

1 RONALD YOUNG E-65018  
2 P.O. BOX 921 CS-133  
3 IMPERIAL CALIFORNIA 92251

LODGED

FILED

OCT 24 2016

OCT 14 2016

CLERK, U.S. DISTRICT COURT  
EASTERN DISTRICT OF CALIFORNIA

CLERK, U.S. DISTRICT COURT  
EASTERN DISTRICT OF CALIFORNIA

BY \_\_\_\_\_  
DEPUTY CLERK

DEPUTY CLERK

4  
5 IN THE UNITED STATES DISTRICT COURT  
6 FOR THE EASTERN DISTRICT OF CALIFORNIA

7  
8  
9 RONALD YOUNG

CASE NO 1:15-CV-00640-LJO-  
EPG-PC.

10 PLAINTIFF.

11 V

NOTICE AND MOTION

12 C. SISODIA, M.D., DBA CDCR.

SECOND AMENDED COMPLAINT

13 J. KIM, M.D., DBA CDCR

14 INDIVIDUALLY, JOINTLY AND SEVERALLY

15 DEFENDANT (S).

16  
17  
18 NOTICE TO ALL PARTIES OF INTEREST.

19 COMES NOW RONALD YOUNG, HEREINAFTER PLAINTIFF, BY  
20 SPECIAL APPEARANCE, WITHOUT WAIVING ANY RIGHTS,  
21 REMEDIES OR DEFENSES AND WITHOUT PREJUDICE.

22 TO MOVE THIS HONORABLE COURT TO GRANT AN ORDER TO FILE  
23 THIS SECOND AMENDED COMPLAINT TO CURE THE DEFECTS  
24 OF THE FIRST AMENDED COMPLAINT AND CORRECTLY CONVEY  
25 TO THIS HONORABLE COURT THE TRUE NATURE OF THE  
26 PLAINTIFFS INJURY AND DAMAGES, IN ADDITION TO THE DEFENDANTS  
27 CALIFORNIA AND UNITED STATE CONSTITUTIONAL VIOLATIONS.  
28

MEMORANDUM OF POINTS AND AUTHORITY.

THIS ACTION ARISES FROM PLAINTIFF'S UNLAWFUL SUBJECTION TO THE DEFENDANTS' ARBITRARY CONDUCT, PUNITIVE PRACTICES, OF RULES, REGULATIONS AND POLICIES, WHICH CONSTITUTE A TYPICAL PATTERN OF ABUSE OF DISCRETION, DELIBERATE INDIFFERENCE AND CRUEL AND UNUSUAL PUNISHMENT, A KNOWING AND INTENTIONAL AFTER DUE NOTICE BY THE PLAINTIFF, OF BEING DEPRIVED OF ADEQUATE MEDICAL CARE, PHYSICAL AND MENTAL ABUSE, INHUMANE TREATMENT AND UNNECESSARY PROLONGED "TWO YEARS PLUS" EXPOSURE TO PAIN AND SUFFERING FROM LESIONS OF INFLAMED TISSUES, SORES, AND OUTBREAKS..

THE RECORD OF DOCUMENTED EVIDENCE WILL SHOW THAT THE DEFENDANTS HAVE NOT ONLY DENIED THE PLAINTIFF ADEQUATE MEDICAL CARE, BUT HAVE IN FACT ISSUED A COMPREHENSIVE ACCOMMODATION CHRONO CDC-7410 ON JULY 30, 2014, EXHIBIT A.

THE DEFENDANTS CONTINUE DENIAL OF SHOWER, AND ADEQUATE MEDICAL CARE AFTER THE ISSUANCE OF THE ABOVE CHRONO IS A PRIMA FACIE SHOWING OF DELIBERATE INDIFFERENCE, INTENTIONAL BREACH OF FIDUCIARY DUTY, INTENTIONAL CRUEL AND UNUSUAL PUNISHMENT, IN ADDITION TO A COLLABERATED CONSPIRACY, AND COERCED EFFORTS BY OTHER AGENTS ACTORS AND ASSIGNS TO COVER UP AND CONCEAL THE EXISTANCE OF THE CHRONO, BY A, AND PURPOSEFUL DENIAL TO ADEQUATE MEDICAL ATTENTION WHICH HAS HAD A NEGATIVE IMPACT OF PLAINTIFF.

MEMORANDUM OF POINTS AND AUTHORITY.

1 THE DEFENDANT(S) HAVE A CUSTOM AND POLICY OF MAINTAINING  
2 A CODE OF SILENCE, AN UNWRITTEN BUT WIDELY UNDERSTOOD CODE  
3 DESIGNED TO ENCOURAGE PRISON EMPLOYEES TO REMAIN SILENT  
4 REGARDING THE IMPROPER BEHAVIOR OF THEIR FELLOW EMPLOYEES.  
5 AS A RESULT OF THEIR FAILURE TO ADHERE TO THEIR CONSTITUTIONAL  
6 OATHS OF OFFICE, AND PROFESSIONAL OATHS TO DO NO HARM TO MANKIND  
7 AS TRUSTEE, OF THE PUBLIC TRUST, PUBLIC SERVANTS(S) WITHOUT ANY  
8 SUPERVISORY INTERVENTION WHICH HAS RATIFIED AND PERPETUATED  
9 THESE PRACTICES AND POLICIES  
10

11  
12 THE PLAINTIFF HAS BEEN DENIED EQUAL PROTECTION UNDER THE LAW  
13 FROM CRUEL AND UNUSUAL PUNISHMENT, TO OBTAIN ADEQUATE MEDICAL  
14 ATTENTION AND BE FREE FROM UNNECESSARY PAIN, SUFFERING AND  
15 DISCRIMINATION FOR THE UTILIZATION OF THE GRIEVANCE PROCESS  
16 TO ADDRESS THESE UNLAWFUL ACTS AND ACTIONS OUTLINED IN THIS  
17 COMPLAINT AND SUPPORTED BY EVERY ACTOR, AGENT, AND ISSION IN  
18 THE DENIAL OF THE APPEAL PROCESS BEARING LOG # COR-HC-  
19 14056362 AND COR-HC-14057130, SIGNED BY J. LEWIS  
20 DEPUTY DIRECTOR, DR JEFFREY WANG, MD, C. CRYER JR, CEO,  
21 DR. C. MCCABE M.D, E. CLARK, MD, G. GARCIA CSE,  
22 ATTACHED AS EXHIBIT "C",  
23  
24  
25  
26

27 IN VIOLATION OF CALIFORNIA AND UNITED STATES CONSTITUTION(S) IV, V, VIII  
28 AND XIV AMENDMENT(S).

MEMORANDUM OF POINTS AND AUTHORITY.

STATEMENT OF FACTS.

1. PLAINTIFF'S CLAIM IS THAT HE HAS SUFFERED INADEQUATE MEDICAL CARE FROM THE DEFENDANT(S) AFTER HAVING UNDERGONE ROTATOR CUFF SURGERY ON OR ABOUT JULY 12, 2012, THRU APRIL 12, 2015.

2. PLAINTIFF WAS PRESCRIBED A MEDICATION FROM SAID SURGERY THAT CAUSE AN ADVERSE EFFECT ON PLAINTIFF'S BODY RESULTING IN SKIN IRRITATIONS, LEGIONS OF SORES, OUTBREAKS AND RASHES ON HIS BODY, CAUSING SEVERE PAIN AND ENDLESS SUFFERING, DAMAGES, PHYSICAL AND MENTAL TRAUMA FOR AN UNREASONABLE EXTENDED PERIOD OF TIME WITHOUT ADEQUATE MEDICAL ATTENTION AND CARE AFTER OUR NOTICE, AND ONGOING REQUEST(S) TO BE PROVIDED DAILY SHOWERS, A MEDICAL SPECIALIST IN DERMATOLOGY, AND PROPER MEDICATION, TO CORRECTLY ASSES THE TRUE NATURE OF THIS ONGOING MEDICAL ISSUE, WITHOUT PROPER DIAGNOSIS.

3. PLAINTIFF ALLEGES THAT DEFENDANT C. SISODIA, M.D. DID KNOWINGLY AND INTENTIONALLY ACT WITH DELIBERATE INDIFFERENCE BREACH OF FIDUCIARY PROFESSIONAL DUTY TO PROVIDE THE PLAINTIFF ADEQUATE MEDICAL ATTENTION AND CARE FROM THE DATE OF JULY 12 2012, THRU APRIL 15, 2015. IN ADDITION TO BEING PROVIDED A NOTICE OF TREATMENT PLAN ON 09/16/2014 BY OFF-SITE SPECIALIST DR P. HAINES ELY, M.D, FOR DAILY SHOWERS AND MEDICATION. SEE EXHIBIT "A".

## MEMORANDUM OF PENALTY AND AUTHORITY

4. THE DEFENDANT "SISODIA", DID FAIL TO PROVIDE THE PLAINTIFF ADEQUATE MEDICAL ASSISTANCE AND CARE CAUSING UNNECESSARY PROLONGED INHUMANE TREATMENT, CRUEL AND UNUSUAL PUNISHMENT ADVERSELY IMPACTING PLAINTIFFS PAIN, SUFFERING, PHYSICAL AND MENTAL WELL BEING. BY THE CONTINUED PHYSICAL AND MENTAL ABUSE FOR AN EXTENDED PERIOD OF TIME, AND CONTINUED TO CAUSE FURTHER INJURY BY FAILURE TO ISSUE A CDC-7410 CHRONO PER THE TREATMENT PLAN OF 4/16/2014, IS A DELIBERATE AND INTENTIONAL ACT. IN AN ABUSE OF AUTHORITY, DISCRETION TO CAUSE THE PLAINTIFF FURTHER INJURY AND DAMAGE.

5. ON OR ABOUT JULY 2, 2014, THE PLAINTIFF FILED A 602 MEDICAL APPEAL LOG # COR-HC-14-05-6362, REQUESTING DOCTORS ORDERS OF DAILY SHOWER AND MEDICATION BE PROVIDED AND CDC-7410 CHRON BE ISSUED IN COMPLIANCE THEREOF. SEE EXHIBIT "C"

6. ON JULY 30, 2014, THE PLAINTIFF WAS INTERVIEWED BY DEFENDANT "SISODIA", WHO STATED, "EVEN THOUGH DERMATOLOGY RECOMMENDED DAILY SHOWERS TO KEEP THE RECTAL AREA CLEAN YOU WERE DENIED THIS. MEDICAL STAFF IS UNDER NO OBLIGATION TO PROVIDE TREATMENT AS RECOMMENDED BY AN OUTSIDE SPECIALIST" FIRST LEVEL RESPONSE. AND SECOND LEVEL CONCURS WITH FIRST LEVEL, HOWEVER, ON THE DATE OF 7/30/2014, SISODIA, DID IN FACT GENERATE A CDC-741 CHRONO FOR DAILY SHOWERS, AND FAILED TO PROVIDE PLAINTIFF NOTICE AFTER NUMEROUS ONGOING REQUEST AND APPEALS, AN OBVIOUS MALFEASANCE AND BREACH OF FIDUCIARY DUTY SEE EXHIBIT "B".



MEMORANDUM OF POINTS AND AUTHORITY

7. DEFENDANT \*SISODIA BECAME VERY ANGRY AND HOSTILE USING DEROGATORY LANGUAGE FOR WASTING THEIR TIME WITH THIS GOZAPPEAL WHICH WAS GOING TO BE DENIED REGARDLESS. AND TRUE TO THOSE WORDS IT WAS DENIED AT ALL LEVELS OF REDRAS, WHICH SHOWS A COLLABORATED CONSPIRACY BN ALL ACTORS IN CONNECTION THERETO, AND A MONOPOLY ON THE ADMINISTRATIVE PROCESS ADHERED TO BY COOR.

MEMORANDUM OF POINTS AND AUTHORITY.

1  
2  
3  
4 PLAINTIFF ALLEGES THAT DEFENDANT DR J. KIM, M.D. DID  
5 KNOWINGLY AND INTENTIONALLY ACT WITH DELIBERATE INDIFFERENCE  
6 BREACH OF FIDUCIARY PROFESSIONAL DUTY TO PROVIDE THE  
7 PLAINTIFF ADEQUATE MEDICAL ATTENTION AND CARE FROM  
8 THE DATE OF JULY 12, 2012 THRU DECEMBER 2015.

9 EVEN AFTER BEING PROVIDED NOTICE OF THE SPECIALIST TREATMENT  
10 PLAN ISSUED ON 4/16/2014. BY DR. P. HAINES ELY M.D.  
11 FOR DAILY SHOWERS AND MEDICATION

12  
13 DEFENDANT DR. J. KIM, M.D. DID FAIL TO PROVIDE THE PLAINTIFF  
14 ADEQUATE MEDICAL ASSISTANCE AND PROPER CARE CAUSING  
15 UNNECESSARY PROLONGED INHUMANE TREATMENT, CRUEL AND  
16 UNUSUAL PUNISHMENT ADVERSELY IMPACTING PLAINTIFF'S PAIN  
17 SUFFERING, PHYSICAL AND MENTAL WELL BEING BY THE CONTINUED  
18 FAILURE TO PROVIDE IMPERATIVE MEDICAL ASSISTANCE AND CARE,  
19 TO A TREATABLE CONDITION THAT HAD BEEN DIRECTED BY A  
20 QUALIFIED OFF-SITE PHYSICIAN DR P. HAINES ELY, M.D.  
21 WHO SPECIALIZE IN THE DESCRIBED CONDITION IN THIS  
22 COMPLAINT,

23 IN ADDITION TO AIDING AND ABETTING CRIMINAL CONDUCT OF  
24 A COLLABORATED CONSPIRACY, TO DENY DAILY SHOWERS WHEN  
25 THERE HAD BEEN PLACED IN PLAINTIFF'S MEDICAL FILE A  
26 CHRONO CDC 7410, FOR DAILY SHOWERS DATED 7/30/2014.  
27 WHO HAD A PROFESSIONAL FIDUCIARY DUTY AS PLAINTIFF'S  
28 PRIMARY CARE PHYSICIAN. FROM JULY 12, 2012, THRU DEC 2014

MEMORANDUM OF POINTS AND AUTHORITY

CONCLUSION

WHEREFORE THE PLAINTIFF MOVES THIS HONORABLE COURT TO GRANT AN ORDER AS FOLLOWS:

1. GRANT PLAINTIFF COMPENSATORY DAMAGES IN THE SUM OF FIFTEEN THOUSAND (\$15,000.00) DOLLARS EACH DEFENDANT.
2. GRANT PLAINTIFF PUNITIVE DAMAGES IN THE SUM OF TWENTY FIVE THOUSAND (\$25,000.00) DOLLARS EACH DEFENDANT
3. GRANT INJUNCTIVE RELIEF ORDERING DEFENDANT(S) TO ENFORCE THE COMPREHENSIVE ACCOMMODATION CHRONO CDC-7410; 7/30/14. FOR DAILY SHOWERS
4. ISSUE DECLARATORY JUDGMENT OF PLAINTIFF'S SECURED FEDERAL CONSTITUTIONAL RIGHTS.  
So ORDER DEFENDANT(S) TO PAY ALL COURT AND REASONABLE ATTORNEY FEES INCURRED BY PLAINTIFF TO LITIGATE THE ACTION.
6. GRANT PLAINTIFF ALL FURTHER LAWFUL RELIEF THAT ARE APPROPRIATE UNDER THE GOVERNING LAWS.

VERIFICATION

I SOLEMNLY AFFIRM THAT THE FOREGOING IS TRUE, CORRECT AND COMPLETE, UNDER PENALTY OF PERJURY OF THE LAWS OF THE UNITED STATES OF AMERICA.

9-26-2016"

Ronald Young  
RONALD YOUNG PLAINTIFF.

ALL RIGHTS RESERVED  
BY SPECIAL APPEARANCE



EXHIBIT PAGES

A ۞

STATE OF CALIFORNIA  
**COMPREHENSIVE ACCOMMODATION CHRONO**  
 CDCR 7410 (REV. 05/13)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

8/5/14

**INSTRUCTIONS:** A physician shall complete this form if a patient-inmate requires an accommodation due to a medical condition. Check P if the accommodation is to be permanent, or T if the accommodation is to be temporary. If the accommodation is temporary, enter the date the accommodation expires on the line. A new form shall be generated when a change to an accommodation is required or upon renewal of a temporary accommodation. Any new form generated shall include previous accommodations, if they still apply. Chronos indicating permanent accommodations shall be reviewed annually. This form shall be honored as a permanent chrono at all institutions.

**A. HOUSING**

None  Bottom Bunk  P  T has

Barrier Free/Wheelchair Access  P  T \_\_\_\_\_ Single Cell-see 128-C date: \_\_\_\_\_  P  T \_\_\_\_\_

Ground Floor Cell  P  T \_\_\_\_\_ Permanent  OHU  CTC  P  T \_\_\_\_\_

Continuous Powered Generator  P  T \_\_\_\_\_ Other \_\_\_\_\_  P  T \_\_\_\_\_

**B. MEDICAL EQUIPMENT/SUPPLIES**

None  Wheelchair: (type) \_\_\_\_\_  P  T \_\_\_\_\_

Limb Prosthesis  P  T \_\_\_\_\_ Contact Lenses & Supplies  P  T \_\_\_\_\_

Brace  P  T \_\_\_\_\_ Hearing Aid  P  T \_\_\_\_\_

Crutches  P  T \_\_\_\_\_ Special Garment: \_\_\_\_\_

Cane: (type) \_\_\_\_\_  P  T \_\_\_\_\_ (specify) \_\_\_\_\_  P  T \_\_\_\_\_

Walker  P  T \_\_\_\_\_ Rx. Glasses: \_\_\_\_\_  P  T \_\_\_\_\_

Dressing/Catheter/Colostomy Supplies  P  T \_\_\_\_\_ Cotton Bedding  P  T has

Shoe: (specify) \_\_\_\_\_  P  T \_\_\_\_\_ Extra Mattress  P  T \_\_\_\_\_

Dialysis Peritoneal  P  T \_\_\_\_\_ Other \_\_\_\_\_  P  T \_\_\_\_\_

**C. OTHER**

None  Therapeutic Diet: (specify) \_\_\_\_\_  P  T \_\_\_\_\_

Attendant to assist with meal access  P  T \_\_\_\_\_ and other movement inside the institution \_\_\_\_\_ Communication Assistance  P  T \_\_\_\_\_

Attendant will not feed or lift the patient-inmate or perform elements of personal hygiene \_\_\_\_\_ Transport Vehicle with Lift  P  T \_\_\_\_\_

Wheelchair Accessible Table  P  T \_\_\_\_\_ Short Beard  P  T \_\_\_\_\_

Other daily shower  P  T new

**D. PHYSICAL LIMITATIONS TO JOB ASSIGNMENTS**

Based on the above, are there any physical limitations to job assignments?  Yes  No If yes, specify:  
 No climbing

Institution: CSP-COR Completed by: C. Sisodia Title: PA-C

Signature: *[Signature]* Date: 7/30/2014  
mm/dd/yy

CME Signature: *[Signature]* Date: 8/5/14  Approved  Denied  
mm/dd/yy

<p>1. Disability Code:  <input type="checkbox"/> TABE score ≤ 4.0  <input type="checkbox"/> DPH <input type="checkbox"/> DPV <input type="checkbox"/> LD  <input type="checkbox"/> DPS <input type="checkbox"/> DNH  <input type="checkbox"/> DNS <input type="checkbox"/> DDP  <input type="checkbox"/> Not Applicable</p>	<p>2. Accommodation:  <input type="checkbox"/> Additional time  <input type="checkbox"/> Equipment <input type="checkbox"/> SLI  <input type="checkbox"/> Louder <input type="checkbox"/> Slower  <input checked="" type="checkbox"/> Basic <input type="checkbox"/> Transcribe  <input type="checkbox"/> Other*</p>	<p>3. Effective Communication:  <input checked="" type="checkbox"/> P/I asked questions  <input checked="" type="checkbox"/> P/I summed information  <b>Please check one:</b>  <input type="checkbox"/> Not reached <input checked="" type="checkbox"/> Reached                  *See chrono/notes</p>	<p>CDCR #: E65018                  Last Name: Young                  First Name: Ronald                  DOB: 10/23/1959                  MI:</p>
---	--	--	---

4. Comments: 8 1

Distribution: Original - eUHR, Copy to Central File, Correctional Counselor, and Inmate

3A02.1174 JDD

EXHIBIT PAGES

B.



Original Telemedicine Record

Patient: RONALD YOUNG *EL5018*  
Provider: P. HAINES ELY, MD

DoB: 10/23/1959  
Visit: 04/16/2014 1:30PM

Gender: M  
Chart: YORO000001

ASSESSMENT:

1. Lichen simplex chronicus (ankle).
2. Pruritus ani.

TREATMENT PLAN:

Pruritus ani is most often due to fecal soiling. The patient mentioned this in his history that when he cannot shower, the itch is intense. I would have him shower every day and thoroughly wash the rectal area with soap and water. Following this, he can apply a small dab of Lidex ointment to some toilet paper and wipe the area. For the pruritus of his feet, I would have him apply Lidex ointment to the itching areas h.s. He should have a tube of Lidex in his cell so that he can treat both areas as needed.

I recommend followup in two months.

Thank you very much for allowing me to participate in the care of Mr. Young and for referring him to our Tele dermatology Clinic at TeleMed2U.



**PERMANENT APPEAL  
ATTACHMENT**

*[Signature]* 4/23/14



EXHIBIT PAGES

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STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

PATIENT/INMATE HEALTH CARE APPEAL

CDCR 602 HC (REV. 04/11)

Side 1

STAFF USE ONLY Emergency Appeal <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Institution: <b>CSP-CORCORAN</b>	Log #: <b>CDRHC140516362</b>	Category: <b>8</b>
Signature: <i>[Handwritten Signature]</i> Date: <b>7-7-14</b>		FOR STAFF USE ONLY		

You may appeal any California Prison Health Care Services (CPHCS) decision, action, condition, omission, policy or regulation that has a material adverse effect upon your welfare. See California Code of Regulations, Title 15, Section (CCR) 3084.1. You must send this appeal and any supporting documents to the Health Care Appeals Coordinator (HCAC) within 30 calendar days of the event that lead to the filing of this appeal. If additional space is needed, only one CDCR Form 602-A will be accepted. Refer to CCR 3084 for further guidance with the appeal process. No reprisals will be taken for using the appeal process.

Appeal is subject to rejection if one row of text per line is exceeded.

WRITE, PRINT, or TYPE CLEARLY

Name (Last, First): <b>YOUNG, R.</b>	CDC Number: <b>EG5018</b>	Unit/Cell Number: <b>3A02 117</b>	Assignment: <b>EDUCATION</b>
--------------------------------------	---------------------------	-----------------------------------	------------------------------

State briefly the subject/purpose of your appeal (Example: Medication, To See Specialist, etc.):

A. Explain your issue (If you need more space, use Section A of the CDCR 602-A): **SEEK THE DERMATOLOGY 4-23-14 AND HE RECOMMENDED MEDICATION & A DAILY SHOWER WHICH WASNT HONORED. THE ITCHING HAS SPREAD AROUND THE INFECTIONED AREA - APPLYING MEDICATION ON ANAL AREA WITHOUT A SHOWER DONT WORK!**

B. Action requested (If you need more space, use Section B of the CDCR 602-A): **NEED MEDICATION THAT WORKS AND ALLOWED A DAILY SHOWER BEFORE APPLYING MEDICATION TO ANAL AREA. 2 MONTHS PLUS, THE ITCHING IS MORE PROBLEMATIC IN ANAL AREA**

Supporting Documents: Refer to CCR 3084.3.

List supporting documents attached (e.g. Trust Account Statement; CDCR 7410, Comprehensive Accommodation Chrono; CDCR 7362, Request for Health Care Services; etc.):

**TELE MED 24**

No, I have not attached any supporting documents. Reason:

Patient/Inmate Signature: **Young, R** Date Submitted: **7-2-14**

**NIXIE 957 4E 1009 0710/27/14**

C. First  
This app **RETURN TO SENDER**  
 Bypass: **NOT DELIVERABLE AS ADDRESSED**  
 Reject: **UNABLE TO FORWARD**

Cancel

Accepted at the First Level of Review

Assigned to: **Clark, E.** Title: **MD** Date Assigned: **7/7/14** Date Due: **8/15/14**

First Level Responder: Complete a First Level response. Include Interviewer's name, title, interview date, location, and complete the section below.

Date of Interview: Interview Location:

Your appeal issue is:  Granted  Granted in part  Denied  Other:

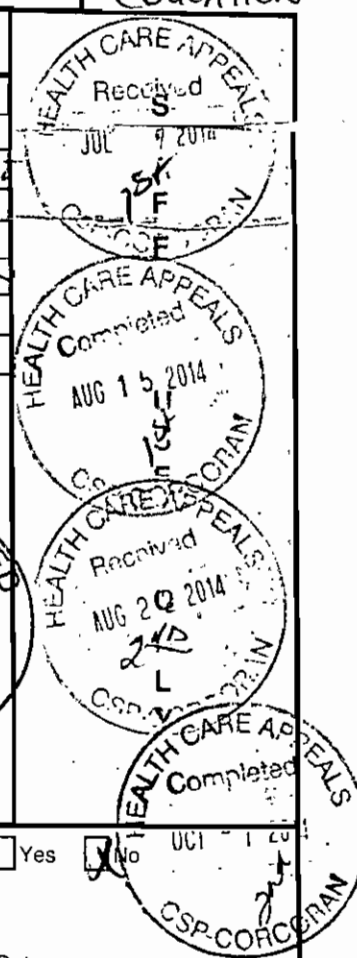
See attached letter. If dissatisfied with First Level response, complete Section D.

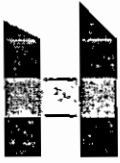
Interviewer: **C. Sisodia** Title: **PA-C** Signature: *[Signature]* Date completed: **7-30-14**

Reviewer: **[Signature]** Title: **MD** Signature: *[Signature]* Date: **8/12/14**

Date received by HCAC: **7/7/14**

HCAC Use Only  
Date mailed/delivered to appellant: **8/15/14**





# CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



**Date:** MAR 27 2015  
**To:** YOUNG, RONALD (E65018)  
California State Prison – Corcoran  
P.O. Box 8800  
Corcoran, CA 93212-8309

**From:** California Correctional Health Care Services  
Inmate Correspondence and Appeals Branch  
P.O. Box 588500  
Elk Grove, CA 95758

**Tracking/Log # :** COR HC 14056362

This appeal was reviewed by Inmate Correspondence and Appeals Branch staff on behalf of the Deputy Director, Policy and Risk Management Services. All submitted information has been considered.

**DIRECTOR'S LEVEL DECISION:**

Appeal is denied. This decision exhausts your administrative remedies.

**APPEAL REQUESTS:**

You are requesting:

- Daily showers.
- To receive effective medication as recommended by the dermatologist.

**BASIS FOR DIRECTOR'S LEVEL DECISION:**

Your appeal file and documents obtained from your Unit Health Record were reviewed by licensed clinical staff. These records indicate:

- Documentation is supportive of you receiving Primary Care Provider (PCP) evaluation and treatment as determined medically indicated for your appeal issues. You received PCP follow-up evaluation and treatment to August 27, 2014.
- • You were seen and evaluated for a dermatology consultation on April 16, 2014; your PCP prescribed the dermatologist recommended ointment on April 23, 2014 during a follow-up appointment.
- The most current Comprehensive Accommodation Chrono (chrono) issued on August 6, 2014, shows lower bunk, cotton bedding, waist chains and physical limitation to job assignments. There is no documentation your PCP indicated daily showers are medically necessary at this time.
- You will continue to be evaluated and treatment will be provided based on your clinician's evaluation, diagnosis, and recommended treatment plan, in accordance with appropriate policies and procedures.

*FALSIFICATION OF DOCUMENTS SEE DR P. HAINES ELY MD 4/16/2014  
IN RA "DAILY SHOWERS" 2) CCCR-7410 DATE 8/5/2014 DAILY SHOWERS, CHAMP*

Any chrono for a certain medical appliance or accommodation, such as daily showers is based on assessed medical need, and must be reviewed at least once a year. Medical needs can and do change over time, assessment techniques change, and appropriate treatments or accommodation appliances or chronos for a given medical condition may change. The fact that you may have been allowed certain medical appliances or chronos at one prison and later denied one or more of the same chronos at a different prison, after transfer there, is not evidence of inadequate medical care due to deliberate indifference.

Further review of your UHR reveals you have not attempted to report your requests for daily showers to health care staff via the CDCR 7362, Health Care Services Request Form process since the chrono was issued on August 6, 2014. If you feel your condition persists or has changed and further evaluation is needed prior to your follow up appointment you are advised to submit a CDCR 7362, Health Care Services Request Form, to your facility clinic to further discuss this issue with your PCP.

Inmates may not demand particular medication, diagnostic evaluation, course of treatment, or accommodation chronos. The California Code of Regulations (CCR), Title 15, Section 3354, Health Care Responsibilities and limitations, (a) Authorized Staff, states, "Only facility-employed health care staff, contractors paid to perform health services for the facility, or persons employed as health care consultants shall be permitted within the scope of their licensure, to diagnose illness or, prescribe medication and health care treatment for inmates. No other personnel or inmate may do so."

While the health care administrative appeals process is an important means of setting forth your health care concerns, it is not a substitute for direct communication about your health with your medical care providers. You are encouraged to continue your care with your assigned medical care providers and share with them new or additional clinical information about your conditions that you believe may affect your care. However, California law directs your medical care providers to offer and provide only the care they determine to be currently medically necessary for you, in accordance with appropriate policies and procedures. Previous orders from other medical facilities or staff, input from medical consultants, and/or your own personal preferences may be considered, but do not control the professional judgment of your current medical care providers.

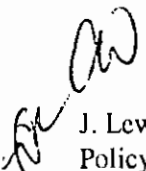
After review, no intervention at the Director's Level of Review is necessary as your medical condition has been evaluated and you are receiving treatment deemed medically necessary.

**RULES AND REGULATIONS:**

The rules governing these issues are: California Code of Regulations, Title 15; Inmate Medical Services Policies and Procedures; and the Department Operations Manual.

**ORDER:**

No changes or modifications are required by the institution.

  
J. Lewis, Deputy Director  
Policy and Risk Management Services  
California Correctional Health Care Services





# CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



## Institution Response for Second Level HC Appeal

Date: 9/25/2014

To: YOUNG, RONALD (E65018)  
03A002 1117001L  
California State Prison – Corcoran  
P.O. Box 8800  
Corcoran, CA 93212-8309



Tracking/Log #: COR HC 14056362

### Appeal Issues:

In your CDCR-602HC Inmate/Parolee Health Care Appeal Form received on 8/22/2014, you indicated:

Issue Type	Action Requested
Issue 1: Chrono Issues ( Showers Daily )	Showers daily
Issue 2: Medication ( Med Specific Type / Dose )	Medication as recommended by Dermatologist.

### Interview:

You were interviewed by PA Sisodia on 7/30/2014 regarding this appeal. During the interview, you were allowed the opportunity to fully explain your appeal issue(s).

Effective communication: TABE is 8.1.

Achieved as the interviewer ensured speech was clear and unhurried during the interview. You stated you understood the content of the conversation and responded appropriately.

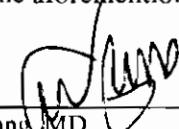
### Response:

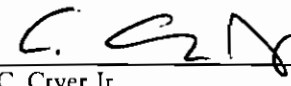
The First Level Appeal, received on 7/7/2014 indicated the subject of this appeal is an alleged dermatology concern. The response stated even though Dermatology recommended daily showers to keep the rectal area clean you were denied this. Medical staff is under no obligation to provide treatment as recommended by an outside specialist. You were advised to keep the area clean by properly cleaning the area after each stool and use the ointment you have been prescribed. At the First Level of Review this appeal was Partially Granted.

The Second Level Appeal, received on 8/22/2014 indicated you are dissatisfied with the First Level response. For the Second Level we have reviewed your appeal with attachment(s), Unit Health Record (eUHR), and all pertinent departmental policies and procedures. Second Level concurs with First Level. Daily showers are not needed to keep the rectal area clean. You should be performing this task after each bowel movement, no matter how many you have in a day. Your personal care physician has ordered an adequate ointment for you to use after each bowel movement. At the Second Level of Review this appeal was denied.

### Appeal Decision:

Based upon the aforementioned information, your appeal is denied.

  
\_\_\_\_\_  
Dr. Jeffrey Wang MD  
Acting Chief Medical Executive  
California State Prison-Corcoran

  
\_\_\_\_\_  
C. Cryer Jr.  
Chief Executive Officer (A)  
California State Prison-Corcoran



# CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



## Institution Response for First Level HC Appeal

Date: 8/8/2014

To: YOUNG, RONALD (E65018)  
03A002 1117001L  
California State Prison – Corcoran  
P.O. Box 8800  
Corcoran, CA 93212-8309



Tracking/Log #: COR HC 14056362

### Appeal Issues:

In your CDCR-602HC Inmate/Parolee Health Care Appeal Form received on 7/7/2014, you indicated:

Issue Type	Action Requested
Issue 1: Chrono Issues ( Showers Daily )	Showers daily
Issue 2: Medication ( Med Specific Type / Dose )	Medication as recommended by Dermatologist.

### Interview:

You were interviewed by PA Sisodia on 7/30/2014 regarding this appeal. During the interview, you were allowed the opportunity to fully explain your appeal issue(s).

Effective communication: TABE is 8.1.

Achieved as the interviewer ensured speech was clear and unhurried during the interview. You stated you understood the content of the conversation and responded appropriately.

### Response:

The First Level Appeal, received on 7/7/2014 indicated the subject of this appeal is itchy anal area. The response stated you were seen by the Dermatologist in April 2014 who at that time recommended daily showers to keep the rectal area clean. This was taken under consideration and denied. Medical staff is under no obligation to provide treatment as recommended by an outside specialist. Furthermore, inmates may not demand a particular medication, diagnostic study or course of treatment. Only licensed medical professionals can make these decisions for the inmate population. You can keep the area clean by properly cleaning the area after each stool and use the ointment you have been prescribed by your physician here at CSP COR which is the same medication recommended by the Dermatologist. At the First Level of Review this appeal was partially granted.

A review of your appeal with attachment(s), Unit Health Record (UHR), and all pertinent departmental policies and procedures were reviewed.

### Appeal Decision:

Based upon the aforementioned information, your appeal is partially granted.

8/12/14  
Date

Dr. C. McCabe, MD  
C.P. & S.  
CSP Corcoran





STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

PATIENT-INMATE HEALTH CARE APPEAL  
CDCR 602 HC (Rev. 06/13)

CORH14057130

Page 2 of 2

**SECTION D.** If you are dissatisfied with the First Level response, explain the reason below, attach supporting documents and submit to the Health Care Appeals Coordinator for processing within 30 calendar days of receipt of response. If you need more space, use Section D of the CDCR 602-A.

Patient-Inmate Signature: [Signature] Date Submitted: \_\_\_\_\_

**SECTION E. SECOND LEVEL - Staff Use Only**

Check One: Is CDCR 602-A attached?  Yes  No  
 Check One: Is this a recategorized/converted 1824?  Yes  No

This appeal has been:  
 Bypassed at Second Level of Review. Go to Section G.  
 Rejected (See attached letter for instruction): Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_  
 Cancelled (See attached letter): Date: \_\_\_\_\_  
 Accepted Assigned to: Medical Appeals Title: CSE Date Assigned: 10/24/14 Date Due: 12/9/14  
 Second Level Responder: Complete a Second Level response. Include Interviewer's name, title, interview date, location, and complete the section below.  
 Date of Interview: 11/4/14 Interview Location: 3A-Yard  
 Your appeal issue is:  Granted  Granted in part  Denied  Other: \_\_\_\_\_  
 See attached letter. If dissatisfied with Second Level response, complete Section F.

1. Disability Code: <input type="checkbox"/> TAFE score ≤ 4.0 <input type="checkbox"/> DPH <input type="checkbox"/> DPV <input type="checkbox"/> LD <input type="checkbox"/> DPS <input type="checkbox"/> DNH <input type="checkbox"/> DNS <input type="checkbox"/> DDP <input type="checkbox"/> Not Applicable	2. Accommodation: <input type="checkbox"/> Additional time <input type="checkbox"/> Equipment <input type="checkbox"/> SLI <input type="checkbox"/> Louder <input type="checkbox"/> Slower <input type="checkbox"/> Basic <input type="checkbox"/> Transcribe <input type="checkbox"/> Other*	3. Effective Communication: <input type="checkbox"/> P/I asked questions <input type="checkbox"/> P/I summed information <b>Please check one:</b> <input type="checkbox"/> Not reached* <input type="checkbox"/> Reached *See chrono/notes	Interview conducted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Interviewer: <u>U. Williams</u> Title: <u>HCAC</u> (Print Name) Signature: <u>[Signature]</u> Date completed: <u>11/4/14</u> Reviewer: <u>GCARCIA</u> Title: <u>12/9/14</u> (Print Name) Signature: <u>[Signature]</u>
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4. Comments: \_\_\_\_\_

HCAC Use Only Date received by HCAC: <u>10/24/14</u>	HCAC Use Only Date closed and mailed/delivered to appellant: <u>12-9-14</u>
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**SECTION F.** If you are dissatisfied with the Second Level response, explain reason below; attach supporting documents and submit by mail for Third Level Review. It must be received within 30 calendar days of receipt of prior response. Mail to: Health Care Appeals, ATTN: Chief, Building C, P.O. Box 588500, Elk Grove, CA 95758. If you need more space, use Section F of the CDCR 602-A.

THE NECESSARY REQUIREMENTS TO STOP INTENSE ITCHING BY A SPECIALIST HAS NOT BEEN MET.  
THIS INTENSE ITCHING IN MY ANUL AREA & LEGS ARE VERY ANNOYING TO THE EXTREME!

Patient-Inmate Signature: Young, R. Date Submitted: 12/30/2014

**SECTION G. THIRD LEVEL - Staff Use Only**

Rejected (See attached letter for instruction): Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_  
 Cancelled (See attached letter): Date: \_\_\_\_\_  
 Accepted at the Third Level of Review  
 Your appeal is:  Granted  Granted in part  Denied  Other: \_\_\_\_\_  
 See attached Third Level response.

Third Level Use Only  
Date closed and mailed/delivered to appellant: **MAR 26 2015**

**Request to Withdraw Appeal:** I request that this appeal be withdrawn from further review because; State reason. (If withdrawal is conditional, list conditions.)

Patient-Inmate Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Print Staff Name: \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STAFF USE ONLY



# CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



**Date:** MAR 26 2015  
**To:** YOUNG, RONALD (E65018)  
California State Prison – Corcoran  
P.O. Box 8800  
Corcoran, CA 93212-8309

**From:** California Correctional Health Care Services  
Inmate Correspondence and Appeals Branch  
P.O. Box 588500  
Elk Grove, CA 95758

**Tracking/Log # :** COR HC 14057130

This appeal was reviewed by Inmate Correspondence and Appeals Branch staff on behalf of the Deputy Director, Policy and Risk Management Services. All submitted information has been considered.

**DIRECTOR'S LEVEL DECISION:**

Appeal is denied. This decision exhausts your administrative remedies.

**APPEAL REQUESTS:**

You are requesting:

- Bacterial soap.
- Daily showers.
- The ointment you are already receiving for your intense itching.

**BASIS FOR DIRECTOR'S LEVEL DECISION:**

Your appeal file and documents obtained from your Unit Health Record were reviewed by licensed clinical staff. These records indicate:

- It is noted your request for daily showers and an anti-itch ointment are duplicate issues to those in appeal log number COR HC 14056362, therefore will not be addressed in this response.
- Hygiene supplies are available without a prescription for personal care and are generally used for non-medical purposes, and are not medical supplies. Hygiene supplies shall not be considered medical supplies and are not prescribed by health care staff. Patient-inmates shall request hygiene supplies from custody staff, which shall be solely responsible for distribution of requested supplies and will not rely upon documentation from health care for issuance. Hygiene supplies normally provided by custody are defined in the California Department of Corrections and Rehabilitation, Department Operations Manual and include, but are not limited to, bar/liquid soaps, shampoos, deodorant, menstrual supplies, petroleum jelly, razors, combs, skin lotion, toilet paper, toothbrushes, tooth powder, dental floss, and toothpaste.

While the health care administrative appeals process is an important means of setting forth your health care concerns, it is not a substitute for direct communication about your health with your medical care providers. You are encouraged to continue your care with your assigned medical care providers and share with them new or additional clinical information about your conditions that you believe may affect your care. However, California law directs your medical care providers to offer and provide only the care they determine to be currently medically necessary for you, in accordance with appropriate policies and procedures. Previous orders from other medical facilities or staff, input from medical consultants, and/or your own personal preferences may be considered, but do not control the professional judgment of your current medical care providers.

After review, no intervention at the Director's Level of Review is necessary as your medical condition has been evaluated and you are receiving treatment deemed medically necessary.

**RULES AND REGULATIONS:**

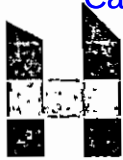
The rules governing these issues are: California Code of Regulations, Title 15; Inmate Medical Services Policies and Procedures; and the Department Operations Manual.

**ORDER:**

No changes or modifications are required by the institution.



J. Lewis, Deputy Director  
Policy and Risk Management Services  
California Correctional Health Care Services



# CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



## Institution Response for Second Level HC Appeal

Date: 12/5/2014

To: YOUNG, RONALD (E65018)  
03A002 1117001L  
California State Prison – Corcoran  
P.O. Box 8800  
Corcoran, CA 93212-8309



Tracking/Log #: COR HC 14057130

### Appeal Issues:

In your CDCR-602HC Inmate/Parolee Health Care Appeal Form received on 10/24/2014, you indicated you have a constant itch and are requesting the following:

Issue Type	Action Requested
Issue 1: Chrono Issues ( Showers Daily )	Wants a daily shower.
Issue 2: Medication ( Med Specific Type / Dose )	Ointment for itch. "Wants ointment already receiving."
Issue 3: Medication ( Med Specific Type / Dose )	Wants bacterial soap.

### Interview:

You were interviewed by U. Williams, Health Care Appeals Coordinator (HCAC) on 11/4/14 regarding this appeal. During the interview, you were allowed the opportunity to fully explain your appeal issue(s). You have a TABE score of 6.2. Effective communication was achieved by reading your appeal to you, speaking clearly, using basic verbiage, and allowing you additional time. You were asked questions in order to ascertain your understanding of information being communicated. You responded in an appropriate manner to questions and comments regarding the interview.

### Response:

You are reminded that A private consultant (specialist) only provides opinions and recommendations for consideration of the Department. Private consultants are not permitted to authorize or order treatment. This is in accordance with the California Code of Regulations (CCR), Title 15, Section 3354(c).

Issue 1: Your request for a daily shower will not be addressed in this appeal as it is a duplicate issue to appeal log number COR HC 14056362; please allow the aforementioned appeal to be processed to exhaust your remedy on this issue.


Issue 2: Your request for ointment will not be addressed in this appeal as it is a duplicate issue to appeal log number COR HC 14056362; please allow the aforementioned appeal to be processed to exhaust your remedy on this issue.

Issue 3: Your request for bacterial soap is denied in that you may address this issue with your institution. Health Care does not control what kind of soap you may use, but rather Custody. Your medical treatment in regards to your itch is being addressed by your primary care physician who is a board certified medical professional has prescribed you a medication and or treatment regimen deemed appropriate for your medical condition.

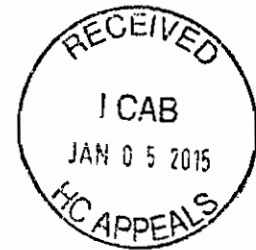
A review of your appeal with attachment(s), Unit Health Record (UHR), and all pertinent departmental policies and procedures were reviewed.

**Appeal Decision: Denied**

Based upon the aforementioned information, your appeal is denied.

  
\_\_\_\_\_  
G. GARCIA  
Chief Support Executive (A)  
California State Prison - Corcoran

12/9/14  
\_\_\_\_\_  
Date





Proof of Service by Mail

I declare that: RONALD YOUNG

I am a resident of 3202 BROWN ROAD in the county of IMPERIAL, California. I am over the age of 18 years. My residence address is:

3202 BROWN ROAD, IMPERIAL, CALIFORNIA

On 9-26-2016, I served the attached 2<sup>ND</sup> AMENDED COMPLAINT on the 1:15-CV-00640-LJO-EPG-PC in said case by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully paid, in the United States mail at

addressed as follows:

TO THE USDC EASTER DISTRICT  
2500 TULARE STREET ROOM 1501 FRESNO CALIFORNIA 93721

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on the date of 9/26/16 3202 BROWN RD, at IMPERIAL, California.

RONALD YOUNG

[Type or Print Name]

Ronald Young

[Signature]