain corrupt STATE ACTORS are on an agenda to BLIND ME because I filed lawsuits on DENIAL OF MEDICAL CARE, and reached into MDOC prisons to cause this.

jpays Tell your friends and family to visit www.jpays.com to write letters and send money!

*** MICHIGAN DISABILITY RIGHTS, INC. says they can DO NOTHING TO GET MY PERSONAL SUNGLASSES BACK, so they are ALLOWING ME TO GO BLIND. **Property Officer SIMS took my sunglasses (Exhibit D, p. 2).**

E(2). MDOC STAFF TOOK PERSONAL, SOLD-IN-STORE CUSHION INSOLES

*** On 01 NOVEMBER 2019, Property Officer SIMS wrongfully took my properly-bought and owned personal cushion insoles, used to lessen impact of my feet HITTING-THE-GROUND which damages my nerves where they come through damaged discs in my lumbar spine. In violation of MDOC POLICY, SIMS took these cushion insoles by falsely claiming they were "altered" from the original size 13 by being cut to fit my size 12 E shoe when insoles are designed to be so cut. **See Gr #s 331, 335, 361, and attached Exhibit D, p. 1.**

E(3). NO DUE PROCESS AT ANY MDOC HEARING

*** ARUS Theresa KIK, who held FALSE HEARINGS on my aforesaid property, is an abusive and foulmouthed person. She deliberately ignores policy and evidence so that a prisoner never has a chance of getting a rightful decision. ARUS Chris YOUNG did the same in 2017 when he refused to take my guitar to a hearing but merely issued a hearing report without a hearing. They had an abusive predetermined agenda controlled by BRIBE-TAKING JUDGES who reach into the prison because I exposed their crimes.

F. CONCLUSION

*** PLEASE HAVE MY LEGALLY-OWNED medical and personal SUNGLASSES AND cushion INSOLES (allowed by policy as a prisoner-store/catalog items), HELD IN the JCF PROPERTY ROOM ((517) 780-5207), RETURNED TO ME.

Sincerely,

/s/ Gary M. Northington

JPAY Tell your friends and family to visit www.jpayers.com to write letters and send money!

193035

Henry Ford Allegiance Scheduled Care
205 N EAST AVE
JACKSON MI 49201-1753

Northington, Gary M
MRN: 61783979, DOB: 11/15/1948, Sex: M
Visit date: 5/11/2021

Progress Notes by Othman, Hussein, MD at 05/11/21 1400

Author: Othman, Hussein, MD

Service: —

Author Type: Physician

Filed: 05/11/21 1409

Encounter Date: 5/11/2021

Status: Signed

Editor: Othman, Hussein, MD (Physician)



Jackson Cardiology Consultants, P.L.L.C

Hussein Othman MD FACC, Bischan Hassunizadeh MD FACC,
Tareq Baghal MD FACC SCAI

205 Page Avenue
Jackson MI 49201
517-387-3577

New Patient Visit

Name: Gary M Northington **Date of Birth:** 11/15/1948 **AGE:** 72 y.o. **MRN:** 61783979

Dear Dr. Hospital, Duane Waters,

I had the pleasure of seeing Gary M Northington in office today for cardiovascular evaluation.

Chief Complaint:

Chief Complaint

Patient presents with

- Consult

History of Present Illness

HPI

The patient is a very pleasant male who presented for follow-up on echocardiogram and stress test. He reports ongoing dyspnea and chest pain on exertion. There is no nausea vomiting orthopnea or PND. He is taking nitroglycerin on regular basis. There is no dizziness lightheadedness.

Past Medical History

Past Medical History:

Diagnosis

- Cancer (CMS-hcc)
skin CA basal/squamous
- Chronic obstructive pulmonary disease (CMS-hcc)
- Hyperlipidemia
- Hypertension
- Myocardial infarct (CMS-hcc)
- Renal failure

Past Surgical History:

Procedure

- CORONARY ARTERY BYPASS GRAFT
- pilonidal cyst removed

Exhibit A
page 1 of 4

193035

Physical ExamPhysical Exam

Constitutional: He appears healthy. No distress.

Eyes: Pupils are equal, round, and reactive to light. Conjunctivae are normal.

Neck: Thyroid normal. No JVD present. No neck adenopathy. No thyromegaly present.

Cardiovascular: Regular rhythm, normal heart sounds and intact distal pulses. PMI is not displaced.

Pulses:

Carotid pulses are 2+ on the right side and 2+ on the left side.

Dorsalis pedis pulses are 1+ on the right side and 1+ on the left side.

Pulmonary/Chest: Effort normal and breath sounds normal. He has no wheezes. He has no rales. He exhibits no tenderness.

Abdominal: Soft. Bowel sounds are normal.

Musculoskeletal:

General: No tenderness or edema. Normal range of motion.

Cervical back: Normal range of motion and neck supple.

Neurological: He is alert and oriented to person, place, and time. He has normal motor skills and intact cranial nerves.

Skin: Skin is warm and dry. No cyanosis. Nails show no clubbing.

Lab Review:

Results on 05/08/2021

| Component | Date | Value |
|---------------------|------------|----------|
| • SARS-CoV-2 Result | 05/08/2021 | NEGATIVE |

Hospital Outpatient Visit on 05/03/2021

| Component | Date | Value |
|---------------------------|------------|-------|
| • Creatinine, whole blood | 05/03/2021 | 1.1 |
| • GFR african american | 05/03/2021 | 77 |
| • GFR nonafrican american | 05/03/2021 | 67 |

Results on 04/29/2021

| Component | Date | Value |
|---------------------|------------|----------|
| • SARS-CoV-2 Result | 04/29/2021 | NEGATIVE |

Results on 03/22/2021

| Component | Date | Value |
|---------------------|------------|----------|
| • SARS-CoV-2 Result | 03/22/2021 | NEGATIVE |

No results found for: CHOL, TRIG, HDL, LDLDIRECT

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

Exhibit A, p. 2 of 4

193035

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.

Summary:

1. Ejection fraction is estimated to be 45% in the range of 45 - 50%. Mildly reduced LV ejection fraction.
2. Left ventricular cavity size is normal. LV wall thickness is normal.
3. There was akinesis of the basal and mid anterolateral, inferolateral and inferior wall.
4. Spectral doppler shows pseudonormal pattern of LV diastolic filling (grade 2).
5. Thinning of the LV inferolateral wall.
6. Normal right ventricular size and normal global RV systolic function.
7. Estimated PA pressure is 31 mmHg. Normal pulmonary artery systolic pressure.

Assessments/ Plan

No problem-specific Assessment & Plan notes found for this encounter.

Gary was seen today for consult.

Diagnoses and all orders for this visit:

ASHD (arteriosclerotic heart disease)

- Cardiovascular Catheterization Procedure; Future
- CBC; Future
- Basic Metabolic Profile
- Prothrombin Time / INR; Future

Surgical followup

- Schedule Care Request

Hx of CABG**Essential hypertension****Dyslipidemia****Ischemic cardiomyopathy**

Angina class III despite medical therapy with new onset cardiomyopathy EF 45%. Reports side effects with imdur, CCB and ranexa

Discussed different options with the patient. Patient would like to proceed with heart catheterization. I had lengthy discussion with the patient about need for dual antiplatelet therapy for 1 year and possibility that he has to delay all his elective surgery for 1 year. He would like to proceed with cath. I explained that if he wants to proceed with hernia repair then hernia repair has to be delayed for one year or he could have his hernia repair prior to cath

Exhibit A,
p. 3 of 4

193035

Either way cath will be scheduled based on patient preference, Cardiac cath is recommended to the patient to evaluate the coronary anatomy. Benefits and risks were discussed in details. Alternatives were discussed. Risk including but not limited to bleeding, arterial injury, dissection, perforation, tamponade, contrast reaction, contrast-induced nephropathy, radiation injury, stroke, need for PCI, need for emergent surgery, need for dialysis and death were all explained and the patient (and family) agrees to proceed. Please schedule heart catheterization with Jackson Cardiology

ASHD

Continue ASA and plavix. Cannot tolerate endo Ranexa or calcium channel blocker

DLP

Consider Repatha given allergy to statin

HTN

Continue to monitor BP

Order:

1. The patient was instructed on a low fat diet.
2. The patient was instructed on a low sodium diet. Fluid intake was discussed in detail.
3. Instructions given to the patient on a low carbohydrate diet.
4. The importance of weight loss and exercise was discussed with patient.
5. Tobacco cessation was discussed and advised.
6. The importance of medication compliance was discussed with the patient.
7. The patient was instructed to call office or go to ER if symptoms worsens.
8. Risk/benefit of antiplatelet/anticoagulation therapy was discussed with the patient.
9. pertinent lab data and diagnostic tests were discussed with the patient in detail.

The following portions of the patient's history were reviewed and updated as appropriate: allergies, current medications, past family history, past medical history, past social history, past surgical history and problem list.

Thank you for this interesting referral. Should you have any questions, please do not hesitate to call us.

HUSSEIN OTHMAN, MD

Procedure visit on 5/11/2021

Exhibit A, p. 4 of 4

Northington, Gary M (MR # 61783979) DOB: 11/15/1948

Imaging Result

Northington, Gary M
MRN: 61783979, Male, 11/15/1948
i0003949251



Henry Ford Health System Radiology
Henry Ford Allegiance Health

ORDER DATE: 5/3/2021 4:11 PM
PROCEDURE: CT ANGIOGRAPHY HEAD NECK W IV
CONTRAST

REASON FOR EXAM: Other Comments; transcribed
ADDITIONAL HISTORY: Pt states pain in right side of head x 10
years,
worsening. C/o right sided vision loss with leg numbness x 6
months. ;
Contrast: IOPAMIDOL 76 % INTRAVENOUS SOLUTION 75 mL;
-
CT ANGIOGRAM OF THE HEAD AND NECK-CTA OF THE
CAROTIDS AND CIRCLE OF
WILLIS

Technique: Routine CT angiography was performed of the head
and neck.
Multiple reconstructions were performed including MIP and 3D
imaging.
Axial CT images are reviewed from the mid head, through the
neck and
into the upper chest. Automated dose control technique was used
for
this exam.

Comparison: none

FINDINGS:

There is moderate medial thrombus development involving the
right
carotid bulb with resulting in approximately 50-60% stenosis of the
proximal right ICA. No abnormality is seen at the left carotid bulb.
Bilateral vertebral arteries and basilar artery are also patent. There
is mild to moderate calcific plaque at the origin of the left
vertebral artery, with evidence of mild to moderate narrowing of
around 20-40%.
There is no evidence of dissection or aneurysm involving carotid or
vertebral arteries.

There is no evidence of aneurysm about the circle of Willis. No
vascular 50-60 malformation is seen.
No large vessel occlusion is seen in the anterior, middle and
posterior cerebral arterial distributions. No significant intracranial
stenosis is demonstrated. There are no signs of vasculitis.
No enhancing brain lesion is identified.

Appointment Info

Exam Date

05/03/2021 4:11 PM

Patient Class

Outpatient

Department

Henry Ford Allegiance Radiology
CT

Diagnoses

Nonintractable headache,
unspecified chronicity pattern,
unspecified headache type
Visual changes

Providers

Authorizing Provider

Hallett, Victoria
No address on file

CC Providers

Exhibit B, p. 1 of 3

No significant abnormality is seen in the neck or visualized upper chest.
No acute osseous abnormality is identified.

IMPRESSION:

1. Moderate atherosclerotic change at the right carotid bulb
2. Partially calcific and circumferential plaque in the proximal right ICA associated with approximately 55% stenosis the proximal right ICA
at C6-7 millimeters above the origin.
3. Approximately 20-40% narrowing of the left vertebral artery origin.
4. CT angiography of the head and neck is otherwise unremarkable.

-
Radiologist/Resident/RPA/USP: Craig Brand, RPA.

I have personally reviewed the images, finalized the report and
E-signed: James Heisel, M.D. at 5/4/2021 12:35 AM
WORKSTATION: RADIOLOGIST4-PC
MDOC: 193035

Signed By: Heisel, James E, MD on 5/4/2021 12:35 AM

Patient Name: NORTHINGTON, GARY M
MRN: 300000844867

McLaren Greater Lansing Hospital

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

Kowalczyk, DO, Michael C

Ultrasound

| Exam | Accession | Exam Date/Time | Patient Age at Exam |
|-----------------------------|---------------|--------------------|---------------------|
| VL Carotid Duplex Bilateral | US-19-0013214 | 7/1/2019 18:15 EDT | 70 years |

Reason for Exam
(VL Carotid Duplex Bilateral) Pre-syncope

Report

EXAM:
Bilateral duplex carotid ultrasound

DATE/TIME:
7/1/2019

INDICATION:
Syncope

COMPARISON:
None available

FINDINGS:
Right carotid:
Mild intimal wall thickening of the right common carotid artery. There is moderate, heterogeneous atherosclerotic plaque involving the carotid bulb and proximal internal carotid artery. The internal carotid peak systolic velocity was calculated at 143 cm/sec, end-diastolic velocity 42 cm/sec and the internal carotid to common carotid peak systolic velocity ratio is 1.9. External carotid artery stenosis. There is antegrade flow within the right vertebral artery demonstrating patency of the right posterior circulation.

Left carotid:
Mild intimal wall thickening of the left common carotid artery. There is mild, heterogeneous atherosclerotic plaque involving the carotid bulb and proximal internal carotid artery without elevated flow velocities. The internal carotid peak systolic velocity was calculated at 125 cm/sec, end-diastolic velocity less than 40 cm/sec and the internal carotid to common carotid peak systolic velocity ratio is less than 2.0. There is antegrade flow within the left vertebral artery demonstrating patency of the posterior left circulation.

IMPRESSION:
1. Moderate heterogeneous atherosclerotic plaque involving the right internal carotid artery consistent with 50-69% luminal narrowing based on spectral waveforms and flow velocities

← 69% loss of blood flow to right eye, causing vitreous to dry out in sunlight. Also, possible Temporal arteritis.

34. Table/board games. "Dungeons and Dragons" and fantasy role-playing games of a similar type are prohibited. Chess pieces must be either hollow with no bottom or solid. Games shall not contain dice, metal pieces or other items that may pose a threat to the custody and security of the institution.
35. One photo album/scrapbook without wire/metal binding. New purchases must be through the prisoner store.
36. Hobbycraft items as approved on the prisoner's Hobbycraft Card at the facility in which the prisoner is housed.
37. Recreation equipment as specifically approved by the Warden of the institution in which the prisoner is housed. This does not include athletic shoes that are addressed below. The equipment shall be stored in an area identified by the Warden, that may be the prisoner's cell or room. The item must be labeled or inscribed with the prisoner's identification number prior to delivery to the prisoner.

Recreational equipment limited to athletic shorts, one baseball style cap, and one pair of athletic shoes as approved by the CFA Deputy Director or designee. Athletic shoes may not have metal cleats. Athletic shoes purchased on or after December 12, 2013 may not have cleats of any kind. Athletic shorts shall not be worn on visits or worn on assignments. Athletic shoes shall not be worn on visits or on assignments where state-issued footwear is issued pursuant to PD 04.07.110 "State-Issued Items and Cell/Room Furnishings" as required footwear for that assignment. Authorized recreational equipment must be labeled with prisoner's identification number prior to being given to the prisoner.

38. One musical instrument and one case as specified on attachment d of this policy, and as approved by the Warden of the institution in which the prisoner is housed. Instruments with voice recording capability are prohibited. Approved instruments and cases shall be stored in an area identified by the Warden, that may be the prisoner's cell or room. The case must be labeled or inscribed with the prisoner's identification number prior to delivery to the prisoner. In facilities where musical instruments cannot be purchased by prisoners, a storage location will be identified where the musical instrument and case will be stored for the prisoner until they transfer to another facility, parole, or discharge. A prisoner may continue to possess a musical instrument and case that was purchased previous to the effective date of this policy provided it meets the purview of this policy including the property constraints outlined in Paragraph C.

Personal items

39. One plain ring, or wedding band set, without stones or insignia, that was given to him/her from the intended spouse during a wedding ceremony performed within the facility or was in his/her possession at the time of reception.
40. Other religious items, as authorized by PD 05.03.150 "Religious Beliefs and Practices of Prisoners." Religious clothing is addressed in no. 6 and publications are addressed in no. 29. All religious symbols and emblems authorized pursuant to PD 05.03.150 must be worn only under clothing; i.e., they shall not be visible.
41. One padlock to secure a personally owned television and for each authorized footlocker and wall locker. The padlock must be a combination lock and be able to be opened by staff with a V70 key. Staff must have a key to unlock all locks. The padlock must be inscribed with the prisoner's identification number prior to delivery to the prisoner.
42. Written material, including personal correspondence and photographs, subject to PD 05.03.118 "Prisoner Mail." This includes stamped self-addressed envelopes from attorneys, courts, and legitimate religious organizations as authorized in PD 05.03.118. Prisoners may continue to possess written material, including personal correspondence, photographs, and envelopes, that were received prior to November 1, 2017 that are prohibited under Paragraphs OO, LL, and NN (15) of PD 05.03.118 unless they otherwise violate PD 05.03.118 or this policy. Publications are included in no. 29.
43. One wristwatch. Only time, day, date, alarm, dial or face illumination, and stop watch functions are allowed.
44. One pair of sunglasses with plastic frames and lenses. Lenses shall neither be mirrored nor have similar solid reflective coating.

Exhibit C, 1-page

193035 NORTHINGTON F-30

8/30/2021

This letter is to notify you that the request for orthotic consult was ATP'd/denied.

Please inform healthcare with any changes or new symptoms.

Thank you,

NP Griffith

Exhibit D, p. 1 of 2.

Return

JCF H/4 F30

From Gary M. Northington 193035 01 JAN 2020

To: ~~Mr. J. Sims, Mrs. Graham~~

Regarding my note sent a few days ago about my sunglasses: PD 04.07.112, # Q says that even if policy on property changes, then I am allowed to keep the property that was once allowable property ~~to~~ be received but can no longer be received. My sunglasses were allowable property when I received them. GMN

~~To: Property Room~~

REC-51087970 N (MIM)

RECEIVED

JUN 02 2020

JCF PROPERTY ROOM

Mr. Northington,

I am not holding your hearing, I did my job, I confiscated what I felt was contraband, wrote you a contraband removal, and completed a notice of intent to do an administrative hearing (not), so I am done. you will not receive any of these items back from the property room until I get notice from your hearing. Stop writing the property room about this, as it is out of our hands & waiting on the decisions from your hearing.

C/O JCF
6/2/2020

JCF RPH-WDF

Exhibit D,
p. 2 of 2