

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

Erin and Rudy
P.O. Box 2088
Forney, TX 75126



U.S. POSTAGE
PTNEY BOWES
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13 MAY 2021

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

Rudy and Erin
P.O. Box 2088
Forney, TX 75126

Dear Rudy and Erin:

I am concerned but not surprised by Lone Star 1776 being Censored/Deleted. I believe that TX passed a law to punish Big Tech for censoring persons on the web. It may help you to contact the TX Attorney General to defend you.

My tablet is still inoperative and JPlay gives me the runaround on fixing my software so I wonder if it is an intentional act or poor JPlay management.

The Truth is like a wedgie to the Beast. I know it's a lot of work, distraction from other needs and a stress to keep things together on the warfront, so I keep you in my prayers.

WHITMER #15 informs the Governor about the Genocide/Murder attempted by The Beast in MI. My right coronary artery, "The Widomaker", has been 100% blocked since 2017. This is because Dr. Badawi Khoder ABDELLATIF from 2012 to 2016, then Dr. Charles S. JAMSEN ~~in~~ 2017 to 2018, refused to treat me for high cholesterol. However, this blockage began in APRIL 2008 with NP Susan H. Wilson refusing to treat me for Strep Pneumonia which scarred the artery.

They did not treat me for high cholesterol because the Questran medication I need costs \$100 a month. I cannot take Statins because they drive my liver enzymes to 900; normal is 70.

Today, I speed-walked 3-miles with a 220-yard jog in the last mile. It took 4-nitroglycerine tablets to get it done. My left leg is paralyzed from the knee down so I limp on both legs to protect my back. Just call me Alfred E. Newman, "What, me worry"! (From Madd Magazine). I enjoyed my walk. PTL! Gloria Dios! I'll leave this world when God wants, not a minor malfunction taking me.

God Bless Y'all,

Gary M.

07 MAY 2021

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

Gretchen Whitmer, Governor
111 S. Capitol
P.O. Box 30013
Lansing, MI 48909

RE: MDOC DENIAL OF MEDICAL CARE; RETALIATION

Dear Governor Whitmer:

A. 07 APRIL 2021 LETTER ON MEDICAL COPAY DENYING CARE

My 07 APRIL 2021 letter was on the Michigan Dept. of Corrections abusively charging me \$5 Medical COPAY as a BEHAVIOR MODIFICATION TACTIC to teach prisoners to not seek Care for Serious Medical Needs (learned helplessness), and embezzling \$5 as COPAY 2-times in 1998, and 5-times in 2016, from me for 2 medical visits. This COPAY has killed hundreds of prisoners.

B. MARCH 1997 - APRIL 1998 REFUSAL TO TREAT LYME DISEASE

On 17 MARCH 1997 at MCF, I was bit by a Deer Tick and days later had a 103.6° fever of Lyme Disease to which Dr. Franklin Messany said, "You have a circular rash and fever but we don't care as long as you can walk to the chow hall". The fevers repeated for 3-4 days every 2.5 weeks but Health Service refused to see me during the fevers for a year. After 1-year and 7 retaliatory transfers in 6-months (27 OCT 1997- 03 APR 1998); on 08 APRIL 1998, Dr. Jesus NERI said, "It's unethical to not treat you", and prescribed Doxycycline antibiotic that ended the repeated fevers of Lyme Disease.

C. APRIL 2008 DENIAL OF CARE FOR STREP PNEUMONIA

In the morning of 08 APRIL 2008 at Chronic Care visit, I told Nurse Practitioner Susan H. Wilson, "A Strep infection is beginning at the back of my throat". Wilson said, "You'll be okay" and recorded, "Sore throat". That evening, my thermometer measured a 103.6° fever but NP Wilson and Health Unit Manager Tonya Cunningham refused to see me. I filed a grievance that Grievance Coordinator Louis Berlinger refused to process, on the failure to treat. After 5-days, the Rheumatic Fever ended and the Strep Infection became Walking

Pneumonia. On 20 JUNE 2008, NP Wilson finally prescribed Levaquin antibiotics but had already scarred my lungs and heart (Exhibit F, p.1, heart "lesions") by CORIZON/MDOC refusal to treat.

D. 2012-2013 REFUSAL TO TREAT LOWER LEG MRSA INFECTION

From OCTOBER 2012 to 06 AUGUST 2013, Dr. Badawi Khader ABDELLATIF refused to treat MRSA Infection in my Left Leg and related RENAL/KIDNEY FAILURE (Exhibit D, pp. 4-9, ¶¶ 22-58, leg) (Exhibit D, pp. 14-15, ¶¶ 98-101, Renal). Then on 07 AUGUST 2013, RN Diane HERRING had me hospitalized for Deep Vein Thrombosis. From 07 AUGUST to 29 SEPTEMBER of 2013, I was hospitalized on I-V antibiotics too late to prevent injury. I now have permanent kidney damage and paralyzed left leg caused by months of refusal to treat that scarred blood vessels, muscles and nerves therein.

E. 2012-2016 REFUSAL TO TREAT HYPERLIPIDEMIA CAUSED HEART ATTACKS

In 2012 through 2016, because I cannot take Statins which raise my liver enzymes to 896 (Exhibit F, p. 2), Dr. Badawi K. ABDELLATIF refused to treat my HYPERLIPIDEMIA because Questran anti-cholesterol medication cost too much (\$100 a month) (Exhibit D, p. 11, ¶¶ 73-77). As proximate result, I had multiple Heart Attacks that required triple-bypass (CABG X3) Open Heart Surgery (Exhibit F, pp. 1-5) and strokes with events of cognitive dysfunction and memory loss (No Exhibit) (like not recalling my sister of 65-years in 2016 and music I'd played 57-years).

F. 2016-2019 REFUSAL TO TREAT HYPERLIPIDEMIA FURTHER INJURED HEART

From 2016 to JUNE 2019, because Dr. Charles JAMSEN still refused to treat my HYPERLIPIDEMIA, my JUNE 2016 triple-bypasses (CABG X3) were totally blocked, so more heart surgery had to be done in JUNE 2019. At present, in MAY 2021, one of my coronary arteries is totally blocked and I daily face IMMINENT DEATH from ACUTE and CONGESTIVE HEART FAILURE (Exhibit F, pp. 3-5).

G. 12-HOUR BUS RIDE UPON RELEASE FROM HEART SURGERY

On 02-03 AUGUST 2016, five (5) days after release from the hospitalization of the Open Heart Surgery (Sec. E herein and Exhibit F, p. 1), ARUS Amie JENKINS at Macomb Prison (MRF) transferred me from MRF to Carson City Prison (DRF) where

There was no Special Low Sodium Diet that I needed. The 12-hour bus ride between prisons caused my Lower Left Leg to develop DEEP VEIN THROMBOSIS (DVT) with a blood clot two-thirds ($\frac{2}{3}$) the length of my Lower Leg. Pieces broke off of this DVT clot and went into my heart, lungs and brain. This, again, hospitalized me from 06 to 08 AUGUST 2016 at point of IMMINENT DEATH. Upon second release from McLaren Hospital (MGL), I was so weak I could barely move and had to fight for my meals every day because DRF STAFF said they did NOT have my Special Diet.

On 25 AUGUST 2016, I was again transferred on a 12-hour bus ride from DRF to Muskegon Prison (MCF) and again hospitalized with pulmonary effusion from injury caused by the bus ride. I was ill for months at MCF.

H. AFORESAID ACTS ARE PREMEDITATED MURDER

AFORESAID ACTS OF MDOC WERE AND ARE PREMEDITATED MURDER knowingly attempted on the Medically Frail me. "OUR GOVERNMENT IS THE POTENT, THE OMNIPRESENT TEACHER. (sic) IF the government becomes a lawbreaker, it breeds contempt for law (sic); it invites anarchy". OLMSTEAD V UNITED STATES, 277 US 433, 485 (1928). It is well-known that MDOC STAFF have a trait of abuse, "violating [prisoner] rights," "and that they abuse their authority", IN RE JACKSON LOCKDOWN, 568 F Supp 869 (ED Mich. 1983).

Please see that such abuses by CORIZON MEDICAL and MDOC STAFF end?

Sincerely,

Gary M. Rothington

PS: Thanks for responding to my letter of 07 MARCH 2021.

NORTHINGTON, GARY

MCLAREN - GREATER LANSING
Lansing, Michigan

ATTENDING: James Fenton, MD
REFERRING:
FAM. PHYS:
CONSULTANT:
SURGEON:
RESIDENT:

NAME: NORTHINGTON, GARY
ACC#:1001240570
A#:1123399 DOB:11/15/1948
ADMIT DATE: 06/12/2016
DISCHARGE DATE: 07/03/2016
PATIENT TYPE: SURG

DISCHARGE SUMMARY

ADMISSION DIAGNOSIS:
Coronary artery disease.

DISCHARGE DIAGNOSIS:
Coronary artery disease.

PROCEDURES AND OPERATIONS PERFORMED:

1. Left heart catheterization with left and right coronary angiographies and left ventriculography performed by Dr. Mughal on 06/15/2016.
2. Coronary artery bypass grafting x3 utilizing reverse saphenous vein graft from aorta to posterior descending artery, left internal mammary artery to left anterior descending artery, and left radial artery from aorta to first obtuse marginal branch performed by Dr. Fenton on 06/23/2016.
3. Placement of a 14-French right pleural chest tube for postoperative pleural effusion on 06/29/2016.

HISTORY OF PRESENT ILLNESS:

Gary Northington is a 67-year-old male, who was admitted to McLaren-Greater Lansing Hospital after having anginal-type symptoms. An EKG was performed, which showed evidence of ischemia and Troponins were positive suggesting a non-ST-segment elevation myocardial infarction. The patient underwent cardiac catheterization, which showed the left main having ostial stenosis of 65% to 70% and the left circumflex had a 50% stenosis in its midportion and a 95% focal stenosis in an ostial branch off the circumflex. The left anterior descending had tandem lesions, quantified at approximately 65% to 70% in the proximal to mid portion and the right coronary artery was a dominant vessel with significant stenosis measuring 90% in the mid portion. Ejection fraction was preserved at around 60% to 65% preoperatively.

Myocardial Infarction

"The Widowmaker",
now at 100%.

COURSE OF HOSPITALIZATION:

After being admitted to McLaren-Greater Lansing Hospital and undergoing appropriate cardiac workup. Surgery was scheduled for June 23, 2016. Of note, the patient was also treated for a right otitis media and externa infection with Augmentin and Cipro drops in the preoperative phase. The patient was taken to the operating room on June 23, 2016, and underwent coronary artery bypass grafting x3 and plication of the left atrial appendage. Postoperatively, he was transferred to the surgical intensive care unit where he was seen by the intensivist staff for vent management. By the first postoperative day, the patient was extubated and weaned off inotropic support. He was noted to have an elevation in his liver enzymes, therefore prophylactic

Related to mastoiditis on page 2.

PAGE 1 CONTINUED

O R I G I N A L

Exhibit F, 4-pages

NORTHINGTON, GARY

ATTENDING: James Fenton, MD
REFERRING:
FAM. PHYS:
CONSULTANT:
SURGEON:
RESIDENT:

NAME: NORTHINGTON, GARY
ACC#:1001240570
A#:1123399 DOB:11/15/1948
ADMIT DATE: 06/12/2016
DISCHARGE DATE: 07/03/2016
PATIENT TYPE: SURG

amiodarone drip was discontinued by the second postoperative day. His liver enzymes continued to escalate with an AST value peaking at 796 on the 25th of June and an ALT value peaking at 896 on the same day. Alkaline phosphatase is also elevated to a peak value of 617 on July 1st. Therefore, an ultrasound of the abdomen was ordered to rule out cholestasis or cholelithiasis. This showed mild gallbladder wall thickening measuring 4 mm. However, no gallstones or ductal dilatation was noted.

The patient also underwent CT scanning of the mastoids on June 29, 2016 his 6th postoperative day, which showed partial opacification of the right mastoid air cells, which may relate to nonspecific mastoiditis. As mentioned, the patient was treated with p.o. Augmentin in the preoperative phase as well as Cipro otic drops. Cultures of the right ear were taken on June 28, 2016, which revealed many Candida parapsilosis. Therefore, treatment was converted to Diflucan 200 mg p.o. daily with a stop date of 07/06/2016.

The patient did have expected postoperative pain for which a Lidoderm patches were applied to his sternal region. However, this prevented the patient from Foley utilizing his incentive spirometer, and his tidal volumes were not very good postoperatively ranging only 500 to 750 mL. Because of this, the patient was not completely weaned off supplemental oxygen until the 10th postoperative day.

The patient was transferred out of the surgical intensive care unit to the secure unit, where he was started on physical therapy and occupational therapy and began ambulating in the secure unit. His mediastinal and left chest tube was sequentially discontinued. However, he developed a right pleural effusion for which a separate chest tube had to be placed on June 29th, 2016. This drained approximately 1500 mL of straw-colored transudative effusion and his chest x-ray appearance greatly improve subsequent to this.

A repeat echo performed on 06/28/2016 showed an ejection fraction of 55% and no evidence of pericardial effusion. He was diuresed initially somewhat aggressively and returned to his preoperative weight by the 9th and 10th postoperative days. The patient was started on beta blockade, aspirin, and Ace inhibition. However, statin therapy was withheld because of his elevated liver enzymes. On his discharge day, his AST and ALT values were returning to normal limits. However, remained mildly elevated with an AST of 74 and an ALT of 284, total bilirubin was 0.6 and remained normal during his postoperative course. His right pleural chest tube was removed and followup chest x-ray showed only a small right apical pleural separation of 5 mm and a left apical separation of 15 mm thought to be due to poor tidal volume. It is recommended that he continue on his incentive spirometer in the postoperative discharge course at least 4 times per day.

Finally by the 10th postoperative day, the patient was completely weaned off supplemental oxygen ambulating in the secure unit. His sternal incision
PAGE 2 CONTINUED

O R I G I N A L

Elevated Liver

Enzymes

Exhibit F, p.2

Fig 10 1057

NORTHINGTON, GARY Accession: 701499658 MRN: 1123399 | Preliminary Radiology Report

Left-sided chest tube present. Small LEFT sided pneumothorax.

Cardiomegaly with congestive heart failure or pulmonary edema.

Moderate right-sided pleural effusion with haziness of RIGHT lung base likely corresponding to fluid tracking posteriorly. Superimposed atelectasis or infiltrate not excluded.

Thank you for allowing us to participate in the care of your patient.

Dictated and Authenticated by: Scuderi Given, Donna, MD
06/28/2016 4:08 AM Eastern Time (US & Canada)

QUALITY ASSURANCE (QA) DISCREPANCY?

If there is a discrepancy between the preliminary and final interpretation, please notify vRad via <https://access.vrad.com>
If you do not have access to our QA portal, call our QA team at 866.868.7991

CONFIDENTIALITY STATEMENT

This report is intended only for the use of the referring physician, and only in accordance with law. If you received this in error, call 866-941-5695
Page 2 of 2

Exhibit F, p.3

Patient Name: NORTHINGTON, GARY M
 MRN: (MHP)-000230057
 Date of Birth: 11/15/1948
 Admit Date: 8/27/2016
 Discharge Date: 8/27/2016
 Account Number: 001734621-6240
 Patient Type: Emergency
 Attending: Kampen MD, Kathryn E

A Member of Trinity Health
 Livonia, Michigan

Chemistry

Cardiac Isoenzymes

Collected Date: 8/27/2016
 Collected Time: 13:30 EDT

Procedure	Reference Range	Units
Creatine Kinase (CK)	106 [38-174]	IU/L
CK-MB Total	2.8 [0.6-6.3]	ng/mL
Troponin I	0.05 R2	ng/mL

Result Comments

R2: Troponin I
 A doubling (x2) of a patient's troponin within 3 to 6 hours may be of clinical significance. The upper reference limit (URL) of our current troponin reagent is 0.03 ng/mL, as defined by the manufacturer's study of very healthy subjects.

Chemistry - Miscellaneous

Collected Date: 8/27/2016
 Collected Time: 13:30 EDT

Procedure	Reference Range	Units
B Type Natriuretic Peptide	384 H C1 R3 [<100]	Picogram/ml

Corrected Results

C1: B Type Natriuretic Peptide
 Result comment added on 8/27/2016 13:30 EDT by Contributor_system, MSK_MCL

Result Comments

R3: B Type Natriuretic Peptide
 BNP INTERPRETATION
 0-100 (Men) Normal values which exclude
 0-150 (Women) symptomatic left ventricular dysfunction.
 101-300 (Men) Mild CHF, usually NYHA Class I.
 151-300 (Women) Consider outpatient management.
 301-600 Mild-moderate CHF, usually Class II. ←
 601-1000 Moderate to severe CHF, usually Class III.
 >1000 Severe CHF, usually Class IV.

Class II
 Congestive
 Heart
 Failure

MICHIGAN DEPARTMENT OF CORRECTIONS - BUREAU OF HEALTH CARE SERVICES

PATIENT: GARY NORTHINGTON
DATE OF BIRTH: 11/15/1948
DATE: 12/29/2018 7:18 PM
VISIT TYPE: Nurse Visit-scheduled

Chief Complaint/Reason for visit:

This 70 year old male presents with integumentary.

History of Present Illness

1. Integumentary

Chronic Problems

Dermatophytosis
Hypothyroidism
Hyperlipidemia, mixed
Anemia

High Cholesterol that was not treated from 2011 to 2019 because Questran medication cost too much. I cannot take statins because they drive my liver enzymes to 900. This led to Heart Attacks and Strokes

Degeneration, vitreous body
Opacity, vitreous NEC
Hypertension, essential NOS

Vitreous detachment that causes TRANSIENT MONOCULAR BLINDNESS and thereafter vision like this →



Recent MI, Unspecified Site
Atherosclerosis, coronary

Myocardial Infarction aka Heart Attack of 12 JUNE 2016 due to Hyperlipidemia.

CAD, Arterial Graft

23 JUNE 2016 triple bypass surgery

Embollism/infarction, pulmonary
Rhinitis, allergic

Blood clots in lungs caused by 12-hour bus ride that was 5-days after hospital release from Open Heart Surgery.

chr airway obstruct nec - 496
GERD
COPD

Osteoarthritis NOS
Claw foot, acquired
Dizziness

Edema ← Lower legs swollen to 3-times normal by months of untreated MRSA infection.

NORTHINGTON, GARY

Exhibit F,

193035

~~000000~~, p. 5

11/15/1948

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Chest Pain, Unspecified ← ANGINA caused by right coronary artery, The Widowmaker, being 100% blocked.
 Pulmonary Embolus, History of Blood clots in lungs caused by 12-hour bus Trip 5-days after release from Open Heart Surgery.
 Long-term Use of Anticoagulants

Medications Active Prior to Today's Visit

Drug Name	Dose	Qty	Description
Fluorouracil	0.5 %	1	Apply to scalp lesions BID RML in HC by nursing
ACMO expires 12/10/19			
Zantac	150 Mg	30	Take 1 daily as needed for heartburn
Synthroid	50 Mcg	30	Take one tablet by mouth in am on empty stomach with a full glass of water KOP
Proventil	90 Mcg	1	1 PUFF Q 4-6 hours PRN. Kite for Refill
limit of 2 canisters/6 month. profile			
Aspirin	325 Mg	30	Take 1 by mouth once daily
Flomax	0.4 Mg	30	take one by mouth every day
Saline Nasal Spray	0.65 %	1	One spray in each nostril daily as needed KOP
Nizoral	2 %	1	apply topically to affected area, after 5-10 min rinse with water 2 times a week KOP
Nitroglycerin	0.4 Mg	1	1 tablet PO PRN chest pain
may repeat every 5 minutes contact physician if used 3 or more profile			
Pain Reliever	325 Mg	60	Take 1 - 2 by mouth 3 times a day as needed
Coreg	3.125 Mg	60	1 Tab PO BID s/p CABG
Lisinopril	5 Mg	30	Take 1 by mouth once daily
Senna	8.6 Mg	30	Take 1 daily as needed for constipation kite for refills
Incruse Ellipta	62.5 Mcg/actuation	1	1 puff daily. ACMO approved through 3/19/19

Allergies

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

Vital Signs

Date	Time	Height	Weight	Temp	Bp	Pulse	Resp.	Pulse Ox Rest	Pulse Ox Amb
12/29/2018	7:19 PM	74.0	159.0	97.5	141/76	61	16	99	
12/29/2018	9:00 AM	74.0	159.0	97.9	131/63	64	14		

FI _{O2}	PeakFlow	Pain Score	Comments
			PO2 = 97%

Measured By
 Rosemary Villasan, RN
 Dianna M. Cowden, RN

Office Services

Instructions / Education

NORTHINGTON, GARY

193035

Exhibit F,

Document generated by: Rosemary Villasan, RN 12/29/2018 7:24 PM

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~~CONFIDENTIAL~~, p. 6