

Hand out 161

Exhibit A
in its entirety.

IN THE COURT OF COMMON PLEAS OF BERKS COUNTY, PENNSYLVANIA
CRIMINAL DIVISION

COMMONWEALTH OF PENNSYLVANIA :
 :
 vs. : CP# 2394 of 1987
 :
 ROBERT H. BOMBERGER :
 Petitioner :

ORDER

AND NOW, this 14th day of July 1992, it is hereby ORDERED AND DECREED that a Rule be granted upon the Commonwealth to show cause why the prayer of the within petition should not be granted.

RULE RETURNABLE THE 27th DAY OF July 1992, AT 9:30 O'CLOCK A. M. IN COURT ROOM SA, 6th & COURT STREETS, READING, PENNSYLVANIA 19601.

Hearing to be held thereon on the 3rd day of August, 1992, at 9:30 o'clock, A.M. in Court Room SA.

[Signature]
J:

Extract from the record of said court
Certified this 15th day of July 1992
JAMES P. TROUTMAN
Clerk of Common Pleas — Criminal Division
Per *[Signature]* Deputy

IN THE COURT OF COMMON PLEAS OF BERKS COUNTY, PENNSYLVANIA
CRIMINAL DIVISION

COMMONWEALTH OF PENNSYLVANIA :
vs. : CP# 2394 of 1987
ROBERT H. BOMBERGER, :
Petitioner :

PETITION FOR MODIFICATION OF SENTENCE OR
REMOVAL FROM PRISON AND TRANSFER TO HOSPITAL
FOR TREATMENT BECAUSE OF ILLNESS
PURSUANT TO TITLE 61 P.S. §81

TO THE HONORABLE FORREST G. SCHAFFER, JR., P.J.

COMES NOW, Robert H. Bomberger, pro se, hereby moves for the modification of his sentence or the removal from prison and transfer to a Nursing Home/Hospital pursuant to 61 P.S. §81 and represents the following:

JURISDICTION OF THE COURT:

Jurisdiction in this matter of great importance is conferred to the original jurisdiction of 42 Pa. C.S.A. §931; to which the Court of Common Pleas of Berks County, Pennsylvania, has original jurisdiction over this subject matter of this application for extraordinary relief.

1. On July 15, 1988, defendant entered a plea of guilty to three (3 cts.) of Fraud. & Proh. Pract. on Bill No. 2394 of 1987, 1 - 3, three (3 cts.) Fraud. & Proh. Pract. on Bill Nos. 4, 10, 13, seven (7 cts.) Fraud. & Proh. Pract. on Bill Nos. 5, 8, 9, 14, 15, and thirteen (13 cts.) Registration of Securities on Bill Nos. 16, 20, 23 - 30.

2. On July 15, 1988, the Honorable Forrest G. Schaeffer, sentenced defendant to a term of imprisonment of from six (6) to twenty (20) years.

3. Petitioner, who is incarcerated at the State Correctional Institution at Graterford, being sixty eight (68) years old is suffering from terminal cancer. His condition is life threatening, he is in immediate need of extensive medical treatment which neither the State Correctional Institution at Graterford nor any other prison has adequate medical facilities to provide.

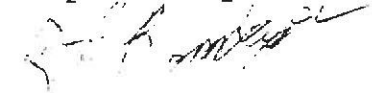
4. Petitioner has now served in excess of two (2) years of the term of imprisonment imposed.

5. Because petitioner is seriously ill, this Court is requested to modify petitioner's sentence to a term of probation or some other suitable sentence which will permit his immediate release from prison to seek and obtain medical treatment.

6. Petitioner request that this Honorable Court appoint counsel to represent his interest in this litigation.

WHEREFORE, for each of the foregoing reasons, it is requested that petitioner's sentence be modified.

Respectfully submitted,



Robert H. Bomberger

Date: 6th day of July 1992

COMMONWEALTH OF PENNSYLVANIA

SS.

COUNTY OF MONTGOMERY

CERTIFICATE OF SERVICE

BE IT REMEMBERED, that on this *6th* day of July 1992, personally appeared before me, the Subscriber, a Notary Public for the State and County aforesaid, Theodore W. Schell, Sr., Legal Assistant for Robert H. Bomberger, who first being sworn according to law did depose and say that he mailed by First Class U.S. Mail copies of the enclosed pleading to the following person(s).

Mr. Mark Baldwin, Esquire
District Attorney
District Attorney's Office
Court House 33 N. 6th Street
Reading, Pennsylvania 19601

Mr. Angus R. Love, Esquire
Pennsylvania Institutional Law Project
924 Cherry Street, Suite 523
Philadelphia, Pennsylvania 19107
(RE: Austin vs. Lehman, Civ. No. 90-7497)
U.S. District Court E.D. Pa.

Theodore W. Schell, Sr.
Theodore W. Schell, Sr.

Sworn to and subscribed before me this *6* day of *July*

1992.

Hugh J. Falvey III
NOTARY PUBLIC

NOTARIAL SEAL
HUGH J. FALVEY III, Notary Public
Graterford, Montgomery Co., PA
My Commission Expires March 18, 1996

IN THE COURT OF COMMON PLEAS OF BERKS COUNTY, PENNSYLVANIA
CRIMINAL DIVISION

COMMONWEALTH OF PENNSYLVANIA	:	
	:	
vs.	:	CP# 2394 of 1987
	:	
ROBERT H. BOMBERGER	:	
Petitioner	:	

ORDER RE
MOTION TO MODIFY AND OR TEMPORARILY MODIFY
SENTENCE PURSUANT TO TITLE 61 P.S. §81

AND NOW, this 14th day of July 1992, with regard to defendant's Motion to Modify Sentence Pursuant to 61 P.S. § 81, Illness of Prisoner and Removal for Treatment of July 1992, the Court appoints as private counsel to represent him in this proceeding: *William Oake, Esquire, Chief Public Defender, or such public defender as he may assign to this case,*

A hearing is scheduled before the undersigned on *Monday, August 3,* 1992, at *9:30 A.M.,* in Courtroom No. *3A,* Courthouse, 6th & Court Streets, Reading, PA 19601.

The Sheriff is directed to remove the defendant from the State Correctional Institution at Graterford and deliver him at the above stated time and place in sufficient time for said hearing, *his health and physical condition permitting*

BY THE COURT:


J:

NOTICE of the within given by first class mail on the
day of _____ 1992 to:

Mark Baldwin, Esquire
District Attorney

Robert H. Bomberger
P. O. Box 244, BN-1179
Graterford, PA 19426-0244

Theodore W. Schell, Sr.
Legal Assistant for petitioner
State Correctional Institution at
Graterford, Pennsylvania 19426 -0244

Extract from the record of said court

Certified this 15th day of July 1992

JAMES P. TROUTMAN

Clerk of Common Pleas — Criminal Division

Per J. Troutman Deputy.

Robert H. Bomberger
P. O. Box 244, BN-1179
Graterford, PA 19426-0244

July 8, 1992

The Honorable Forrest G. Schaeffer, Jr., P.J.
Judge's Chambers
Twenty-third Judicial District
Court House
33 N. 6th Street
Reading, PA 19601

RE: Commonwealth v. Robert H. Bomberger, CP# 2394 of 1987

Dear Judge Schaeffer:

Enclosed your Honor will find an original and one copy of a consent for the release of medical records from the State Correctional Institution at Graterford, and Suburban General Hospital.

Very truly yours,

Robert H. Bomberger / tws
Robert H. Bomberger

Robert H. Bomberger
Staet Correctional Inst. at Graterford
P. O. Box 244, BN-1179
Graterfore, Pennsylvania 19426-0244

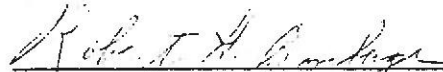
July 7, 1992

Suburban General Hospital
Medical Records Department
2107 DeKalb Pike
Norristown, Pennsylvania 19401

To whom it may concern:

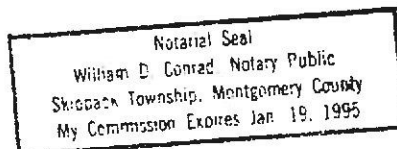
The following is a request for access to patient medical records pursuant to Title 28 Pa. Code 103.22 (b), (15) and 28 Pa. Code 115.29, patients access to medical records, *and information:*

I am requesting that Suburban General Hospital, relinquish a complete and unexpurgated copy of my medical records to me, and any diagnosis and/or plan of treatment for the particular ailment of cancer. I am requesting that this information be provided henceforth receipt of this request at the address as indicated above.


Robert H. Bomberger

Sworn to and subscribed before me this *7th* day of *July* 1992


NOTARY PUBLIC



COMMONWEALTH OF PENNSYLVANIA

SS :

COUNTY OF MONTGOMERY

AFFIDAVIT OF CONSENT

FOR THE RELEASE OF MEDICAL RECORDS

I, Robert H. Bomberger, BN-1179 hereby give authorization to my attorney _____ Esquire, of _____ Pennsylvania _____ be provided with a complete and unexpurgated copy of my medical records from the State Correctional Institution at Graterford, Montgomery County, Pennsylvania.

Robert H. Bomberger

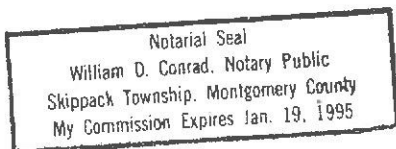
Robert H. Bomberger
P. O. Box 244, BN-1179
Graterford, Pennsylvania 19426-0244

RHB/tws

cc: Donald T. Vaughn, Superintendent S.C.I. Graterford
Thomas D. Stachelek, Deputy Superintendent of Treatment
Angus R. Lover, Esquire

Sworn to and subscribed before me this *7th* day of *July* 1992

William D. Conrad
NOTARY PUBLIC





COUNTY OF BERKS
OFFICE OF THE PUBLIC DEFENDER

24 NORTH 6TH STREET, SECOND FLOOR
READING, PA 19601-3523 (215) 378-8820

WILLIAM F. OCHS, JR., ESQ.
PUBLIC DEFENDER

August 4, 1992

Mr. Robert H. Bomberger
P.O. Box 244, BN-1179
Graterford, PA 19426-0244

RE: Case No. CP#2394 of 1987

Dear Mr Bomberger:

In order to continue with your case, I will need access to information regarding your medical condition. Please inform Dr. Rahman that you authorize release of all information in your medical records to:

John Gainer, Esq.
Assistant Public Defender
Berks County Public Defender Office
Balis Building
24 North 6th Street, 2nd Fl.
Reading, PA 19601

Sincerely,

A handwritten signature in cursive script that reads "John E. Gainer".

JOHN E. GAINER
Assistant Public Defender

JG/mew

Mr. Robert H. Bomberger
State Correctional Institution at Graterford
P. O. Box 244, BN-1179
Graterford, PA 19426 - 0244

October 19, 1992

Dr. Carl Sharer, D.O.
Norristown Regional Cancer Center
1541 Powell Street
Norristown, PA 19401

RE: Robert H. Bomberger, BN-1179
Social Security No. 165-24-1513, D.O.B. 3/4/25

Dear Dr. Sharer:

The following is a request for a copy of patients medical records pursuant to Title 28 Pa. Code 103.22(b), (15) and 28 Pa. Code 115.29, patients access to medical records and information.


I am requesting that Norristown Regional Cancer Center, located at 1541 Powell Street, Norristown, PA 19401, relinquish a complete and unexpurgated copy of my medical records to me, and any case diagnosis and plan of treatment for the particular ailment of cancer.

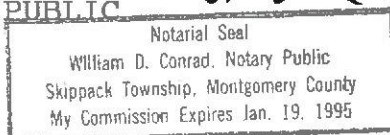
The information requested in this application shall be provided within (15) fifteen days henceforth the receipt of this request at the address as indicated above.

Respectfully submitted,


Robert H. Bomberger

Sworn to and subscribed before me this 19th day of October 1992


NOTARY PUBLIC



REPLY CONCERNING MILITARY RECORDS

DATE 9-21-92

RE: Bombberger Robert H 33509432

THE REPLY TO THE INQUIRY WILL BE FOUND IN THE CHECKED ITEM(S). IF YOU WRITE TO US AGAIN ON THIS SUBJECT, PLEASE RETURN YOUR ORIGINAL REQUEST, THIS FORM, AND ANY OTHER FORM YOU COMPLETE.

Copies of requested military personnel medical records are attached. We suggest you make an extra copy and guard against loss or damage. We regret if any photocopies may be of poor quality, but they are the best copies obtainable.

The attached separation document may include the following information: authority for separation, reason for separation, Reenlistment Eligibility Code, and Separation (SPN/SPD) Code. If you require a copy of the separation document that does not contain the above information, you may request a deleted copy from this Center.

The Privacy Act of 1974 does not permit the release of a social security number or other personal information to the public without the authorization of the veteran concerned; therefore, we have deleted personal identifying data relating to other persons.

The Reenlistment Eligibility (RE) Code issued upon release from active duty on _____ is _____.

The reason and authority for separation from active duty/discharge on _____ is _____.

The record of service in the _____ indicates being in a POW status from _____ to _____.

Military personnel, upon discharge from the Armed Forces, are issued discharge certificates. These certificates are prepared in the original only; therefore, copies cannot be furnished. The law does provide that upon presentation of satisfactory proof of loss (such as a signed statement), an honorably discharged veteran or the surviving spouse may be given a "certificate in lieu of lost or destroyed discharge." We are unable to issue a certificate in lieu to anyone other than as provided by law.

The document you have requested, DD Form 214, Report of Separation, was not used until Jan. 1, 1950. However, a similar form was used at the time the person named above was separated. A copy of it is attached.

When the person named above was separated, it was not the practice to issue a document which served as a report of separation.

The original Report of Separation was issued at the time of separation. Another original cannot be issued. The attached copy, however, will serve the same purpose as the original.

No Report of Separation was issued since the person named above had no active service, or less than 90 days of active duty for training.

The service record of the person named above does not contain a copy of a Report of Separation, or its equivalent. Therefore, we are instead furnishing the attached NA Form 13038, Certification of Military Service. This will serve as verification of military service and may be used for any official purpose.

That portion of your request seeking medals/awards has been referred to the office checked below. That office has jurisdiction over the issuance of medals/awards. Any further correspondence on this subject should be addressed to that office.

ARPERCEN, Attn: DARP-PAS-EAW Navy Liaison Office, Room 3475, N-314 9700 Page Blvd., St. Louis, MO 63132-5100

The medical records you request The documents you request pertaining to discharge have been lent to the Department of Veterans Affairs (VA) and may be obtained from the VA office shown below.

The Department of Defense Privacy Program, 32 CFR 286a.30(f), allows for the disclosure of medical records to the individual to whom they pertain. A portion of your medical records, however, contain information which can be interpreted and explained properly only by a physician. If you wish us to send copies to a designated physician, please furnish us with the name and address of that physician. The request MUST INCLUDE the written consent (signature) of the person whose records are involved, authorizing the release of the records to the designated physician.

Robert Bombberger
P.O. Box 244 BN-1179
Stratford, PA 19426

NCPM *RA B Broyer*

THELMA J. MARTIN
 Chief, Records Reconstruction Branch

NATIONAL PERSONNEL RECORDS CENTER
 (Military Personnel Records)
 9700 Page Boulevard
 St. Louis, Missouri 63132-5100

**ENLISTED RECORD AND REPORT OF SEPARATION
HONORABLE DISCHARGE**

1. LAST NAME - FIRST NAME - MIDDLE INITIAL BOMBERGER ROBERT H		2. ARMY SERIAL NO. 33 509 432	3. GRADE PFC	4. ARM OR SERVICE CE	5. COMPONENT AUS
6. ORGANIZATION 311 ENGR COMB BN		7. DATE OF SEPARATION 18 MAR 46	8. PLACE OF SEPARATION SEP CTR FT DIX NJ		
9. PERMANENT ADDRESS FOR MAILING PURPOSES 443 N 8 ST LEBANON PA			10. DATE OF BIRTH 4 MAR 25	11. PLACE OF BIRTH LEBANON PA	
12. ADDRESS FROM WHICH EMPLOYMENT WILL BE SOUGHT SEE 9			13. COLOR EYES BLUE	14. COLOR HAIR BRN	15. HEIGHT 5-9½
16. RACE W	19. MARITAL STATUS SINGLE	20. U.S. CITIZEN YES	16. WEIGHT 155	17. NO. DEPEND. 0	17. NO. DEPEND. 0
21. CIVILIAN OCCUPATION AND NO. STUDENT H S X-02					

MILITARY HISTORY

22. DATE OF INDUCTION 15 MAY 43	23. DATE OF ENLISTMENT 22 MAY 43	24. DATE OF ENTRY INTO ACTIVE SERVICE 22 MAY 43	25. PLACE OF ENTRY INTO SERVICE HARRISBURG PA
SELECTIVE SERVICE DATA NO	26. REGISTERED NO	27. LOCAL H.S. BOARD NO. 1	28. COUNTY AND STATE LEBANON CO PA
30. MILITARY OCCUPATIONAL SPECIALTY AND NO. UTILITY REPAIRMAN 121			29. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE SEE 9
31. MILITARY QUALIFICATION AND DATE (i.e., infantry, aviation and marksmanship badges, etc.) NONE			

32. BATTLES AND CAMPAIGNS
CENTRAL EUROPE GO 33 WD 45 AS AMENDED

33. DECORATIONS AND CITATIONS
AMERICAN CAMPAIGN MEDAL ASIATIC PACIFIC CAMPAIGN MEDAL GOOD CONDUCT MEDAL WORLD WAR II VICTORY MEDAL

34. WOUNDS RECEIVED IN ACTION
NONE

35. LATEST IMMUNIZATION DATES				36. SERVICE OUTSIDE CONTINENTAL U.S. AND RETURN		
SMALLPOX MAR 44	TYPHOID AUG 45	TETANUS AUG 45	OTHER (specify) NONE	DATE OF DEPARTURE	DESTINATION	DATE OF ARRIVAL
				19 FEB 45	E T O	2 MAR 45
				8 JAN 46	U S A	17 JUN 45
				24 AUG 45	W P T O	17 SEP 45
				24 FEB 45	U S A	10 MAR 46

37. TOTAL LENGTH OF SERVICE
CONTINENTAL SERVICE: **11 TO 9** FOREIGN SERVICE: **0 TO 18**

38. HIGHEST GRADE HELD
PFC

39. PRIOR SERVICE
NONE

40. REASON AND AUTHORITY FOR SEPARATION
CONVENIENCE OF THE GOVERNMENT AR 615-365 15 DEC 44 RR 1-1 (DEMobilIZATION)

41. SERVICE SCHOOLS ATTENDED
AAF AIR CADET 5405 44

42. EDUCATION (Years)
Grammar: **8** High School: **4** College: **0**

PAY DATA NO 837-26

43. LONGEVITY FOR PAY PURPOSES 2 YRS 9 MTHS 4 DYS	44. MUSTERING OUT PAY \$ 300	45. SOLDIER DEPOSITS NONE	46. TRAVEL PAY 7.05	47. TOTAL AMOUNT, NAME OF DISBURSING OFFICER 163.05 J HARRIS COL FD
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INSURANCE NOTICE

IMPORTANT IF PREMIUM IS NOT PAID WHEN DUE OR WITHIN THIRTY-ONE DAYS THEREAFTER, INSURANCE WILL LAPSE. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE TREASURER OF THE U. S. AND FORWARD TO COLLECTIONS SUBDIVISION, VETERANS ADMINISTRATION, WASHINGTON 25, D. C.

48. KIND OF INSURANCE Nat'l Serv.	49. HOW PAID Alloc't	50. Effective Date of Alig- 31 MAR 46	51. Date of Next Premium Due 30 APR 46	52. PREMIUM DUE EACH MONTH \$ 6.40	53. INTENTION OF VETERAN TO Continue
---	--------------------------------	---	--	--	--

54. RIGHT THUMB PRINT

55. REMARKS (This space for completion of above items or entry of other items specified in W. D. Directives)
**LAPEL BUTTON ISSUED ASR SCORE (2 SEP 45) 38
INACTIVE ERC FROM 15 MAY 43 TO 21 MAY 43**

56. SIGNATURE OF PERSON BEING SEPARATED

57. PERSONNEL OFFICER (Type name, grade and organization - signature)
G W MILES CWO USA

DR. ROBERT B. SWAIN ASSOCIATES
UROLOGY & UROLOGIC SURGERY
2705 DEKALB PIKE, SUITE 203
NORRISTOWN, PENNSYLVANIA 19401-1893
TELEPHONE: (215) 277-0313

ROBERT B. SWAIN, D.O., F.A.C.O.S.
DAVID M. KELSEY, M.D., F.A.C.S.*
*UROLOGIC UROLOGIC SURGERY

November 8, 1991

Biya Oyefule, M.D.
Medical Director
Graterford Correctional Institute
Graterford, PA 19426

RE: Robert Bomberger
Soc. Sec. # 165-24-1513
Date of Birth: 3/4/25

Dear Dr. Oyefule:

This sixty-six-year-old male was examined on November 8th, relating five weeks ago he developed swelling and pain in his right testicle which has since been improved on Motrin therapy. He has had chronic painful BM's due to large stools, having to force himself to have BM's. He has a history of urinary tract calculi.

His urogram revealed multiple small calculi in the left kidney but there were no small calices, non obstructing and not of any clinical importance. The lower pole of his right kidney appeared somewhat scarred although it had been previously chronically infected. There was no evidence of obstructive uropathy or any evidence to indicate the upper tract was producing any problems or that the clinical stones were producing any problem. His right testicle was markedly enlarged and no longer painful. I could not palpate the testicle. The left testicle felt normal. His prostate gland felt soft and benign but I felt what seemed to be a large mass above the prostate.

DIAGNOSIS: Right orchitis with inflammatory hydrocele secondary to either a urinary tract infection, prostatitis or the patient straining to have his BM's.

I would suggest a pelvic CT and CT of the testicle to be sure there is no pelvic mass accounting for his bowel problems, his straining, and the lesion I felt above the prostate. I would continue the Motrin at 600 mg. TID and empirically add an antibiotic such as Cipro or Septra for two weeks. The stones again are not of clinical importance. The red cells noted in his urine are a result of his old renal calculi and do not represent an important finding. Cystoscopy should be done if the pelvic CT reveals any abnormality within the bladder to exclude a bladder lesion because of the hematuria even though it probably represents stones and does not exclude a lesion of the bladder causing it.

Thank you for your kind referral of this patient.

Sincerely yours,

RS/dr

Dr. Robert B. Swain

AUG 11 1992

Robert H. Bomberger, BN-1179
State Correctional Institution at Graterford
P. O. Box 244
Graterford, Pennsylvania 19426-0244

Internal Medicine Associates
Suburban General Hospital
309 Medical Arts Pavilion
2705 DeKalb Pike
Norristown, PA 19401

RE: Robert H. Bomberger, BN-1179
Soc. Sec# 165-24-1513, D.O.B. 3/4/25

To The Medical Records Department:

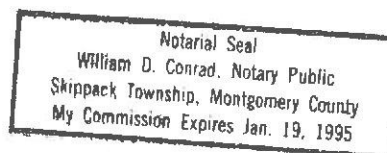
The following is a request for a copy of patients medical records pursuant to Title 28 Pa. Code 103.22 (b), (15) and 28 Pa. Code 115.29, patients access to medical records and information. I am requesting that Internal Medicine Associates at Suburban General Hospital, relinquish a complete and unexpurgated copy of my entire medical record to my attorney Mr. John Gainer, Esquire, Public Defender's Office of Berks County, Pennsylvania, 33 North 6th Street, Reading, Pennsylvania 19601.

The information requested is to be provided to my attorney Mr. Mark Gainer, Esquire, within twenty (20) days from receipt of this letter. For any additional information concerning this matter please contact Mr. John Gainer, Esquire, at (215) 378-8891 or 8892.


Robert H. Bomberger

Sworn to and subscribed before me this 11th day of August 1992


NOTARY PUBLIC



cc: Hon. Forrest G. Schaeffer, P.J.
Mr. John Gainer, Esquire
Mr. Angus R. Love, Esquire

Robert H. Bomberger
Staet Correctional Inst. at Graterford
P. O. Box 244, BN-1179
Graterfore, Pennsylvania 19426-0244

July 7, 1992



Suburban General Hospital
Medical Records Department
2107 DeKalb Pike
Norristown, Pennsylvania 19401

To whom it may concern:

The following is a request for access to patient medical records pursuant to Title 28 Pa. Code 103.22 (b), (15) and 28 Pa. Code 115.29, patients access to medical records.

I am requesting that Suburban General Hospital, relinquish a complete and unexpurgated copy of my medical records to me, and any diagnosis and/or plan of treatment for the particular ailment of cancer. I am requesting that this information be provided henceforth receipt of this request at the address as indicated above.

Robert H. Bomberger
Robert H. Bomberger

Sworn to and subscribed before me this 7th day of July 1992

William D. Conrad
NOTARY PUBLIC

Notarial Seal
William D. Conrad, Notary Public
Skippeck Township, Montgomery County
My Commission Expires Jan. 19, 1995

ER FIS MD CON HCP
PN PT OR PATH LAB
IR CT WCL ECG EEG
RF
ENTIRE PAGES 30
DATE OF CHART 7/1/92 5/29/92
DATE SENT 7/24/92 MEDIFAX

SUBURBAN GENERAL HOSPITAL

ADMISSION RECORD

PATIENT NAME & ADDRESS BOMBERGER, ROBERT STATE CORRECTIONAL INST GRATERFORD, PA 19468		ATTENDING PHYSICIAN MCHUGH, J E DO	ADM. SERV. NO. 01	MEDICAL RECORD NO. 142632	ADM. BY CM	PATIENT ACCT NO. 091667
PREV. ADMISSION/NAME SAME		PATIENT TELEPHONE/SS* (215)489-4151	DATE ADMITTED AND TIME 06/10/92 07:09		DATE DISCHARGED AND TIME 7-1-92	
AGE 17	DATE OF BIRTH 03/04/25	SEX M	RACE W	MARITAL STATUS U	COUNTY 034	ADMITTING STATUS, SOURCE 17
PATIENT/PARTNER EMPLOYER		ADDRESS	EMPLOYER ID	RELIGIOUS PREFERENCE/CHURCH UNKNOWN	DATE EXPIRED AND TIME	OCCUPATION 0502 01 200 200

RESPONSIBLE PARTY / NAME/ADDRESS/TELEPHONE/SSN BOMBERGER, ROBERT (215) STATE CORRECTIONAL INST 489-4151 GRATERFORD, PA 19468	RESP. PARTY EMPLOYER/ADDRESS/PHONE/OCCUPATION	OTHER RELATIVE/FRIEND ADDR./PHONE/RELATION
--	---	--

PLAN CODE 7700	REL. POLICY/CERTIFICATE NO. 01 BN1129	GROUP INSURANCE CO. NAME CORRECT PHY. SVCS
--------------------------	---	--

CLAIMS ADDRESS 1787 SENTRY PKWY WES BLUE BELL, PA	OCCUR CODE 19422	REFERRING PHYSICIAN NAME SC1, GRATERFORD
---	----------------------------	--

ADMITTING DIAGNOSIS: **CARDIAC DYSRHYTHMIA, DEHYDRATION**

ADDITIONAL INFO: **ER ADMIT #BN1129**

PRINCIPAL DIAGNOSIS	ICD9-CM
hypertensive crisis	437.2
Multiple myeloma	203.00
hyperviscosity syndrome	M9730/3
hypertensive cardiovascular disease	273.3
arteriosclerotic cardiovascular disease	402.00
chronic atrial fibrillation	402.00
insulin dependent diabetes mellitus	429.2
hiatal hernia	429.31
Bile gastritis	250.01
urinary tract infection	553.3
chronic renal insufficiency	585.40

PRINCIPAL PROCEDURE	ICD9-CM
6-10-92 Bone marrow biopsy	41.31
6-10-92 Placement of arterial catheter and internal jugular	38.91
	38.93

DATE: _____

DATE: _____

DATE: _____

DATE: _____

CONSULTANT: **J. Jones DO 4/11 W. Walker DO 4/11**

"I CERTIFY THAT THE NARRATIVE DESCRIPTIONS OF THE PRINCIPAL AND SECONDARY DIAGNOSES AND THE MAJOR PROCEDURES PERFORMED ARE ACCURATE TO THE BEST OF MY KNOWLEDGE."

SUBURBAN GENERAL HOSPITAL
PHYSICIAN'S SUMMARY

BOMBERGER, ROBERT
142632
Graterford Correctional Institution

ADMITTED: 6/10/92 DISCHARGED: 7/1/92

This 67 year old male, with a history of hypertension and non-insulin dependent diabetes mellitus was admitted via the Emergency Room in a semicomatose state. The patient had been found in his cell with a mental status change. The blood pressure at the correctional institution was 240/136. In the Emergency Room on admission the blood pressure was 160/64. The oral temperature was 101.4 degrees. EKG revealed atrial fibrillation with a controlled ventricular response; however, there was more ST segment depression and the T waves were biphasic (when compared to previous EKG's taken at this institution in May of this year).

The patient was confused with slurred speech. There was obviously a mental status change. The possibility of hypertensive crisis with cerebral hemorrhage was entertained. A stat CT scan of the brain was ordered; however, there was no evidence of cerebral hemorrhage. X-ray examination of the chest revealed evidence of atherosclerotic thoracic aorta and cardiac enlargement.

The patient was clinically quite dehydrated. He was placed on intravenous fluids and intravenous antihypertensive medication. Blood cultures were drawn as well as urine cultures. He was also placed on an intravenous antibiotic. Blood cultures proved to be negative. Because of hyperproteinemia in the serum, the patient was investigated relative to the presence of multiple myeloma. A serum immunoglobulin electrophoresis was ordered. This was eventually returned and was found to be quite elevated relative to the presence of IgG. Also, Kappa light chains were found to be present in the urine. The patient was seen on Hematology/Oncology consultation by Dr. Sharer. Bone marrow biopsy was performed. This was interpreted as "plasma cell myeloma."

Therapy was instituted with Alkeran. Gradually the patient was ambulated. He was seen on Physical Medicine consultation. He was ambulated on a daily basis. Also, the blood serum was found to have increased viscosity.

His blood sugars were closely monitored. During the patient's hospitalization, a urinary tract infection was found. This was appropriately treated. The patient was found to be negative for the HIV I and HIV II virus. The ANA was negative. Rheumatoid factor was slightly positive at 1:40. CT scan of the brain was normal.

DISCHARGE SUMMARY

BOMBERGER, ROBERT
PAGE -2-

On 7/1/92, after conversation with Dr. Rahman, it was felt that the patient had achieved maximum benefit from hospitalization and he was returned to the infirmary at the State Correctional Institution at Graterford.

At the patient's request, the Foley catheter was left in place.

FINAL DIAGNOSIS:

1. Hypertensive crisis.
2. Multiple myeloma (IgG in the serum with free Kappa light chains in the urine).
3. Hyperviscosity syndrome.
4. Hypertensive cardiovascular disease.
5. ASCVD.
6. Chronic atrial fibrillation.
7. Insulin dependent diabetes mellitus.
8. Hiatal hernia with bile gastritis.
9. Urinary tract infection.
10. Chronic renal insufficiency.

DISCHARGE MEDICATIONS:

1. Isradipine 2.5 mg. p.o. q 12 hours.
2. Darvocet N 100 q four hours prn back pain.
3. Pepcid 40 mg. p.o. h.s. nightly.
4. Humulin N 20 units subcutaneously daily in the a.m.
5. Medrol 16 mg. p.o. daily for three additional days, then 8 mg. p.o. daily for one week, then discontinue Medrol.

The patient was also discharged on a 2200 calorie ADA diet with h.s. snack.

It is recommended that the patient be given:

1. Foley catheter care.
2. 4:00 p.m. Accucheck daily with appropriate insulin coverage if needed.
3. It is also imperative for the patient to have an office visit with Dr. Sharer (Hematology/Oncologist) at the Norristown Regional Cancer Center in approximately one month (or the hematologist/oncologist of Dr. Rahman's choice).

Prognosis is guarded.

JAMES E. MCHUGH, D.O.

JEM:jd
D 7/1/92 T 7/7/92
cc: Dr. McHugh
Dr. Rahman

DISCHARGE SUMMARY

SUBURBAN GENERAL HOSPITAL
ADMISSION PROGRESS NOTE

BOMBERGER, ROBERT
Graterford

142632

Admitted 6/10/92

This 67 year old male, with history of hypertensive cardiovascular disease and chronic atrial fibrillation was admitted from Graterford after having been found with a mental status change (confusion and urinary incontinence). The report from Graterford stated that the patient was cyanotic and that his pulse oximetry was 90%. His vital signs as recorded at Graterford revealed a blood pressure of 240/136; the pulse was 87 and the oral temperature 101.4 F. The patient was recently discharged from this institution (5/29/92). At that time the patient was discharged on a combination of Isordil 20 mg. p.o. q. 6 hours, Inderal 20 mg. p.o. q. 6 hours, Digoxin 0.25 mg. daily, Vasotec 10 mg. daily in the AM and 5 mg. daily in the PM, Isradipine 2.5 mg. p.o. q. 12 hours, Pepcid 20 mg. p.o. q. 12 hours, Carafate 1 gm. p.o. 1/2 hour a.c. t.i.d. and h.s., Reglan 10 mg. p.o. 1/2 hour a. c. t.i.d. and h.s. and Cipro 500 mg. p.o. q. 12 hours for 7 days. His medications on admission included Digoxin 0.25 mg. daily, Reglan 10 mg. a. c. and h.s., Carafate 1 gm. a. c. and h.s., Vasotec 10 mg. daily, Isordil 20 mg. q.i.d., Propranolol 20 mg. q.i.d. and Tagamet 400 mg. b.i.d.

Vital signs in the Emergency Room revealed the blood pressure to be 160/64, oral temperature 101.4 F. EKG revealed atrial fibrillation with controlled ventricular response but there was more ST segment depression and the T-waves are now biphasic in the precordial leads when compared with recent EKGs taken at this institution in May of this year.

The patient is confused with slurred speech. His mouth is extremely dry with encrustation of the lips and tongue. The heart rate was irregularly irregular. The patient did respond to my request to grasp my hands with his hands and I could detect no focal neurologic abnormalities. The patient's left hand and left leg was handcuffed to the Emergency Room litter.

Laboratory data at this institution reveals that the serum Digoxin level is within therapeutic range. The hemoglobin is 11.7, hematocrit 36.2. White blood count was 8,700 with 79 neutrophils, 16 bands, 3 lymphocytes and 2 monocytes. Random glucose 260. The BUN was 25, compared to 19 on 5/28/92. and the serum creatinine was 1.5 compared to 1.2 on 5/28/92. The serum potassium was 3.3. The serum calcium 10.8, compared to 8.3 on 5/28/92.

(continued)

0007
7.
BOMBERGER
091667 DT
STATE CORRECTION
GRATERFORD, PA
142632 06/10/92
MCHUGH, J E DO
215 489-4151 BOMBERGER, ROBERT

BOMBERGER, ROBERT
PAGE 2

BOMBERGER, ROBERT 0502
091667 03/04/25
STATE CORRECTIONAL INST
GRATERFORD, PA 19468
142632 06/10/92 UNKN 67Y M U
MCHUGH J. E. DO. CORRECT PHY. S
BRI 129

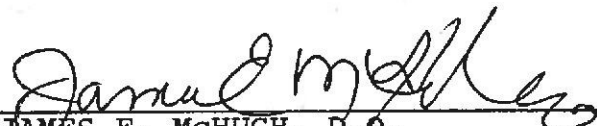
IMPRESSIONS:

1. Hypertensive crisis with mental status change; R/O cerebral hemorrhage.
2. Hypertensive cardiovascular disease.
3. ASCVD.
4. Chronic atrial fibrillation.
5. R/O acute myocardial infarction.
6. Hiatal hernia with bile gastritis.
7. Non-insulin dependent diabetes mellitus.
8. Probable urinary tract infection, R/O sepsis.
9. R/O multiple myeloma.

Orders have been written.

The patient will have STAT CT scan of the brain to R/O cerebral hemorrhage. He will be transferred to the ICU.

JEM:mmd
Dict. 6/10/92 Trans. 6/12/92
cc: Dr. McHugh
Dr. Rahman


JAMES E. MCHUGH, D.O.

ADMISSION NOTE

9.

SUBURBAN GENERAL HOSPITAL
NORRISTOWN, PA 19404
DEPARTMENT OF PATHOLOGY

Name: Bomberger, Robert
Date: 6/19/92
Room: 237
Lab.No.: S-1699-92
Doctor: Sharer
Specimen: Bone Marrow Aspirate and Biopsy
Age: 67
Hospital No.: 142632
Clinical Note: (OR 6/19) R/O Myeloma

GROSS

Several slides of a bone marrow aspirate are submitted and are stained by the Method of Giemsa.

Also submitted is a cylindrical core of osseous tissue measuring 1.2 x 0.2 cm. All the material is taken for histologic study after decalcification. JG

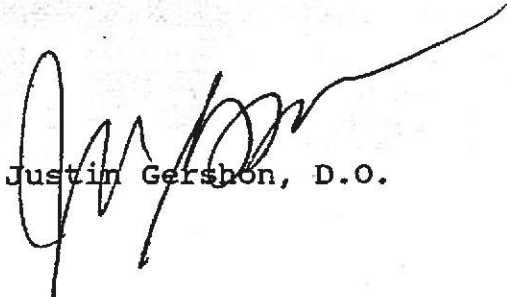
MICROSCOPIC EXAMINATION - Performed.

DIAGNOSIS

Bone Marrow Biopsy and Aspiration Smears: Plasma Cell Myeloma.

Dict.: 6/22/92
Trans.: 6/24/92
PAS: 9
Lab Code: Bone Marrow

Pathologist : Justin Gershon, D.O.



Suburban Central Hospital

2701 DEKALB PIKE • NORRISTOWN, PA 19404 • (215) 278-2100

admit 502¹⁰

RADIOLOGY CONSULTATION REPORT

D.M. Bolden, D.O.
(CHAIRMAN)

S.W. Thal, D.O.

M.J. Zappitelli, D.O.

T. Villafana, Ph.D.

B. Galkin, M.S., F.A.C.R.
(RADIOLOGIC PHYSICIST CONSULTANTS)

BOMBERGER, ROBERT ER

693272 X087949

AGE: 67 DOB: 3/4/25

ER

*QIC
D.C.
6/11/92*

REFERRING DIAGNOSIS/COMPLAINT: No history available

6/10/92

CHEST

Examination of the lungs shows complete expansion and hyperaeration bilaterally. There is no evidence of acute pulmonary disease.

The thoracic aorta is atherosclerotic and the heart is enlarged.



CONCLUSIONS:

1. No evidence of acute pulmonary disease.
2. Chronic lung disease.
3. Atherosclerotic thoracic aorta and cardiac enlargement.

M. J. Zappitelli, D.O./ss.
M. J. Zappitelli, D.O.

D/T 6/10/92 de

Suburban General Hospital

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RADIOLOGY CONSULTATION REPORT

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(CHAIRMAN)

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T. Villafana, Ph.D.

B. Galkin, M.S., F.A.C.R.
(RADIOLOGIC PHYSICIST CONSULTANTS)

BOMBERGER, ROBERT ROOM 502

091667 X087949

AGE 67 DOB 3/4/25

DR. MCHUGH

REFERRING DIAGNOSIS/COMPLAINT: CARDIAC DYSRHYTHMIA

6/11/92:

PORTABLE CHEST AT 8:50 A.M.

The lungs are completely expanded. There is increased density within the right lower lung field which was not apparent on 6/10/92.

This may represent acute change. The aorta is atherosclerotic. The heart is enlarged.

The tip of a right jugular catheter is located within the superior vena cava. Increased density within the right mid-lung field which may represent acute change.



Stephen Thal, D.O.

D and T: ska 6/11/92

12

Suburban General Hospital

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RADIOLOGY CONSULTATION REPORT

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B. Galkin, M.S., F.A.C.R.
(RADIOLOGIC PHYSICIST CONSULTANTS)

BOMBERGER, ROBERT 502

091667 X087949

M/67 3/04/25

Dr. J. McHugh

REFERRING DIAGNOSIS/COMPLAINT: S/P Dobbhoff placement

6/11/92

ABDOMEN

AP radiography of the thoraco-abdominal region for Dobbhoff tube placement reveals the Dobbhoff tube traversing the esophagus and coiled upon itself within the stomach with the tip pointing cephalad.



D/T 6/11/92 cp

D.M. Bolden, D.O./ps

D. M. Bolden, D.O.

RADIOLOGY CONSULTATION REPORT

D.M. Bolden, D.O. (CHAIRMAN) **S.W. Thal, D.O.** **M.J. Zappitelli, D.O.** **T. Villafana, Ph.D.** **B. Galkin, M.S., F.A.C.R.** (RADIOLOGIC PHYSICIST CONSULTANTS)

BOMBERGER, ROBERT 502
091667 X087949 6/12
M/67 3/04/25
Dr. J. McHugh

REFERRING DIAGNOSIS/COMPLAINT: Cardiac dysrhythmia

6/12/92

CT SCAN OF THE PELVIS

High resolution imaging of the pelvis was performed unenhanced. There is evidence of free intrapelvic fluid. I saw no evidence of infiltrate of the pelvic fat. No abnormal pelvic masses are seen. In comparing this examination to a prior one of 3/19/92, there is worsening in the CT findings. Free fluid was not present on the prior study.

CONCLUSIONS:

- 1. Free intrapelvic fluid.



D/T 6/13/92 cp

S. Thal, D.O./cp
S. Thal, D.O.

Suburban General Hosp.

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RADIOLOGY CONSULTATION REPORT

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BOMBERGER, ROBERT 502
091667 X087949 6/12
M/67 3/04/25
Dr. J. McHugh

REFERRING DIAGNOSIS/COMPLAINT: Cardiac dysrhythmia

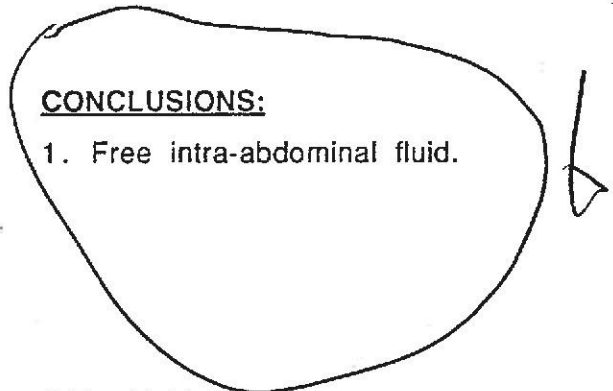
6/12/92

CT SCAN OF THE ABDOMEN

High resolution imaging of the abdomen was performed unenhanced. The CT scan revealed free intra-abdominal fluid. This was not present on prior examination of 3/19/92. The liver, spleen, pancreas and adrenal glands are unremarkable. Bilateral renal cysts are again demonstrated. Calcifications are noted within the left kidney. No abnormal intra-abdominal or retroperitoneal lymph node enlargement was seen.

CONCLUSIONS:

1. Free intra-abdominal fluid.



D/T 6/13/92 cp

S. Thal, D.O./cp
S. Thal, D.O.

RADIOLOGY CONSULTATION REPORT

D.M. Bolden, D.O. (CHAIRMAN) **S.W. Thal, D.O.** **M.J. Zappitelli, D.O.** **T. Villafana, Ph.D.** **B. Galkin, M.S., F.A.C.R.** (RADIOLOGIC PHYSICIST CONSULTANTS)

BOMBERGER, ROBERT 502
091667 X087949 6/12
M/67 3/04/25
Dr. J. McHugh

REFERRING DIAGNOSIS/COMPLAINT: Cardiac dysrhythmia

6/12/92

CT SCAN OF THE CHEST

High resolution imaging of the chest was performed unenhanced. Lung and mediastinal windows were photographed. There is evidence of bilateral pleural effusions. Atelectatic changes are noted within the right base. I saw no definitive evidence of lung mass. The mediastinal windows revealed no definitive evidence of mediastinal mass or lymph node enlargement.

CONCLUSIONS:

- 1. Bilateral pleural effusion.
- 2. Atelectatic changes involving the right lower lobe.

D/T 6/13/92 cp

S. Thal, D.O./cp
S. Thal, D.O.

RADIOLOGY CONSULTATION REPORT

D.M. Bolden, D.O.
(CHAIRMAN)

S.W. Thal, D.O.

M.J. Zappitelli, D.O.

T. Villafana, Ph.D.

B. Galkin, M.S., F.A.C.R.
(RADIOLOGIC PHYSICIST CONSULTANTS)

BOMBERGER, ROBERT RM 502

091667 X087949

AGE: 67 DOB: 3/4/25

DR. MCHUGH

REFERRING DIAGNOSIS/COMPLAINT: CARDIAC DYSRHYTHMIA

6/15/92

CT SCAN, BRAIN

Unenhanced CT of the brain was performed with high resolution imaging. I see no evidence of intracranial mass, midline shift, hemorrhage, hydrocephalus or other findings of acute intracranial pathosis.

CONCLUSIONS:

1. Normal unenhanced CT of the brain.

D and T 6/15/92 jd

D.M. Bolden, D.O. /ps.
D. M. Bolden, D.O.

Suburban General Hospital

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RADIOLOGY CONSULTATION REPORT

D.M. Bolden, D.O.
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M.J. Zappitelli, D.O.

T. Villafana, Ph.D.

B. Galkin, M.S., F.A.C.R.
(RADIOLOGIC PHYSICIST CONSULTANTS)

BOMBERGER, ROBERT ROOM 502

091667 X087949

AGE 67 DOB 3/4/25

DR. MCHUGH

REFERRING DIAGNOSIS/COMPLAINT: R/O TUMOR

6/16/92:

CT BRAIN, ENHANCED:

There is no evidence of mass, midline shift, hydrocephalus, hemorrhage or other intracranial pathosis.

CONCLUSIONS:

- 1. Normal enhanced CT of the brain.

D and T: ska 6/16/92

D.M. Bolden, D.O./ps.
David M. Bolden, D.O.

Name: BOMBERGER, ROBERT
 ID: 693272 Room: ER 51V
 Male 63years Caucasian
 In 1b / mHg
 Med.:

Vent. Rate 70bpm
 PR int. *ms
 QRS dur. 116ms
 QT/QTc Int. 476/497ms
 P/QRS/T axis */ 33/ 12°
 RV5/SV1 amp. 2.71/1.51mV
 10mm/mV 25mm/s Filter ON
 I-II-III

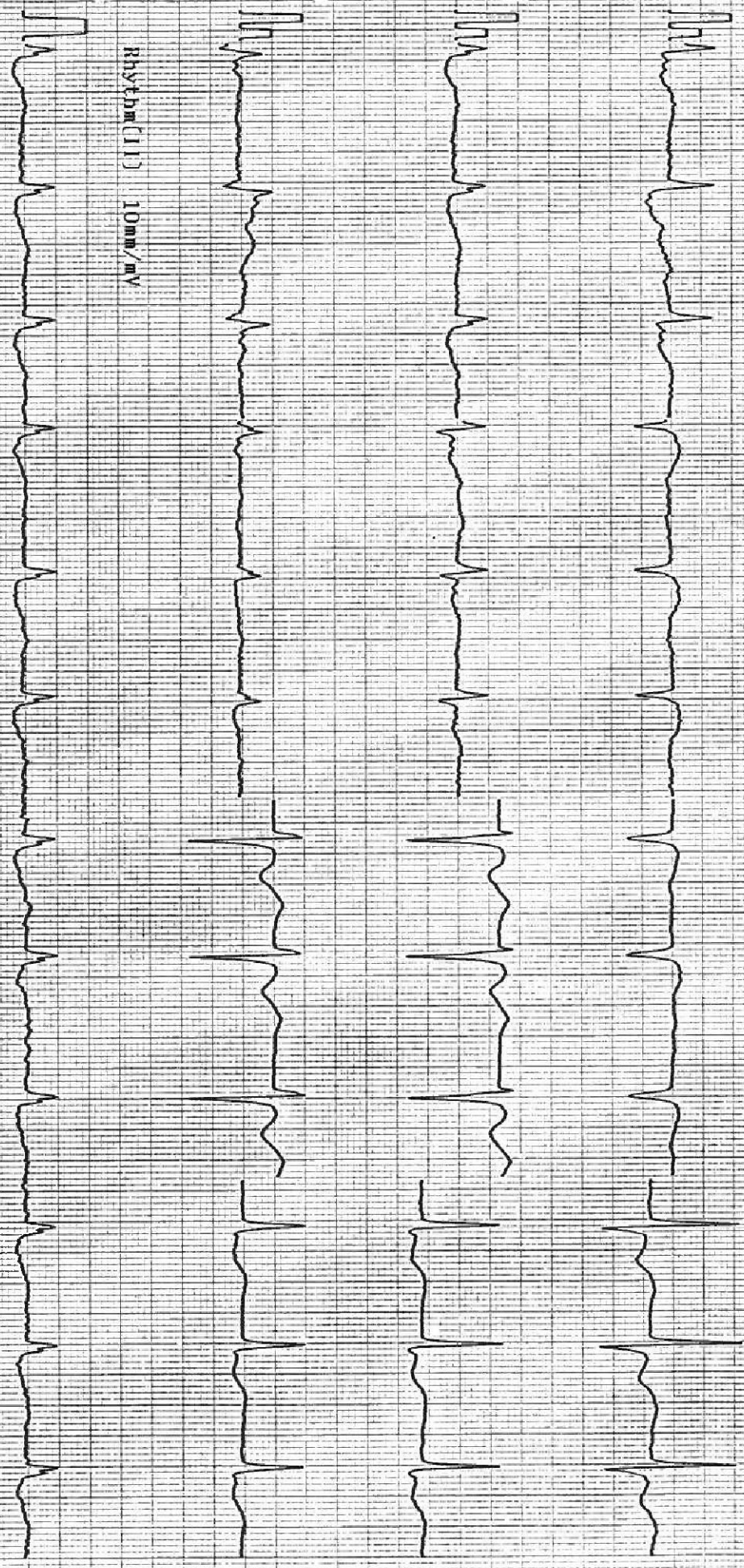
Atrial fibrillation
 Cannot rule out inferior myocardial infarction, probably old [30ms Qwave in lead I (aV₁)]
 Marked ST depression, consistent with subendocardial injury. (0.2+mV ST depression)
 Voltage criteria for LVM (meets criteria in one of: R(aVL), S(V₁), R(V₅), R(V₅/V₆)-S(V₁))
 ** abnormal ECG **

No comparison ECG available
 confirmed Report Reviewed by: *Stomaceo*

aVR-aVL aVF

5mm/mV (Auto)
V1-V2-V3

V4-V5-V6



7

Name: LIMBERGER, ROBERT
ID: 693272 Room: ER 202

Male 67 years Caucasian
in lb / mmHg

Med:

Atrial fibrillation
Septal myocardial infarction, age undetermined
Cannot rule out inferior myocardial infarction, probably old
T wave abnormality, possible anterior ischemia ~~and digitalis effect~~ IMPROVED OVER
** abnormal ECG ** ECG 6/10/92 T-INVERSION GROSS PROXIMAL EMT

Jun. 10, 1992 8:19am

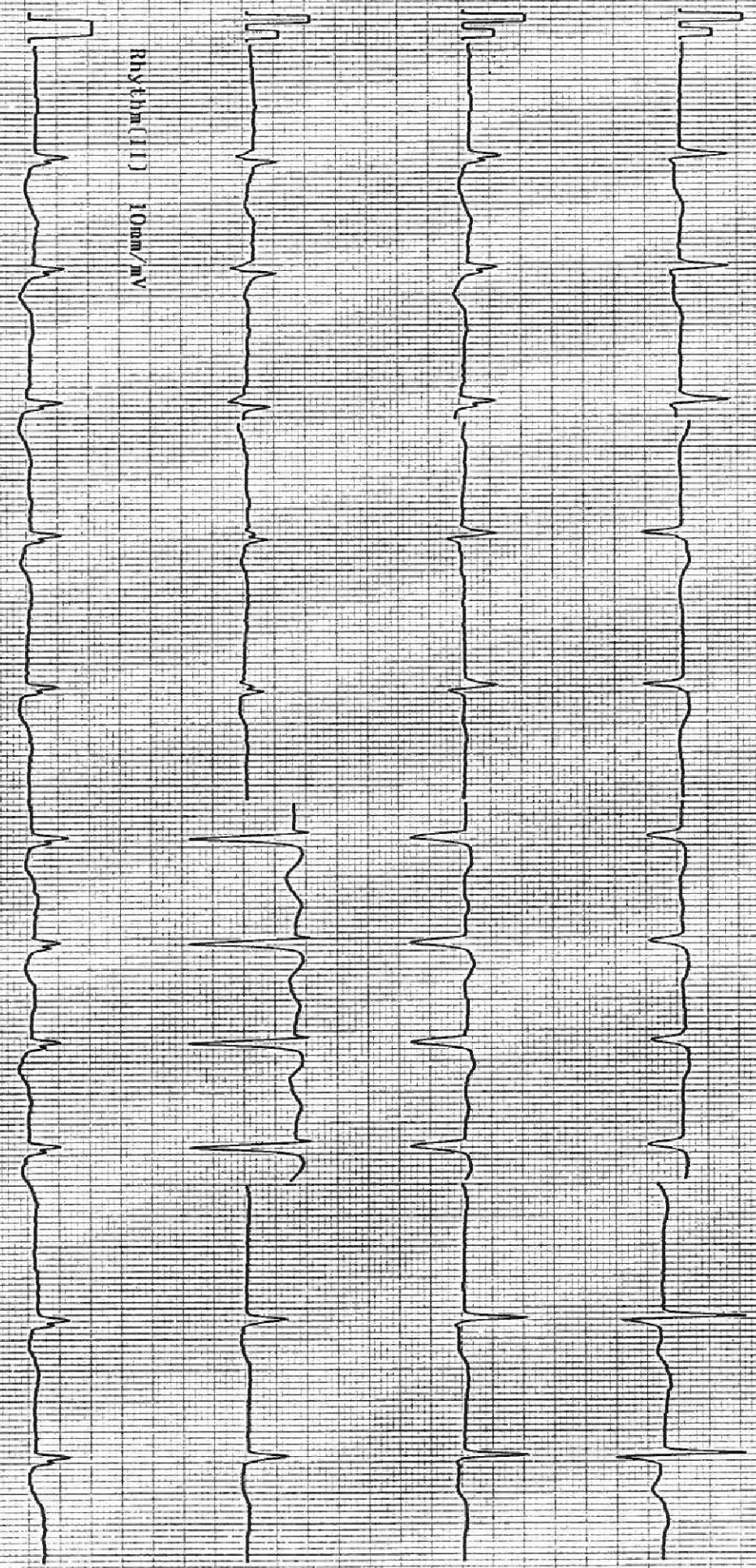
Vent. Rate 70bpm
PR int. *ms
QRS dur. 116ms
QT/QTc int. 488/508ms
P/QRS/T axis */28/26°
RV5/SV1 amp. 2.18/1.07mV

10mm/mV 25mm/s filter ON
I-II-III AVR-aVL-aVF

5mm/mV (Auto)
V1-V2-V3

V4-V5-V6

Reconfirmed Report Reviewed by: *Stomacelo*



Rhythm (II) 10mm/mV

Name: BOMBERGER, ROBERT

Jun. 11, 1992 7:18am

ID: 091667 Room: 502-1

Male 67years Caucasian

in lb mllg

Atrial fibrillation with rapid ventricular response
~~Incomplete~~ left bundle branch block is possible Left ventricular hypertrophy
Marked ST depression, ~~consistent with subendocardial injury~~ probably to conduct
** abnormal ECG **
arrastated ST depression now from 5/24/92

rate increased from 5/24/92

Vent. Rate 102bpm
PR int. *ms
QRS dur. ~~42ms~~ 12
QT/QTc int. 520/579ms
P/QRS/T axis * / 38 / 92°
RV5/SV1 amp. 1.56/1.47mV

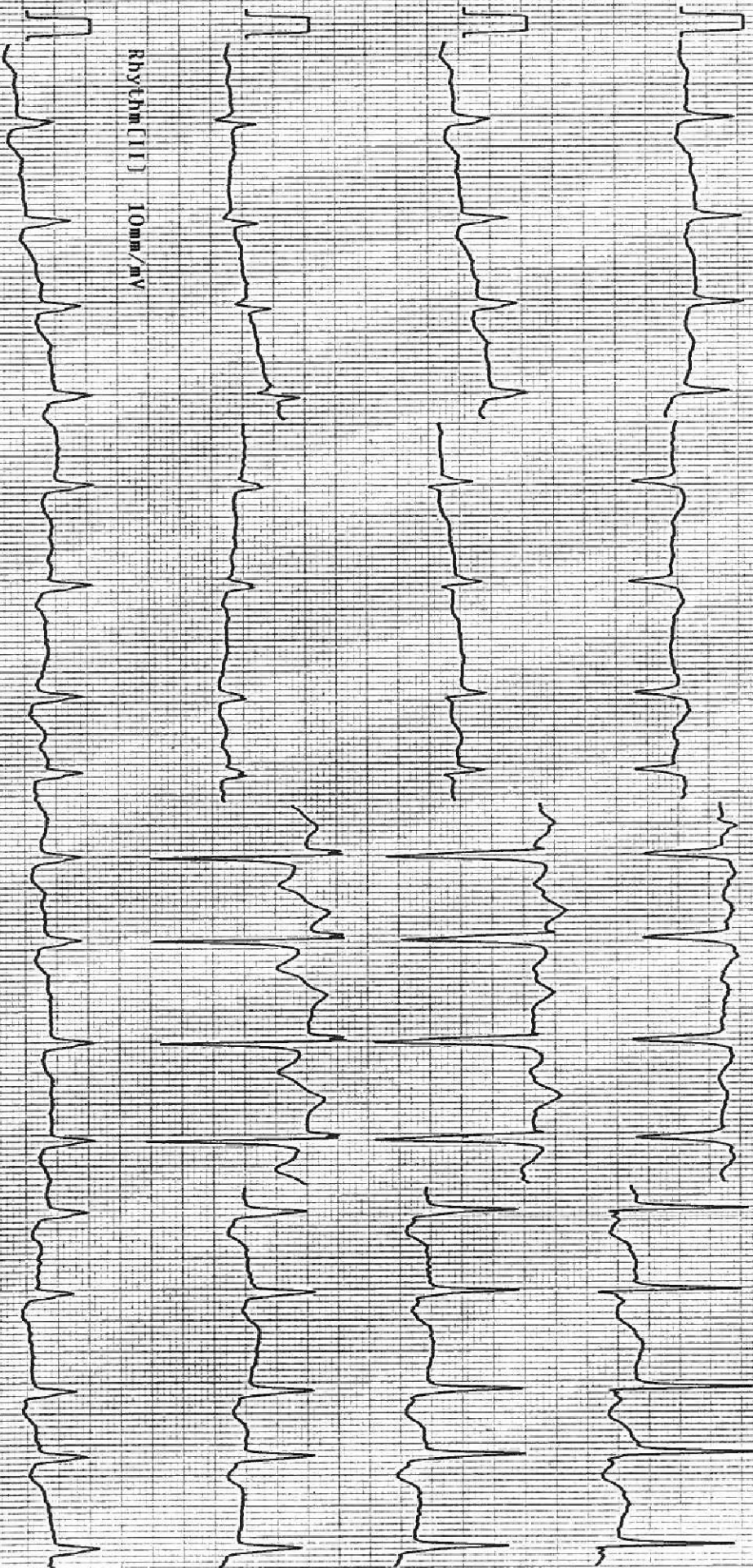
Reconfirmed Report Reviewed by: *Roupe DO*

10mm/mV 25mm/s Filter ON
I-II-III

aVR-aVL-aVF

10mm/mV
V1-V2-V3

V4-V5-V6



Rhythm [II] 10mm/mV

Rq. Dr. Name: MCHUGU J

Tech Name: DJ

Name: BOMBERGER ROBERT

ID: 091667

Room: 502-1

Atrial fibrillation

Inferior myocardial infarction, age undetermined

Twave abnormality, possible anterolateral ischemia or digitalis effect

15 L V4 m

Male 67 years

Caucasian

Probable

Q wave more pronounced inferiorly

Repetitive abnormality

Med:

mg/kg

** abnormal ECG **

Vent. Rate

65 bpm

PR int.

*ms

QRS dur.

108 ms

QT/QTc int.

388/400 ms

P/QRS/T axis

* / 5 / 160°

RV5/SV1 amp.

1.33/0.95 mV

10mm/mV 25mm/s Filter ON

aVR-aVL-aVF

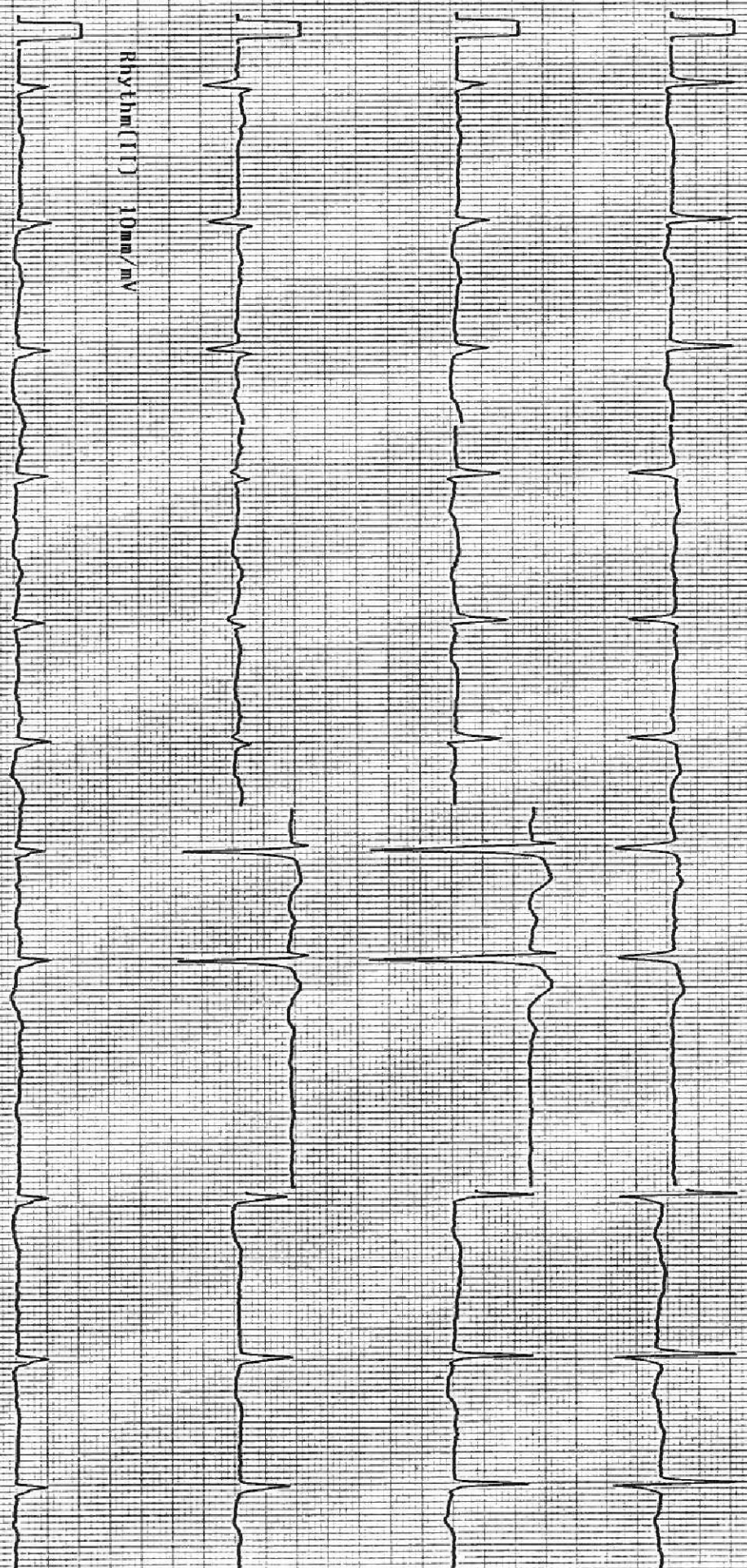
10mm/mV

V1-V2-V3

V4-V5-V6

confirmed Report Reviewed by: B. Goulet MD

QRS duration less than 100ms
note slower than
Q wave more pronounced inferiorly



Rhythm (T) 10mm/mV

28

Jun, 24, 1992 3:58am

Name: bomberger, r
 ID: 091667 Room: 237
 Male 67years Caucasian
 in lb / mmHg
 Med: .

Vent. Rate 135bpm
 PR int. *ms
 QRS dur. 116ms
 QT/QTc int. 308/387ms
 P/QRS/T axis * / 37 / 197°
 RV5/SV1 amp. 1.42/2.94mV

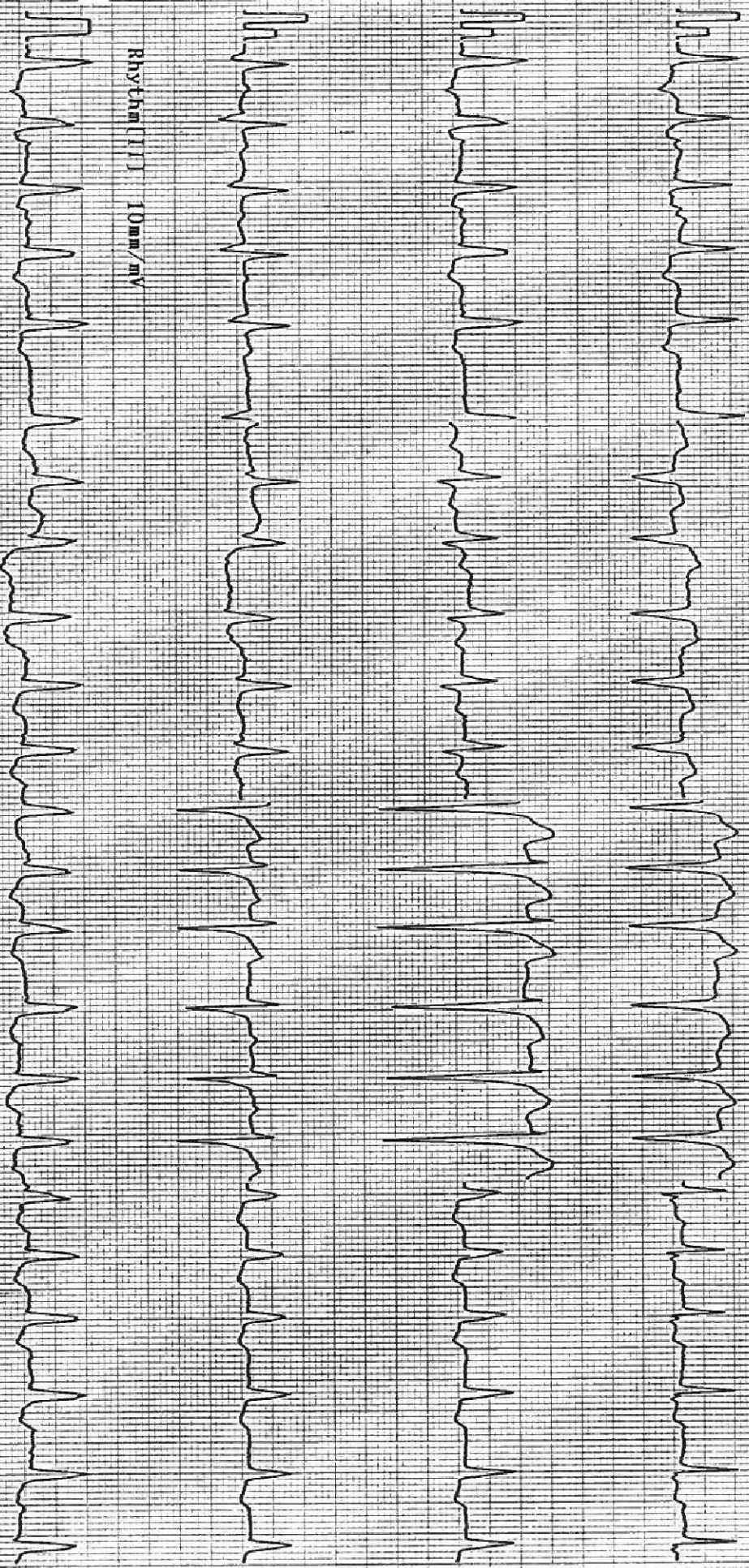
10mm/mV 25mm/s Filter ON
 I-II-III

aVR-aVL-aVF

5mm/mV (Auto)
 V1-V2-V3

V4-V5-V6

Atrial fibrillation with rapid ventricular response with aberrant conduction, or
 ventricular premature complexes
 possible inferior myocardial infarction, age undetermined (35ms Qwave in lead II/
 aVF)
 T wave abnormality, possible lateral ischemia or digitalis effect (-0.1mV Twave
 in lead I/aVL/V5/V6)
 Voltage criteria for LVH (meets criteria in one of R(aVL), S(V1), R(V5), R(V5/V6)
 S(V1))
 ** abnormal ECG **
 intraventricular conduction defect
 rate increased from 612 confirmed Report Reviewed by: *Spencer*



Rhythm (1) 10mm/mV

SUBURBAN GENERAL HOSPITAL

ADMISSION RECORD

23

PATIENT NAME & ADDRESS BOMBERGER, ROBERT STATE CORRECTIONAL INST GRATERFORD, PA		ATTENDING PHYSICIAN MCHUGH, J E MD	ADM SERV.	MEDICAL RECORD NO. 142633	ADM BY	PATIENT ACCT NO. MEC 091430
PREV ADMISSION NAME MP/ME/	PATIENT TELEPHONE NO. (215) 489-4151	DATE ADMITTED AND TIME 05/24/92 20:42	DATE DISCHARGED AND TIME 5/29/92			
AGE 47	DATE OF BIRTH 07/04/25	SEX M	RACE U	COUNTY 031	ADMITTING STATUS SOURCE 1	PAT TYPE 1
PATIENT/PARENT EMPLOYER		ADDRESS	EMPLOYER ID	RELIGIOUS PREFERENCE/CHURCH 1 UNKNOWN	DATE EXPIRED AND TIME	OCCUPATION
				STARTED PHONE	ROOM	BED
					TYPE	STATION
					0103	01 200 200
					DAYS	STAT

RESP PARTY NAME/ADDRESS/TELEPHONE/SSN BOMBERGER, ROBERT (215) STATE CORRECTIONAL INST 489-4151 GRATERFORD, PA 19468	RESP PARTY EMPLOYER/ADDRESS/PHONE/OCCUPATION	OTHER RELATIVE/FRIEND ADDR./PHONE/RELATION
--	--	--

PLAN CODE 7700	PHI A	POLICYHOLDER NAME BOMBERGER, ROBERT	REL 01	POLICY/CERTIFICATE NO. BN1129	GROUP INSURANCE CO. NAME CORRECT PHY. SVCS
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CLAIMS ADDRESS 1787 SENTRY PKWY WES BLUE BELL, PA	OCCUR CODE 19425	REFERRING PHYSICIAN NAME DR. GRATERFORD
	DATE	MEDICARE DATES TO

ADMITTING DIAGNOSIS UNC HYPERTENSION, CARDIAC DYSRHYTHMIA, EVD MALIGNANT	ADDITIONAL INFO. ER ADMIT #BN1129
--	--------------------------------------

PRINCIPAL DIAGNOSIS	ICD9-CM
uncontrolled hypertension	401.0
urinary tract infection	599.0
E. coli	041.4
cardiac dysrhythmia (atrial fibrillation with controlled ventricular response)	427.31
arteriosclerotic heart disease	414.0
hiatal hernia	553.3
bile gastritis	535.40
insulin dependent diabetes mellitus	250.00

COMPLICATIONS/INFECTIONS

PRINCIPAL SURGERY	ICD9-CM
5/28/92 esophagogastroduodenoscopy	45.13
5/26/92 CT scan, pelvis and abdomen	88.38
5/26/92 echocardiogram	88.01
	88.72

CONSULTANTS: J. Hellenstein

"I CERTIFY THAT THE NARRATIVE DESCRIPTIONS OF THE PRINCIPAL AND SECONDARY DIAGNOSES AND THE MAJOR PROCEDURES PERFORMED ARE ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE."

ATTENDING PHYSICIAN: *James M. Hef* DATE: 4/29/92

24

**SUBURBAN GENERAL HOSPITAL
DISCHARGE SUMMARY**

BOMBERGER, ROBERT
142632

Admitted 5/24/92
Discharged 5/29/92

This 67 year old male with a history of hypertension, was admitted with the chief complaint of back pain, nausea and elevated blood pressure. The patient was seen in the Emergency Room. As an out-patient his medications included Digoxin, Inderal, Isordil, Hydrochlorothiazide, Vasotec and Motrin. His blood pressure on admission was 220/110. EKG revealed cardiac dysrhythmia (atrial fibrillation with controlled ventricular response and non-specific ST-T wave changes compatible with Digitalis effect). There was suggestion for old inferior wall myocardial infarction. The random glucose was 169, BUN 24, serum creatinine 1.5, serum sodium 137 and serum potassium 4.0, serum chloride 97, bicarbonate 33. Total protein slightly elevated at 8.6, slightly low serum albumin at 3.5. The random triglycerides were 204. Serum lipase was slightly elevated at 236. Hemoglobin 11.3, hematocrit 34.7, platelet count 159,000, white blood count 4,400. Chest x-ray revealed radiographic evidence of chronic lung disease, the aorta was noted to be atherosclerotic and the heart was noted to be enlarged.

The patient was admitted and placed on IV Vasotec; oral Procardia was given in the Emergency Room, his blood pressure came under better control. CT scan of the abdomen was ordered for 5/26/92; evidence of bilateral pleural effusions were noted; multiple right renal cysts were noted in the area of the right kidney and an abnormal filling defect was noted in the stomach. It became necessary to increase the patient's antihypertensive medications. Urine culture performed on admission eventually returned as greater than 100,000 colonies per ml. of E-Coli. The patient was initially treated with IV antibiotics and then eventually switched to p.o. antibiotics.

Echocardiogram performed on 5/26/92, revealed concentric left ventricular hypertrophy but with normal left ventricular systolic function.

Because of the abnormal filling defect in the stomach, the patient underwent upper G.I. endoscopy on 5/28/92. Evidence of hiatal hernia was noted as well as bile gastritis. Reglan and Carafate were added to the patient's medication schedule.

On 5/29/92 the patient was asymptomatic. It is assumed that his back pain was secondary to the urinary tract infection.
(CONTINUED)

BOMBERGER, ROBERT
PAGE 2

However, it is recommended that an out-patient bone scan be performed. This is especially recommended in light of the patient's elevated sed. rate. On 5/25/92 the sed. rate was 102, on 5/28/92 the sed. rate was 106. On the same date the hemoglobin was 11.4.

On 5/28/92 random glucose was 227, the BUN and creatinine were within normal limits. The serum sodium was 138, serum potassium 4.0, serum chloride 95, bicarbonate 32. On that date the total protein was 8.7, serum albumin 3.1.

The case was discussed with Dr. Rahman on 5/29/92. It was felt that the patient had achieved maximum benefit from hospitalization, however, because of the back pain it was recommended that a bone scan be performed. This will be performed as an out-patient next week. Also with the slight elevation of the serum proteins, the back pain and the anemia, the possibility of early multiple myeloma should be ruled-out. Therefore a serum protein electrophoresis is also recommended.

FINAL DIAGNOSIS:

1. Uncontrolled hypertension.
2. Urinary tract infection (E-Coli).
3. Cardiac dysrhythmia, atrial fibrillation with controlled ventricular response.
4. ASHD.
5. Hiatal hernia with bile gastritis.
6. Non-insulin dependent diabetes mellitus.

The patient was returned to the State Correctional Institution at Graterford with the following recommendations:


1. Bone scan as an out-patient next week.
2. Serum protein electrophoresis.
3. 1800 calorie ADA diet.
4. AccuCheck blood sugar twice weekly.
5. Isordil 20 mg. p.o. q. 6 hours.
6. Inderal 20 mg. p.o. q. 6 hours.
7. Digoxin 0.25 mg. daily.
8. Vasotec 10 mg. daily in the AM.
9. Vasotec 5 mg. daily in the PM.
10. Isradipine 2.5 mg. p.o. q. 12 hours.
11. Pepcid 20 mg. p.o. q. 12 hours.
12. Carafate 1 gm. p.o. 1/2 hour a.c. t.i.d. and h.s.
13. Reglan 10 mg. p.o. 1/2 hour a.c.t.i.d. and h.s.
14. Cipro 500 mg. p.o. q. 12 hours for 7 days.

So as to be sure that the bile gastritis has healed, it is recommended that the patient have a repeat upper G.I. endoscopy in approximately one month.

(CONTINUED)

BOMBERGER, ROBERT
PAGE 3

JEM:mmd
Dict. 5/29/92 Trans. 6/3/92
cc: Dr. McHugh
Dr. Rahman, Graterford



JAMES E. MCHUGH, D.O.

DISCHARGE SUMMARY

Suburban General Hospital

2701 DEKALB PIKE • NORRISTOWN, PA 19404 • (215) 278-2100

27

RADIOLOGY CONSULTATION REPORT

D.M. Bolden, D.O.
(CHAIRMAN)

S.W. Thal, D.O.

M.J. Zappitelli, D.O.

T. Villafana, Ph.D.

B. Galkin, M.S., F.A.C.R.
(RADIOLOGIC PHYSICIST CONSULTANTS)

BOMBERGER, ROBERT ER

692751 X087949 3/92

67yo 3/4/25

Dr. Cakouros/ERP

Abdom 503

REFERRING DIAGNOSIS/COMPLAINT: Abd. pain

5/24/92

CHEST

Chest examination was somewhat limited technically. The right apex is not seen. Within these limitations I saw no evidence of acute pulmonary inflammatory disease. There is evidence of chronic interstitial lung disease. The aorta is atherosclerotic. The heart is enlarged. Repeat PA chest examination is recommended to include the apices.

ABDOMEN

Supine and erect views of the abdomen reveal no evidence of free air or free fluid. There is evidence of mild reactive ileus. Calcification is noted overlying the lower pole of the left kidney.

CONCLUSIONS:

1. Limited chest examination revealing chronic lung disease, arteriosclerotic and cardiomegaly.
2. Possible left renal calculus.

D/T 5/25/92 cp

S.W. Thal, D.O.
S. W. Thal, D.O.

PERTINENT HISTORY IS IMPORTANT FOR OPTIMAL INTERPRETATION OF YOUR IMAGING REQUEST

RADIOLOGY CONSULTATION REPORT

D.M. Bolden, D.O.
(CHAIRMAN)

S.W. Thal, D.O.

M.J. Zappitelli, D.O.

T. Villafana, Ph.D.

B. Galkin, M.S., F.A.C.R.
(RADIOLOGIC PHYSICIST CONSULTANTS)

BOMBERGER, ROBERT RM 503

091430 X087949

AGE: 67 DOB: 3/4/25

DR. MCHUGH

REFERRING DIAGNOSIS/COMPLAINT: UNCONTROLLED HYPERTENSION

5/26/92

CT SCAN, PELVIS

High resolution imaging of the pelvis was performed enhanced. Oral contrast media was also utilized. The CT scan revealed no evidence of free intrapelvic fluid or infiltration of the pelvic fat. Mild diverticular changes are noted involving the sigmoid colon. There is no evidence of abnormal pelvic lymph node enlargement.

CONCLUSIONS:

- 1. Mild diverticular changes of the sigmoid colon.

D and T 5/27/92 jd

S. Thal, D.O.
S. Thal, D.O.

RADIOLOGY CONSULTATION REPORT

D.M. Bolden, D.O.
(CHAIRMAN)

S.W. Thal, D.O.

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(RADIOLOGIC PHYSICIST CONSULTANTS)

BOMBERGER, ROBERT RM 503

091430 X087949

AGE: 67 DOB: 3/4/25

DR. MCHUGH

REFERRING DIAGNOSIS/COMPLAINT: UNCONTROLLED HYPERTENSION

5/26/92

CT SCAN, ABDOMEN

High resolution imaging of the abdomen was performed with and without IV contrast media. Oral contrast media was also utilized. The CT scan revealed bilateral pleural effusions which are slightly worse on the right. The liver is top normal in size. The spleen, pancreas and adrenal glands were unremarkable. There is evidence of multiple cysts arising from the right kidney.

There is evidence of a large filling defect within the stomach which may represent retained food and secretions. However, the possibility of gastric neoplasm cannot be excluded. Upper gastrointestinal examination is recommended.

I saw no definitive evidence of abnormal intra-abdominal or retroperitoneal lymph node enlargement.

CONCLUSIONS:

1. Bilateral pleural effusions which were not present on prior examination of 3/19/92.
2. Multiple right renal cysts which are unchanged as compared to prior scan.
3. Filling defects noted within the stomach which may represent retained food or secretions and/or neoplasm.
4. Further upper gastrointestinal examination is recommended.

D and T 5/27/92 jd

S. Thal, D.O.
- S. Thal, D.O.

PERTINENT HISTORY IS IMPORTANT FOR OPTIMAL INTERPRETATION OF YOUR IMAGING REQUEST

89

Name: ROBERT BOMBERGER
ID: 692751
Room: 503-01

Male 67 years Caucasian
Med: Digitalis
Atrial fibrillation
Nonspecific intraventricular conduction delay (110-ms QRS duration)
T wave abnormality, possible lateral ischemia or ~~digitalis effect~~ (-0.1 mV T wave
in lead I/aVL/V5/V6)
Moderate voltage criteria for LVH may be normal variant (meets criteria in one
of: R(aVL), S(V1), R(V5), R(V5/V6)+S(V1))
Short QT interval
** abnormal ECG **

Rate 55bpm
PR 16ms
QRS dur 116ms
QT/QTc Int 368/356ms
P/QRS/T axis 57/129°
RV5/SV1 amp. 1.89/1.94mV

10mm/mV 25mm/s filter ON
11111111

AVR aVL aVF

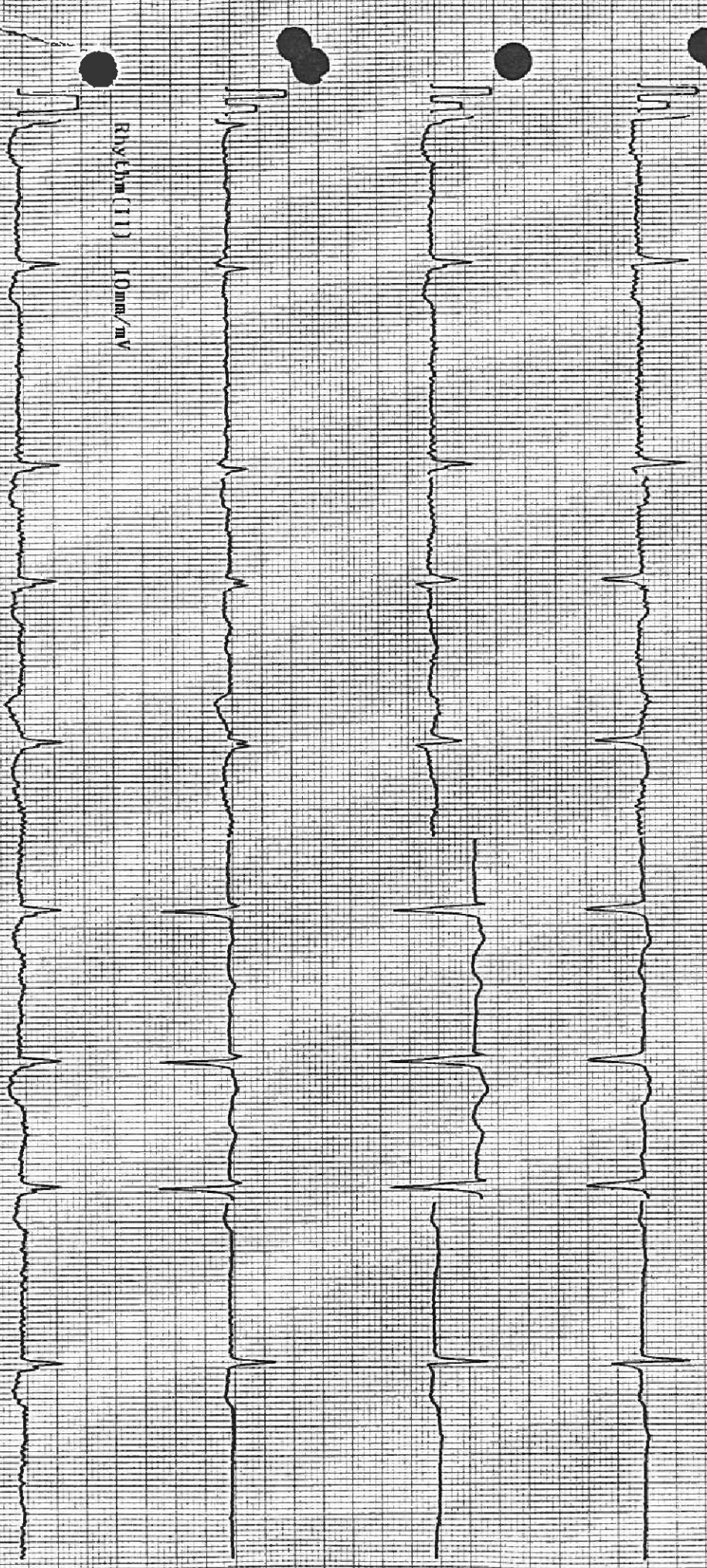
5mm/mV (Auto)
V1-V2-V3

V4-V5-V6

No comparison ECG available

Unconfirmed Report Reviewed by: *D. Jones*

Rhythm (11) 10mm/mV



Rd. Dr. Name:

Tech. Name:

SUBURBAN GENERAL HOSPITAL
ECHOCARDIOGRAM

31
BOMBERGER, ROBERT
RM #503
AGE: 67 DOB: 3/4/25
Dr. McHugh/Graterford

DATE: 5/26/92

TAPE #HP237,00813

PROCEDURE: M Mode, Two D, Pulsed Wave, Continuous Wave, and
Color Doppler.

DIAGNOSIS: Uncontrolled hypertension, cardiac arrhythmia.

REASON FOR STUDY: Check LV, valves.

LVIDD: 5.2 LVIDS: 3.1 LVPWD: 1.4 IVSD: 1.4 RVIDD: 1.4

LA: 5.1 AO: 3.6 ACS: 2.0 FS: 41

INTERPRETATION:

The aortic valve was mildly thickened with normal leaflet separation. The valve appears to be trileaflet. The mitral, tricuspid and pulmonic valves are normal. The left atrium is dilated. The right atrium is top/normal in size. The right and left ventricular chamber sizes are normal. The left ventricular walls are thickened. The left ventricular wall motion is normal in all views. There is no obvious pericardial effusion.

Doppler study showed aortic outflow to be normal. There is a very small aortic regurgitant jet seen only in the apical views. It goes approximately 1-2 cm. into the left ventricle. The slope could not be accurately assessed by continuous wave. There is no mitral stenosis. There is no mitral regurgitation. There is tricuspid regurgitation just at the level of the valve, which is usually a normal variant. There is no obvious intracardiac shunt.

IMPRESSIONS:

1. Aortic valve sclerosis with minimal aortic regurgitation.
2. Dilated left atrium.
3. Concentric left ventricular hypertrophy.
4. Normal left ventricular systolic function.

JF/ks

dt: 5/27/92



JOHN FORNACE, D.O.

ECHOCARDIOGRAM ECHOCARDIOGRAM ECHOCARDIOGRAM ECHOCARDIOGRAM

SUBURBAN GENERAL HOSPITAL
MORRISTOWN, PA.

BONBERGER, ROBERT 0503
091430 03/04/25
STATE CORRECTIONAL INST
GRATERFORD, PA 19468
142632 05/24/92 UNKN 67Y M U
MCHUGH, J E DO CORRECT PHY. S
ENDOSCOPY ROOM RECORD 5N1129
215 489-4151 BONBERGER, ROBERT

32

Patient: _____ Date of Birth _____

Date 03/28/92 Time of Arrival 11¹⁵ AM/PM

Procedure: Bronchoscopy Colonoscopy Esophagogastroduodenoscopy
Sigmoidoscopy (Left Descending Colonoscopy)
Other _____

Vital Signs Prior to Procedure: T 98² P 68 R 20 BP 180/92

Allergies NKA Dentures: Yes No

Enema Prep: Yes No Type: Fleets Cleansing

Doctor Performing Test: Dr. Koehler

Consent Form Signed: Yes No

Area Procedure Performed: Endoscopy X-Ray Other _____

INTRAVENOUS INFORMATION

IV Started: Yes No By flow Area: Right Arm Left Arm
antecubital fossa Forearm Wrist Hand Other _____

Type of Needle: _____ ga jelco Other _____

Heparin Well: Yes No

Solution: _____ cc of D5W .9 Sod. Cl. Other _____

Started by: _____ Time: _____ AM/PM

Discontinued by: _____ Time: _____ AM/PM

Oxygen: Yes No _____ L/min via nasal cannula mask

Time Started _____ Time Discontinued _____

Specimens: Biopsies, Polypectomy, Bronchial Washings, Pleural Fluid, Other

Other Information: Procedure start time 11:35 AM Completion 11:43 AM
Pt tolerated procedure well. Became disoriented to procedure which passed in several minutes.

Medication	Amount	Route of Administration	Time
Demerol	<u>75mg IV</u>		
Dilaudid			
Narcan	<u>0.4mg IV</u>		
Valium	<u>10mg IV</u>		
Other			

Vital Signs after Procedure: T 98² P 96 R 26 BP 200/90 11:45 AM

Time of Discharge: 12¹⁵ AM/PM 80-24 176/90 11:50 AM

Signature of Dept. Personnel D. Hatalak RN

Signature of Physician J. Koehler 70-24 180/90 12:05 PM

5/28/92

SUBURBAN GENERAL HOSPITAL

ENDOSCOPY ROOM RECORD

Last Name	First Name	Middle Name		
Address			BOMBERGER, ROBERT	0503
Phone			091430	03/04/25
Religion	Date of Birth	STATE	CORRECTIONAL INST	
Civil Status	Age	GRATERFORD, PA	19468	
Sex		142632	05/24/92	UNKN 67Y M U
M F	M S W D Sep.	WCHUGH, J E DO	CORRECT PHY. S	
Referring Doctor			BN1129	
Name of Blue Cross and/or Blue Shield Plan			215	Facility ID BOMBERGER, ROBERT
Other Hospitalization Insurance Name			Address	

PHYSICIAN'S REPORT

EGD

Diagnosis:

Bile gastritis
Hiatal Hernia
Proximal duodenitis *Proximal duodenitis* *CG-junit*
Distal duodenitis *10 x 10 mm* *10 x 10 mm*
Proximal duodenitis *10 x 10 mm* *10 x 10 mm*

Disposition of Case:

Fluor Care

Referred to Dr.

Redlett

Date

5/28/92

Signed

W. Schley
 Attending Physician

AUG 11 1992

Robert H. Bomberger, BN-1179
State Correctional Institution at Graterford
P. O. Box 244
Graterford, Pennsylvania 19426-0244

Internal Medicine Associates
Suburban General Hospital
309 Medical Arts Pavilion
2705 DeKalb Pike
Norristown, PA 19401

RE: Robert H. Bomberger, BN-1179
Soc. Sec# 165-24-1513, D.O.B. 3/4/25

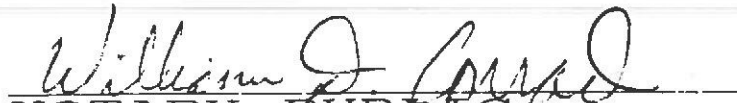
To The Medical Records Department:

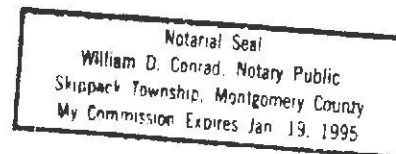
The following is a request for a copy of patients medical records pursuant to Title 28 Pa. Code 103.22 (b), (15) and 28 Pa. Code 115.29, patients access to medical records and information. I am requesting that Internal Medicine Associates at Suburban General Hospital, relinquish a complete and unexpurgated copy of my entire medical record to my attorney Mr. Jonh Gainer, Esquire, Public Defender's Office of Berks County, Pennsylvania, 33 North 6th Street, Reading, Pennsylvania 19601.

The information requested is to be provided to my attorney Mr. Mark Gainer, Esquire, within twenty (20) days from receipt of this letter. For any additional information concerning this matter please contact Mr. John Gainer, Esquire, at (215) 378-8891 or 8892.


Robert H. Bomberger

Sworn to and subscribed before me this 11th day of August 1992


NOTARY PUBLIC



cc: Hon. Forrest G. Schaeffer, P.J.
Mr. John Gainer, Esquire
Mr. Angus R. Love, Esquire

SUBURBAN GENERAL HOSPITAL
PHYSICIAN'S SUMMARY

BOMBERGER, ROBERT
142632
Graterford Correctional Institution

ADMITTED: 6/10/92 DISCHARGED: 7/1/92

This 67 year old male, with a history of hypertension and non-insulin dependent diabetes mellitus was admitted via the Emergency Room in a semicomatose state. The patient had been found in his cell with a mental status change. The blood pressure at the correctional institution was 240/136. In the Emergency Room on admission the blood pressure was 160/64. The oral temperature was 101.4 degrees. EKG revealed atrial fibrillation with a controlled ventricular response; however, there was more ST segment depression and the T waves were biphasic (when compared to previous EKG's taken at this institution in May of this year).

The patient was confused with slurred speech. There was obviously a mental status change. The possibility of hypertensive crisis with cerebral hemorrhage was entertained. A stat CT scan of the brain was ordered; however, there was no evidence of cerebral hemorrhage. X-ray examination of the chest revealed evidence of atherosclerotic thoracic aorta and cardiac enlargement.

The patient was clinically quite dehydrated. He was placed on intravenous fluids and intravenous antihypertensive medication. Blood cultures were drawn as well as urine cultures. He was also placed on an intravenous antibiotic. Blood cultures proved to be negative. Because of hyperproteinemia in the serum, the patient was investigated relative to the presence of multiple myeloma. A serum immunoglobulin electrophoresis was ordered. This was eventually returned and was found to be quite elevated relative to the presence of IgG. Also, Kappa light chains were found to be present in the urine. The patient was seen on Hematology/Oncology consultation by Dr. Sharer. Bone marrow biopsy was performed. This was interpreted as "plasma cell myeloma."

Therapy was instituted with Alkeran. Gradually the patient was ambulated. He was seen on Physical Medicine consultation. He was ambulated on a daily basis. Also, the blood serum was found to have increased viscosity.

His blood sugars were closely monitored. During the patient's hospitalization, a urinary tract infection was found. This was appropriately treated. The patient was found to be negative for the HIV I and HIV II virus. The ANA was negative. Rheumatoid factor was slightly positive at 1:40. CT scan of the brain was normal.

DISCHARGE SUMMARY

BOMBERGER, ROBERT
PAGE -2-

On 7/1/92, after conversation with Dr. Rahman, it was felt that the patient had achieved maximum benefit from hospitalization and he was returned to the infirmary at the State Correctional Institution at Graterford.

At the patient's request, the Foley catheter was left in place.

FINAL DIAGNOSIS:

1. Hypertensive crisis.
2. Multiple myeloma (IgG in the serum with free Kappa light chains in the urine).
3. Hyperviscosity syndrome.
4. Hypertensive cardiovascular disease.
5. ASCVD.
6. Chronic atrial fibrillation.
7. Insulin dependent diabetes mellitus.
8. Hiatal hernia with bile gastritis.
9. Urinary tract infection.
10. Chronic renal insufficiency.

DISCHARGE MEDICATIONS:

1. Isradipine 2.5 mg. p.o. q 12 hours.
2. Darvocet N 100 q four hours prn back pain.
3. Pepcid 40 mg. p.o. h.s. nightly.
4. Humulin N 20 units subcutaneously daily in the a.m.
5. Medrol 16 mg. p.o. daily for three additional days, then 8 mg. p.o. daily for one week, then discontinue Medrol.

The patient was also discharged on a 2200 calorie ADA diet with h.s. snack.

It is recommended that the patient be given:

1. Foley catheter care.
2. 4:00 p.m. Accucheck daily with appropriate insulin coverage if needed.
3. It is also imperative for the patient to have an office visit with Dr. Sharer (Hematology/Oncologist) at the Norristown Regional Cancer Center in approximately one month (or the hematologist/oncologist of Dr. Rahman's choice).

Prognosis is guarded.

JAMES E. MCHUGH, D.O.

JEM:jd
D 7/1/92 T 7/7/92
cc: Dr. McHugh
Dr. Rahman

DISCHARGE SUMMARY

SUBURBAN GENERAL HOSPITAL
ADMISSION PROGRESS NOTE

BOMBERGER, ROBERT
Graterford

142632

Admitted 6/10/92

This 67 year old male, with history of hypertensive cardiovascular disease and chronic atrial fibrillation was admitted from Graterford after having been found with a mental status change (confusion and urinary incontinence). The report from Graterford stated that the patient was cyanotic and that his pulse oximetry was 90%. His vital signs as recorded at Graterford revealed a blood pressure of 240/136; the pulse was 87 and the oral temperature 101.4 F. The patient was recently discharged from this institution (5/29/92). At that time the patient was discharged on a combination of Isordil 20 mg. p.o. q. 6 hours, Inderal 20 mg. p.o. q. 6 hours, Digoxin 0.25 mg. daily, Vasotec 10 mg. daily in the AM and 5 mg. daily in the PM, Isradipine 2.5 mg. p.o. q. 12 hours, Pepcid 20 mg. p.o. q. 12 hours, Carafate 1 gm. p.o. 1/2 hour a.c. t.i.d. and h.s., Reglan 10 mg. p.o. 1/2 hour a. c. t.i.d. and h.s. and Cipro 500 mg. p.o. q. 12 hours for 7 days. His medications on admission included Digoxin 0.25 mg. daily, Reglan 10 mg. a. c. and h.s., Carafate 1 gm. a. c. and h.s., Vasotec 10 mg. daily, Isordil 20 mg. q.i.d., Propranolol 20 mg. q.i.d. and Tagamet 400 mg. b.i.d.

Vital signs in the Emergency Room revealed the blood pressure to be 160/64, oral temperature 101.4 F. EKG revealed atrial fibrillation with controlled ventricular response but there was more ST segment depression and the T-waves are now biphasic in the precordial leads when compared with recent EKGs taken at this institution in May of this year.

The patient is confused with slurred speech. His mouth is extremely dry with encrustation of the lips and tongue. The heart rate was irregularly irregular. The patient did respond to my request to grasp my hands with his hands and I could detect no focal neurologic abnormalities. The patient's left hand and left leg was handcuffed to the Emergency Room litter.

Laboratory data at this institution reveals that the serum Digoxin level is within therapeutic range. The hemoglobin is 11.7, hematocrit 36.2. White blood count was 8,700 with 79 neutrophils, 16 bands, 3 lymphocytes and 2 monocytes. Random glucose 260. The BUN was 25, compared to 19 on 5/28/92. and the serum creatinine was 1.5 compared to 1.2 on 5/28/92. The serum potassium was 3.3. The serum calcium 10.8, compared to 8.3 on 5/28/92.

(continued)

BOMBERGER
091667
STATE CORRECTION
GRATERFORD, PA
142632 06/10/92
MCHUGH, J E DO
215 489-4151 BOMBERGER, ROBERT

BOMBERGER, ROBERT
PAGE 2

BOMBERGER, ROBERT 0502
091667 03/04/25
STATE CORRECTIONAL INST
GRATERFORD, PA 19468
142632 06/10/92 UNKN 67Y M U
MCHUGH, J.E. DO, CORRECT PHY. S
215 489-4151 BOMBERGER, ROBERT

IMPRESSIONS:

1. Hypertensive crisis with mental status change; R/O cerebral hemorrhage.
2. Hypertensive cardiovascular disease.
3. ASCVD.
4. Chronic atrial fibrillation.
5. R/O acute myocardial infarction.
6. Hiatal hernia with bile gastritis.
7. Non-insulin dependent diabetes mellitus.
8. Probable urinary tract infection, R/O sepsis.
9. R/O multiple myeloma.

Orders have been written.

The patient will have STAT CT scan of the brain to R/O cerebral hemorrhage. He will be transferred to the ICU.

JEM:mmd
Dict. 6/10/92 Trans. 6/12/92
cc: Dr. McHugh
Dr. Rahman


JAMES E. MCHUGH, D.O.

ADMISSION NOTE

SUBURBAN GENERAL HOSPITAL
NORRISTOWN, PA 19404
DEPARTMENT OF PATHOLOGY

Name: Bomberger, Robert
Date: 6/19/92
Room: 237
Lab.No.: S-1699-92
Doctor: Sharer
Specimen: Bone Marrow Aspirate and Biopsy
Age: 67
Hospital No.: 142632
Clinical Note: (OR 6/19) R/O Myeloma

GROSS

Several slides of a bone marrow aspirate are submitted and are stained by the Method of Giemsa.

Also submitted is a cylindrical core of osseous tissue measuring 1.2 x 0.2 cm. All the material is taken for histologic study after decalcification. JG

MICROSCOPIC EXAMINATION - Performed.

DIAGNOSIS

Bone Marrow Biopsy and Aspiration Smears: Plasma Cell Myeloma.

Dict.: 6/22/92
Trans.: 6/24/92
PAS: 9
Lab Code: Bone Marrow

Pathologist : Justin Gershon, D.O.



Suburban Central Hospital 1

2701 DEKALB PIKE • NORRISTOWN, PA 19404 • (215) 278-2100

admit 502

RADIOLOGY CONSULTATION REPORT

D.M. Bolden, D.O.
(CHAIRMAN)

S.W. Thal, D.O.

M.J. Zappitelli, D.O.

T. Villafana, Ph.D.

B. Galkin, M.S., F.A.C.R.
(RADIOLOGIC PHYSICIST CONSULTANTS)

BOMBERGER, ROBERT ER

693272 X087949

AGE: 67 DOB: 3/4/25

ER

*QIC
D.O.
6/11/92*

REFERRING DIAGNOSIS/COMPLAINT: No history available

6/10/92

CHEST

Examination of the lungs shows complete expansion and hyperaeration bilaterally. There is no evidence of acute pulmonary disease.

The thoracic aorta is atherosclerotic and the heart is enlarged.



CONCLUSIONS:

1. No evidence of acute pulmonary disease.
2. Chronic lung disease.
3. Atherosclerotic thoracic aorta and cardiac enlargement.

D/T 6/10/92 de

M. J. Zappitelli, D.O./rs.
M. J. Zappitelli, D.O.

Suburban Central Hospital

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RADIOLOGY CONSULTATION REPORT

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T. Villafana, Ph.D.

B. Galkin, M.S., F.A.C.R.
(RADIOLOGIC PHYSICIST CONSULTANTS)

BOMBERGER, ROBERT ROOM 502

091667 X087949

AGE 67 DOB 3/4/25

DR. MCHUGH

REFERRING DIAGNOSIS/COMPLAINT: CARDIAC DYSRHYTHMIA

6/11/92:

PORTABLE CHEST AT 8:50 A.M.

The lungs are completely expanded. There is increased density within the right lower lung field which was not apparent on 6/10/92.

This may represent acute change. The aorta is atherosclerotic. The heart is enlarged.

The tip of a right jugular catheter is located within the superior vena cava. Increased density within the right mid-lung field which may represent acute change.



Stephen Thal, D.O.

D and T: ska 6/11/92



Suburban General Hospital

2701 DEKALB PIKE • NORRISTOWN, PA 19404 • (215) 278-2100

RADIOLOGY CONSULTATION REPORT

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(CHAIRMAN)

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B. Galkin, M.S., F.A.C.R.
(RADIOLOGIC PHYSICIST CONSULTANTS)

BOMBERGER, ROBERT 502

091667 X087949

M/67 3/04/25

Dr. J. McHugh

REFERRING DIAGNOSIS/COMPLAINT: S/P Dobbhoff placement

6/11/92

ABDOMEN

AP radiography of the thoraco-abdominal region for Dobbhoff tube placement reveals the Dobbhoff tube traversing the esophagus and coiled upon itself within the stomach with the tip pointing cephalad.



D/T 6/11/92 cp

D.M. Bolden D.O./ps
D. M. Bolden, D.O.

Suburban General Hospital

2701 DEKALB PIKE • NORRISTOWN, PA 19404 • (215) 278-2100

RADIOLOGY CONSULTATION REPORT

D.M. Bolden, D.O.
(CHAIRMAN)

S.W. Thal, D.O.

M.J. Zappitelli, D.O.

T. Villafana, Ph.D.

B. Galkin, M.S., F.A.C.R.
(RADIOLOGIC PHYSICIST CONSULTANTS)

BOMBERGER, ROBERT 502

091667 X087949 6/12

M/67 3/04/25

Dr. J. McHugh

REFERRING DIAGNOSIS/COMPLAINT: Cardiac dysrhythmia

6/12/92

CT SCAN OF THE PELVIS

High resolution imaging of the pelvis was performed unenhanced. There is evidence of free intrapelvic fluid. I saw no evidence of infiltrate of the pelvic fat. No abnormal pelvic masses are seen. In comparing this examination to a prior one of 3/19/92, there is worsening in the CT findings. Free fluid was not present on the prior study.

CONCLUSIONS:

1. Free intrapelvic fluid.

D/T 6/13/92 cp

S. Thal, D.O./cp
S. Thal, D.O.

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BOMBERGER, ROBERT 502

091667 X087949 6/12

M/67 3/04/25

Dr. J. McHugh

REFERRING DIAGNOSIS/COMPLAINT: Cardiac dysrhythmia

6/12/92

CT SCAN OF THE ABDOMEN

High resolution imaging of the abdomen was performed unenhanced. The CT scan revealed free intra-abdominal fluid. This was not present on prior examination of 3/19/92. The liver, spleen, pancreas and adrenal glands are unremarkable. Bilateral renal cysts are again demonstrated. Calcifications are noted within the left kidney. No abnormal intra-abdominal or retroperitoneal lymph node enlargement was seen.

CONCLUSIONS:

- 1. Free intra-abdominal fluid.

D/T 6/13/92 cp

S. Thal, D.O./cp
S. Thal, D.O.

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BOMBERGER, ROBERT 502

091667 X087949 6/12

M/67 3/04/25

Dr. J. McHugh

REFERRING DIAGNOSIS/COMPLAINT: Cardiac dysrhythmia

6/12/92

CT SCAN OF THE CHEST

High resolution imaging of the chest was performed unenhanced. Lung and mediastinal windows were photographed. There is evidence of bilateral pleural effusions. Atelectatic changes are noted within the right base. I saw no definitive evidence of lung mass. The mediastinal windows revealed no definitive evidence of mediastinal mass or lymph node enlargement.

CONCLUSIONS.

1. Bilateral pleural effusion.
2. Atelectatic changes involving the right lower lobe.

D/T 6/13/92 cp

S. Thal, D.O./cp
S. Thal, D.O.

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RADIOLOGY CONSULTATION REPORT

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(RADIOLOGIC PHYSICIST CONSULTANTS)

BOMBERGER, ROBERT RM 502

091667 X087949

AGE: 67 DOB: 3/4/25

DR. MCHUGH

REFERRING DIAGNOSIS/COMPLAINT: CARDIAC DYSRHYTHMIA

6/15/92

CT SCAN, BRAIN

Unenhanced CT of the brain was performed with high resolution imaging. I see no evidence of intracranial mass, midline shift, hemorrhage, hydrocephalus or other findings of acute intracranial pathosis.

CONCLUSIONS:

1. Normal unenhanced CT of the brain.

D and T 6/15/92 jd

D.M. Bolden, D.O. /ps.
D. M. Bolden, D.O.

17
Suburban General Hospital

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RADIOLOGY CONSULTATION REPORT

D.M. Bolden, D.O.
(CHAIRMAN)

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B. Galkin, M.S., F.A.C.R.
(RADIOLOGIC PHYSICIST CONSULTANTS)

BOMBERGER, ROBERT ROOM 502

091667 X087949

AGE 67 DOB 3/4/25

DR. MCHUGH

REFERRING DIAGNOSIS/COMPLAINT: R/O TUMOR

6/16/92:

CT BRAIN. ENHANCED:

There is no evidence of mass, midline shift, hydrocephalus, hemorrhage or other intracranial pathosis.

CONCLUSIONS:

1. Normal enhanced CT of the brain.

D and T: ska 6/16/92

D.M. Bolden, D.O./ps.
David M. Bolden, D.O.

Name: BUMBERGUE, ROBERT
ID: 693272 Room: ER 511
Male 63years Caucasian
in 1b multx

Jun 10, 1992 7:08am

Med: /
Vent: Rate 70bpm
PR Int: 16ms
QRS dur: 116ms
QT/QTc Int: 476/497ms
P/ORS/T axis: *1 38/ 12°
V5/SVL amp: 27/1/1.51mV

Atrial fibrillation
(cannot rule out inferior myocardial infarction, probably old [30ms Jwave in lead I, aVL])
Marked ST depression, consistent with subendocardial injury (0.2+mv ST depression)
Voltage criteria for LMI (Meets criteria in one of: R(aVL), S(V1), R(V5), R(V5/V6), S(V1))
** abnormal ECG **

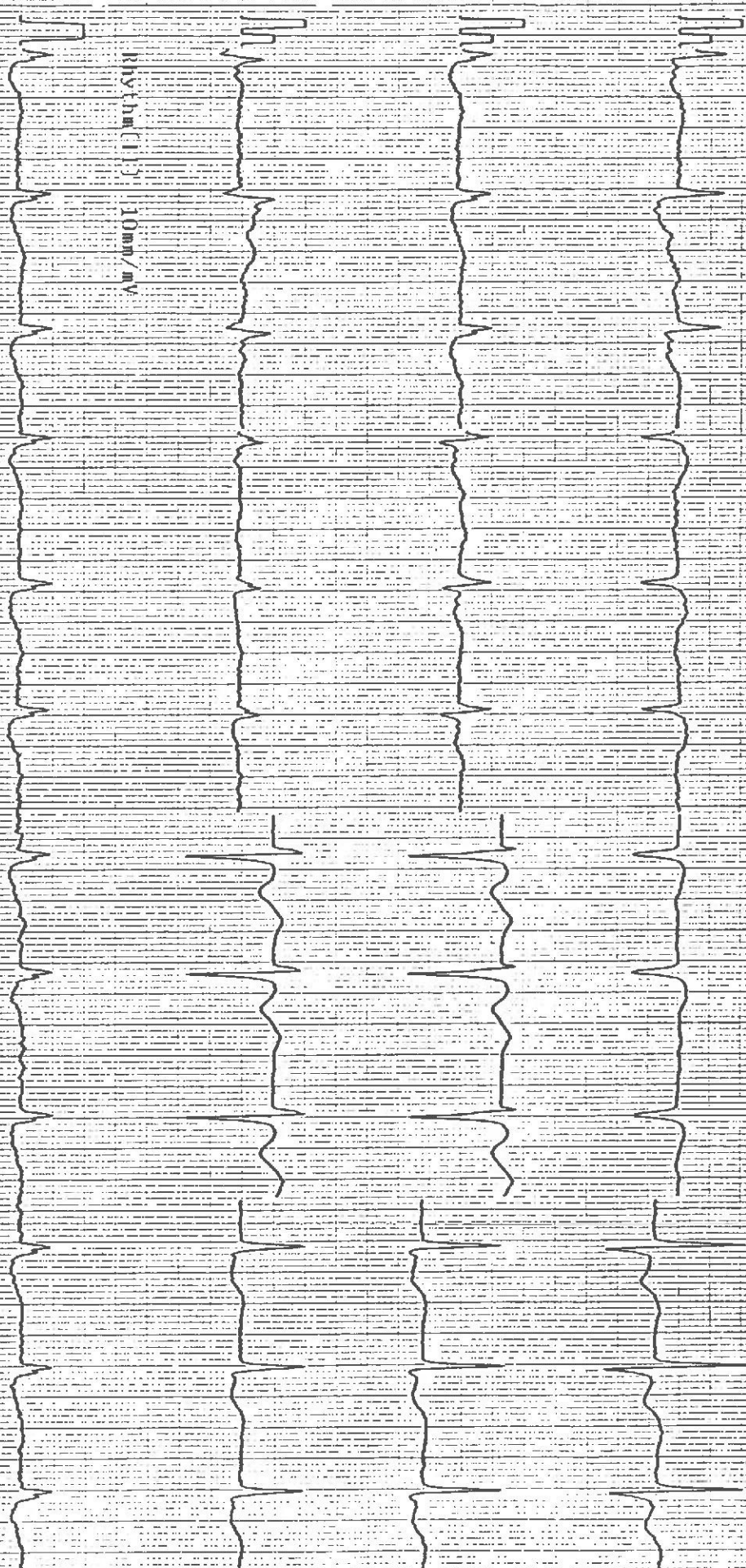
No completion ECG available
QA confirmed Report Reviewed by: *J Ferencik*

10mm/mV 25mm/s Filter ON
I-II-III

2mm/mV (Auto)
V1-V2-V3

V4-V5-V6

Rhythm (113) 10mm/mV



Req. Dr. Name: CAKOLIKOS

Tech. Name: TS

8

Jun 10, 1992 8:19a

Name: LIMBERGER, ROBERT
ID: 693272 Room: ER 502
Male 67 years Caucasian

Med: 1p / mgls

Atrial fibrillation
Septal myocardial infarction, age undetermined
cannot rule out inferior myocardial infarction, probably old
Twave abnormality, possible anterior ischemia
ECG 6/10/92
T INVERSION CESS
PROMINENT

Went. Rate 70bpm
PR Int. 160ms
QRS dur. 110ms
QT/QTc Int. 488/508ms
P/QRS/T axis * / 28 / 26°
RV5/SV1 amp. 2.18/1.07mV

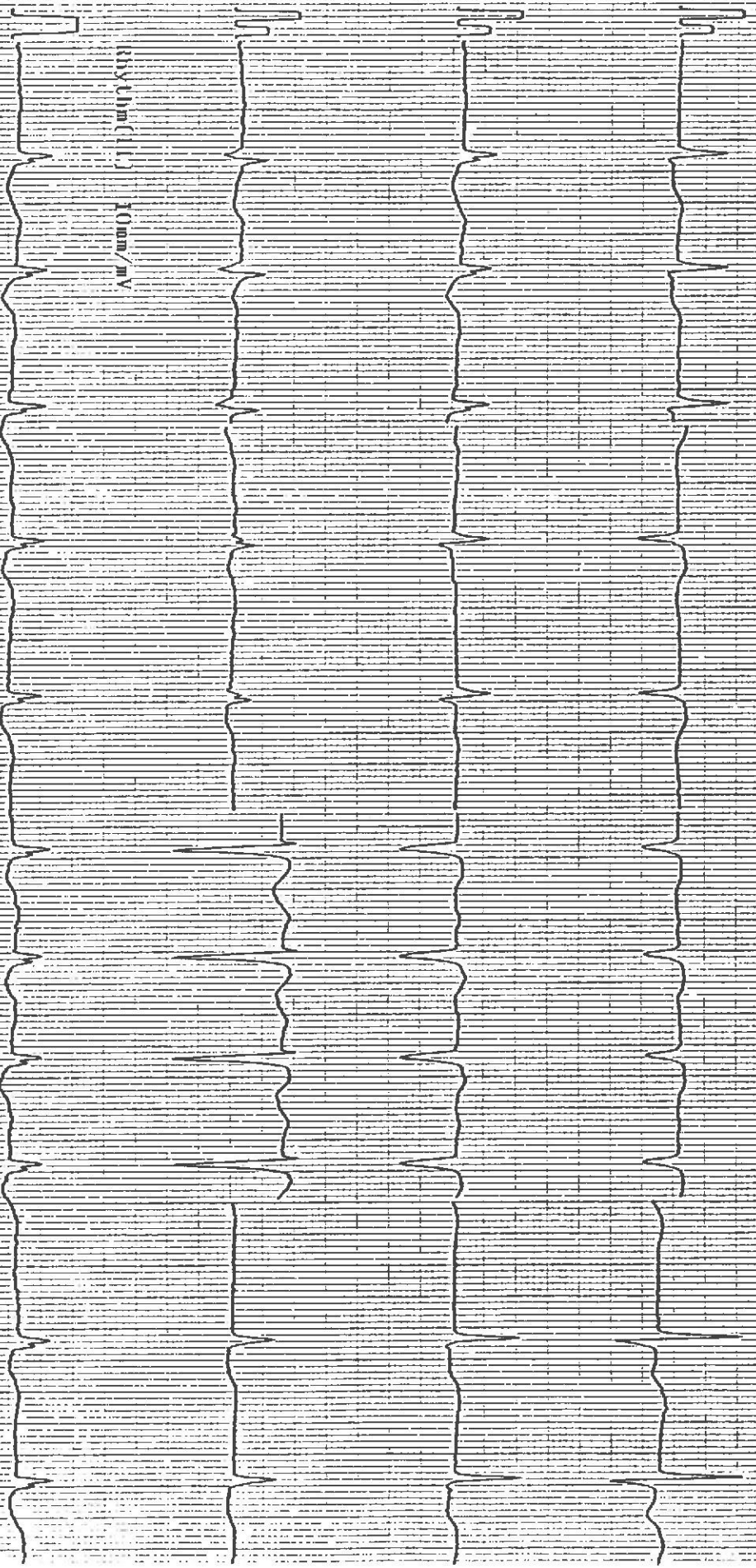
10mm/mV 25mm/s Kilter ON
I-II-III

aVR-aVL-aVF

5mm/mV (Auto)
V1-V2-V3

V4-V5-V6

Reconfirmed report Reviewed by *Stomacelo*



Rhythm (L) 10mm/mV

Rd Dr Name: MCHUGH

Tech Name: MR

8

Name: BOMBERGER, ROBERT
ID: 091667
Race: 67years
Ethnicity: Caucasian
Religion: null

Room: 502-1
Date: June 11, 1992 7:18a

Med: /

Heart Rate: 102bpm

PR: 120ms

QRS: dur. 112ms

QT/QTc Int: 520/579ms

QT/QTc axis: 38/92°

RV5/SVI amp: 1.56/1.47mV

10mm/mV 25mm/s Filter ON

marked ST depression from 5/24/92

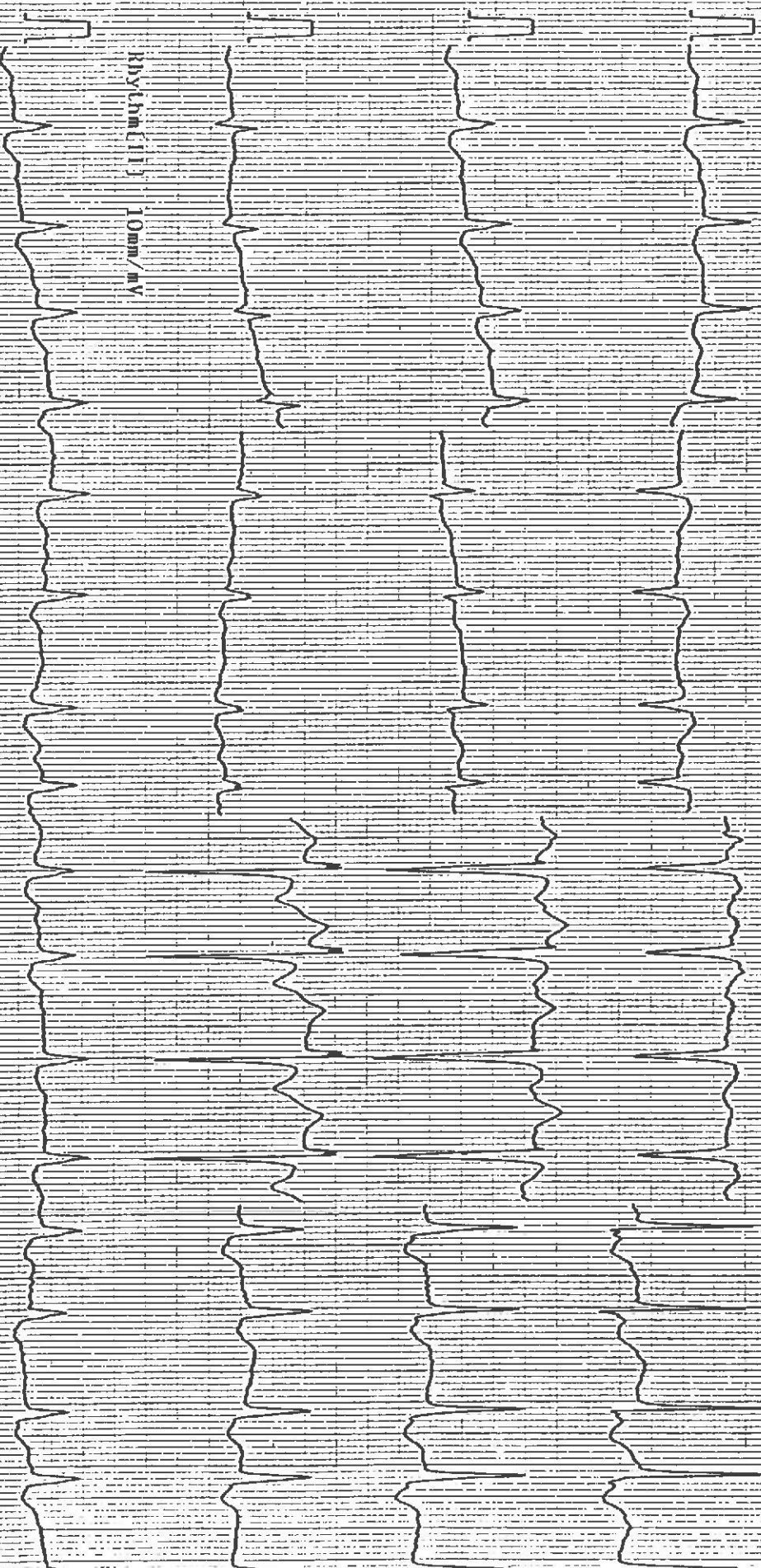
rate increased from 5/24/92

aVR-aVL-aVF

10mm/mV
V1-V2-V3

V4-V5-V6

Revised Report Reviewed by: *Ryan Lee DO*



Rhythm (III) 10mm/mV

By Dr. Name: MCHUGH J

Tech. Name: DW

Name: ROMBERGER, ROBERT

ID: 091667 Room: 502-1

Age: 67 years Race: Caucasian

Med: / mmHg

Arrhythmia: fibrillation

Probable: inferior myocardial infarction, age undetermined

T-wave abnormality, possible anterolateral ischemia

** abnormal ECG **

possible anterior abnormality

*QRS interval less than 90/100 4-8 AM
Q wave more pronounced inferiorly*

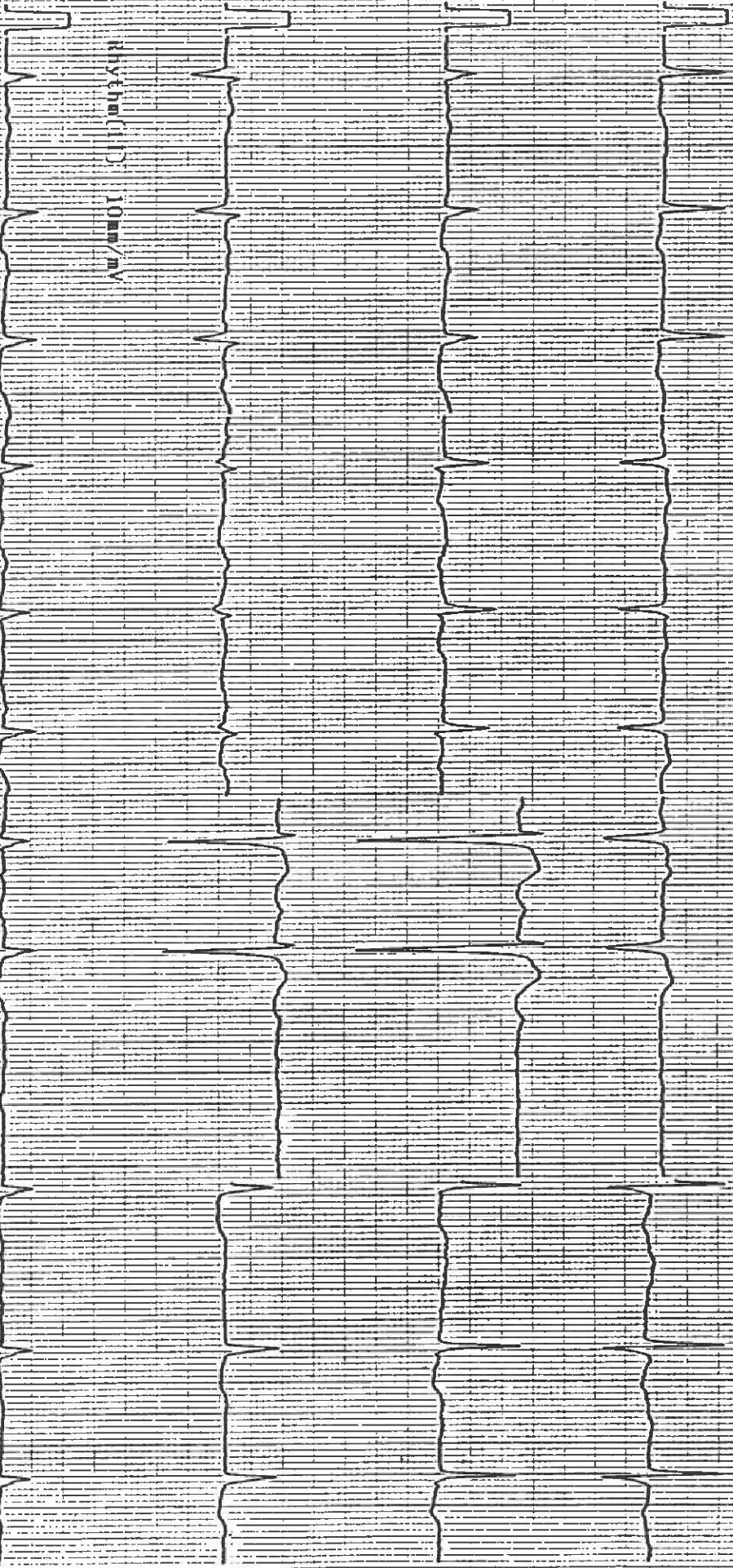
Heart rate: 65 bpm
PR: 108 ms
QRS: 388/400 ms
QT/QTc: 5/160°
P/QRS/T axis: 1.33/0.95 mV
RV5/SV1 amp: 10mm/mV 25mm/s Filter ON

AVR-aVL-aVF

10mm/mV V1-V2-V3

V4-V5-V6

confirmed Report Reviewed by: *Spencer DO*



Rhythm (I) 10mm/mV

Req. Dr. Name: McILUGHIN

Tech. Name: DW

Name: Bomberker, R. Room: 237

ID: 091667

Male: 67 years Caucasian

In: 1b / mmHg

Med:

Yent: Rate 135bpm

PR: int 4ms

QRS: dur 16ms

QT/QTc: int 308/387ms

P/QRS/T axis: * 37 / 97°

RV5/SV1 amp: 1.42/2.91mV

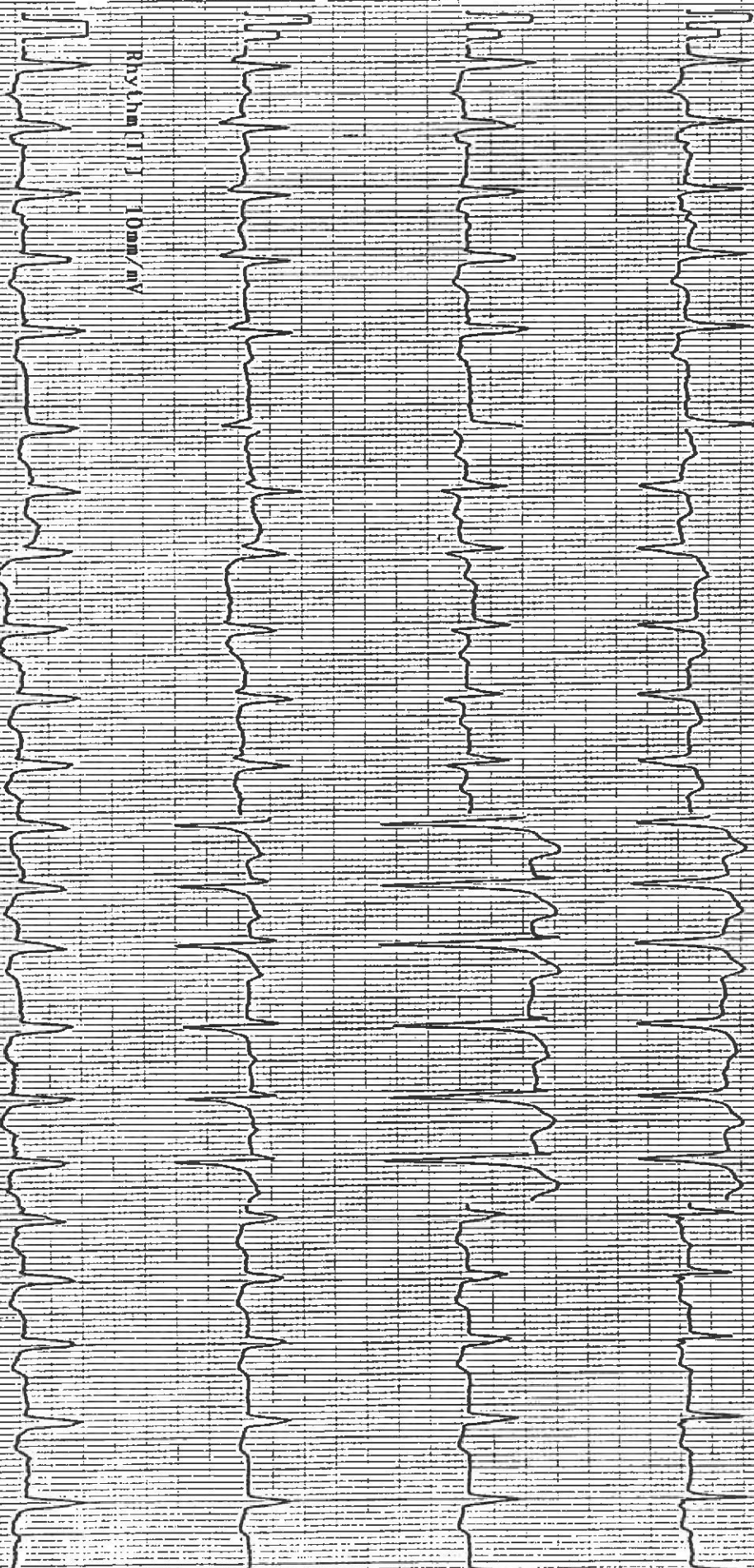
10mm/mV 25mm/s Filter ON

aVR-aVL-aVF

5mm/mV (Auto)

V1-V2-V3

V4-V5-V6



Rhythm (T1): 10mm/mV

Jun 24, 1992 3:58am

Atrial fibrillation with rapid ventricular response with aberrant conduction, or

ventricular premature complexes

possible inferior myocardial infarction age undetermined (35ms Qwave in lead II/

aVF)

Two abnormality possible lateral ischemia or U.S. leads effect (0.1mV Twave

in lead I/aVL/V5/V6)

Voltage criteria for LVH (meets criteria in one of R(aVL), S(V1), R(V5), R(V5/V6)

S(V1))

** abnormal SCD **

Intraventricular conduction defect

rate increased from 92 confirmed Report Reviewed by: *[Signature]*

Dr Name: PK

Tech Name:

SUBURBAN GENERAL HOSPITAL

ADMISSION RECORD

PATIENT NAME & ADDRESS BOMBERGER, ROBERT STATE CORRECTIONAL INST GRATERFORD, PA		ATTENDING PHYSICIAN MCHUGH, J E MD	ADM SERV.	MEDICAL RECORD NO. 142532	ADM BY MEC	PATIENT ACCT NO. 091430
AGE 17	DATE OF BIRTH 07/04/25	SEX M	RACE U	COUNTY 031	ADMITTING STATUS, SOURCE 1	PAT TYPE 1
PARENT EMPLOYER		ADDRESS	EMPLOYER ID	RELIGIOUS PREFERENCE/CHURCH 1 UNKNOWN	DATE ADMITTED AND TIME 05/24/92 20:42	DATE DISCHARGED AND TIME 5/29/92
PARENT EMPLOYER		ADDRESS	EMPLOYER ID	RELIGIOUS PREFERENCE/CHURCH	DATE EXPIRED AND TIME	DAYS STAY 0503 01 200 200

RESPONSIBLE PARTY NAME/ADDRESS/TELEPHONE/SSN BOMBERGER, ROBERT (215) STATE CORRECTIONAL INST 489-4151 GRATERFORD, PA 19438	RESP PARTY EMPLOYER/ADDRESS/PHONE/OCCUPATION	OTHER RELATIVE/FRIEND ADDR./PHONE/RELATION
---	--	--

PLAN CODE 7700	REL A	POLICY HOLDER NAME BOMBERGER, ROBERT	POLICY/CERTIFICATE NO. 01 BN1129	GROUP INSURANCE CO. NAME CORRECT PHY. SVCS
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CLAIMS ADDRESS 1787 SENTRY PKWY WES BLUE BELL, PA	OCCUR CODE 19438	REFERRING PHYSICIAN NAME DR. GRATERFORD	DATE	DATE
--	---------------------	--	------	------

ADMITTING DIAGNOSIS: ~~UNC HYPERTENSION, CARDIAC DYSRHYTHMIA, E/D MALTS~~
 ADDITIONAL INFO: ER ADMIT #BN1129

PRINCIPAL DIAGNOSIS	ICD9-CM
uncontrolled hypertension	401.0
urinary tract infection	599.0
E. coli	041.4
cardiac dysrhythmia (atrial fibrillation with controlled ventricular response)	427.31
arteriosclerotic heart disease	414.0
hiatal hernia	553.3
bile gastritis	535.40
insulin dependent diabetes mellitus	250.00

COMPLICATIONS/INFECTIONS

PRINCIPAL SURGERY	DATE	ICD9-CM
esophagogastroduodenoscopy	5/28/92	45.13
CT scan, pelvis and abdomen	5/26/92	88.38
echocardiogram	5/26/92	88.01
		88.72

CONSULTANTS: J. Bellino MD

"I CERTIFY THAT THE NARRATIVE DESCRIPTIONS OF THE PRINCIPAL AND SECONDARY DIAGNOSES AND THE MAJOR PROCEDURES PERFORMED ARE ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE."
 Dr. J. Bellino 4/29/92

**SUBURBAN GENERAL HOSPITAL
DISCHARGE SUMMARY**

**BOMBERGER, ROBERT
142632**

Admitted 5/24/92
Discharged 5/29/92

This 67 year old male with a history of hypertension, was admitted with the chief complaint of back pain, nausea and elevated blood pressure. The patient was seen in the Emergency Room. As an out-patient his medications included Digoxin, Inderal, Isordil, Hydrochlorothiazide, Vasotec and Motrin. His blood pressure on admission was 220/110. EKG revealed cardiac dysrhythmia (atrial fibrillation with controlled ventricular response and non-specific ST-T wave changes compatible with Digitalis effect). There was suggestion for old inferior wall myocardial infarction. The random glucose was 169, BUN 24, serum creatinine 1.5, serum sodium 137 and serum potassium 4.0, serum chloride 97, bicarbonate 33. Total protein slightly elevated at 8.6, slightly low serum albumin at 3.5. The random triglycerides were 204. Serum lipase was slightly elevated at 236. Hemoglobin 11.3, hematocrit 34.7, platelet count 159,000, white blood count 4,400. Chest x-ray revealed radiographic evidence of chronic lung disease, the aorta was noted to be atherosclerotic and the heart was noted to be enlarged.

The patient was admitted and placed on IV Vasotec; oral Procardia was given in the Emergency Room, his blood pressure came under better control. CT scan of the abdomen was ordered for 5/26/92; evidence of bilateral pleural effusions were noted; multiple right renal cysts were noted in the area of the right kidney and an abnormal filling defect was noted in the stomach. It became necessary to increase the patient's antihypertensive medications. Urine culture performed on admission eventually returned as greater than 100,000 colonies per ml. of E-Coli. The patient was initially treated with IV antibiotics and then eventually switched to p.o. antibiotics.

Echocardiogram performed on 5/26/92, revealed concentric left ventricular hypertrophy but with normal left ventricular systolic function.

Because of the abnormal filling defect in the stomach, the patient underwent upper G.I. endoscopy on 5/28/92. Evidence of hiatal hernia was noted as well as bile gastritis. Reglan and Carafate were added to the patient's medication schedule.

On 5/29/92 the patient was asymptomatic. It is assumed that his back pain was secondary to the urinary tract infection.

(CONTINUED)

25

BOMBERGER, ROBERT
PAGE 2

However, it is recommended that an out-patient bone scan be performed. This is especially recommended in light of the patient's elevated sed. rate. On 5/25/92 the sed. rate was 102, on 5/28/92 the sed. rate was 106. On the same date the hemoglobin was 11.4.

On 5/28/92 random glucose was 227, the BUN and creatinine were within normal limits. The serum sodium was 138, serum potassium 4.0, serum chloride 95, bicarbonate 32. On that date the total protein was 8.7, serum albumin 3.1.

The case was discussed with Dr. Rahman on 5/29/92. It was felt that the patient had achieved maximum benefit from hospitalization, however, because of the back pain it was recommended that a bone scan be performed. This will be performed as an out-patient next week. Also with the slight elevation of the serum proteins, the back pain and the anemia, the possibility of early multiple myeloma should be ruled-out. Therefore a serum protein electrophoresis is also recommended.

FINAL DIAGNOSIS:

1. Uncontrolled hypertension.
2. Urinary tract infection (E-Coli).
3. Cardiac dysrhythmia, atrial fibrillation with controlled ventricular response.
4. ASHD.
5. Hiatal hernia with bile gastritis.
6. Non-insulin dependent diabetes mellitus.

The patient was returned to the State Correctional Institution at Graterford with the following recommendations:

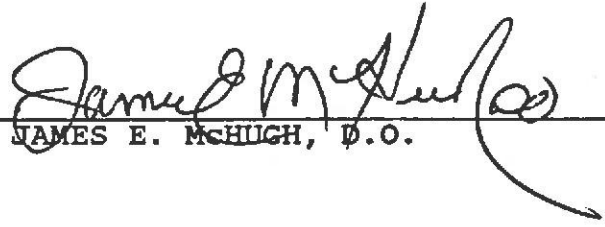
1. Bone scan as an out-patient next week.
2. Serum protein electrophoresis.
3. 1800 calorie ADA diet.
4. AccuCheck blood sugar twice weekly.
5. Isordil 20 mg. p.o. q. 6 hours.
6. Inderal 20 mg. p.o. q. 6 hours.
7. Digoxin 0.25 mg. daily.
8. Vasotec 10 mg. daily in the AM.
9. Vasotec 5 mg. daily in the PM.
10. Isradipine 2.5 mg. p.o. q. 12 hours.
11. Pepcid 20 mg. p.o. q. 12 hours.
12. Carafate 1 gm. p.o. 1/2 hour a.c. t.i.d. and h.s.
13. Reglan 10 mg. p.o. 1/2 hour a.c.t.i.d. and h.s.
14. Cipro 500 mg. p.o. q. 12 hours for 7 days.

So as to be sure that the bile gastritis has healed, it is recommended that the patient have a repeat upper G.I. endoscopy in approximately one month.

(CONTINUED)

BOMBERGER, ROBERT
PAGE 3

JEM:mmd
Dict. 5/29/92 Trans. 6/3/92
cc: Dr. McHugh
Dr. Rahman, Graterford


A handwritten signature in cursive script, appearing to read "James E. McHugh", is written over a horizontal line. Below the line, the name "JAMES E. McHUGH, D.O." is printed in a sans-serif font.

Suburban General Hospital

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RADIOLOGY CONSULTATION REPORT

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(RADIOLOGIC PHYSICIST CONSULTANTS)

BOMBERGER, ROBERT ER

692751 X087949 3/92

67yo 3/4/25

Dr. Cakouros/ERP

Reprint 503

REFERRING DIAGNOSIS/COMPLAINT: Abd. pain

5/24/92

CHEST

Chest examination was somewhat limited technically. The right apex is not seen. Within these limitations I saw no evidence of acute pulmonary inflammatory disease. There is evidence of chronic interstitial lung disease. The aorta is atherosclerotic. The heart is enlarged. Repeat PA chest examination is recommended to include the apices.

ABDOMEN

Supine and erect views of the abdomen reveal no evidence of free air or free fluid. There is evidence of mild reactive ileus. Calcification is noted overlying the lower pole of the left kidney.

CONCLUSIONS:

1. Limited chest examination revealing chronic lung disease, arteriosclerotic and cardiomegaly.
2. Possible left renal calculus.

D/T 5/25/92 cp

S. W. Thal, D.O.
S. W. Thal, D.O.

RADIOLOGY CONSULTATION REPORT

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(RADIOLOGIC PHYSICIST CONSULTANTS)

BOMBERGER, ROBERT RM 503

091430 X087949

AGE: 67 DOB: 3/4/25

DR. MCHUGH

REFERRING DIAGNOSIS/COMPLAINT: UNCONTROLLED HYPERTENSION

5/26/92

CT SCAN. PELVIS

High resolution imaging of the pelvis was performed enhanced. Oral contrast media was also utilized. The CT scan revealed no evidence of free intrapelvic fluid or infiltration of the pelvic fat. Mild diverticular changes are noted involving the sigmoid colon. There is no evidence of abnormal pelvic lymph node enlargement.

CONCLUSIONS:

1. Mild diverticular changes of the sigmoid colon.

D and T 5/27/92 jd


S. Thal, D.O.

RADIOLOGY CONSULTATION REPORT

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(CHAIRMAN)

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(RADIOLOGIC PHYSICIST CONSULTANTS)

BOMBERGER, ROBERT RM 503

091430 X087949

AGE: 67 DOB: 3/4/25

DR. MCHUGH

REFERRING DIAGNOSIS/COMPLAINT: UNCONTROLLED HYPERTENSION

5/26/92

CT SCAN, ABDOMEN

High resolution imaging of the abdomen was performed with and without IV contrast media. Oral contrast media was also utilized. The CT scan revealed bilateral pleural effusions which are slightly worse on the right. The liver is top normal in size. The spleen, pancreas and adrenal glands were unremarkable. There is evidence of multiple cysts arising from the right kidney.

There is evidence of a large filling defect within the stomach which may represent retained food and secretions. However, the possibility of gastric neoplasm cannot be excluded. Upper gastrointestinal examination is recommended.

I saw no definitive evidence of abnormal intra-abdominal or retroperitoneal lymph node enlargement.

CONCLUSIONS:

1. Bilateral pleural effusions which were not present on prior examination of 3/19/92.
2. Multiple right renal cysts which are unchanged as compared to prior scan.
3. Filling defects noted within the stomach which may represent retained food or secretions and/or neoplasm.
4. Further upper gastrointestinal examination is recommended.

D and T 5/27/92 jd

S. Thal, D.O.
- S. Thal, D.O.

PERTINENT HISTORY IS IMPORTANT FOR OPTIMAL INTERPRETATION OF YOUR IMAGING REQUEST

Name: ROBERT SUMBERG
ID: 992751
Age: 67 years
Sex: Male
Race: White
Religion: Catholic
Marital Status: Single
Occupation: Retired
Address: 1000 1st St
City: New York
State: NY
Zip: 10001

Med: Digoxin
Dose: 0.25 mg qd

Phys: Normal
Vital Signs: BP 110/70, HR 68, RR 12, SpO2 98%
ECG: Normal

ECG: Normal
PR: 160ms
QRS: 88ms
QTc: 368ms
QT/QTc: 0.41
P/QTc: 0.19
PNS/SVL: 1.89/1.94mV

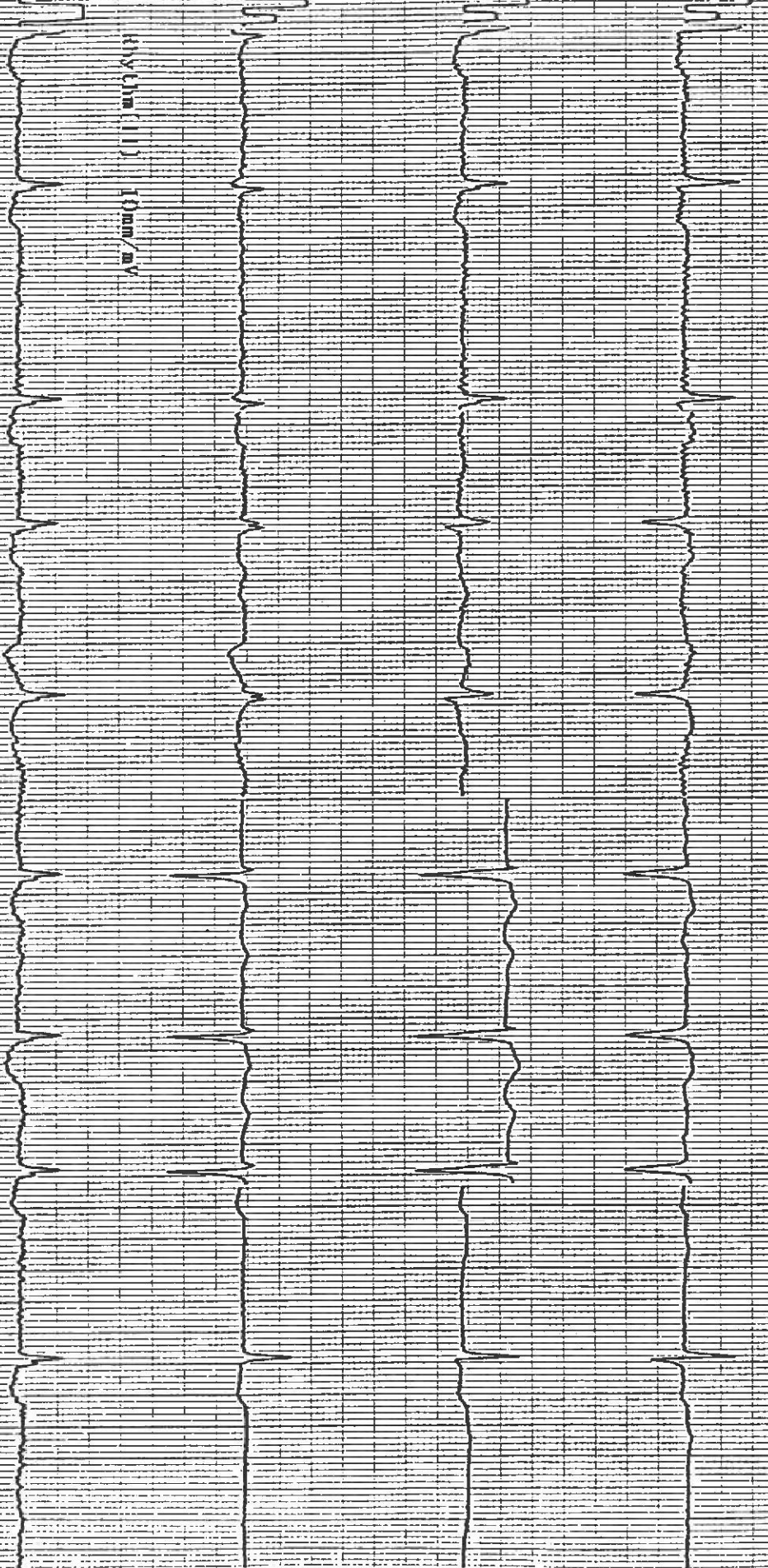
Lead/AV: 25mm/s
Filter: ON
AVR=AVL=AVP
V1=V2=V3
V4=V5=V6

Arrhythmia: Normal
Nonspecific ST-T changes
Wave abnormalities: possible lateral ischemia or bundle branch block
Moderate voltage criteria for LVH may be normal variant (Meets criteria in one lead (V1), S(V1), R(V5), R(V5)+S(V1))
ST-T interval: normal
Abnormal ECG: **

No comparison ECG available

Reconfirmed Report reviewed by: *[Signature]*

ECG/AV (Auto)
V1=V2=V3
V4=V5=V6
[Signature]



100mm/mV
25mm/s

Req. Dr. Name:

Tech. Name:

SUBURBAN GENERAL HOSPITAL
ECHOCARDIOGRAM

BOMBERGER, ROBERT

RM #503

AGE: 67 DOB: 3/4/25

Dr. McHugh/Graterford

DATE: 5/26/92

TAPE #HP237,00813

PROCEDURE: M Mode, Two D, Pulsed Wave, Continuous Wave, and
Color Doppler.

DIAGNOSIS: Uncontrolled hypertension, cardiac arrhythmia.

REASON FOR STUDY: Check LV, valves.

LVIDD: 5.2 LVIDS: 3.1 LVPWD: 1.4 IVSD: 1.4 RVIDD: 1.4

LA: 5.1 AO: 3.6 ACS: 2.0 FS: 41

INTERPRETATION:

The aortic valve was mildly thickened with normal leaflet separation. The valve appears to be trileaflet. The mitral, tricuspid and pulmonic valves are normal. The left atrium is dilated. The right atrium is top/normal in size. The right and left ventricular chamber sizes are normal. The left ventricular walls are thickened. The left ventricular wall motion is normal in all views. There is no obvious pericardial effusion.

Doppler study showed aortic outflow to be normal. There is a very small aortic regurgitant jet seen only in the apical views. It goes approximately 1-2 cm. into the left ventricle. The slope could not be accurately assessed by continuous wave. There is no mitral stenosis. There is no mitral regurgitation. There is tricuspid regurgitation just at the level of the valve, which is usually a normal variant. There is no obvious intracardiac shunt.

IMPRESSIONS:

1. Aortic valve sclerosis with minimal aortic regurgitation.
2. Dilated left atrium.
3. Concentric left ventricular hypertrophy.
4. Normal left ventricular systolic function.

JF/ks

dt: 5/27/92


JOHN FORNACE, D.O.

ECHOCARDIOGRAM ECHOCARDIOGRAM ECHOCARDIOGRAM ECHOCARDIOGRAM

SUBURBAN GENERAL HOSPITAL
MORRISTOWN, PA.

BOMBERGER, ROBERT 0503
091430 03/04/25
STATE CORRECTIONAL INST
GRATERFORD, PA 19468
142632 05/24/92 UNKN 67Y M U
HCHUGH, J E DO CORRECT PHY. S
ENDOSCOPY ROOM RECORD 3N1129
215 489-4151 BOMBERGER, ROBERT

Patient: _____ Date of Birth _____

Date 05/28/92 Time of Arrival 11¹⁵ AM/PM

Procedure: Bronchoscopy Colonoscopy Esophagogastroduodenoscopy
Sigmoidoscopy (Left Descending Colonoscopy)
Other _____

Vital Signs Prior to Procedure: T 98² P 68 R 20 BP 180/92

Allergies NKA Dentures: Yes No

Enema Prep: Yes No Type: Fleets Cleansing

Doctor Performing Test: Dr. Kroehler

Consent Form Signed: Yes No

Area Procedure Performed: Endoscopy X-Ray Other _____

INTRAVENOUS INFORMATION

IV Started: Yes No By floor Area: Right Arm Left Arm
antecubital fossa Forearm Wrist Hand Other _____

Type of Needle: _____ ga Jelco Other _____

Heparin Well: Yes No

Solution: _____ cc of D5W .9 Sod. Cl. Other _____

Started by: _____ Time: _____ AM/PM

Discontinued by: _____ Time: _____ AM/PM

Oxygen: Yes No _____ L/min via nasal cannula mask

Time Started _____ Time Discontinued _____

Specimens: Biopsies, Polypectomy, Bronchial Washings, Pleural Fluid, Other _____

Other Information: Procedure start time 11:35 AM Completion 11:43 AM
Pt tolerated procedure well. Became disoriented to procedure which passed in few minutes.

MEDICATION

Medication	Amount	Route of Administration	Time
Demerol	<u>75mg</u>	<u>IV</u>	
Dilaudid			
Narcan	<u>0.4mg</u>	<u>IV</u>	
Valium	<u>10mg</u>	<u>IV</u>	
Other			

Vital Signs after Procedure: T 98² P 96 R 26 BP 200/90 11:45 AM

Time of Discharge: 12¹⁵ AM/PM 50-24 176/90 11:50 AM

Signature of Dept. Personnel [Signature]

Signature of Physician [Signature] 70-24 150/90 12:05 PM

SUBURBAN GENERAL HOSPITAL

ENDOSCOPY ROOM RECORD

5/28/92

Last Name	First Name	Middle Name		
Address			BOMBERGER, ROBERT	0503
Phone			091430	03/04/25
Religion	Date of Birth	STATE CORRECTIONAL INST		
Civil Status	Age	GRATERFORD, PA	19468	
M F	M S W D Sep.	142632	05/24/92	UNKN 67Y M U
Referring Doctor		MCHUGH, J E DO CORRECT PHY. S		
Name of Blue Cross and/or Blue Shield Plan		215 FACILITY BOMBERGER, ROBERT		
Other Hospitalization Insurance Name		Address		

PHYSICIAN'S REPORT

EGD

Diagnosis:

Bile gastritis

Hiatal hernia

Proximal duodenitis Prolonged G.E. junction

Thi. Reg. low 10mg's h. A. 10 d. H.

Complete to 6 m. h. A. 10 d. H.

Disposition of Case:

Fluor. Care

Referred to Dr.

Robbitt

Date

5/28/92

Signed

J. Schley

Attending Physician

Mr. Robert H. Bomberger
State Correctional Institution at Graterford
P. O. Box 244, BN-1179
Graterford, PA 19426 - 0244

October 19, 1992

Dr. Carl Sharer, D.O.
Norristown Regional Cancer Center
1541 Powell Street
Norristown, PA 19401

RE: Robert H. Bomberger, BN-1179
Social Security No. 165-24-1513, D.O.B. 3/4/25

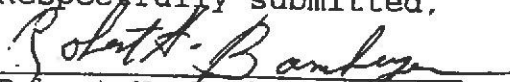
Dear Dr. Sharer:

The following is a request for a copy of patients medical records pursuant to Title 28 Pa. Code 103.22(b), (15) and 28 Pa. Code 115.29, patients access to medical records and information.

I am requesting that Norristown Regional Cancer Center, located at 1541 Powell Street, Norristown, PA 19401, relinquish a complete and unexpurgated copy of my medical records to me, and any case diagnosis and plan of treatment for the particular ailment of cancer.

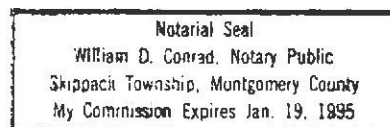
The information requested in this application shall be provided within (15) fifteen days henceforth the receipt of this request at the address as indicated above.

Respectfully submitted,


Robert H. Bomberger

Sworn to and subscribed before me this 19th day of October 1992


NOTARY PUBLIC



**SUBURBAN GENERAL HOSPITAL
NORRISTOWN, PA 19404
DEPARTMENT OF PATHOLOGY**

Name: Bomberger, Robert
Date: 6/19/92
Room: 237
Lab.No.: S-1699-92
Doctor: Sharer
Specimen: Bone Marrow Aspirate and Biopsy
Age: 67
Hospital No.: 142632
Clinical Note: (OR 6/19) R/O Myeloma

GROSS

Several slides of a bone marrow aspirate are submitted and are stained by the Method of Giemsa.

Also submitted is a cylindrical core of osseous tissue measuring 1.2 x 0.2 cm. All the material is taken for histologic study after decalcification. JG

MICROSCOPIC EXAMINATION - Performed.

DIAGNOSIS

Bone Marrow Biopsy and Aspiration Smears: Plasma Cell Myeloma.

Dict.: 6/22/92
Trans.: 6/24/92
PAS: 9
Lab Code: Bone Marrow

Pathologist : Justin Gershon, D.O.

237-1

**SUBURBAN GENERAL HOSPITAL
CONSULTATION REQUEST**

CONSULTING PHYSICIAN: Dr. Sharer
REQUESTING PHYSICIAN:
PATIENT'S NAME: BRÖMBERGER, ROBERT
MR#142632
6/19/92

This is a 67 year old male from Graterford Prison. He was admitted with cardiac dysrhythmia and dehydration. He was brought by ambulance, found to be lethargic, confused. Evaluation here has failed to show a cause for his periods of confusion, and it is thought to be metabolic. I was asked to see him because of an elevated total protein. On fractionation, it shows an IGG level greater than 5 grams. Urine protein electrophoresis was negative.

His past medical history is significant for renal calculi, hypertension, cardiac dysrhythmias. He is not on any medicines.

The patient is unable to give an intelligent review of systems at this time. From the chart, it appears that he has had problems with incontinence at times. He has complained of weakness and fevers in the past. He has no fever now.

Physical examination reveals an alert and confused 67 year old white male in no acute distress. Examination of the head and neck region shows it to be normocephalic. Range of motion of the neck is normal. Carotid pulses are equal. There are no lesions of the mouth. PERLA. Sclera are white. The heart is regular, there is no gallops, the lungs are clear. There is no rales, rhonchi, wheezing or dullness noted. The abdomen is soft. There is no organomegaly or masses. No lymph nodes are noted. No edema was noted. He moves all extremities, the strength appears to be equal. Neurologically, CN II to XII are intact. There is no cerebellar or extrapyramidal signs noted.

SMA12 shows a glucose of 223, creatinine of 1.7, BUN of 42. Total protein was 9.6, with albumen of 2.7. An SGOT was 162, SGPT 80. Other liver function studies are normal. Calcium was 8.7. CBC shows a white count of 7, HGB of 10.2, HCT of 34, MCV is 91, platelet count is 242,000. Protein electrophoresis is as listed above. CT scan of the head was negative. The chest xray showed bilateral pleural effusions with some atelectasis on the right. There is abdominal fluid in the pelvis and in the abdomen.

IMPRESSIONS:

1. Rule out myeloma.
2. Rule out lymphoma.

CONSULTATION

BROMBERGER, ROBERT
PAGE TWO

RECOMMENDATIONS:

Bone marrow will be helpful in differentiating here. The patient does have a high serum protein, and it is conceivable that it could be causing some of the metabolic changes. IgG3 does cause hyperviscosity type symptoms, and I have ordered a serum viscosity. I will proceed with the bone marrow to help with evaluation.

Thank you for allowing me to participate in this patient's care; I will follow along with you.

CS/ks

dd: 6/19/92

dt: 6/23/92

cc: Dr. Sharer

Dr. McHugh

CARL SHARER, D.O.

CONSULTATION

CARL SHARER, D.O.
BROWN & POWELL STS.
NORRISTOWN, PENNSYLVANIA 19401

PRACTICE OF
HEMATOLOGY AND ONCOLOGY

TELEPHONE
215-278-2518

September 3, 1992

Dr. Rahman
Graterford Prison
Graterford, PA

RE: ROBERT BOMBERGER

Dear Dr. Rahman:

Mr. Robert Bomberger came in the office. He seems to be tolerating his treatment without difficulty. His mental status is clearly improved from when he was in the hospital. He is still complaining of some bony pain in the lower lumbar spine. He was unable to tell me whether he went for the x-rays that were requested on his last visit. I had sent a note up to the infirmary when he was here the last time requesting those. At this point, his count looks good. I have continued him on the Alkeran and Prednisone. I did increase the Alkaran dose because our way of monitoring therapy is to see a slight drop in his white count which did not occur. He has prescriptions that were given to the guards to take back to the infirmary.

Thank you for allowing me to participate in this patient's care.

Sincerely,



Carl Sharer, D.O.
CS/sl
CS.908

SUBURBAN GENERAL HOSPITAL
CONSULTATION REQUEST

BOMBERGER, ROBERT
142632

Date 9/11/92

CONSULTING PHYSICIAN: Dr. Sharer

REQUESTING PHYSICIAN:

This is a 67 year old white prisoner from Graterford. He was found to have a fever reported to be 103.5 and tachycardic. He had had a fall earlier the morning of the day of admission and has an ecchymotic area above his right eye with a small abrasion. There was apparently no loss of consciousness. He denied any other cardiopulmonary symptoms. There are no signs that suggest a pulmonary infection. He has no shortness of breath, cough, or chest pain. He is complaining of some dysuria but denies any hematuria, does admit to some frequency but states that that is not a new problem.

He was recently hospitalized with confusion. He was found to have multiple myeloma and treated with Alkeran. His last treatment started 9/2.

His review of systems is otherwise unremarkable. He does complain of some peripheral edema.

Medications include Alkeran and Prednisone which he takes five days out of the month. He has a history of atrial fibrillation in the past and kidney stones.

Physical examination reveals an alert and oriented 67 year old white male with an ecchymotic area above his right eye and a small abrasion. Range of motion of the neck is normal. Carotids are equal, there is no lymphadenopathy, there is no thyroid enlargement. The lungs are clear. There is no rales, rhonchi, wheezing or dullness noted. The heart is regular on auscultation, no ectopic beats are seen. The abdomen is soft, flat, there is no organomegaly or masses. There is no lymph nodes noted in any region. There is no edema today. Neurologically cranial nerves 2 through 12 are intact. There is no cerebellar or extraparamental signs noted.

Laboratory studies show white count 5.3, hemoglobin 10.9, hematocrit 35, platelet 263,000. Urinalysis shows 25-30 WBC, 4+ bacteria. SMA-12 on 9/10 shows glucose 184, creatinine 1.1, potassium 3.4, albumin 3.4, liver function studies are essentially normal.

(CONTINUED)

BOMBERGER, ROBERT
PAGE 2

IMPRESSIONS:

1. Urinary tract infection.
2. Myeloma.

In myeloma there is initially an increased risk of certain types of infection. Bladder is not usually one of these. I would treat this as any other bladder infection. He has been treated with Alkeran and Prednisone and tolerated the treatment well. He has had three courses at this point. Expect to see a mild neutropenia from the dose that he is on. This is a way that we gauge the accuracy of the dose of the medication that he is receiving. I would not expect him to become significantly neutropenic. As far as the myeloma, there is no further treatment needed. At this point his next therapy would be due in October.

Thank you for allowing me to participate in this patient's care.

CS:mmd

Dict. 9/11/92 Trans. 9/14/92

cc: Dr. Sharer
Dr. McHugh
Dr. Rahman

CARL SHARER, D.O.

CONSULTATION

03 A 01

SPECIMEN #	TYPE	PRIMARY LAB	REPORT STATUS	
265203-0470-0	S	RN	FINAL	PG 1
ADDITIONAL INFORMATION				
1SST 1LB INF				
PATIENT NAME		SEX	AGE (YR/MO/D)	
BOMBERGER, ROBERT				
PT. ADD.				
DATE OF SPECIMEN	DATE PNT. RLV	DATE REPORTED		
09/21/92	09/22/92	09/22/92	7712	
TEST		RESULT		LIMITS

CLINICAL INFORMATION	
PHYSICIAN ID.	PATIENT ID.
RAHMAN	BN1179
ACCOUNT	
GRATERFORD LOCATION	37102
STATE CORRECTIONAL INSTITUTION	88
BOX 244	CL
GRATERFORD, PA 19426-	
215-489-4151	NJC

TEST	RESULT	LIMITS	TEST ON B
CBC WITH DIFFERENTIAL			
PROTEIN ELECTROPHORESIS, S			
PROTEIN, TOTAL	6.80 G/DL	6.00 - 8.50	
ALBUMIN	3.33 G/DL	3.20 - 5.60	
% OF TOTAL PROTEIN	49.00 LD %	52.00 - 69.00	
GLOBULIN, TOTAL	3.46 G/DL	2.00 - 4.50	
% OF TOTAL PROTEIN	51.00 HI %	31.00 - 48.00	
ALPHA-1-GLOBULIN	0.15 G/DL	0.10 - 0.40	
% OF TOTAL PROTEIN	2.30 %	2.00 - 5.00	
ALPHA-2-GLOBULIN	0.92 G/DL	0.40 - 1.20	
% OF TOTAL PROTEIN	13.60 %	6.00 - 14.00	
BETA GLOBULIN	0.71 G/DL	0.60 - 1.30	
% OF TOTAL PROTEIN	10.50 %	9.00 - 15.00	
GAMMA GLOBULIN	1.66 HI G/DL	0.50 - 1.60	
% OF TOTAL PROTEIN	24.50 HI %	9.00 - 21.00	
PROTEIN ELECTROPHORESIS SCAN WILL FOLLOW VIA MAIL.			
A/G RATIO	0.96	0.70 - 2.00	

DIRECTOR: MARLENE DESQUITADO MD
IF YOU HAVE ANY QUESTIONS CONTACT - BRANCH: 609-988-0660 LAB: 800-223-0631
LAST PAGE OF REPORT

DR. R. RAHMAN

PATIENT NAME BOMBERGER ROBERT				PATIENT ID. BN1179				SPEC. NO. 2652030470				DATE 09 21 92							
BONE				ELECTROLYTES				HEART				LIVER				LIPIDS			
Calcium mg/dl (8.5-10.6)	Phosphorus mg/dl (2.7-4.8)	Sodium mEq/L (135-148)	Potassium mEq/L (3.5-5.5)	Chloride mEq/L (94-108)	LDH U/L (100-250)	AST (SGOT) U/L (0-50)	T. Bil mg/dl (0.1-1.2)	GGT (ALP) U/L (0-85) (P 0-48)	ALT (SGPT) U/L (0-50)	Alb. Proc. U/L (40-130)	Cholesterol mg/dl < 200	Triglycerid mg/dl (10-250)							
PROTEIN				KIDNEY				THYROID				MISCELLANEOUS							
T. Protein g/dl (6.0-8.0)	Globulin g/dl (1.5-4.8)	Albumin g/dl (3.5-5.5)	A/G Ratio (1.1-2.4)	BUN mg/dl (7-20)	Creatinine mg/dl (0.5-1.5)	T ₄ ug/dl (4.6-12.4)	T ₃ uptake % (33-45)	Free T ₄ Index (1.5-5.8)	TSH uIU/ml (0.20-0.90)	Linc Acid mg/dl (M 2.2-5.7) (F 1.5-0.7)	Glucose mg/dl < 200 yrs. (80-118)	Iron ug/dl (40-180)							
HEMATOLOGY																			
RBC x 10 ⁶ /mm ³ (M 4.3-5.8) (F 3.8-5.3)	HGB g/dl (M 13.8-18.0) (F 12.0-16.0)	HCT % (M 39-55) (F 30-45)	MCV fL (80-100)	MCH ppg (28-34)	MCHC % (31-37)	Platelets x 10 ³ /mm ³ (140-440)	WBC x 10 ³ /mm ³ (4.0-10.5)	Polys (45-75%) (1.5-8.0)	Bands (0-5%)	Metas (0%)	Lymphs (20-40%) (0.5-3.5)	Mono (0-10%) (0.0-0.8)	EOS (0-5%) (0-0.5)	BASO (0-2%) (0-0.1)					
2.82	8.7	26.3	93	30.8	33.1	277	2.6	61			30	9	0	0					
LOW	LOW	LOW					LOW	1.6			0.0	0.0	0.0	0.0					

RESULTS ARE FLAGGED IN ACCORDANCE WITH AGE DEPENDENT REFERENCE RANGES WHICH ARE SUMMARIZED ON THE BACK OF THIS REPORT.
* A comment applied to this test has been printed in the body of the Report.

Specimen # 00001031	TYPE Lab	PRIMARY LAB Lab	REPORT STATUS PG 1
ADDITIONAL INFORMATION			
PATIENT NAME BOMBERGER, BN1179		SEX M	AGE (Y/M/D) 67
PT. ADDR.			
DATE OF SPECIMEN 10/02/92	DATE ENTERED 10/02/92	DATE REPORTED 10/02/92	

CLINICAL INFORMATION	
PHYSICIAN ID. 18031	PATIENT ID. 3800
ACCOUNT GRATERFORD LOCATION 3710274	
STATE CORRECTIONAL INSTITUTION 88	
BOX 244 CL	
GRATERFORD, PA 19426-	
215-489-4151 NJC	

TEST	RESULT	UNIT
CREMP ICE		
CO2	35, H	MMOL/L
CK	20 L	U/L
CALCIUM	8.5	MG/DL

PATIENT NAME BOMBERGER, BN1179				PATIENT ID. 3800				SPECimen NO. 00001031				DATE 10/02/92		
BONE		ELECTROLYTES			HEART		LIVER				LIPIDS			
Calcium mg/dl (8.4-10.7)	Phosphorus mg/dl (2.4-4.9)	Sodium mEq/L (127-149)	Potassium mEq/L (3.5-5.0)	Chloride mEq/L (98-107)	LDH IU/L (100-180)	AST (SGOT) IU/L (8-40)	T. Bil mg/dl (0.7-1.3)	GGT (IGM) IU/L (0-66)	ALT (SGPT) IU/L (7-65)	Alb. mg/dl (3.8-5.2)	Cholesterol mg/dl (0-200)	Triglycerides mg/dl (0-150)		
	4.0	137.	3.7	94	169.	40.	4		22.	99.	140	261		
				LOW								HIGH		
PROTEIN			KIDNEY			THYROID			MISCELLANEOUS					
T. Protein g/dl (6.2-8.3)	Globulin g/dl (2.4-3.2)	Albumin g/dl (3.0-5.0)	A/G Ratio (1.5-2.5)	BUN mg/dl (7-11)	Creatinine mg/dl (0.7-1.3)	T ₄ µg/dl (4.8-12.0)	T ₃ uptake % (19.8-25.1)	Free T ₄ Index	T ₉₉ µU/ml (5.5-9.0)	Uric Acid mg/dl (2.0-8.0)	Glucose mg/dl (80-110)	Iron µg/dl (50-150)		
7.4		3.6	1.0	14	1.4					7.7	141			
		LOW	LOW									HIGH		
HEMATOLOGY														
RBC (x 10 ⁶ /mm ³) (4.0-5.2)	HGB g/dl (14.0-18.0)	HCT % (40.0-54.0)	MCV fL (82-100)	MCH µg (27-31)	MCHC % (32-36)	Platelets (x 10 ⁴ /mm ³) (100-400)	WBC (x 10 ³ /mm ³) (4.5-10.00)	Polys (50-70%)	Bands (0-5%)	Monos (0%)	Lymphs (20-40%)	Neutros (1-6%)	EOS (1-5%)	Baso (0-1%)

CARL SHARER, D.O.
BROWN & POWELL STS.
NORRISTOWN, PENNSYLVANIA 19401

PRACTICE OF
HEMATOLOGY AND ONCOLOGY

TELEPHONE
215-278-2518

October 14, 1992

Dr. Rahman
Graterford Prison
Graterford, PA

RE: ROBERT BOMBERGER

Dear Dr. Rahman:

Mr. Robert Bomberger came in the office today. His only complaint really is of pain in his lumbar spine. The last time I had made a request to get that x-rayed as it had not been done before. It most likely is related to some arthritic changes and probably not to his myeloma. Otherwise his review of systems is negative.

On examination his heart is regular. The lungs were clear. The abdomen was soft. There is no organomegaly or masses. He does have 2+ edema. No lymph nodes noted.

His most recent laboratory studies show a CBC which has a white count of 4.8. His serum protein electrophoresis shows a gamma globulin fracture of 1.66 which seems to indicate he is getting a good response and that the value is coming down.

The plan, therefore, is to continue him on the Alkeran and the Prednisone, same dose, 10 mg daily for five days, and the Prednisone 80 mg daily for five days. He will need a CBC again in about two weeks. It is important that he gets it done at the two week interval because we use it as a gauge of therapy. If his white count drops then we can keep him on the same dose, if not, then we know we need to increase the dose.

Thank you for allowing me to participate in this patient's care.

Sincerely,



Carl Sharer, D.O.

CS/les
CS.019

COLLECTION DATE: 10/14/92 MANUAL DIFF

COLLECTION TIME: _____

ROUTINE STAT

CBC WITHOUT DIFF CBC

RESULTS	TEST	EXPECT RANGE	SEG	MEIA
4.8	WBC x 10 ³ / μ L	4.8-10.8	BAND	MYELO
3.23	RBC x 10 ⁶ / μ L	M 4.7-8.1 F 4.2-5.4	LYMPH	PRD
10.3	HGB g/dL	M 14-18 F 12-16	MONO	BLAST
32.7	HCT %	M 42-52 F 37-47	EOS	ATYP %
101	MCV fL	M 80-94 F 81-99	BASO	NRBC
31.8	MCH pg	27-31	RESULTS	TEST
31.4	MCHC g/dL	33-37	EXPECT RANGE	
	RDW %	11.5-14.5	MPV [*] fL	7.2-11.1
393	PLT x 10 ³ / μ L	150-450	DIFF VERIFIED MANUALLY <input type="checkbox"/>	
			RESULTS CALLED / FAX / TUBED	
			TIME: TECH	RN
			LI [*]	190-300
			MPXI [*]	-10.0 -10.0
			RBC FLAG	0000
			WBC FLAG	0000

RESULT %	TEST	EXPECT RANGE	RESULT 10 ³ / μ L	EXPECT RANGE
	NEUT	40.0-74.0		1.90-8.00
	LYMP	19.0-48.0		0.90-5.20
	MONO	3.4-9.0		0.16-1.00
	EOS	0.0-7.0		0.00-0.80
	BASO	0.0-1.5		0.00-0.20
	LUC	0.0-4.0		0.00-0.40

* Performance characteristics of parameters have not been established. For research use only.

DATE: _____ TIME: _____

ID: _____ SEQ NO: _____

PARAMETER: _____ SYS NO: _____

RBC SIZE	ANISO	
	MICRO	
	MACRO	
RBC COLOR	VAR	
	HYPO	
	HYPER	
WBC	LEFT SHIFT	
	ATYP	
	BLASTS	
	OTHER	

DATE: _____ TECH: _____

CHART COPY

DRAWN BY: *Dr. Moore*

TIME: _____

40190738

Bombberger, Robert

m/67

Center

Center

SPECIMEN #	TYPE	PRIMARY LAB	REPORT STATUS	PG	3
A00010492	BL	LAB			
ADDITIONAL INFORMATION					
PATIENT NAME				SEX	AGE (YR/MO/S)
BOMBERGER, BN1179				M	67
PT. ADD.					
DATE OF SPECIMEN	DATE ENTERED	DATE REPORTED			
10/26/92	10/26/92	10/26/92			

CLINICAL INFORMATION	
PHYSICIAN ID.	PATIENT ID.
18031	3800
ACCOUNT	
GRATERFORD LOCATION	37102
STATE CORRECTIONAL INSTITUTION	88
BOX 244	CL
GRATERFORD, PA	19426-
215-489-4151	NJC

TEST	RESULT	PANEL	LIMITS
CBC, PLAT., AND DIFF. SCRE			
GRANULOCYTES	66.5	%	50.0 - 70.0
RCMI	.2		
MANUAL DIFF. & RBC MORPH			
NEUTROPHILS	74 H	%	50 - 70
LYMPHOCYTES	20	%	20 - 40
MONOCYTES	2	%	1 - 6
HYPOCHROMIA	SLIGHT	TEXT	
ANISOCYTOSIS	SLIGHT	TEXT	
PLATELET ESTIMATE	ADEQ	TEXT	ref: ADEQ
CHEMFILE			
CO2	36. H	MMOL/L	22 - 31
CK	20 L	U/L	57 - 374
CALCIUM	8.5	MG/DL	8.4 - 10.2

PATIENT NAME BOMBERGER, BN1179				PATIENT ID. 3800				SPECimen NO. A00010492				SPEC. DATE 10/26/92		
BONE			ELECTROLYTES			HEART		LIVER				LIPIDS		
Calcium mg/dl (8.4-10.2)	Phosphorus mg/dl (2.4-4.5)	Sodium mEq/L (127-148)	Potassium mEq/L (3.5-5.0)	Chloride mEq/L (98-107)	LDH U/L (100-190)	AST (SGOT) U/L (0-40)	T. Bil mg/dl (0.2-1.2)	GGT (GPT) IU/L (0-50)	ALT (SGPT) IU/L (7-50)	Al. Phos U/L (35-125)	Cholesterol mg/dl (0-200)	Triglycer mg/dl (35-110)		
	4.3	136.	4.9	92	159.	48.	.5		26.	79.	142	26	H	
		LOW		LOW		HIGH								
PROTEIN			KIDNEY			THYROID				MISCELLANEOUS				
T. Protein g/dl (6.0-8.2)	Albumin g/dl (2.4-3.2)	Alkamin g/dl (2.0-5.0)	ASG Ratio (1.0-2.8)	BUN mg/dl (7-21)	Creatinine mg/dl (0.7-1.2)	T ₄ µg/dl (4.5-12.0)	T ₃ uptake % (18.0-28.1)	Free T ₄ Index	TSH µIU/ml (0.5-5.0)	Uric Acid mg/dl (2.5-8.5)	Glucose mg/dl (80-110)	Iron µg/dl (55-155)		
7.6	4.0	1.1	33	1.3						7.8	185			
		LOW	LOW	HIGH							HIGH			
HEMATOLOGY														
RBC (x 10 ⁶ /mm ³) (4.0-5.2)	HGB g/dl (11.0-16.0)	HCT % (40.0-54.0)	MCV f (85-100)	MCH pg (27-31)	MCHC % (32-36)	Platelets (x 10 ³ /mm ³) (150-450)	WBC (x 10 ³ /mm ³) (4.8-10.0)	Poly (50-70%)	Bands (0-5%)	Metals (0%)	Lympho (20-40%)	Mono (1-5%)	SOB (1-5%)	SABO (0-1%)
3.86	11.9	37.6	97	30.8	31.6	331	5.7				20.5	13.0	3	1
LOW	LOW	LOW		LOW				3.8			1.2	1.7		

Jerry Rice
S-1796
P.O. Box 244
Graterford, PA 19426

March 14, 1989

Erskind DeRamus
Deputy Commissioner
Department of Corrections
P.O. Box 598
Camp Hill, PA 17011

Dear Mr. DeRamus:

I am writing concerning my inability to receive proper medical attention here at the SCI-Graterford. I have a problem in which I am suffering severe chronic pain in the area of my testicles. I have had this pain for over six(6) months, and it has gotten consistently more severe.

I have been on sick-call here several times and seen all three doctors that handle sick call at different times - Dr. Roeder, Dr. Khannas, and Dr. Ennis. Dr. Roeder was the first doctor I saw about this problem. In January, 1989, I saw the head doctor here at Graterford, Dr. Umar, and he told me to come back in three months because he didn't see any swelling, even after my explaining to him that I was in pain and have been this way for over six months. Dr. Umar informed me that the urine test that I took some months before had shown negative results.

Sir, I respectfully ask that I be examined by a Urology specialist since it is obvious that these doctors here cannot cure or even diagnose my problem. My mother has called Graterford at least on two occasions and talked with Superintendent Zimmerman, but still I have not received attention to my problem. So now I am turning to you for some help.

With this letter are copies of the various requests, complaints, and responses concerning this matter to demonstrate the effort I have made to get the proper medical help for my problem.

I will be most appreciative of any assistance you could provide in helping me to receive this much needed medical attention.

Respectfully,
Jerry Rice
Jerry Rice
S-1796

JR/spb
Encls.
cc: file

DAVID S. OWENS, JR.
Commissioner



Deputy Commissioners
Administration
LEE T. BERNARD II
Correctional Services
LOWELL D. HEWITT
Programs
ERSKIND DERAMUS

PENNSYLVANIA DEPARTMENT OF CORRECTIONS
P. O. BOX 598
CAMP HILL, PENNSYLVANIA 17011
(717) 975-4860

March 24, 1989

Jerry Rice, S-1796
SCI Graterford

Dear Mr. Rice:

This is in response to your letter requesting that I have you examined by a urologist.

Please be advised your medical care is the responsibility of the health care professionals at Graterford. From review of your case, I note you have been seen by Dr. Khannas and Dr. Roeder. I am confident they are providing you with competent professional care. If you need to be evaluated by a urologist, the professionals at Graterford will make the necessary referrals.

Please work with your doctors at Graterford and keep the appointments that are made for you.

Sincerely,

Erskind DeRamus
Erskind DeRamus
Deputy Commissioner/Programs

ED/ah

cc: Supt. Zimmerman

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INMATE'S REQUEST TO STAFF MEMBER

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER) *Superintendent Donald T. Vaughn* 2. DATE *Jan. 16, 90*

3. BY: (INSTITUTIONAL NAME AND NUMBER) *JERRY RICE AS-1796* 4. COUNSELOR'S NAME

5. WORK ASSIGNMENT *Clothing Plant* 6. QUARTERS ASSIGNMENT *D-293 293 cell*

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

Im writing in request to get some help from you sir so I can get proper attention for a very bad aching pain in my left testis. I have had that pain at least two years and been going to sick call all that time for that pain. Dr. Johnson Dec. 29, 89 at sick call schedule me to see a specialist Jan. 11, 90 I went out to Montgomery County Hospital and seen Dr. Golden who didn't give me no tests at all at the Montgomery County Hospital. The only thing Dr. Golden did was gave me a hand examination but no other kind of testing. I was getting here at sick call hand examination, and thought I was going out to the hospital at Montgomery County to get some real testing to find out what's wrong with my testis having this very bad pain and get cured. Sir I even sitting here now in pain withing you this request hoping you can get me some medical help that will cured me, because Im getting worsen in pain, and who knows the damage thats already done.

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

Selective Medical Unit

Mr Helmer?

RECEIVED
JAN 19 1990

TO DC-14 CAR ONLY

TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER _____ DATE _____

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INMATE'S REQUEST TO STAFF MEMBER

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER) *Superintendent Donald T. Vaughn* 2. DATE *Feb. 6, 90*

3. BY: (INSTITUTIONAL NAME AND NUMBER) *JERRY RICE AS-1796* 4. COUNSELOR'S NAME *RIBORJA*

5. WORK ASSIGNMENT *Clothing Plant* 6. QUARTERS ASSIGNMENT *D-293*

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

this is my second time writing you SIR for some help. Im not getting the proper or any medical help for a very bad pain in my left testis. I have had this pain over two (2) year's and it have getting wurser. I have been on sick call most of time over appeared or two year's, and only receive a hand examination, medicine that didn't cure my problem yet. Also DR. Johnson Dec. 29, 89 schedule me to a specialist. Jan 16, 90 I was taking out to Montgomery County Hospital and seen a DR. Golden who only gave me a hand examination. I didn't receive no tests at that hospital from no one. I thought the reason for me going out to Montgomery County Hospital was to get some tests and be or get cured of this bad achins pain in my left testis. even now writing you this request im in pain. Hope that you SIR can see to me getting help immediately. Jerry Rice.

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

Sir:
I test is scheduled at The outside
hospital my soon -

JRV 2/13/90

TO DC-14 CAR ONLY TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER _____ DATE _____

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INMATE'S REQUEST TO STAFF MEMBER

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

Director of Medical Treatment Mr. McMonagle

2. DATE

MAR. 5, 90

3. BY: (INSTITUTIONAL NAME AND NUMBER)

JERRY RICE AS-1796

4. COUNSELOR'S NAME

R. BORJA

5. WORK ASSIGNMENT

Clothing Plant

6. QUARTERS ASSIGNMENT

D-BLK-293 cell

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

I went out to Montgomery County hospital Feb. 20, 90 for ULTRA sound test on my testis and haven't hear ANY thing yet on those tests. I still have that very bad pain in my testis. Also I would like to know when am I going to get treatment for my problem and be CURE. But first I would like to know what I have that's CAUSING all this PAIN, and to be treated.

P.S.

EVERY time I put in a request to you SIR I don't get a reply from you.

cc: Jerry Rice

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

3-7-90

Kathy,
Please schedule for Dr. Kuzner
for follow up of problem.
Thanks
D. Myce

Scheduled for clinic review for the results
of US
C. Chapman

TO DC-14 CAR ONLY

TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

DC-804
Part II, A

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

Ms. Williams

P.O. BOX 598
Camp Hill, PA 17001

OFFICIAL INMATE GRIEVANCE - Review by Staff Grievance member
Complaint File Number Assigned by Grievance Officer

G-14581

To:	Number	Name	Quarters Assignment	Date
	MS-1796	<i>Jerry Rice</i>	D-Block 293	Mar. 6, 1990

This complaint has been reviewed. Below is a summary of my review and/or investigation and recommendations.

According to Administrative Directive 804, Consolidated Inmate Grievance Review System, I have met with the Staff Grievance Member regarding my submitted grievance. The facts surrounding this grievance have been discussed and a decision has been reached.

Feeding problem due to medical order - arrangement was made 3-6-90 for doctor to Rice an explain the result of test - if not seen return to Capt Cannon in 10 days

Capt Cannon
Staff Grievance Member

Inmate Grievance Member

Jerry Rice
Inmate Grievant

3-6-90
Date

This grievance remains unresolved due to the following reasons:

Staff Grievance Member

Inmate Grievance Member

Inmate Grievant

Date

Signature of Grievance Officer

Date

Bessie W. Williams

3/7/90

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INMATE'S REQUEST TO STAFF MEMBER

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

Treatment Room # 13

2. DATE

MAR. 15, 1990

3. BY: (INSTITUTIONAL NAME AND NUMBER)

JERRY RICE AS-1796

4. COUNSELOR'S NAME

R. BORJA

5. WORK ASSIGNMENT

Clothing Plant

6. QUARTERS ASSIGNMENT

D-Block 293

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

MR. BORJA would you please call me up to your office tomorrow afternoon so I can talk to you about helping me get the proper medical attention here at Gasterwood. I went out to Montgomery County hospital Feb. 20, 90 for a ULTRA SOUND test on my testis and haven't heard anything yet on those tests. I have a very bad pain in my left testis, and had this for least two years. I been so sick call many of times for this pain in these two years. I still have this bad pain and for real who knows I might be getting sterile by me not getting the right or any medical treatments. Nobody haven't told me what is or cause this pain. Also I have wrote the medical Director here MAR. 5, 90, and not the first time I wrote him, he MR. Mc Monagle never answer any of my requests

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

3/21/90

c.c.
Jerry Rice

Dismissed pain. Called Cathy at 2381. She informed me she would get back to me about noon re Rice's request to see a doctor for his very painful problem.

R. Borja

TO DC-14 CAR ONLY

TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INMATE'S REQUEST TO STAFF MEMBER

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

Sgt Faust - Dbill Sgt

1. TO: (NAME AND TITLE OF OFFICER) Medical Department Mr. Mc Monagle		2. DATE April 25, 90
3. BY: (INSTITUTIONAL NAME AND NUMBER) JERRY RICE AS-1796		4. COUNSELOR'S NAME R. BORJA
5. WORK ASSIGNMENT Clothing Plant (Taylor Shop)	6. QUARTERS ASSIGNMENT D-Block - 293 cell	
7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.		

I went on sick call today and seen DR. Gandy for a very bad pain I still have in my scrotum testicle area, that have been in me over two years. The pain is lodge between my spermatic venous plexus and Epididymis area on my left side of my scrotum testicle. Some reason or another I am not getting the right or proper medical attention for this pain in my scrotum testicle area. I say that because I haven't been cure or told what is this pain coming from yet! Sir I would like to be thoroughly examination totally all around my scrotum testicle area, specially between my spermatic venous plexus and Epididymis area where this very bad pain is lodge. Also could or I would like to be examination by a urologist specialness or some body specializes in the area where I hurt. Also the tests that I have took must not be good enough because they haven't shown any thing and I still have this very bad pain. C.C. Rice

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

YOUR REQUEST WAS RECEIVED AND IS BEING PROCESSED

TO DC-14 CAR ONLY TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER	DATE
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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INMATE'S REQUEST TO STAFF MEMBER

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)	Medical Director DR. KRUEGER	2. DATE	April 30, 90
3. BY: (INSTITUTIONAL NAME AND NUMBER)	JERRY RICE AS-1796	4. COUNSELOR'S NAME	R. BORJA
5. WORK ASSIGNMENT	Clothing Plant (Taylor shop)	6. QUARTERS ASSIGNMENT	D-Block - 293 cell
7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.			

I went out to the hospital Feb 20, 90 for ULTRA SOUND test on my testis because I have still now a very bad pain on my left side of my scrotum testicle for over two years. I send a request slip to McManagle MAR. 5, 90, and received answer back stating that I was schedule to see you sir about my problem, but have not receive a pass from yet to this day to see you. So would you please call for me to come down to your office so I can show and explain to you what my problem is. The very bad pain is lodge between my spermatic venous plexus and Epididymis AREA of my scrotum testicle AREA. The tests I already tooking was not good enough because they didn't show nothing, and I still have this very bad pain in me and it's getting worsser. It's hurting me physically and also bothering me mentally because I done had the pain for so long with out knowing what's the pain is. I need to be thoroughly EXAMINE totally all over my scrotum & Testicle

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

C.C.

I have request you see me urologist

DR. KRUEGER

 TO DC-14 CAR ONLY

 TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

*Deputy Sheriff
I would appreciate
your assistance in
this matter
minutes
Thank you*

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INMATE'S REQUEST TO STAFF MEMBER

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER) <i>Deputy Supt. of Operations W.R. Winder</i>		2. DATE <i>April 30, 90</i>
3. BY: (INSTITUTIONAL NAME AND NUMBER) <i>Jerry Rice AS-1796</i>		4. COUNSELOR'S NAME <i>R. BORJA</i>
5. WORK ASSIGNMENT <i>Clothing Plant (Tailor Shop)</i>	6. QUARTERS ASSIGNMENT <i>D-Block-293 cell</i>	
7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.		

Mr. Winder I seen you in the corridor and spoke to you about me not getting the proper or correct Medical attention here at greaterford for a very bad pain that I have over two year's lodge in my testicle on my left side between the Spermatic Venous plexus and Epididymis AREA of my scrotum. This pain is troubling me physically, and also bothering me Mentally Now, Because I have had it so long and not known or getting proper Medical treatment to cure me from this aching pain. And from reading a Medical Dictionary this pain is lodge in my male reproductive tract. Sir I would like to be thoroughly examine totally all around my scrotum and testicle area, specially between my Spermatic Venous plexus and Epididymis AREA where this very bad pain is lodge at. I would like to be examine again thoroughly by a Urologist or someone who specializes in my case of problem. c.c.

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

*to be scheduled
on Medical
Clinic*

[Signature]
DR. JOHNSON

TO DC-14 CAR ONLY

TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

DC-804
PART I

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P. O. BOX 598
CAMP HILL, PA. 17011

Becky Flinchbaugh
ATTACHMENT # 2

Due 9/19/90

OFFICIAL INMATE GRIEVANCE

sent 9/7/90

GRIEVANCE NO. G-15647

TO: GRIEVANCE COORDINATOR Ms. Williams or Ms. Clark	INSTITUTION Graterford	DATE Sept. 4 90
FROM (Commitment Name & Number) JERRY RICE AS-1796	INMATE'S SIGNATURE Jerry Rice	
WORK ASSIGNMENT Clothing Plant (Taylor Shop)	QUARTERS ASSIGNMENT D-Block - 293 Cell	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance.

MY GRIEVANCE IS THAT I'M NOT GETTING THE PROPER MEDICAL ATTENTION HERE AT GRATERFORD OR AT MONTGOMERY COUNTY HOSPITAL FOR A PAIN THAT IS LODGE ON THE LEFT SIDE OF MY TESTICLE. I HAVE HAD THIS PAIN OVER TWO YEARS AND HAVEN'T BEEN CURED OR TOLD WHAT THIS PAIN IS YET. I WOULD LIKE TO BE INTERVIEW BY THE STAFF GRIEVANCE MEMBER WITH ALSO THE MEDICAL DIRECTOR OF GRATERFORD PRESENT WHO EVER IT MAY BE AT THIS MOMENT. AND THEN I'LL SHOW PAPER'S AND EXPLAIN HOW THE MEDICAL STAFF AT GRATERFORD AND A DR. GOLDEN AT MONTGOMERY COUNTY HOSPITAL HELP GIVEN ME THE RUN AROUND ABOUT MY HEALTH, BECAUSE I'M NOT GETTING THE PROPER MEDICAL TREATMENT TO GET CURED. ALSO I GOT A GRIEVANCE ABOUT A DR. JOHNSON AND HIS SO CALL MEDICAL TREATMENT THAT DIDN'T MAKE NO SENSE FOR MY MEDICAL PROBLEM.

B. Actions taken and staff you have contacted before submitting this grievance.

I HAVE CONTACTED Supt. DONALD T. VAUGHN, Deputy Supt. WINDER, Capt. CAISON, MR. McMONAGLE, Medical Director DR. KRUGER, AND ALSO MY COUNSEL R. BARJA.

I wish to have a personal interview by the Staff Grievance Member. Yes No

I wish to have representation by the designated Inmate Grievance Member Yes No

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date

DC-804
Part II

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

ATTACHMENT #4

P.O. BOX 598
Camp Hill, PA 17001

OFFICIAL INMATE GRIEVANCE - Review by Grievance Officer
Complaint File Number Assigned by Grievance Officer

G-15647

To:	Number	Name	Quarters Assignment	Date
	AS-1796	Jerry Rice	D-293	10/26/90

This complaint has been reviewed. Below is a summary of my review and/or investigation and recommendations. Objections may be filed with the Superintendent within five (5) days.

Per our discussion on 10/26/90 I was advised that you did have X-rays taken at Montgomery County Hospital on 10/23/90. You, however, did not see a physician while there. As I indicated to you, continue to sign up for sick call so that you can get the results of your X-rays and so that you can talk to the physician here about the brace you need to help alleviate your problem.

If you do not get results in a reasonable period of time, please let me know. As of this date, I am considering this grievance closed.

MAC/BWW/vdr

cc: Ms. Flinchbaugh
Grievance Coordinator
DC-15, AS-1796
File

Signature of Grievance Officer	Date
<i>Mary Ann Clark</i>	10/29/90

DC-804
PART I

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P. O. BOX 598
CAMP HILL, PA. 17011

Mr. Jeffes
ATTACHMENT # 2
Due 12/4/92

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO. G-22610

sent 11/24/92

TO: GRIEVANCE COORDINATOR <u>Ms. B. Williams or Mrs. Clark</u>	INSTITUTION <u>Graterford</u>	DATE <u>11-17-92</u>
FROM (Commitment Name & Number) <u>JERRY RICE AS-1796</u>	INMATE'S SIGNATURE <u>Jerry Rice</u>	
WORK ASSIGNMENT <u>Block work</u>	QUARTERS ASSIGNMENT <u>D-BLK-Cell 370</u>	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance.

THIS GRIEVANCE AGAIN IS ABOUT ME NOT GETTING THE PROPER MEDICAL ATTENTION. I HAVE HAD A PAIN IN MY LEFT SIDE OF GROIN OR TESTICLE SINCE 1988 THAT I HAVE BEEN COMPLAINING ALL THE TIME UP TO THIS DATE 11-17-92. I WAS FINALLY "DIAGNOSE" IN THE EARLY PART OF 1991 BY DR. CARBONE AND A FEW SURGEON OF HAVE A "HERNIA" AT GRATERFORD; BUT HAVEN'T GOTTEN THIS PROBLEM TAKING CARE OF YET 11-17-92. THIS PAIN HURTS ME VERY BADLY AND VERY OFTEN. ALSO IT HURTS ME TO URINATE OR DEFECATE WITH PAIN. I BEEN ON SICK CALL TO MANY TIME FOR THIS PROBLEM NOT TO BE TAKING CARE OF, OR TO FIND OUT WHEN I AM GOING TO GET THE OPERATION. WHO KNOWS WHAT KIND OF DAMAGE THIS PAIN DOING TO MY INNER TESTICLE OR GROIN. I LIKE TO BE SEEN BY A PERSONAL STAFF GRIEVANCE MEMBER (B. WILLIAMS OR MARY ANN CLARK) TO GET SOMETHING DONE ABOUT MY PROBLEM.

B. Actions taken and staff you have contacted before submitting this grievance.

Block officer, Capt. Canson, Counselor, Medical Director DR. Krueger Deputy Supt. Winder, Supt. D. T. Vaughn and Also DEPT. MAMM.

I wish to have a personal interview by the Staff Grievance Member.

Yes No

I wish to have representation by the designated Inmate Grievance Member

Yes No

Your grievance has been received and will be processed in accordance with DC-ADM 804.

BWW/ms
Signature of Grievance Coordinator

11/28/92
Date

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P. O. BOX 598
CAMP HILL PA. 17011

Mr. Jeffers
Dec 11/14/93
ATTACHMENT #2

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

6-22973

rec'd 1/5/93

TO: GRIEVANCE COORDINATOR Ms. B. Williams or M. A. Clark	INSTITUTION Graterford	DATE 12-28-92
FROM (Commitment Name & Number) JERRY RICE AS-1796	INMATE'S SIGNATURE Jerry Rice	
WORK ASSIGNMENT Block worker	QUARTERS ASSIGNMENT D-BIK-Cell 370	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance.

this GRIEVANCE AGAIN is about me not getting the proper medical attention. I have had a pain in my left side of my groin or testicle since 1988 that I been "complaining" all the time up to this date 12-27-92. I was finally "Diagnose" in the early part of 1991 by a DR. CARBONE and a surgeon or two of having a "Hernia" at here (Graterford), but haven't gotten this problem taking care of yet. This pain hurts me very badly, and very often. Also it hurts me to urinate or defecate with pain. I been on sick call to many time for this problem not to be taking care of; or not to getting the operation I need by now. who knows again what kind of damage this pain have done to my inner testicle or groin. I like to be seen by a personal staff grievance member B. Williams or M. A. Clark to get something done about my problem. This is second time file this.

B. Actions taken and staff you have contacted before submitting this grievance:

Block officer, Capt. CANSON, counselor, Medical Director DR. KRUGER Deputy supt. Winder, supt. D. T. VAUGHN AND ALSO DR. RAHMAN. C.C.

I wish to have a personal interview by the Staff Grievance Member.

Yes No

I wish to have representation by the designated Inmate Grievance Member

Yes No

Your grievance has been received and will be processed in accordance with DC-ADM 804.

B. Williams
Signature of Grievance Coordinator

1/4/93
Date

December
12-28-92

To: GRIEVANCE COORDINATOR (Bessie Williams)
This is the second time that I'm filing this identical grievance (G-22610) to your office, because when I put this grievance in 11-17-92 I didn't get NO "Decision" back on what's going to be done about my long going problem, me having a pain in my left size groin (Testicle) for several years. I have been complain about this pain in my groin (Testicle) for several years. In the early part of 1991 I was Diagnose by a Dr. Carbone and Surgeon here at Graterford of having a Hernia. Again I would like to be seen by the GRIEVANCE COORDINATOR staff member please, so I can explain my problem more better.

Thank you

Jerry Rice

AS-1796

D-370

DC-804
Part II

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

ATTACHMENT #4

P.O. BOX 598
Camp Hill, PA 17001

OFFICIAL INMATE GRIEVANCE - Review by Grievance Officer
Complaint File Number Assigned by Grievance Officer

G-22610

To:	Number	Name	Quarters Assignment	Date
	AS-1796	Jerry Rice	D-370	1/15/93

This complaint has been reviewed. Below is a summary of my review and/or investigation and recommendations. Objections may be filed with the Superintendent within five (5) days.

This is in response to your Grievance #G-22610. Your grievance was forwarded to the Medical Department for resolution. Dr. Rahman, the Medical Director provided the following response:

Hernia Trusk has been issued 1/11/93. You were placed on the elective surgical list as this problem of Inguinal Hernia could not be confirmed by a physical examination by the operating surgeon.

The Medical Department will electively perform exploration of the area in the future. You will be notified when this examination is scheduled.

Your grievance has been addressed. No further action is necessary.

MAC/BWW/vdr

cc: Mr. Jeffes
Dr. Rahman
DC-15 AS-1796
Grievance Coordinator
File

*I Receive
Today Jan 21, 93*

Signature of Grievance Officer	Date
<i>Bennie W. Williams</i>	<i>1/15/93</i>

DC-135A

Use for
Appealing Grievance form

INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER) <i>Superintendent Donald T. VAUGHN</i>		2. DATE <i>JAN 21, 93</i>
3. BY: (INSTITUTIONAL NAME AND NUMBER) <i>JERRY RICE AS-1796</i>		4. COUNSELOR'S NAME
5. WORK ASSIGNMENT <i>Block worker</i>	6. QUARTERS ASSIGNMENT <i>D-370</i>	
7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS. <i>I'm appealing Grievance "G-22610" I receive today JAN 21, 93 from the Grievance officer. I AM Dissatisfied with the decision that was made by Mr. Jettis, Dr. Rahman and Bessie William on this problem. I have a long going on problem I have been complaining about for years through the grievance coordinator to the Supt. office. I have writing you Sir JAN. 16, 90 and Feb. 6, 90 about my problem. I was "Diagnose" in the early part of 1991 by a Dr. Carbond and a Surgeon Dr. Carbond followed me to of having a hernia. but haven't getting the operating needed yet. I been complaining about this very bad pain since 1988 on sick call and the pain have getting worsen since then. Also I did not receive no hernia Trusk 1/11/93 as stated. I still have the one I receive May or June 1992 from Dr. Kihman. I would like to get my problem cured through a operating. Sir I need you to step in to this affair Thank you cc.</i>		
8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)		

TO DC-14 CAR ONLY

TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

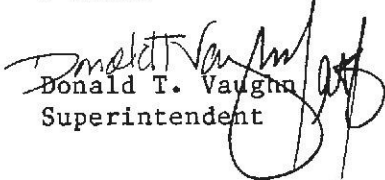
DATE

COMMONWEALTH OF PENNSYLVANIA
SCI-GRATERFORD

DATE: February 10, 1993

SUBJECT: Appeal to Grievance #G-22610

TO: Jerry Rice
AS-1796
D Block

FROM: 
Donald T. Vaughn
Superintendent

I am in receipt of your appeal to the above mentioned grievance.

I cannot agree with your position since the medical staff has taken the action to see to it that you received a hernia truss and has also scheduled you for the operation you discuss in your appeal.

At this point, I believe that the medical staff is acting in your best interests and that you will be treated accordingly.

I am upholding the decision reached by the Grievance Coordinator in this action.

DTV/AJLF/kjb

cc: Ms. B. Williams
DC15, AS-1796
File

*I receive this today 2-18-93=3:40p
from c/o W. Baldwin*

Mr,Willam A.Harrison
Penna,Dept.Of Corrections
P.O. Box 598

Mr.Jerry Rice #AS-1796
P.O. Box 244
Graterford,Pa. 19426-0244

2-16-93

This paper is being used as an appeal grievance form;

I am appealing a prior grievance # G-22610 that i appealed to the superintendent Donald T, Vaughn, of Graterford, that he haven't answered or made any formal decision yet the 10 working days decision point,haved passed
I am very dessatisfied with the decision of the grievance coordinator Mrs,Bissie williams,Dr.Rahman,and Mr,Jeffer's,also i want to state that Dr,Rahman,lied and falsify medical records when he Dr,Rahman, said that he gave me a hernia trusk 1-11-93 i haven't seen Dr,Rahman, or any other medical staff member 1-11-93 to receive anything(meaning he didn't give me no hernia trusk 1-11-93) I received a hernia guard from Dr,Rahman, in May,or June, of 1992,and from that time on i've been waiting on Dr, Rahman, to make a decision to send me out to get the proper operating needed to cure my medical problem I would like to bring to your attention that i first notice this pain in my left side groin or testicle in 1988,I went through these very same procedures,sick call,grievance superintendent,and your office,I wrote or appeal to deputy commissioner Erskind Deramus,in March of 1989 and he replied back to me March 24,1989 stating (please be advised your medical care is the responsibility of the health care at Graterford,from review of your case I note you have been seen by Dr,Khannas,and Dr,Roeder, I am confident they are providing you with competent professional care,well the medical staff here at Graterford,have neglect my problem as far as i'm concern,so thats why i'm appealing their decision now through your office. Now from 1988 through 1991 at no time have anyone gave me a correct diagnose that was causing me this pain in my groin or testicle until i was exmanine by Dr,Carbond, that use to handle sick call here at ~~Graterford~~, DR, Carbond, diagnose me as having a hernia,also he Mr,Carbond,forward me to see a surgical worker here at Graterford, that affirmed i in fact have a hernia,now to date nothing have been done about my problem,other than me receiving a hernia guard in May or June, and now i want to state that the pain have really worsen and that it hurts me to use the bath room.
Enclosed Mr,Harrison,some papers/ steps i tried to take to get my problem resolve,now i am asking you for your help to get me the proper medical attention to cure me of this problem.

JR/

cc;File Ms.B. Williams

Jerry Rice
Respectfully Yours,

C.C.



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P. O. BOX 598
CAMP HILL, PENNSYLVANIA 17001-0598
(717) 975-4860

OFFICE OF
COMMISSIONER OF CORRECTIONS

March 10, 1993

Jerry Rice, AS-1796
SCI Graterford

Re: Grievance # G-22610
Appeal to Final Review

Dear Mr. Rice:

This is to acknowledge receipt of your appeal of the above numbered grievance.

As you explain, you have not yet completed appeal to Superintendent Vaughn. I note your enclosed "copy" of your appeal to the Superintendent, as well as your claim that he has not yet responded. Rather than assuming Superintendent Vaughn has refused to respond, you should resubmit your appeal to his office, with an explanation that you previously appealed without response. It is entirely possible that for whatever reason Superintendent Vaughn did not received your appeal.

The Central Office Review Committee will not review this grievance until you have completed appeal from initial review as required under DC-ADM 804. I thus suggest your resubmit your appeal to the Superintendent as outlined above.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Bitner".

Robert S. Bitner
Chairman, CORC

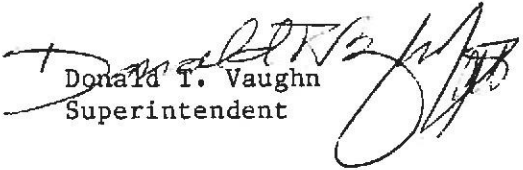
cc: Supt. Vaughn

COMMONWEALTH OF PENNSYLVANIA
SCI-GRATERFORD

DATE: March 19, 1993

SUBJECT: Appeal to Grievance #G-22610

TO: Jerry Rice
AS-1796
D Block

FROM:  Donald T. Vaughn
Superintendent

Attached please find an answer to the above mentioned grievance dated February 10, 1993. Perhaps you did not receive one, therefore, we are supplying you now with another copy. You may appeal my response to the CORC if you wish.

DTV/AJLF/kjb

cc: Ms. Williams
File

Receive March 23 93 at court time for

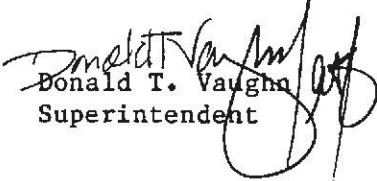
C.O.

COMMONWEALTH OF PENNSYLVANIA
SCI-GRATERFORD

DATE: February 10, 1993

SUBJECT: Appeal to Grievance #G-22610

TO: Jerry Rice
AS-1796
D Block

FROM: 
Donald T. Vaughn
Superintendent

I am in receipt of your appeal to the above mentioned grievance.

I cannot agree with your position since the medical staff has taken the action to see to it that you received a hernia truss and has also scheduled you for the operation you discuss in your appeal.

At this point, I believe that the medical staff is acting in your best interests and that you will be treated accordingly.

I am upholding the decision reached by the Grievance Coordinator in this action.

DTV/AJLF/kjb

cc: Ms. B. Williams
DC15, AS-1796
File

Commonwealth of Pennsylvania
Department of Corrections
P.O. Box 598

To: Mr. Robert S. Bitner, Chairman, CORC

Subject; Grievance #G-22610

From; Mr. Jerry Rice; AS-1796
P.O. Box 244
Graterford, Pa. 19426

Dear Robert S. Bitner.

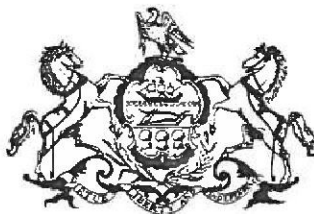
This letter is in respond to your letter i receive March 12.1993. stating that you did not except my appeal because i didn't receive any respond from Supt. Vaughn. when i appeal to the final appeal review (Your office). on grievance #G-22610.

Well Sir according to the inmate hand book, and also the inmate grievance review system at S.C.I. Graterford, the inmate grievance committee from Donald T. Vaughn (Superintendent) Attachment #6-A state appeal initial review with supt. (A decision within 10 working days.) My understanding to this is that supt. Vaughn had 10 working days to answer my appeal to him. Mr. Vaughn made a decision on my complaint 14 days later and i didn't receive it until 8 days after the 14 days he took to make his decision. So after Mr. Vaughn didn't respond in 10 working days i appeal to your office because my health is deteriorating through all this delay (Answering) Sir, Supt. Vaughn decision was this. I can't agree with your position since the medical staff has taken the action to see to it, that you received a hernia truss, and has also schedule you for the operation you discuss in your appeal. At this point I believe that the medical staff is acting in your best interests and that you will be treated accordingly. I am upholding the decision reached by the grievance coordinator in this action, Mr. Bitner i am dissatisfied with Supt. Vaughn decision on grievance G-22610, So I'm still appealing my grievance to your office, I have already send you the decision of Mrs. Bissie Williams, Dr. Rahman and Mr. Jeffer's of attachment #4 with appeal to Mr. Willan A. Harrison of this problem that was forward to your office, Also I want to state again that Dr. Rahman lied and falsify medical records because i didn't see or receive any treatment on 1-11-93 Mr. Bitner if you review attachment # 4 and what i stated ~~what~~ Superintendent Vaughn, said both party is saying something different. at this point and time still nothing has been done about my problem, Mr. Bitner i would appreciate it if you would step in and help me get the proper medical attention that, I'm experiencing serious pain on the right side of my groin.

Thank you for your time
Jerry Rice: AS-1796
P.O. Box 244
Graterford, Pa. 19426

DAVID P. RICHARDSON, JR., MEMBER
319 SOUTH OFFICE
HARRISBURG, PENNSYLVANIA 17120-0028
PHONE: (717) 787-3181

6345 GERMANTOWN AVENUE
PHILADELPHIA, PENNSYLVANIA 19144
PHONE: (215) 849-6896
(215) 849-6592



House of Representatives
COMMONWEALTH OF PENNSYLVANIA
HARRISBURG

COMMITTEES

HEALTH & WELFARE, MAJORITY CHAIRMAN
PRESIDENT EMERITUS, NATIONAL BLACK
CAUCUS OF STATE LEGISLATORS
POLICY
PA LEGISLATIVE BLACK CAUCUS
EXECUTIVE COMMITTEE, NATIONAL CAUCUS
OF STATE LEGISLATURES
EXECUTIVE COMMITTEE, NATIONAL BLACK
CAUCUS OF STATE LEGISLATORS

APPOINTMENTS

PA COUNCIL ON THE ARTS
EXECUTIVE COMMITTEE OF THE COUNCIL
OF STATE GOVERNMENTS 1990-91
LEGISLATION COALITION FOR PA LIBRARIES
- CHARTER MEMBER
PA LEGISLATIVE CHILDREN'S CAUCUS

March 31, 1993

Jerry Rice AS-1796
Box 244
Graterford PA 19426-0244

Dear Mr. Rice:

It has come to my attention that you are dissatisfied with the quality of medical care available at SCI-Graterford. This letter is written to invite you to provide oral and/or written testimony to the House Health & Welfare Committee.

Our Committee will hold a Public Hearing at Graterford on Thursday, April 22nd. The main issue to be discussed is medical care at that prison: access to care, quality of care, professionalism of the staff, outside specialty consultants, delivery of medication, delays in treatment, etc.

If you are willing to provide testimony, please provide a written summary of your medical complaints to my District Office. It does not need to be a lengthy summary. The main purpose is to enable us to develop questions to assist you in amplifying on certain aspects of medical care there at Graterford.

Please confirm your willingness to testify by writing to my District Office at 6345 Germantown Avenue in Philadelphia. If you have copies of any relevant documentation, please send them to allow us to review them prior to your testimony.

Thank you for your cooperation in the struggle to provide a safe and humane living environment for your fellow prisoners.

Sincerely,

A handwritten signature in black ink that reads "David P. Richardson, Jr." with a stylized flourish at the end.

David P. Richardson, Jr.
Chairman
Health & Welfare Committee
PA House of Representatives

DC-804
PART I

Complaint officer

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P. O. BOX 598
CAMP HILL, PA. 17011

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO. 5 12554

TO: GRIEVANCE COORDINATOR <u>ALAN Lefebvre</u>	INSTITUTION <u>Graterford</u>	DATE <u>11-23-88</u>
FROM: (Commitment Name & Number) <u>JERRY RICE S-1796</u>	INMATE'S SIGNATURE <u>Jerry Rice</u>	
WORK ASSIGNMENT <u>Clothing Plant</u>	QUARTERS ASSIGNMENT <u>D-BK-293 CELL</u>	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

I would like to see a "Urologist genital Doctor" because I have a very bad pain in my left testicle (ball) that have been hurting me since last October. I have been having this pain off and on for six months but since October it's been hurting me really badly even right now. I also done seen all three doctors that handle sick call here at Graterford, and the last one (doctor) I seen in October took a URINE TEST that came back Negative she said. But I'm still in "PAIN NOW". Also I wrote a request to the Medical director here at Graterford November 17, 88 and haven't receive no answer yet from that office about my problem I have. So I would like to see some one about me and my problem Urologist Doctor as soon as possible to cure me and tell me what it is.

B. Actions taken and staff you have contacted before submitting this grievance:

I been on sick call several times, took a URINE TEST, and also wrote a inmate's request to Medical director here at Graterford. cc: Jerry Rice S-1796

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date

[Signature] 11/23/88

BC-140

Part II

**COMMONWEALTH OF PENNSYLVANIA
BUREAU OF CORRECTION**

P.O. Box 598
Camp Hill, Pa. 17011

OFFICIAL INMATE COMPLAINT—Review by Complaint Officer
Complaint File Number Assigned by Complaint Officer

G 12854

To:	Number	Name	Quarters Assignment	Date
	S-1796	Jerry Rice	D/Block cell 293	12/16/88

This complaint has been reviewed. Below is a summary of my review and/or investigation and recommendations. Objections may be filed with the Superintendent within five (5) days.

December 16, 1988

Mr. Rice:

I am in receipt of your complaint in which you advised me that you want to see the Urologist.

I have learned from infirmary staff that you were seen by Dr. Khanna on October 27, 1988 when you complained of pain over your groin area. Dr. Khanna reported no swelling of the testicles or the scrotum. The urinalysis culture and other tests which were taken early on Oct. 19, 1988 were returned with negative results for any unusual or abnormal obstructions. I understand that you have been seen again at sick call in December and you did not complain of any pain in your scrotum. At that time you were treated for neck pain and cold symptoms.

A.J. LeFebvre,
Complaint Officer

AJFL:njs

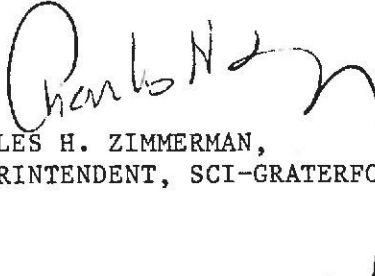
cc: Complaint File

Signature of Complaint Officer	Date
	12/19/88

December 23, 1988

SUBJECT: APPEAL TO THE COMPLAINT OFFICER'S ACTION IN G-12854

TO: JERRY RICE, S-1799
D/BLOCK CELL 293

FROM: 
CHARLES H. ZIMMERMAN,
SUPERINTENDENT, SCI-GRATERFORD

I am in receipt of your appeal dated 12/20/88 regarding the above mentioned complaint.

Please be advised that I have reviewed your medical record with the medical staff and learned that Dr. Khanna saw you in October in reference to your problems and referred you for a second opinion to Dr. Roeder in November. At that time you did not keep the appointment. On December 1, 1988 you were seen again by a member of the staff however you complained of neck pain and not of problems you were having with your testicle. Upon review of this situation the medical staff has advised me that it will be necessary for you to request an appointment with Dr. Roeder so that he may evaluate your situation further. In addition, I asked that Dr. Roeder put you on his schedule so that he may follow through with Dr. Khanna's request for a second opinion.

CHZ:AJLF:njs

cc: G 12854 File
Mr. LeFebvre

Theodore W. Schell, Sr.
AF-7923 B-Block 304 Cell

February 22, 1993

Mr. Donald T. Vaughn,
Superintendent of S.C.I. Graterford

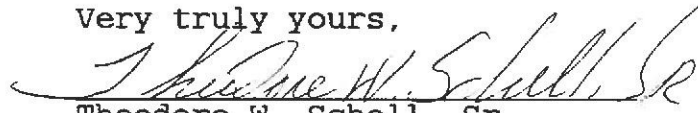
RE: Inmate Grievance No. G-19826

Dear Superintendent Vaughn:

I am requesting your assistance to litigate the attached Grievance (G-19826). It has been since 7/22/92, and nothing has been done to resolve this Grievance. This matter was presented to Mr. Glen R. Jeffes and Dr. Ronald Rahman, on January 4, 1993, and has remained moot as of this date. I am having a lot of pain from the cracking and popping from the bones in my body. Would you please try to make arrangements so that I can be seen by Dr. David A. Bevan, D.O., Associate in Rheumatology at Suburban General Hospital.

Please advise me accordingly as to your decision in this matter.

Very truly yours,


Theodore W. Schell, Sr.

cc: Mr. Mark P. Much, Esquire
Hon. Robert A. Wright, S.J.
Mr. Vram Nedurian, Jr., A.D.A.
File (2)

DC-804
Part II

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

ATTACHMENT #4

P.O. BOX 598
Camp Hill, PA 17001

OFFICIAL INMATE GRIEVANCE - Review by Grievance Officer
Complaint File Number Assigned by Grievance Officer

G-19826

To:	Number	Name	Quarters Assignment	Date
	AF-7923	Theodore W. Scheffl	B-348	7/22/92

This complaint has been reviewed. Below is a summary of my review and/or investigation and recommendations. Objections may be filed with the Superintendent within five (5) days.

This will acknowledge receipt of your Grievance #G-19826.

You were seen at Suburban General Hospital on 7/13/92 and at that time administered an EMG. The results of the EMG will be reviewed by the Rheumatologist at Suburban General and then reviewed by Dr. Rahman, the Medical Director for this facility. In concert they will determine if follow-up is necessary and if so, appropriate treatment will be provided.

This matter is addressed at my level.

MAC/BWW/vdr

cc: Mr. Jeffes
Dr. Rahman
DC-15 AF-7923
Grievance Coordinator
File

Signature of Grievance Officer

Date

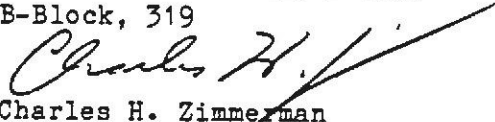
Mary Ann Clark 7/23/92

COMMONWEALTH OF PENNSYLVANIA

DATE: December 28, 1987

SUBJECT: Complaint G-11855

TO: Theodore W. Schell, F-7923
B-Block, 319

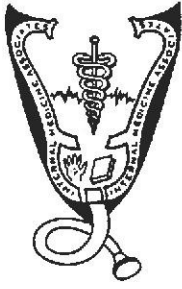
FROM: 
Charles H. Zimmerman
Superintendent

This complaint has come to my attention although I did not see a response from the Complaint Officer. I checked your records and learned that you have been diagnosed as having thoracic and cervical arthritis. You were scheduled for an evaluation on December 8, 1987, but did not appear.

I feel the medical staff is doing for you what they can, given your condition. I do know that a condition such as that described above does not really respond to any type of treatment. If you are having further complications, please schedule yourself for sick call.

CHZ:dn

cc: Mr. LeFebvre
Mr. Bickel
Infirmary
BC-15
File



Internal Medicine Associates

309 MEDICAL ARTS PAVILION • 2705 DEKALB PIKE
NORRISTOWN, PENNSYLVANIA 19401 • (215) 275-0200
FAX • (215) 275-4436

ALBERT J. FORNACE, D. O.
JOSEPH V. KOEHLER, D. O.
JAMES E. McHUGH, D. O.
DONALD J. SESSO, D. O.
JOHN W. FORNACE, D. O.
ALBERT E. JANKE, III, D. O.

March 9, 1992

ASSOCIATE IN RHEUMATOLOGY
DAVID A. BEVAN, D. O.

Theodore W. Schell, Sr.
P.O. Box 244, AF-7923
S.C.I. Graterford
Graterford, Pennsylvania 19426-0244

Dear Mr. Schell,

Per your request, a copy of my report to Dr. Oyefule is enclosed.

Sincerely,

David A. Bevan, D.O.

DAB:jt
205B3=6

Enclosure



Internal Medicine Associates

309 MEDICAL ARTS PAVILION • 2705 DEKALB PIKE
NORRISTOWN, PENNSYLVANIA 19401 • (215) 275-0200
FAX • (215) 275-4436

ALBERT J. FORNACE, D.O.
JOSEPH V. KOEHLER, D.O.
JAMES E. McHUGH, D.O.
DONALD J. SESCO, D.O.
JOHN W. FORNACE, D.O.
ALBERT E. JANKE, III, D.O.

ASSOCIATE IN RHEUMATOLOGY
DAVID A. BEVAN, D.O.
ASSOCIATE IN INVASIVE CARDIOLOGY
HRATCH KASPARIAN, M.D.

February 17, 1992

Biyi Oyefule, M.D., Medical Director
Correctional Physicians Services, Inc.
Graterford Prison, Box 244
Graterford, Pennsylvania 19426

RE: - Theodore Schell (205546), Age 37
Examined: 2/14/92

Dear Dr. Oyefule:

The following is a report of my findings in the examination of the above named patient.

On evaluation today, Mr. Schell complains of multiple joint pains and cracking and popping in the joints. He states these pains have been present for approximately 7 to 8 years and of progressive nature. He states he has had anti-inflammatory agents, Naprosyn and Feldene, most recently Motrin. He has taken Prednisone in the past also. He also states that he has had Methotrexate on occasion, perhaps for 7 to 8 months some time ago. The patient notes an arthroscopy and a CT scan of the left shoulder. Despite his present medications he has persistent pain in his joints. He notes no other systemic or connective tissue symptoms at this time.

Past medical history is notable for allergy to Penicillin (rash). He has a history of asthma of many years duration, since childhood. He uses Theo-Dur and inhaler. He states he has been hospitalized on a number of occasions for the asthma.

Family history is notable for rheumatoid arthritis in the patient's mother, carpal tunnel syndrome, osteoarthritis, scoliosis.

At the patient's request we spoke to his sister, Mrs. Kyler (558-4328) regarding the clarification of the family history.

PHYSICAL EXAMINATION: A well developed, well nourished caucasian gentleman who complains of multiple joint pains and tenderness of the left shoulder. abduction of 170 degrees is noted. ~~Hyperabduction~~

Advanced Internal Medicine Associates

309 MEDICAL ARTS PAVILION - 2705 DEKALB PIKE
NORRISTOWN, PENNSYLVANIA 19401 - (215) 275-0200

Biyl Oyefule, M.D.

RE: Theodore Schell

February 17, 1992

Page 2.

sign is positive of moderate degree on the left. Mild restriction of motion of the cervical and lumbar spines are noted. One plus synovitis of the MCP, PIP and wrist joints as well as the knees is noted. Clicking and cracking of the joints is noted upon movement. His chest is clear today. No wheezing is noted. Abdomen is soft and non-tender. No pedal edema is present. No rashes are noted.

I understand that the EMG done 2/14/90 was reported as negative. Reports of the CT scan and arthroscopy are still pending at this time.

Present medications include Vanceril; Theo-Dur; Ventolin; Vistaril; and Motrin.

Laboratory studies had revealed a positive rheumatoid factor at 1:80 titre; negative anti-nuclear antibody. CBC and SMA-12 were reported as negative.

IMPRESSION:

1. Fibrositis, rule out evolving rheumatoid arthritis.

RECOMMENDATIONS:

1. At this point I recommend an erythrocyte sedimentation rate.
2. Elavil 10 mg. hs nightly.
3. X-ray of the cervical spine with lateral flexion / extension views and a repeat EMG as well as an orthopedic evaluation of the shoulder would be helpful.

If you would forward the reports to me when they are available I will comment to you further regarding his status.

Thank you very much for allowing us to participate in Mr. Schell's care.

Sincerely,

David A. Bevan, D.O.

COPY

DAB:jt

141B2=14



Internal Medicine Associates

309 MEDICAL ARTS PAVILION • 2705 DEKALB PIKE
NORRISTOWN, PENNSYLVANIA 19401 • (215) 275-0200
FAX • (215) 275-4436

ALBERT J. FORNACE, D. O.
JOSEPH V. KOEHLER, D. O.
JAMES E. McHUGH, D. O.
DONALD J. SESSO, D. O.
JOHN W. FORNACE, D. O.
ALBERT E. JANKE, III, D. O.

August 21, 1992

ASSOCIATE IN RHEUMATOLOGY
DAVID A. BEVAN, D. O.
ASSOCIATE IN INVASIVE CARDIOLOGY
HRATCH KASPARIAN, M. D.

Mr. Theodore W. Schell, Sr.
State Correctional Institute at Graterford
P.O. Box 244, AF-7923
Graterford, Pennsylvania 19426-0244

Dear Mr. Schell,

I received a report of an EMG and nerve conduction study which was reported as "essentially normal". I received a report of a rheumatoid factor, positive at 1:80 titre and a negative anti-nuclear antibody titre. I have not yet received reports of x-rays recommended of the cervical spine with lateral flexion/extension views, no report of an orthopedic evaluation.

When we receive those reports we will be happy to re-evaluate you regarding your problems.

I hope this information is of help to you.

Sincerely,

David A. Bevan, D.O.

DAB:jt
15B8=17

cc: Biyi Oyefule, M.D., Medical Director
Correctional Physicians Services, Inc.
Graterford Prison, Box 244
Graterford, Pennsylvania 19426

COMMONWEALTH OF PENNSYLVANIA
SCI-GRATERFORD

DATE: April 7, 1993

SUBJECT: GRIEVANCE NUMBER G-19826

TO: Theodore W. Schell, AF-7923 B-348

FROM: Donald T. Vaughn
Superintendent

D. T. Vaughn/nac

In response to your inquiry regarding an appointment with Dr. David Bevan, Associate in Rheumatology at Suburban General Hospital, please be advised that a communication has been forwarded to him asking for his evaluation of your condition. As soon as CPS receives his recommendations, you will be so advised.

MAC/mcr

cc: Mr. Jeffes
DC-15 AF-7923

4118

FORM DC-82 X-RAY REPORT		COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS	
NAME <i>Schell, TEO</i>		NUMBER <i>AF-7923</i>	QUARTERS <i>B</i>
X-RAY NUMBER	DATE OF X-RAY <i>4/16/92</i>	TECHNICIAN <i>BU</i>	
<input type="checkbox"/> TREATMENT <input checked="" type="checkbox"/> EXAMINATION DETAILS:			
<i>Cx spine flexion & extension</i>			
			<i>Redden</i> PHYSICIAN
REPORT			
<i>AP, lateral = flexion & extension</i>			
<i>normal spine C5-6</i>			
<i>Other =</i>			
DATE OF REPORT			<i>OM</i> ROENTGENOLOGIST

White—MEDICAL RECORD

Canary—X-RAY FILE

Pink—RADIOLOGIST FILE

4/30 5/1

FORM DC-82 X-RAY REPORT		COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS	
NAME <i>Theodore Schell</i>		NUMBER <i>AF-7923</i>	QUARTERS <i>B</i>
X-RAY NUMBER	DATE OF X-RAY <i>4/30/92</i>	TECHNICIAN <i>BU</i>	
<input type="checkbox"/> TREATMENT <input checked="" type="checkbox"/> EXAMINATION DETAILS:			
<i>Shoulders bilateral</i>			
			<i>Dr. Kupchala</i> PHYSICIAN
REPORT			
<i>R view =</i>			
<i>L view =</i>			
DATE OF REPORT			<i>OM</i> ROENTGENOLOGIST

White—MEDICAL RECORD

Canary—X-RAY FILE

Pink—RADIOLOGIST FILE

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

THEODORE W. SCHELL, SR.,
Plaintiff

CIVIL ACTION

vs.

DR. KENAN UMAR, President of
Correctional Physician Services
Inc., at the State Correctional
Institution at Graterford; GLEN
R. JEFFES, Health Care
Administrator for Correctional
Physician Services Inc., at
S.C.I.Graterford; DR. RONALD
RAHMAN, M.D., Medical Director
for Correctional Physician
Services Inc., at
S.C.I.Graterford; DR. CHAE,
M.D., for Correctional Physician
Services Inc., at
S.C.I.Graterford; and JON and
JANE DOE, unknown employees of
Correctional Physician Services
Inc., at S.C.I.Graterford; in
their individual and official
capacity.

NO. 92-1213

Defendants

**CIVIL RIGHTS COMPLAINT
WITH A JURY DEMAND**

This is a § 1983 action filed by Theodore W. Schell, Sr., a prisoner, alleging violations of his constitutional rights and seeks money damages, declaratory judgment, and injunctive relief. The plaintiff request a trial by jury.

JURISDICTION OF THE COURT

1. This is a civil rights action filed pursuant to 42 U.S.C. § 1983. This Court has jurisdiction under 28 U.S.C. § 1331 and 1343 of the Judicial Code.

P A R T I E S

2. Plaintiff Theodore W. Schell, Sr., is presently incarcerated at the State Correctional Institution at Graterford, in Montgomery County, Pennsylvania.

3. Defendant Dr. Kenan Umar, M.D., is the President of Correctional Physician Services Inc., at the State Correctional Institution at Graterford, who is under contract with the Department of Corrections, contract (No. 001-011-103-90-1 thru. 94-1), who is responsible for the medical care and treatment of all inmates confined at (S.C.I.Graterford), and is responsible for the training and supervision of all employees and/or medical staff under this contract with the Pennsylvania Department of Corrections. He is being sued in his individual and official capacities.

4. Defendant Glen R. Jeffes, an agent of defendant Umar, and is the Health Care Administrator for Correctional Physician Services Inc., at (S.C.I.Graterford). His job is to see that proper medical treatment is provided to those inmates at (S.C.I.G.) He is sued in his individual and official capacities.

5. Defendant Dr. Ronald Rahman, M.D., an agent of defendant Umar, is the Medical Director for Correctional Physician Services Inc., at (S.C.I.Graterford). Dr. Rahman, is responsible for approving all treatment proscribed by any physician employed by Correctional Physician Services Inc., at (S.C.I.Graterford). He is being sued in his individual and official capacities.

6. Defendant Dr. Chae, an agent of the defendant Umar, who is a medical doctor employed by Correctional Physician Services Inc., at (S.C.I.Graterford). She is being sued in her individual and official capacity.

7. All defendants have acted under "color of state law" during all times relevant to this complaint.

FACTS

8. On September 29, 1992, this Honorable Court entered an order in the matter of: Steven Austin, et al., vs. Pennsylvania Department of Corrections, et al., Civil Action No. 90-7497, directing the defendants their medical contractors to establish an appropriate program for the diagnosis, treatment, and control of tuberculosis in thirteen State Correctional Institutions that are subject to this action, per order of the Honorable Jan E. DeBois, J.

9. On October 26, 1992, Correctional Physician Services, Inc., who is under contract with the Pennsylvania Department of Corrections to provide an adequate Health Care Service for those inmates confined at S.C.I.Graterford, implemented the mandatory inmate tuberculosis screening.

10. On October 26, 1992, Defendant Jane Doe, administered to plaintiff a pure-protein-derivate ("PPD"), tuberculin skin test.

11. On October 29, 1992, Defendant Jane Doe, appeared at plaintiffs cell and requested to examine the test results of the ("PPD").

12. Defendant Jane Doe, advised plaintiff subsequently after examining his left arm that his ("PPD") was positive for a tuberculosis infection at (10) ten centimeters, and would be referred to see Dr. Rahman.

13. Defendant Dr. Ronald Rahman, M.D., advised plaintiff that he would be scheduled for the TB Clinic for treatment of the tuberculosis infection.

14. On November 5, 1992, Defendant Dr. S. Chae, M.D., examined plaintiff as a result of his ("PPD") testing positive for a tuberculosis infection.

15. Defendant Dr. S. Chae, M.D., ordered the preventive tuberculosis medicine Isoniazid ("INH"), at 300 mg per day, and Vitamin B-6, one tablet a day at (H.S.) hours of sleep for (6) months. Along with a chest x-ray, and Kem 26 blood work (30) thirty days after the taking of the (INH).

16. Plaintiff received Defendant Dr. Chaes, preventive tuberculosis medicine (INH) and Vitamin B-6, for approximately (3) three weeks into his treatment when plaintiffs medication was removed from the medication cart in late November of 1992.

17. On December 1, 1992, plaintiff wrote a letter to Defendant Dr. Ronald Rahman, Medical Director, requesting information on why the tuberculosis medicine ordered by Defendant Dr. S. Chae, M.D., on November 5, 1992, was discontinued. This letter to Defendant Rahman, went unanswered.

18. On December 14, 1992, plaintiff wrote a letter to Defendant Dr. S. Chae, M.D., requesting information on why the preventive tuberculosis medicine (INH) and Vitamin B-6, that was ordered for (6) six months was discontinued after approximately (3) three week in the treatment. This letter to Defendant Dr. Chae, M.D., went unanswered.

19 On January 4, 1993, Defendant Glen R. Jeffes, Health Care Administrator for C.P.S. Inc., notified on Lieutenant Kennedy, to go to plaintiffs work site and escort plaintiff to the Medical Department, whereupon, plaintiff was met by Defendant Dr. Rahman, and Defendant Jeffes.

20. Defendant Dr. Rahman, verbally threaten to have plaintiff placed in isolation as a result of not taking the tuberculosis medicine ordered by Defendant Rahman, on January 2, 1993, without knowledge to plaintiff.

21. Defendant Dr. Rahman, told plaintiff not to write anymore letters to the Medical Department, plaintiff was directed to use the DC-136A Inmate Request To Staff Member. Plaintiff explained to Defendant Dr. Rahman, that the inmate request to staff member go unanswered, and the Certificate of Mailing show that letters were in fact sent to the Defendants.

22. Defendant Dr. Rahman, renewed plaintiffs tuberculosis medicine (INH) 300 mg and Vitamin B-6, once a day at (H.S.) hours of sleep for (30) thirty days. Plaintiff received the tuberculosis medicine from January 4, 1993 until January 25, 1993.

23. Defendant Glen R. Jeffes, Health Care Administrator for C.P.S. Inc., advised Defendant Dr. Rahman, to make some kind of a notation in plaintiffs medical record that plaintiff refused to take his tuberculosis medicine to cover himself because of the letters that plaintiff had written.

24. On January 25, 1993, plaintiff reported to the medication line to get his tuberculosis medicine, and was advised by Defendant Jane Doe, that Defendant Dr. Rahman, had changed the plaintiffs time of taking his tuberculosis medicine from 8:15 P.M. at night to 12:15 P.M. in the afternoon.

25. On January 29, 1993, plaintiff reported to sick call which was held by Defendant Dr. Rahman, plaintiff explained about the problems that he was having with his stomach when taking this TB medicine at 12:15 in the afternoon.

26. Defendant Dr. Rahman, advised plaintiff that he would re-order his TB medicine (INH) and Vitamin B-6, for (30) thirty days at 8:15 P.M.

27. On February 1, 1993, plaintiff sent a request slip to Defendant Dr. Rahman, requesting information as to why the medication ordered on January 29, 1993, was not on the medication cart as per his order. This matter was referred to the TB Clinic on February 5, 1993.

28. On February 5, 1993, at 9:00 A.M. plaintiff reported to the TB Clinic, and was advised that the Clinic was canceled for that day, and plaintiff would be re-scheduled.

29. On February 19, 1993, Defendant Dr. S. Chae, held the TB Clinic. Plaintiff explained that he has been on and off of the tuberculosis medicine since November 5, 1992, as a result of one doctor changing the other doctors original prescription.

30. Defendant Dr. S. Chae, renewed plaintiffs (INH) 300 mg once a day, and Vitamin B-6, once a day for (30) thirty days at 8:15 P.M., and gave plaintiff a special medication pass directing the nurse on the medication cart at night to give plaintiff his tuberculosis medicine at 8:00 P.M. daily.

31. Plaintiff reports to the medication line each night with the pass given to him by Dr. S. Chae, and is being denied his tuberculosis medication.

32. Defendants Umar, Jeffes, Rahman, and Chae, have failed to take corrective actions concerning the allegations contained in paragraph 8.

First Cause of Action
VIOLATION OF PLAINTIFFS EIGHTH AND
FOURTEENTH AMENDMENT RIGHTS

32. The actions of the defendants in paragraphs 8 through 32 constitute a reckless indifference to plaintiffs serious medical needs resulting in unnecessary wanton infliction of pain. Such conduct constitutes a "deliberate indifference" to a serious medical need of a prisoner.

Second Cause of Action
EIGHT AMENDMENT VIOLATION

33. The actions of the defendants stated in paragraphs 8 through 32 violate plaintiffs Eight Amendment Right to be free from cruel and unusual punishment by depriving plaintiff of adequate medical treatment and care as a result of the ("PPD") tuberculin skin test administered on October 26, 1992, that subsequently tested positive. The positive result did not signify, that plaintiff had active tuberculosis, but rather that the tuberculosis bacteria was in his body, and that without prevention the bacteria could become active tuberculosis.

Third Cause of Action
VIOLATION OF PLAINTIFFS EIGHT AMENDMENT RIGHTS

34. The actions of the defendants stated in paragraphs 8 through 32 in the failure to do their job resulted directly in a violation of plaintiffs Eight Amendment Rights, by depriving him of his preventive tuberculosis medicine ("INH") on a regular basis. Erratically taking the preventive tuberculosis medicine ("INH") rather than regularly the tuberculosis bacteria could build up an immunity to the drug that would make active tuberculosis harder to treat, if the disease did in fact develop.

RELIEF

WHEREFORE, plaintiff request this Honorable Court grant the following relief:

A. Issue a declaratory judgment that the defendants violated the United States Constitution when they:

1. Failed to comply with this Courts order of September 29, 1992, in the matter of: Steven Austin, et al., vs. Pennsylvania Department of Correction, et al., Civil Action No. 90-7497.

2. Failed to provide an adequate medical care and treatment to plaintiff who tested positive for a tuberculosis infection.

3. Failed to provide plaintiff with the preventive tuberculosis medicine ("INH") on a regular basis.

4. Subjecting plaintiff to the possibility of a drug resistant strain of tuberculosis if active tuberculosis did in fact develop by dispensing the tuberculosis medicine in a erratic pattern.

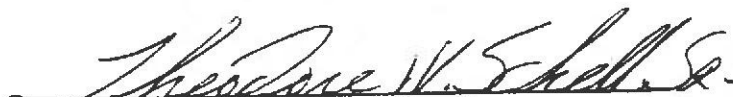
B. Issue an Injunction ordering the defendants to:

1. Cease and desist all actions that deprives plaintiff and/or any other inmate effected by the actions of the defendants of C.P.S. Inc., at S.C.I.Graterford, from receiving the preventive tuberculosis medication Isonazid ("INH") on a regular basis.

2. To make the preventive tuberculosis medication ("INH") available to plaintiff and/or any other inmate that is undergoing ("INH") therapy for a tuberculosis infection on the medication cart at the following times: 0730, 12:15 P.M. and 8:15 P.M. in order for the medication to be obtained at least once a day or otherwise specified by a physician for other medical reasons.

C. Grant compensatory and punitive damages in access of \$50,000 against each defendant payable to plaintiff, and any such other relief as it may appear plaintiff is entitled.

Respectfully submitted,



Theodore W. Schell, Sr.
P. O. Box 244, AF-7923
S.C.I.Graterford
Graterford, PA 19426 - 0244

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

THEODORE W. SCHELL, SR., :
Plaintiff Civil Action
 :
vs. :
 :
 :
DR. KENAN UMAR, et al. :
Defendants :

No. 93-1213

AMENDED
SUPPLEMENTAL COMPLAINT

Plaintiff Theodore W. Schell, Sr., submits this amended supplemental complaint to the Defendants pursuant to Rule 15 (a), of the Federal Rules of Civil Procedures.

1. Events have occurred since plaintiff filed his original complaint which are similar in nature to the violations alleged in the complaint filed on March 9, 1993.

2. Defendants will not be prejudiced by the filing of this supplemental complaint.

3. The interest of justice will be served by this Court hearing at one trial all the allegations contained in the complaint and supplemental complaint.

Respectfully submitted,

Theodore W. Schell, Sr.

Theodore W. Schell, Sr.
P. O. Box 244, AF-7923
Graterford, PA 19426-0244

Date: APR 5 1993

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

THEODORE W. SCHELL, SR., :
 Plaintiff
 :
 : Civil Action
vs.
 :
 : No. 93-1213
DR. KENAN UMAR, et al.
 Defendants :

SUPPLEMENTAL COMPLAINT

Plaintiff Theodore W. Schell, Sr., hereby submits this Supplemental Complaint pursuant to Rule 15 (d), of the Federal Rules of Civil Procedures, and avers the following:

35. On March 16, 1993, Plaintiff was directed to undergo a kem 26 blood test in order to evaluate the side effects of the preventive tuberculosis medication (INH) and Vitamin B-6, per order of Dr. S. Chae, M.D.

36. On March 24, 1993, Plaintiff was once again directed to undergo additional blood work.

37. On March 27, 1993, Plaintiff reported to the medication line to obtain his daily preventive tuberculosis medication (INH) and Vitamin B-6, whereupon, the nurse dispensing the medication informed Plaintiff that his medication had been removed from the medication cart for reasons unknown to her.

38. On April 1, 1993, at the request of Plaintiff he was seen by Dr. S. Chae, M.D., who explained to Plaintiff that the (INH) and Vitamin B-6, was discontinued as a result of abnormalities that appeared in the (2) two blood test on March 16, 1993, and March 24, 1993. The (2) two blood test disclosed that the (INH) had effected Plaintiffs liver.

39. Plaintiff asserts in paragraph No. 14, of the original complaint that on November 5, 1992, he was seen by Dr. S. Chae, M.D., who at that time had ordered that Plaintiff undergo a Kem 26 blood test (30) thirty days in to the (INH) therapy in order to evaluate the side effects of (INH) therapy which Plaintiff never received until March 16th and 24th of 1993.

LEGAL CLAIMS

The facts as set forth in Plaintiffs original and supplemental complaint disclose a categorical efforts by Defendants herein to deprive Plaintiff of constitutionally secured rights and protections, including but not excluding those enumerated in the following paragraphs.

CAUSE OF ACTION

DEFENDANTS KNOWINGLY CREATED
CONDITIONS OF CONFINEMENT THAT
LED TO PAINFUL AND TORTUROUS
DISEASE WITH NO PENALOGICAL
PURPOSE.

Plaintiff asserts deliberate indifference to serious medical needs and in this action protection against communicable diseases, resulting in either 1) denial of recommended post

operative treatment, 2) denial of access to physicians capable of evaluating need for post-operative treatment, and 3) causing easier and less efficacious treatment be provided, violates constitutional standards against cruel and unusual punishment.

Defendants of Correctional Physician Services, Inc., while under contract with the Pennsylvania Department of Corrections to provide an adequate means of medical health care and/or treatment to those inmates confined at SCI - Graterford, has never implemented any type of a tuberculosis screening method to test those inmates in the general population at SCI - Graterford, for tuberculosis. It was not until September 29, 1992, when this Court ordered that a mandatory tuberculosis screening be conducted per Court order of the Honorable Jan E. DuBois, in the matter of Austin vs. Lehman, et al.

Plaintiff asserts Defendants are equally liable for the pervasive pattern of indifference to inmates medical needs generally. DeGidio vs. Perpich, 612 F.Supp 1383 (D.C. Minn. 1985). Plaintiff has been subjected for the rest of his natural life to mental anguish of yearly tuberculosis testing. Defendants did the above described deliberate indifferent acts for personal profits.

Moreover, Plaintiff asserts any reasonable person would not have acquiescent to disregard a known or obvious risk that is very likely to result in indifference to Plaintiff's

constitutional right to be free and protected once under Defendant's medical care. Barry vs. City of Muskogee, 900 F.2d 1489, 1496 (10th Cir. 1990), Hill vs. Marshall, 962 F.2d 1209 (6th Cir. 1992).

EQUITY

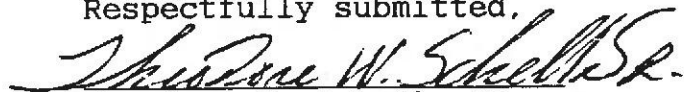
Plaintiff has no plain, adequate or complete remedy at law to redress the wrongs described herein. The class action Austin supra, seeks no compensatory or punitive damages.

Plaintiff has been injured and will continue this injury for the rest of his life, unless this Court grant declaratory relief to compensate Plaintiff and punish Defendants if it found their actions was done for personal profits, and enjoin them from doing Further acts to Plaintiff and those similarly situated.

RELIEF

WHEREFORE, Plaintiff request declaratory judgment and amount in controversy to exceed \$50,000.00 from each Defendant.

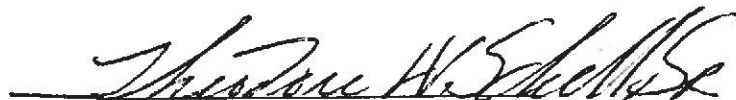
Respectfully submitted,



Theodore W. Schell, Sr.
P. O. Box 244, AF-7923
Graterford, PA 19426-0244

VERIFICATION

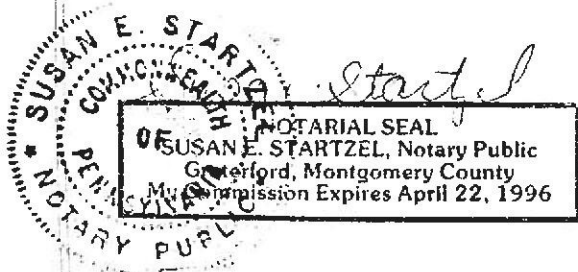
I, Theodore W. Schell, Sr., being first duly sworn according to law depose and say that he resides at the State Correctional Institution at Graterford, P. O. Box 244, Graterford, PA 19426-0244 where the harmful physicians invasion was implemented upon his person. That he is the Plaintiff in the foregoing complaint and knows the contents thereof and that the same is true and correct of his own knowledge, except as to the matters therein stated to be alleged on information and belief, and as to those matters he believes to be true.



Theodore W. Schell, Sr.
P. O. Box 244, AF-7923
Graterford, PA 19426-0244



Sworn to and subscribed before me this 5th day of April 1993



CERTIFICATE OF SERVICE

I, Theodore W. Schell, Sr., do hereby certify that a true and correct copy of the foregoing (Supplemental Complaint) has been served upon Dr. Kenan Umar, M.D., President of CPS Inc., Mr. Glen R. Jeffes, Health Care Administrator for CPS Inc., Dr. Ronald Rahman, M.D., Medical Director for CPS Inc., Dr. S. Chae, M.D., for CPS Inc., of person(s) served by placing the same in the U.S. Mail, properly addressed, this 5th, day of April 1993

Dr. Kenan Umar, M.D., President
CPS Inc. P. O. Box 992
Norristown, PA 19403

Dr. Ronald Rahman, M.D., Medical Director
CPS Inc. P. O. Box 246
Graterford, PA 19426-0246

Mr. Glen R. Jeffes, Health Care Administrator
CPS Inc. P. O. Box 246
Graterford, PA 19426-0246

Dr. S. Chae, M.D.
CPS Inc. P. O. Box 246
Graterford, PA 19426-0246

APR 5 1993


Theodore W. Schell, Sr.

FILED MAR 22 1993

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

THEODORE W. SCHELL, SR. : CIVIL ACTION
: :
v. : :
: :
DR. KENAN UMAR, PRESIDENT OF : :
CORRECTIONAL PHYSICIAN SERVICES : :
INC., AT THE STATE CORRECTIONAL : :
INSTITUTION AT GRATERFORD, : :
et al. : NO. 93-1213

O R D E R

AND NOW, this 22nd day of MARCH 1993,
since it appears plaintiff is unable to prepay the costs of
commencing this suit pursuant to 28 U.S.C. § 1915(a),

IT IS ORDERED that:

1. Leave to proceed in forma pauperis is GRANTED.
2. Plaintiff's request for preliminary injunctive relief is DENIED. Plaintiff must show that irreparable injury will result if this relief is not granted prior to the final adjudication of the claims on their merits. Perkins v. Wagner, 513 F. Supp. 904, 906 (E.D. Pa. 1981). Plaintiff must also show a reasonable probability of success on the merits and that the possible harm to the opposing party is minimal. Id. The facts that plaintiff has alleged in this complaint do not meet these requirements.

ENTERED: 3/23/93

CLERK OF COURT

3. The complaint is to be filed, the summonses are to issue, service is to be made upon the defendants, and a copy of this Order is to be directed to all parties.

4. All original pleadings and other papers submitted for consideration to the Court in this case are to be filed with the Clerk of this Court. Copies of papers filed in this Court are to be served upon counsel for all other parties (or directly on any party acting pro se). Service may be by mail. Proof that service has been made is provided by a certificate of service. This certificate should be filed in the case along with the original papers and should show the day and manner of service. An example of a certificate of service by mail follows:

"I, (name) , do hereby certify that a true and correct copy of the foregoing (name of pleading or other paper) has been served upon (name(s) of person(s) served) by placing the same in the U.S. Mail, properly addressed, this (date) day of (month) , (year).

(Signature)"

If any pleading or other paper submitted for filing does not include a certificate of service upon the opposing party or counsel for opposing party, it may be disregarded by the Court.

5. Any request for court action shall be set forth in a motion, properly filed and served. The parties shall file all motions, including proof of service upon opposing parties, with the Clerk of Court. The Federal Rules of Civil Procedure and Local Rules are to be followed. Plaintiff is specifically directed to comply with Local Civil Rule 20 and serve and file a

proper response to all motions within ten (10) days. Failure to do so may result in dismissal of this action.

6. No direct communication is to take place with the District Judge or United States Magistrate Judge with regard to this case. All relevant information and papers are to be directed to the Clerk.

7. In the event the summons is returned unexecuted, it is plaintiff's responsibility to ask the Clerk of the Court to issue an alias summons and to provide the Clerk with defendant's correct address, so service can be made.

8. The parties should notify the Clerk's Office when there is an address change. Failure to do so could result in court orders or other information not being timely delivered, which could affect their parties' legal rights.



LOUIS C. BECHTLE
CHIEF JUDGE

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

THEODORE W. SCHELL, SR., : CIVIL ACTION - LAW
Plaintiff

vs. : NO. 93 - 1213

DR. KENAN UMAR, M.D., et al., :
Defendants

FIRST SET OF INTERROGATORIES

Plaintiff submits the following interrogatories to defendant Glen R. Jeffes, Health Care Administrator for Correctional Physician Services Inc., pursuant to Rule 33, FRCP.

1. Please state your full name, present business address, president residence address, president occupation and each and every area of professional specialization you practiced between January 1, 1975, and the present.

2. Prior to answering these interrogatories, have you made due and diligent search for your books, papers and records with a view to eliciting all information available in this action? Please refer specifically to your books, papers and records when answering the remaining interrogatories.

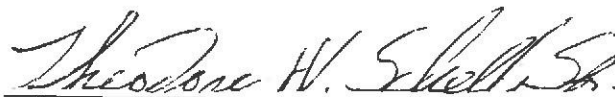
3. Please list all the degrees you hold and specify for each such degree the date you received it and the school from which it was received. Please include any medical specialty certificates received, the issuing board of certification and the date it was received.

4. Please state the full names of each and every Medical Doctor, M.D., and/or Doctor Of Osteopathic Medicine, D.O., including their identification number and/or D.E.A., registration number, that is employed and/or has been employed by C.P.S. Inc., at S.C.I.Graterford, henceforth July 1, 1990, and the present.

5. Please state the full names of each and every doctor who has been appointed as Medical Director, for C.P.S. Inc., at S.C.I.Graterford, under contract No. 001-011-103-90-1 thru 94-1, with the Pennsylvania Department of Corrections.

6. Please state the full names of each and every Registered Nurse, including their license and/or registration number that is employed and/or has been employed by C.P.S. Inc., at S.C.I.Graterford, henceforth July 1, 1990, and the present.

7. Please state the full names of each and every Licensed Practical Nurse, including their license and/or registration number, that is employed and/or has been employed by C.P.S. Inc., at S.C.I.Graterford, henceforth July 1, 1990, and the present.



Theodore W. Schell, Sr.
P. O. Box 244, AF-7923
Graterford, PA 19426-0244

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P. O. BOX 598
CAMP HILL, PA. 17011

Mr. J. J. [unclear]
Date 4/9/93

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

G 23574

TO: GRIEVANCE COORDINATOR <i>Mrs. Mary Ann Clark</i>	INSTITUTION <i>SCI-Graterford</i>	DATE <i>3/28/93</i>
FROM: (Commitment Name & Number) <i>Theodore W. Schell AF-7923</i>	INMATE'S SIGNATURE <i>Theodore W. Schell</i>	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT <i>B - Block 304</i>	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

I am filing this grievance as a result of receiving a two page letter from Superintendent Donald T. Vaughn, dated March 1, 1993, subject: Prevention And Management Of Tuberculosis At SCI-Graterford (Failure To Report). On Saturday night March 27, 1993, I reported to the medication line to obtain the preventive tuberculosis medication INH 300 mg and Vitamin B-6, ordered by Dr. S. Chae, M.D., on March 10, 1993, for (30) thirty days. I was advised by Mrs. Bates, that the preventive tuberculosis medication had been removed by someone from the medication cart. I would like to make one thing clear, I am not nor have I ever refused to take the preventive tuberculosis medication. I am no longer going to write request slips to the Medical Department requesting why this medication keeps disappearing from the medication cart before its expiration date.

I am requesting that the Institution intervene and resolve this matter.

Issue Moot

B. Actions taken and staff you have contacted before submitting this grievance:

Your grievance has been received and will be processed in accordance with DC-ADM 804.

M. A. Clark

Signature of Grievance Coordinator

3/31/93

Date

Exhibit D

December 28, 1989

Subject: B.E. Test, November 14th memo

To: Thomas D. Stachelek, Deputy Supt.

From: [William Warren] AM 5892

William Warren

On November 14th I submitted a memo in regard to the unsanitary conditions in the clinical area inmates toilet, and the B.E. test itself.

To date, I have not heard anything as to when I might receive word from your office in relation to the November memo.

Updating you, Dr. Krueger ordered the test to rule out certain causes as a process of elimination and other tests. As a result, the medication I am presently taking is not working, and my bowel movements occur once every four to seven days, which is very painful as well as unhealthy.

I would greatly appreciate your assistance in resolving this matter.

CC
(2)

Mr Warren - Mr McManis

I am advised that you are scheduled for test at an outside facility. This should clarify your situation
Shank

October 21, 1989

Subject: B-E Test

To: Mr Darius Holmes
Hospital Administrator

From: William Warren AM-5892

Dear Sir:

Pursuant to our conversation on October 20th 1989 concerning the "B-E test, I informed you that this test was order by Dr Krueger almost 3 months ago. Almost two months went by before you hired a X-Ray technician and a Radiologist. Then I had to wait for the Radiologist and you Mr Holmes to decide if the test was going to be done here or not. I also stated to you that I was not refusing the B-E test itself but the area where I would have to relieve myself after the test is done.

I have problems with using the toliet due to the unsanitary condition in the rest room that everyone uses; new receptions, general populations. No one in the administration would use that facility because of the lack of privacy and medically untested inmates, who often urinate on the floor, toliet and on ocassion deficated on the toliet seat itself. In addition, my genitals touch the toliet and water in it, and this magnifies my concerns.

The old infirmery that conducted B-E's had a separate toliet that was restricted to patient use only. If this matter is not corrected, I will have to file a complaint, a complamt not directed to the administration but toward C.M.S., because it is your responsibility to insure that one having to take this test would not be subject to contagious diseases (syphillis, gonorhea, etc.). You asked me what would eliminate the problem and as I said then, the purchasè of some kind of seat that would allow one to not touch the seat and not allow their private parts to touch the water and/or seat would correct this.

I look forward to a response in writing from your office.

Respectfully,

William Warren
William Warren AM-5892

cc: Mr Barrow (Esq.)
Mr Woods Jr. (Esq)

Mr Richey (Esq)
file

October 21, 1989

Subject: B.E.

To: Darius Holmes
Hospital Administrator

From: William Warren AM 5892

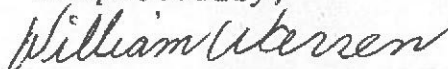
Pursuant to our conversation on October 20th concerning the "BE" test, I acknowledged to you that I was not refusing the test itself, but the area where I would have to relieve myself during general working hours.

I have problems with using the toilet in the waiting room due to the unsanitary conditions in the rest room that everyone uses: new receptions, general populations. No one in the administration would use that facility because of the lack of privacy and medically untested inmates, who often urinate on the floor and who have on occasion, defecated on the seat itself. In addition, my genitals touch the toilet and water in it, and this magnifies my concerns.

The old infirmary that conducted BE's had a separate toilet that was restricted to patient use only. If this matter is not corrected, were I to lodge a complaint, the complaint would not be directed to the administration, but toward C.M.S., because it is your responsibility to insure that one having to take this test would not be subjected to contagious diseases: syphilis, gonorrhea, etc.

Pursuant to our October 20 conversation, you asked me what would eliminate the problem, and as I said then, the purchase of another type of seat that would allow one to not touch the seat and not allow their private parts to touch the water and/or seat would correct this.

Respectfully,



William Warren AM 5892

cc:
Mr. Barrow (Esq)
Mr. Woods, Jr. (Esq)
Ronald D. Richey, Esq.

DATE: 1/20/88

SUBJECT: For Medical Treatment

TO: Dr Umar (Medical Director)

FROM: Rev William Warren

Dear Sir:

The purpose of this three part request, is to ask for some much needed Medical Treatment. I first would like to ask you if you would put me back on Meretere Power. The last time you order Meretere was 7/25/87, at which time I never received any. You are fully aware that after having a seizure I can not keep food down for sometimes as long as five days. I submitted a request slip on 9/24/87 asking again about receiving Meretere, which you never answer. Fully clothed and with the brace, I weigh 147 lbs. The brace alone weighs 7½ lbs, as you can see I am under weight.

(I also submitted a request slip on 10/27/87 one of two, asking for a plastic mattress cover do to bedwetting and other problems. None of these request slips have you answer. Copies attach.

I would also like for you to make arrangements for me to have the surgery done on my spine. The pain in my back has been getting worse in the last two (2) years. Dr Puleo and Dr Menkowitz said that it would, but as you know I am the last one to complain about pain. The only relief in sight for me is surgery. I know you will not agree about the surgery because of the problems I will have afterwards, but it has to be done. You are not on the suffering side, I am.

I respectfully request that you respond to this request in writing...

Respectfully yours,

Rev William Warren

Rev William Warren

cc: Mrs Williamson
FILE

May 24, 1989

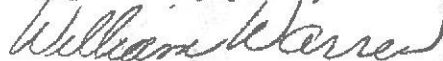
Mr Darius Holmes
P.O. Box 244
Graterford, PA 19426

Dear Mr Holmes:

I have a problem with your medical staff. I am a epileptic, and I have not been receiving all of my medication. I am suppose to receive Valproic acid 500 mgs. twice a day. I would like to know why I am not receiving it? This is the second time in two months that this has happen. The first time I went without it for 7 days. This time so far it's been 8 days. It's not due to be re-newed until 6/10/89. I would like to know why when this is brought to your medical staff's attention, I still do not receive the medical until 7 to 8 days later, if then.

Thank you for your attention to this anxious matter of concern, and I await your timely reply...

Respectfully yours,



William Warren
M-5892

cc: file

DC-804
Part II

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

ATTACHMENT #4

P.O. BOX 598
Camp Hill, PA 17001

OFFICIAL INMATE GRIEVANCE - Review by Grievance Officer
Complaint File Number Assigned by Grievance Officer

G-15967

To:	Number	Name	Quarters Assignment	Date
	AM-5892	William Warren	A-90	10/30/90

This complaint has been reviewed. Below is a summary of my review and/or investigation and recommendations. Objections may be filed with the Superintendent within five (5) days.

This will acknowledge receipt of your Grievance No. G-15967.

You were examined by a surgeon here at the institution earlier this year who determined that the two cysts that have been causing you problems should be surgically removed. This has been verified with the Health Care Administrator who advised me that you have been scheduled for surgery and we are currently in the process of securing a date for the procedure.

MAC/BWW/vdr

cc: Mr. McMonagle
Grievance Coordinator
DC-15, AM-5892
File

Signature of Grievance Officer Date

Mary Ann Clark

10/31/90

DC-804
Part II

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

ATTACHMENT #4

P.O. BOX 598
Camp Hill, PA 17001

OFFICIAL INMATE GRIEVANCE - Review by Grievance Officer
Complaint File Number Assigned by Grievance Officer

G-15966

To:	Number	Name	Quarters Assignment	Date
	AM-5892	William Warren	A-90	10/30/90

This complaint has been reviewed. Below is a summary of my review and/or investigation and recommendations. Objections may be filed with the Superintendent within five (5) days.

This will acknowledge receipt of your Grievance No. G-15966 regarding the straggled manner in which you are receiving your medication.

I spoke to a staff person in the Infirmary regarding your allegation, and have been advised that all four of your required medications (Phenobarb, Valporic Acid, Hexavit, Chlorhydrate) are now on the cart and available to you. I, therefore, see no need for an interview.

If this situation changes, please let me know and I will again follow through.

MAC/BWW/vdr

cc: Mr. McMonagle
Grievance Coordinator
DC-15, AM-5892
File

Signature of Grievance Officer | Date

Mary Ann Clark | 10/30/90

Date: Janaury 31, 1991
Subject: Appeal of Grievance Coordinator's Review G-16546
To: Donald T. Vaughn, Superintendent
From: *William Warren*
William Warren AM 5992
A-90

I respectfully object to the Grievance Coordinator's decision, and I request your personal intervention in this matter for the following reasons.

Firstly, I previously filed a grievance #G-15966, concerning the receipt of my medication, where the meds kept running out before the expiration of the order. In answer, Ms. Clark stated that the medical authorities had straightened out the problems, and that the meds would be on the medication cart. I was also instructed to contact her if I had any more problems.

The problem has resurfaced and I filed another grievance to her on January 8, 1991 and filed at #G-16546. Her response does not address my grievance and contains allegations that are not true.

The medical department's statement that I am a non-complaint, i.e. that I take my meds only when I feel like it, is wrong! I am well aware of the procedures for re-ordering meds, but when you go to seizure clinic, your medication get renewed then. However, on several occasions when I go the clinic or sick-call they either have the wrong volume or they did not have my medical jacket there at all. Dispensary cards would then be used, and for some unknown reason, even they are not placed into my jacket. This can not be blamed on medical records.

The date that this is being typed, I have not received my morning dose of Cipeo, and this does not expire ~~until the second week of February.~~

I would appreciate you looking into this, so it can be taken care of once and for all. I've grown tired of trying to work it out with them, and filing a grievance and their response had no bearing to my complaint whatsoever.

Date: February 11, 1991
Subject: Reconsideration of Appeal of Grievance No. G-16546
To: Donald T. Vaughn, Superintendent
From: William Warren AM 5892 *William Warren*
A-90

With all due respect, your response to my appeal, I feel was inappropriate and doesn't address my grievance at all, and I believe you are misinformed.

When one goes to med line, the nurse writes our numbers down and then proceeds to give the meds. However, I take several types of medication for seizures to keep them under control. When one medication is not available, they do not indicate this beside your number, i.e. which medication that are not available. So when they log you in the book, you are logged as receiving all of your meds.

In my initial grievance, I was only receiving part of my meds on the following dates: January 3, 4, 5 and 6 (two meds were missing on the 6th, 7th, 8th, 9th and 10th.)

As far as February is concerned, February 2nd at noon, there was no phenobarbital. That same night there was no phenobarbital again. On February 3rd, again there was no phenobarbital at noon. On February 7th, none of my meds were on the cart at 7:45 p.m. and I had to go to the dispensary to get my meds.

I had to file another grievance because certain nurses wanted to give me medication from other people's cards. This occurred on February 2nd and 3rd.

In essence, what is happening is the medical department is robbing Peter to pay Paul. This practice is preventing me from receiving the proper amount of medication I require each and every day.

In closing, I request that you conduct another investigation and put an end to this practice.

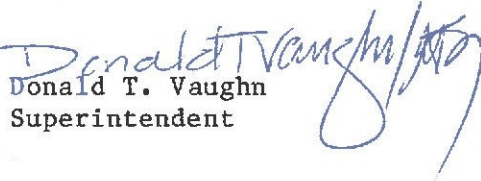
COMMONWEALTH OF PENNSYLVANIA

DATE: February 22, 1991

SUBJECT: Grievance G16546

TO: William Warren, AM 5892
A-Block

FROM: Donald T. Vaughn
Superintendent



I am in receipt of your reappeal to the Grievance Coordinators action in the above mentioned grievance.

Please be advised that it will now be necessary for you to appeal to the CORC if you are not satisfied with the Grievance Coordinators decision or my review of that decision.

DTV/AJLF/mle

cc: Ms. Clark
Mr. LeFebvre
DC 15 - AM 5892
FILE

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P. O. BOX 598
CAMP HILL, PA. 17011

Bucky Fluchtrauf

Done 1/22/91

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

6-16546

sent 1/10/91

TO: GRIEVANCE COORDINATOR Mary Clark	INSTITUTION S.C.I.G.	DATE 1/8/91
FROM: (Commitment Name & Number) William Warren AM-5892	INMATE'S SIGNATURE <i>William Warren</i>	
WORK ASSIGNMENT Infirmary	QUARTERS ASSIGNMENT A-Blk. 90 Cell	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

Sometime in October, 1990 I file a Grievance #G-15966 concerning my seizure
medication. I am still having the same problems. I have not received any Valporic
Acid since Thursday the 3d. Also some of my medication cards have been miss filed.
After waiting 30 to 40 minutes in line, then I am asked to go to the dispensary to
receive one of the missing meds. All of the medication is order for 30 days, so there
is no reason why the meds should not be there. The nurses on med line made note of
it to have the card refilled, but to this date it has not.

B. Actions taken and staff you have contacted before submitting this grievance:

Asked the nurses who bring the medication to the block.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Mary Ann Clark

 Signature of Grievance Coordinator

1/10/91

 Date

DC-804
Part II

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

ATTACHMENT #4

P.O. BOX 598
Camp Hill, PA 17001

OFFICIAL INMATE GRIEVANCE - Review by Grievance Officer
Complaint File Number Assigned by Grievance Officer

G-16546

To:	Number	Name	Quarters Assignment	Date
	AM-5892	William Warren	A-90	1/29/91

This complaint has been reviewed. Below is a summary of my review and/or investigation and recommendations. Objections may be filed with the Superintendent within five (5) days.

This will acknowledge receipt of your Grievance No. G-16546 regarding your seizure medication.

I have been advised by the Medical Department that for the most part you have been noncompliant with your medication. That is you have been taking your medication when you feel like it.

It is your responsibility to reorder your prescriptions once they expire. In order to do that you must report to sick call. Our records indicate that the last time you were at sick call was in May 1990.

Nurse Shugar advises me that there is no problem with your medication. You must however order it in order to receive it.

MAC/BWW/vdr

cc: Ms. Flinchbaugh
Grievance Coordinator
DC-15, AM-5892
File

Signature of Grievance Officer	Date
<i>Mary Ann Clark</i>	1/29/91

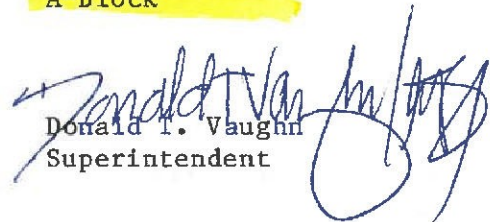
COMMONWEALTH OF PENNSYLVANIA

DATE: February 4, 1991

SUBJECT: Appeal to Grievance Coordinators Action
RE : G16546

TO: William Warren, AM 5992
A-Block

FROM:


Donald T. Vaughn
Superintendent

I am in receipt of your appeal to the Grievance Coordinators action in the above mentioned grievance.

Please be advised that I have asked the Medical Department to review you chart to determine if #1, your medication is here and #2, if you are receiving it.

In making this review I learned that your medication is here and that you have been getting it regularly. The last time that you received it was Sunday evening, February 3, 1991. Based on this information I cannot substantiate you claim or change or amend the decision reached by the Grievance Coordinator since her answer is consistent with my findings.

DTV/AJLF/mle

cc: Grievance Coordinator
Mr. LeFebvre
DC 15 - AM 5992
FILE

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P. O. BOX 598
CAMP HILL, PA. 17011

Betsy Flinchbaugh

Due 2/18/91

OFFICIAL INMATE GRIEVANCE

sent 2/8/91

GRIEVANCE NO. G-16741

TO: GRIEVANCE COORDINATOR Ms. Maryann Clark	INSTITUTION SCI-Graterford	DATE 2/5/91
FROM: (Commitment Name & Number) William Warren AM 5892	INMATE'S SIGNATURE <i>William Warren</i>	
WORK ASSIGNMENT Ordering Clerk, Infirmary	QUARTERS ASSIGNMENT A 90	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

On February 2, 1991, at 12:00 noon, I went to medication line and there was
no phenobarbital available. That evening at medication, there still was no phenobarbital.
On February 3rd at noon there was still no phenobarbital available. Nurse Charles
found an empty card from the night before, and on the empty card, there was a notation
that there was an extra "booster card" containing phenobarbital available.
I did not receive any phenobarbital that afternoon, but did get it that evening.
This is not the first time such an incident occurred, whereby I have been given
medication from someone else's card. All of the nurses do not do this.

B. Actions taken and staff you have contacted before submitting this grievance:

I wish to have a personal interview by the Staff Grievance Member Yes No

I wish to have representation by the designated Inmate Grievance Member Yes No

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Mary Ann Clark
Signature of Grievance Coordinator

2/7/91
Date

P.O. BOX 598
Camp Hill, PA 17001

OFFICIAL INMATE GRIEVANCE - Review by Grievance Officer
Complaint File Number Assigned by Grievance Officer

G-16741

To:	Number	Name	Quarters Assignment	Date
	AM-5892	William Warren	A-90	2/19/91

This complaint has been reviewed. Below is a summary of my review and/or investigation and recommendations. Objections may be filed with the Superintendent within five (5) days.

This will acknowledge receipt of your Grievance # G-16741 in which you allege that in February 2nd and 3rd, 1991 there was no Phenobarbital on the med line for you.

This matter has been investigated and I have been advised that your medication probably ran out on your main card. Because there was no more medication on your card, the nurse used the same medication from a Stat fill which is used for emergency purposes. The medication given you was not from someone else's card but rather from a Stat fill card.

Your grievance is unfounded.

MAC/BWW/vdr

cc: Ms. Flinchbaugh
Grievance Coordinator
DC-15, AM-5892
File

Phenobarb
will be
in tomorrow
Jackie

Signature of Grievance Officer	Date
Mary Ann Clark	2/19/91

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INMATE'S REQUEST TO STAFF MEMBER

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

2. DATE

3. BY: (INSTITUTIONAL NAME AND NUMBER) Medical Director

4. COUNSELOR'S 4/18/91

5. WORK ASSIGNMENT William Warren AM-5892

6. QUARTERS ASSIGNMENT ?

7. SUBJECT: Hospital Worker A-Bldg. 90 Cell
STAFF MEMBER MUST BRIEFLY THE PROBLEM ON WHICH YOU REQUIRE ASSISTANCE. GIVE DETAILS.

Sir:

Once again I find myself coming to you about my medication. I have not received any Valpric Acid now for three days. If you remember, I came to you last month about the same thing. I would like to know what the problem is!!!! I have not been able to get an answer let. I would like for you to answer this request...

Thank you,

William Warren
William Warren AM-5892

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

TO DC-14 CAR ONLY

TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

August 23, 1991

Joseph D. Lehman
Commissioner
Post Office Box 598
Camp Hill, PA 17011

Dear Mr. Lehman:

This is a letter of complaint regarding the dispensing of my medication, and the failure of the medical staff here at Graterford to properly administer medication. For example: I am an epileptic and suffer "grand mal" seizures. Every 30 days I report to the seizure clinic, where medication is renewed for another 30 days. However, there is an unnecessary delay receive medication after its renewal.

If there is no medication available on the block (housing unit) the nurse then instructs me to go to the dispensary to be given the proper doses always on hand in what are called "Stat Packs." The purpose of the Stat Packs is for emergencies such as the one I have described. Or during an emergency where there is no doctor available, who is contacted via phone, and who then instructs the medical staff to dispense the medications, etc.

The nurse on duty in the dispensary is supposed to give me the required meds. However, the nurse refused to give me the meds, stating that I must wait until the new order arrives. This happened on August 23, 1991. This procedure does me great harm and needless suffering because (1) I can not be permitted to miss my medication at any time (2) missed medication for 2-3 days causes me to go into seizure.

The long and the short of this grievance is I am forced to suffer. The reasons and purposes of the Stat Packs are to prevent occurrences such as I have described and complain about. See enclosed copies of numerous grievances filed with the medical staff. In one instant, I was called a liar when I complained. Here, the medication was found to be on the wrong cart and on the wrong block. The grievance system does not operate properly. If it did, I would have no need to contact you and seek relief.

Finally, this is my last ditch effort. I spoke with the medical director on the morning of August 22nd, and he assured me I would receive the meds that day. However, I did not. I also talked with the nurse director on August 23rd, and was told I would have to wait.

August 23, 1991
Joseph B. Lehman
Camp Hill

I am appealing to you in the hope that this matter can be corrected. The present procedure, recently implemented is harmful, if not detrimental to inmates housed here at Graterford. I await your timely reply, and have a pleasant day.

Sincerely yours,

William Warren AM 5892
P.O. Box 244
Graterford, PA 19426

cc:
Office of Attorney General
Hal A. Barrow, Esq.
File

Date
2-6-92

Time
(8:45)
7:30

Day
Thursday

Medical person, Refuse to
Give Sgt Zimmerman, William Warren #
M-5892 (90 cell) medication
and refuse to bring it to the cell
~~him~~ knowing he was very
sick. At 8:15 I Ernest C. Nichols
#4703 help W. Warren get dressed
Also, inmate Winfield help take
W. Warren to hospital while he was
have a ^{seizure} ~~convulsion~~ ^{exsorsited} ~~convulsion~~ by
officer. At (8:45 pm) arrive at hospital
Nurse treated —

When I, Ernest C. Nichols #4703
Question medical person about
why she didn't bring the medication
to W. Warren cell? she say to
me. What's ~~is~~ to you, are you
his mediator, and walked away.

Ernest C. Nichols III
#4703

June 15, 1992

Joseph D. Lehman
Commissioner
P.O. Box 598
Camp Hill, PA 17011

Dear Mr. Lehman:

This is a letter of complaint regarding the lack of medication and a low-salt diet. The grievance system here at Grateford does not operate properly. If it did, I would have no need to contact you and seek relief.

There are some situations here you should be made aware of. Around February 6, 1992, I developed a sharp pain in both my legs. After reporting to sick call, I was referred to Doctor Beck (who is no longer here), and he increased my medication from 3 to 4 times daily. Three weeks later, Ms. Bates stopped all my medication stating that "It's too much." After complaining to Dr. Oyefule (who was the medical director then) he sent for me to explain that this medication was not allowed 4 times daily by state law. He then referred me to a heart doctor. This doctor continued the same medication 3 times daily. After complaining again about the continuing pain, I was sent to Dr. Rahman, and he informed me that I have pinched nerves.

Dr. Rahman put me on "naprosyn." Two weeks later a nurse, Ms. Panzack stopped my entire medication with no reason, and she said, "I can do what I want when I want to." After speaking with Deputy Thomas Stachelek, I was sent back to the hospital for a full examination. Dr. Rahman prescribed all the original medications except that they gave me motrin, not naprosyn, and that only lasted about two weeks. Since I have not been receiving my low-salt diet, my blood pressure has been very high, and I suffer severe headaches.

Dr. Rahman refuses to discuss the low-salt diet and the medication problems with me. He also refuses to provide a neurologist until a patient is really bad off. Isn't CPS supposed to provide the services of a neurologist when necessary or have one on staff? I was led to believe this is so in either instance.

There is a particular inmate here (William Warren), who is suffering unbelievable pain at times. I asked him why didn't he write you and he said that he did once and now believes that he is being punished because he wrote you. He also said that the month after he wrote you, they stopped his pain medication and refuses to let him see a neurologist. He was shot in the head 12 years ago and has had nothing done in the last 5 years. He said the last time he had a CAT-Scan was in 1984, and he hasn't had an over-40 physical examination in 4 years.

June 15, 1992
Joseph D. Lehman
Commissioner

He also said the only way to be treated properly is to get a lawyer and have him get a court order, and then have a board certified neurologist come in and examine you. This is what he said he is going to do.

There are many others here that are going through the same thing. I have never seen any one have headaches as bad as he has. I am appealing to you in the hope that this matter of mine can be corrected. The present procedure Dr. Rahman has recently implemented is harmful, if not detrimental to inmates housed here at Graterford.

Thank you for your time and I await your timely reply, and have a pleasant day.

Sincerely yours,



Bob Carroll AS 1495
P.O. Box 244
Graterford, PA 19426

cc:
Office of Attorney General
J. Britton Goutley, Jr., Esq.
File

NAMI FORENSIC NETWORK: A STATEMENT OF BELIEFS AND POLICIES AFFECTING THE MENTALLY ILL IN THE CRIMINAL JUSTICE SYSTEM

RIGHT TO APPROPRIATE TREATMENT

- I. Persons who have committed offenses due to states of mind or behavior caused by brain diseases do not belong in penal or correctional institutions.
- II. Persons with brain diseases require treatment, not punishment. Punishment and appropriate treatment do not mix. A prison or jail cannot be defined as an "optimal therapeutic setting" for victims of the brain diseases (schizophrenic and affective disorders).
- III. We believe that, in most cases, dangerous or violent acts committed by persons with brain diseases are the result of neglect or mistreatment of illness.

RIGHT TO APPROPRIATE RESTRAINT

- IV. We urge that mentally ill persons who are in need of restraint be secured in forensic hospitals or treatment facilities other than prisons and jails. We do not minimize the "safety of society," but believe that such a solution would serve to protect mentally ill persons and society alike.
- V. Until our society has laws that will effectively protect seriously mentally ill persons from criminal incarceration, we will need to advocate for the best treatment possible for sentenced patients. Wherever possible, we should press for treatment in programs administered by the Office of Mental Health in therapeutic settings rather than by the Department of Corrections in prison cell-blocks.

RIGHT TO PROTECTION UNDER THE LAW

- VI. We support the retention of the insanity defense and favor the 2 prong test which includes the volitional as well as the cognitive standard.
- VII. In the interests of clarity, we recommend the adoption of the wording NRRI (Not Responsible by Reason of Insanity) rather than NGRI (Not Guilty by Reason of Insanity).
- VIII. We strongly oppose GBMI (Guilty But Mentally Ill) legislation which, hastily adopted in some states, makes it possible to send increasing numbers of mentally ill persons to prison without any guarantee of treatment.
- IX. We oppose further narrowing of the insanity defense although we support more careful oversight of insanity acquittees. We recognize that an insanity plea is generally very difficult to win, and we deplore the extremely uneven application of this defense.

THE RIGHT TO BE UNDERSTOOD

- X. We object to the following terminology used to describe mentally ill persons who have broken the law or committed a violent act. Particularly offensive is the media's use of stigmatizing labels ranging from "loner" and "drifter" to "psychopathic killer" and "homicidal maniac."

We also reject the more subtle but also stigmatizing labels of "criminally insane" and "mentally ill criminal" used to describe all mentally ill persons in forensic hospitals or correctional facilities.

We suggest the following changes in terminology:

From "criminally insane" to - FORENSIC PATIENTS

From "mentally ill criminal" to - MENTALLY ILL OFFENDER

The pejorative labels which we seek to change are in use by professionals as well as by the public. "Criminally insane" implies a permanent linking of criminality and insanity and "mentally ill criminal" implies

a criminal who happens to be or has become mentally ill; criminal first, mentally ill second. In our experience it is most often the reverse, i.e., a mentally ill person commits a criminal offense that would not have been committed but for the disease process.

As the objectionable labels now stand, the implication is that all patients in forensic hospitals or correctional facilities are characterized by criminality rather than by mental illness.

We hold these labels to be inaccurate and highly damaging.

CONCLUSION

Until the public can be re-educated to understand the major mental illnesses (schizophrenic and affective disorders) as brain diseases rather than as moral flaws, we will continue to have laws that allow, if not mandate or encourage, the criminal and punitive incarceration of mentally ill defendants. As with other problems relating to stigma and the mentally ill, the basic line of reform goes back to EDUCATION. UNTIL THE PUBLIC UNDERSTANDS THE SERIOUS MENTAL ILLNESSES AS REAL, BIO-CHEMICAL DISEASES, WE WILL BE UNABLE TO ACHIEVE ANY WIDESPREAD OR PERMANENT REFORM.

Endorsed by the National Board of the National Alliance for the Mentally Ill, August 1985.

A THOUGHT TO PONDER

"All that is necessary for evil to triumph is for good men to do nothing."

Edmund Burke, *British Statesman*
(1729-1797)

"The opinions expressed in this publication do not necessarily reflect an official policy or position of the National Alliance for the Mentally Ill."

sics see the mentally ill offender as a symptom of a system failure for which the victim of the illness and his victim suffer.

We do not want to imply that all persons with a mental illness are dangerous because that is also not true, but we must recognize that the potential is often there. To help wipe out stigma, commitment laws need to be changed so that people can be helped BEFORE they make headlines. In 1975, Hawaii enacted a very restrictive civil commitment statute. By 1981, penal code evaluations at the state hospital rose from 9% of all admissions to 29% of all admissions. That is a tremendous increase in those involved in crime due to inability to obtain treatment.

Some consumer groups are vocal in their opposition to forced medications, forced hospitalization and psychiatric treatment. This attitude takes us back to snake oils and potions. We need a policy in line with current research. Many of our friends and relatives with a mental illness are literally "rotting with their rights on" - in prison and jail.

It has become apparent that with states struggling with prison overcrowding, a greater portion of state funds is going into prison beds, resulting in reduced funding for mental illness. It should be noted that approximately 8% of inmates are afflicted with schizophrenia, and the overall percentage of mentally ill offenders increases to 24% with the addition of bi-polar and unipolar disorders. In Kentucky, our inmate population is increasing by 50/month. It is costing \$80,000 per bed to construct new prisons. That is \$48 million per year plus about \$17,000 per year for each inmate's keeping expenses. And this is just for new beds needed. Kentucky is already over a thousand beds short.

Every state needs to implement a diversion program for the mentally ill offender so that they can receive treatment through Mental Health rather than Corrections. The Oregon Plan has proved viable for over eleven years of operation. Four years ago, Connecticut developed a plan based on the Oregon model. Prisons and jails can NEVER be considered therapeutic environments for the mentally ill offender. Electric shields, four-point restraining, or disciplinary segregation units are not appropriate treatment for an individual suffering a mental illness who may be psychotic and already terrified.

This has been a year of great transition for the Forensic Committee and we have agreed that our focus should change from case by case moral support (although we certainly want to support families) to seeking changes in legislation that will help keep those suffering a mental illness from becoming offenders and insure appropriate treatment if they do.

START

CONCERNING VIOLENCE IN RELATION TO MENTAL ILLNESS

By: Madeleine Goodrich, Forensic Executive Committee

Those of us involved in the Forensic Network of NAMI are aware of numerous cases in which a person afflicted with a serious mental illness (consisting primarily of the brain diseases known as schizophrenia and affective disorders) has committed an act of violence, including violence against another person. Indeed, the cases with which we are most familiar are those that involve our own mentally ill family members. Also, in several of our cases, the victim of the violence is another member of the same family.

We are convinced when acts of violence do occur among the mentally ill, it is within the context of CRISIS within the illness and that violence can be one of the symptoms of acute psychotic crises. After all, it should not be surprising that a person suffering from bizarre thought patterns, delusions, and/or hallucinations and auditory commands is capable of irrational behavior, including the commission of violent acts.

The relationship of violence (born of psychotic crisis) to the ABSENCE of appropriate medication is also very clear to us. In my seven years of work on forensic issues among and along with NAMI members, I haven't known of a single case of violent behavior on the part of a person suffering from a serious mental illness that wasn't related to a failure of treatment, most particularly involving the absence of medication. I have encountered it in all the following forms:

1. The patient was on medication but stopped taking it

2. The patient was never stabilized on medication
3. The patient refused medication
4. The patient was given the wrong medication or wrong dosage
5. The patient "self-medicated" on alcohol or illicit drugs, or added them to his prescribed medication

Circumstances that could produce the second outcome, (patient was never stabilized), are as follow:

1. Difficulty of commitment
2. Lack of crisis services in some areas
3. "Greyhound Therapy" or homelessness
4. Lack of understanding symptoms and/or illness
 - (a) No diagnosis, lack of information
 - (b) Trust in (bogus) cures such as talk therapy or megavitamins

While some of the conditions listed above are less likely to occur than they were ten years ago, it is important to remember that those who were caught up in them are still paying a severe price for the damage done and that these conditions still exist in some geographical areas.

END

STATE SIDE OBSERVATIONS

By: Joel A. Dvoskin, Ph.D., Associate Commissioner, New York State Office of Mental Health

I very much enjoyed the latest issue of The Forensic Monitor and thought I would take a minute to share with you some lessons we have learned in New York about forensic advocacy. As you may know, we have been fortunate in having a strong forensic advocacy network within NYAMI for several years, thanks to the tireless efforts of Madeleine Goodrich, Mildred Fine, Mame Lytle, and their colleagues. In my opinion, these advocates have formed a successful partnership with state employees such as myself, a partnership which has yielded significant improvements in services to mentally ill offenders. The following are some of my observations from the state side of the fence, which may be of some use to advocates in other states: