

Case 1:17-cv-00607-MJS Document 11 Filed 08/31/17 Page 1 of 22
Plaintiff's Name Aubrey L. Brothers

Inmate No. F44057

Address CSP- Lancaster.

P.O. Box 4670

Lancaster, CA 93539

LODGED

AUG 31 2017

CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
BY [Signature]
DEPUTY CLERK

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

Aubrey Lee. Brothers II

(Name of Plaintiff)

1:17-cv-00607-MJS (PC)

(Case Number)

vs.

Chita Buenafe

N. Flores

E. Clark

(Names of all Defendants)

AMENDED CIVIL RIGHTS COMPLAINT UNDER:

42 U.S.C. 1983 (State Prisoner)

Bivens Action [403 U.S. 388 (1971)] (Federal Prisoner)

JURY TRIAL DEMANDED

RECEIVED

AUG 31 2017

CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
BY [Signature] DEPUTY CLERK

I. Previous Lawsuits (list all other previous or pending lawsuits on additional page):

A. Have you brought any other lawsuits while a prisoner? Yes No

B. If your answer to A is yes, how many? 1

Describe previous or pending lawsuits in the space below. (If more than one, attach additional page to continue outlining all lawsuits in same format.)

1. Parties to this previous lawsuit:

Plaintiff Aubrey Lee. Brothers II

Defendants CSP- Los Angeles County; A. Johal, Armen

Azatian, Giella, Mints, et al.

2. Court (if Federal Court, give name of District; if State Court, give name of County)

u.s. District Court for Central, Los Angeles

3. Docket Number 2:17-cv-00856-PSE-AGR 4. Assigned Judge Alicia G. Rosenberg.

5. Disposition (Was the case dismissed? Appealed? Is it still pending?)

prepayment of filing fee's: Denied... Case Dismissed... "Appealed."

II. Exhaustion of Administrative Remedies

NOTICE: Pursuant to the Prison Litigation Reform Act of 1995, "[n]o action shall be brought with respect to prison conditions under [42 U.S.C. § 1983], or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." 42 U.S.C. § 1997e(a). Prior to filing suit, inmates are required to exhaust the available administrative remedy process, *Jones v. Bock*, 549 U.S. 199, 211, 127 S.Ct. 910, 918-19 (2007); *McKinney v. Carey*, 311 F.3d 1198, 1999 (9th Cir. 2002), and neither futility nor the unavailability of money damages will excuse the failure to exhaust, *Porter v. Nussle*, 534 U.S. 516, 524, 122 S.Ct. 983, 988 (2002). If the court determines that an inmate failed to exhaust prior to filing suit, the unexhausted claims will be dismissed, without prejudice. *Jones*, 549 U.S. at 223-24, 127 S.Ct. at 925-26.

A. Is there an inmate appeal or administrative remedy process available at your institution?

Yes No _____

B. Have you filed an appeal or grievance concerning ALL of the facts contained in this complaint?

Yes No _____

C. Is the process completed?

Yes If your answer is yes, briefly explain what happened at each level.

1st Partially Granted - Examined.

2nd Partially Granted - Bypassed.

3rd MRI was Granted - 10.06.2014.

No _____ If your answer is no, explain why not.

N.A

III. Defendants

List each defendant's full name, official position, and place of employment and address in the spaces below. If you need additional space please provide the same information for any additional defendants on separate sheet of paper.

A. Name chita Buenafe is employed as A Dentist

Current Address/Place of Employment CSP - Corcoran, CA

B. Name N. Flores is employed as A Dental Assistant

Current Address/Place of Employment CSP- Corcoran, CA

C. Name E. Clark is employed as Medical Doctor

Current Address/Place of Employment CSP- Corcoran, CA

D. Name _____ is employed as _____

Current Address/Place of Employment _____

E. Name _____ is employed as _____

Current Address/Place of Employment _____

IV. Causes of Action (You may attach additional pages alleging other causes of action and the facts supporting them if necessary. Must be in same format outlined below.)

Claim 1: The following civil right has been violated (e.g. right to medical care, access to courts, due process, free speech, freedom of religion, freedom of association, freedom from cruel and unusual punishment, etc.):

Eight Amendment : Freedom From Cruel Unusual Punishment/
Medical

Supporting Facts (Include all facts you consider important to Claim 1. State what happened clearly and in your own words. You need not cite legal authority or argument. Be certain to describe exactly what each defendant, *by name*, did to violate the right alleged in Claim 1.):

- On 03.10.2014, a upper Left Dental Filling procedure was performed by Dr. C. Buenafe, she was assisted by dental assistant N. Flores at CSP- Corcoran. As a result of the procedure, I had an injury. "My left orbita wall was fractured." I complained of this injury immediately to both dental and medical, verbally and through medical (CDCR 7362) request's. I received no help. Refer to (Exhibit A)...
- On 07.06.2014, I filed an inmate (CDCR 602) Appeal through the

inmate grievance system. As a result, on 9.22.2014 I was interviewed by E. Clark, MD relating my issues to him of March.10.2014's procedure and my pain. E. Clark ordered MRI. (Exhibit B) ...

On 10.06.2014 - "6 months after reported injury", I was granted MRI. The MRI indicated I had suffered an old injury; that my left orbital wall had been fractured. (Exhibit C) ... I continued to complain of severe pain to NO AVAIL. Despite findings. Nothing was done to ease my pain or cure my problems.

• Defendant(s) C. Buenafe, N. Flores and E. Clark knew of injury issues through Plaintiffs (CDCR medical request's and CDCR 602 Appeal) and did NOT fix it. (Exhibit A-C) ... ultimately leading to worsening of symptoms. (Exhibit D) ...

Claim 2: The following civil right has been violated (e.g. right to medical care, access to courts, due process, free speech, freedom of religion, freedom of association, freedom from cruel and unusual punishment, etc.):

N.A.

Supporting Facts (Include all facts you consider important to Claim 2. State what happened clearly and in your own words. You need not cite legal authority or argument. Be certain to describe exactly what each defendant, *by name*, did to violate the right alleged in Claim 2.):

N.A.

V. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

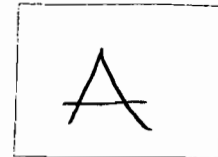
- 1.) Issue declaratory judgement defendant's violated Plaintiffs rights.
- 2.) Award Plaintiff monetary damage's, compensatory \$ 1,000,000.00 and punitive \$1,000,000.00 in the total amount of \$ 2,000,000.00 or an amount to be determined at Trial

I declare under penalty of perjury that the foregoing is true and correct.

Date: 08-07-2017

Signature of Plaintiff: Aubrey Lee Brothers II

EXHIBIT COVER PAGE



EXHIBIT

Description of this Exhibit: CDR 7362 medical request

Number of pages to this Exhibit: 5 pages.

JURISDICTION: (Check only one)

- Municipal Court
- Superior Court
- Appellate Court
- State Supreme Court
- United States District Court
- State Circuit Court
- United States Supreme Court
- Grand Jury

55723 Case 1:17-cv-00607-MJS Document 11 Filed 08/31/17 Page 26 of 71
 Brothers
 DENTAL

STATE OF CALIFORNIA
 CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL MENTAL HEALTH DENTAL MEDICATION REFILL

NAME: Brothers CDC NUMBER: F44057 HOUSING: 3A-05-111

PATIENT SIGNATURE: Aubrey Brothers DATE: 3-10-14

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem)

Filling
 done on 3/10/14
 blue # 14-02

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

PART II: TO BE COMPLETED BY THE TRIAGE REGISTERED NURSE

Date / Time Received: Received by:
 Date / Time Reviewed by RN: Reviewed by:
 S: Pain Scale: 1 2 3 4 5 6 7 8 9 10

O: T: P: R: BP: WEIGHT:

A: '14 MAR 10 13:47:49

P:

See Nursing Encounter Form

E:

APPOINTMENT SCHEDULED AS: EMERGENCY (IMMEDIATELY) URGENT (WITHIN 24 HOURS) ROUTINE (WITHIN 14 CALENDAR DAYS)

REFERRED TO PCP: DATE OF APPOINTMENT:

COMPLETED BY: Chita Buenafe, DDS NAME OF INSTITUTION: CSP-COR

PRINT / STAMP NAME: Chita Buenafe, DDS SIGNATURE / TITLE: [Signature] DATE/TIME COMPLETED: 3-10-14

3 of 3

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

HEALTH CARE # 10937
DEPARTMENT OF CORRECTIONS
JUL - 9 2014

PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL MENTAL HEALTH DENTAL MEDICATION REFILL

NAME: Brothers CDC NUMBER: F44057 HOUSING: 3A-05-111

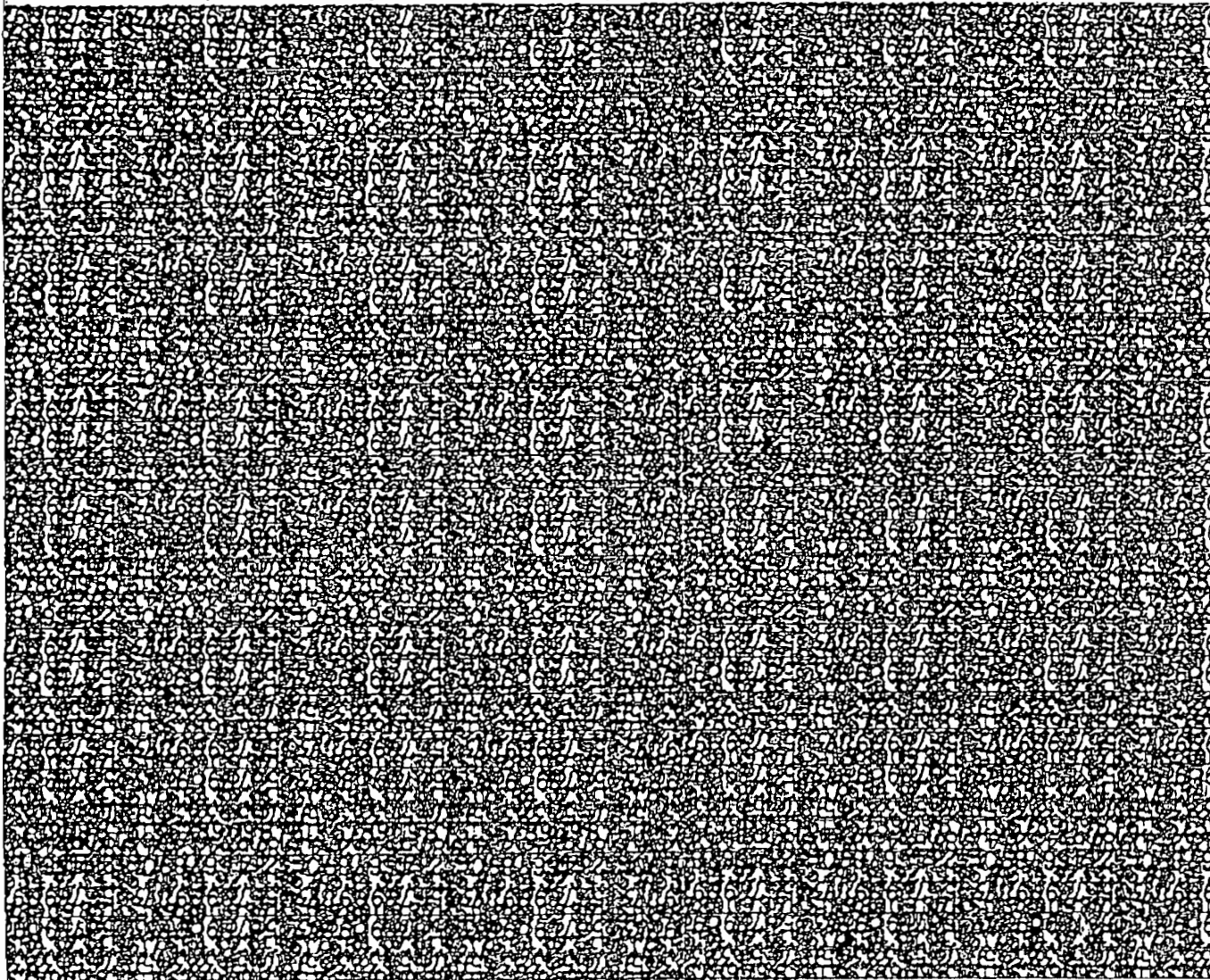
PATIENT SIGNATURE: Aubrey Brothers DATE: 3.10.2014

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) I just had a filling denial procedure. The whole time asion lady was nervous & took an hr. to do. Shortly after getting out of chair she kept telling me not to bite down. Bout 2 hrs. later I felt sharp pains shoot up the left side of my brain. I'm now having hot & cold flashes & discomfort. My tooth appears to have burned discoloration.

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)



DENTAL

095217

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL MENTAL HEALTH **DENTAL** MEDICATION REFILL

NAME: **Brothers, Aubrey** CDC NUMBER: **F44057** HOUSING: **3A-05-111**

PATIENT SIGNATURE: **Brothers, Aubrey** DATE: **3.11.2014**

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) **I had a filling replaced yesterday 3.10.14. Something's wrong. I bit down on it hours after its long process and witnessed a terrible sharp shooting pain from tooth to upper brain area (L) side. Tooth appears to be brown-ing but of color and causing pain. Thank you for your care and consideration. Have a blessed day.**

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

PART II: TO BE COMPLETED BY THE TRIAGE REGISTERED NURSE

Date / Time Received: _____ Received by: _____

Date / Time Reviewed by RN: _____ Reviewed by: _____

S: _____ Pain Scale: 1 2 3 4 5 6 7 8 9 10

Chita Buenate DDS

O: T: P: R: BP: WEIGHT: _____

Chita Buenate, DDS

A: _____

P: _____

14 MAR 14 10:08:05

See Nursing Encounter Form

E: _____

APPOINTMENT SCHEDULED AS: EMERGENCY (IMMEDIATELY) URGENT (WITHIN 24 HOURS) ROUTINE (WITHIN 14 CALENDAR DAYS)

REFERRED TO PCP: _____ DATE OF APPOINTMENT: _____

COMPLETED BY: **Andrew Elms, DDS** NAME OF INSTITUTION: _____

CSP-COR

PRINT / STAMP NAME: **Andrew Elms, DDS** SIGNATURE / TITLE: *Andrew Elms* DATE/TIME COMPLETED: **3/18/14**

2nd Follow Up

1710998

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL MENTAL HEALTH DENTAL MEDICATION REFILL

NAME: BROTHERS CDC NUMBER: F44057 HOUSING: ASU-177

PATIENT SIGNATURE: Abrey Brothers DATE: 08-14-2014

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) BRAIN PAIN FOLLOWED IMMEDIATELY AFTER A DENTAL PRO - CEEDURE I HAD ON MY ⊖ UPPER TOOTH, IN MARCH. I THOUGHT TIME WOULD HEAL... MY PAIN IS RAPIDLY INCREASING; CAUSING DISCOMFORT & WORRY. PAIN IS NOW @ A CONSTANT 8.

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

8-15-14 **PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT**

Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

PART II: TO BE COMPLETED BY THE TRIAGE REGISTERED NURSE

Date / Time Received: 8-15-14 1100 Received by: [Signature]
Date / Time Reviewed by RN: 8-15-14 1100 Reviewed by: [Signature] **B. Guhl, RN**

S: Pain Scale: 1 2 3 4 5 6 7 8 9 10

O: T: P: R: BP: WEIGHT:

A:
P: see progress note
 See Nursing Encounter Form

RECEIVED CSP-COR
MEDICAL RECORDS
AUG 21 2014

E:

APPOINTMENT SCHEDULED AS: EMERGENCY (IMMEDIATELY) URGENT (WITHIN 24 HOURS) ROUTINE (WITHIN 14 CALENDAR DAYS)

REFERRED TO PCP: COMPLETED BY: B. Guhl, RN DATE OF APPOINTMENT: NAME OF INSTITUTION: CSP-COR

PRINT / STAMP NAME: B. Guhl, RN SIGNATURE / TITLE: [Signature] DATE/TIME COMPLETED: 8-15-14

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL MENTAL HEALTH DENTAL MEDICATION REFILL

NAME: Brothers, Aubrey CDC NUMBER: F44057 HOUSING: ASU-177

PATIENT SIGNATURE: Aubrey Brothers DATE: 09.10.14

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) I need an MRI please. Brain pains are worsening. The medication IS NOT WORKING.

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

PART II: TO BE COMPLETED BY THE TRIAGE REGISTERED NURSE

Date / Time Received: 9/11/14 @ 0823 Received by: [Signature]

Date / Time Reviewed by RN: S: 9/12/14 @ 1051 Pain in brain Pain Scale: 1 2 3 4 5 6 7 8 9 10

since 3/2014, possibly from yellow procedure. Is on Zylact out helping. D. maldy aka of head burn is hurt 9/10. steadily. Drenchy, constant. Under glassy at times, nothing helps. H. H. H. - to PCP, NSAIDS, Dime maldy HX; meluadine 2 level. Sy will not help. H. SPO2 = 98% RA

O: T: 98 P: 88 R: 16 BP: 140/88 WEIGHT: 182 HT: 5'9" Hx NO x3, vls stable MVD noted. Sx calm; cooperative. Patient must not be pan gets re ball at times he gets agitated and has bad cough spells / rhinorrhea & others.

A: Attention in cough RIT (2) head pain rated 9/10. P: Ref to MD for further eval on pain meds, and possible dental exam; and maybe a psych eval. See Nursing Encounter Form

E: Advised patient to continue taking current pain meds till seen by MD. If symptoms worsen call RIT. Patient re-eval under steady.

APPOINTMENT SCHEDULED AS: EMERGENCY (IMMEDIATELY) URGENT (WITHIN 24 HOURS) ROUTINE (WITHIN 14 CALENDAR DAYS)

REFERRED TO PCP: DATE OF APPOINTMENT:

COMPLETED BY: D. Gullivar RN NAME OF INSTITUTION: CSP COR 1

PRINT / STAMP NAME: [Signature] SIGNATURE / TITLE: D. Gullivar RN DATE/TIME COMPLETED: 9/12/14 @ 1054

EXHIBIT COVER PAGE

B

EXHIBIT

Description of this Exhibit: • CDCR 602 Appeal.
• Interview by E. Clark.

Number of pages to this Exhibit: 4 pages.

JURISDICTION: (Check only one)

- Municipal Court
- Superior Court
- Appellate Court
- State Supreme Court
- United States District Court
- State Circuit Court
- United States Supreme Court
- Grand Jury

Emergency Appeal

COPY

STATE OF CALIFORNIA
PATIENT-INMATE HEALTH CARE APPEAL
CDCR 602 HC (REV. 6/13)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 2

NON EMERGENCY

STAFF USE ONLY Emergency Appeal <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Assignment: CSP-CORCORAN	Log #: CORHCH40516386	Category: 8
Signature: <i>J. V. [unclear]</i>	Date: 7-9-14	FOR STAFF USE ONLY	

You may appeal any medical, mental health, or dental 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 led 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): Brothers, Aubrey	CDCR Number: F44057	Unit/Cell Number: ASU-174⁺	Assignment: N4
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State briefly the subject/purpose of your appeal (Example: Medication, To See Specialist, etc.):

M.R.I To see specialist

SECTION A: Explain your issue (If you need more space, use Section A of the CDCR 602-A): **I've been having excruciating brain pain following a dental "filling" procedure by a older Asian gal on 3A-Corcoran I had in Mar. which has only worsen since. I put in a 7362 shortly after procedure because**

SECTION B: Action requested (If you need more space, use Section B of the CDCR 602-A): **M.R.I / Cat Scan. I'd like to know what's going on with me. Exactly. Need to see specialist.**

Thank you!

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.):

cocr 7362, Request for Health Care Services

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

Patient-Inmate Signature: **Aubrey Brothers** Date Submitted: **7.6.14**

By placing my initials in this box, I waive my right to receive an interview.

SECTION C: FIRST LEVEL - Staff Use Only	Check One: Is CDCR 602-A attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
This appeal has been:	Check One: Is this a recategorized/converted 1824? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Bypassed at the First Level of Review. Go to Section E.	
<input checked="" type="checkbox"/> Rejected (See attached letter for instruction):	Date: 7/14/14 Date: 7/25/14 Date: _____ Date: _____
<input type="checkbox"/> Cancelled (See attached letter):	Date: _____
<input checked="" type="checkbox"/> Accepted - Assigned to: Clark, E	Title: MD Date Assigned: 9/25/14 Date Due: 10/16/14
First Level Responder: Complete a First Level response. Include interviewer's name, title, interview date, location, and complete the section below.	
Date of Interview: 9-22-14 Interview Location: GACH BQ	
Your appeal issue is: <input type="checkbox"/> Granted <input checked="" type="checkbox"/> Granted in part <input type="checkbox"/> Denied <input type="checkbox"/> Other: _____	
See attached letter. If dissatisfied with First Level response, complete Section D.	

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	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 <input type="checkbox"/> Please check one: <input type="checkbox"/> Not reached* <input type="checkbox"/> Reached *See chrono/notes	Interview conducted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Interviewer: Edgar Clark, M.D. Title: _____ Signature: E. Clark MD Date completed: 9-22-14 Reviewer: Conall McCabe, M.D. Title: MD/CPA Signature: Chief Physician & Surgeon
4. Comments:			HCAC Use Only Date received by HCAC: 8/25/14 Date closed and mailed/delivered to appellant: 10/1/14

HCAC Use Only
Date received by HCAC: **8/25/14**
Date closed and mailed/delivered to appellant: **10/1/14**

STAFF USE ONLY

JUL - 9 2014
S/D

JUL 25 2014
S/D

OCT - 1 2014

COPY

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL FORM ATTACHMENT
CDCR 602-A (08/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 1

IAB USE ONLY	Institution/Parole Region CSP-CORCORAN	Log # CORHC14056386	Category 8
FOR STAFF USE ONLY			

Attach this form to the CDCR 602, only if more space is needed. Only one CDCR 602-A may be used.
Appeal is subject to rejection if one row of text per line is exceeded. **WRITE, PRINT, or TYPE CLEARLY in black or blue ink.**

Name (Last, First): Brothers, Aubrey	CDC Number: F44057	Unit/Cell Number: ASU-174^L	Assignment: N/A
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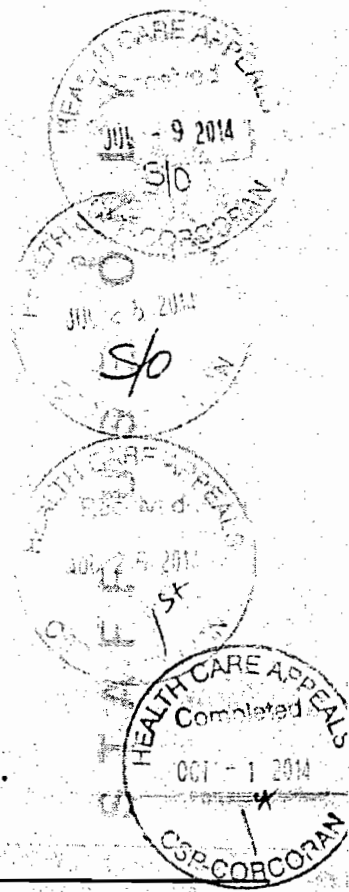
A. Continuation of CDCR 602, Section A only (Explain your Issue): **I noticed something was very wrong; I blacked^{out} and began having hot & cold flashes. My tooth looked as if it had burned discoloration.**

Since: I suffer from discomfort. It's interfering with my concentration, interactions with people. I often have loss of vision and hot & cold flashes. Rare vibrations and movements. A few times I've felt popping sounds which felt like a drop of water landed on my head but when I touch the area there's nothing. The pain is mainly in the middle and left side, same side as the tooth.

Thank you for your help. This is very discomfoting. Worrying.

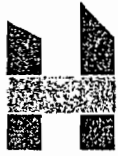
• A new 7362 has been submitted. I was seen by medical 07.31.14 @ 11 am. Referred to Dental nothing prescribed for pain & discomfort. Seen Dental 8.15.14 and medical. My pain is increasing - nothing prescribed.

Inmate/Parolee Signature: **Aubrey Brothers** Date Submitted: **7.6.14**



B. Continuation of CDCR 602, Section B only (Action requested):

Inmate/Parolee Signature: _____ Date Submitted: _____



COPY
CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES



Institution Response for First Level HC Appeal

Date: 9/24/2014

To: BROTHERS, AUBREY (F44057)
S INFC1017001LP
California State Prison – Corcoran
P.O. Box 8800
Corcoran, CA 93212-8309

Tracking/Log #: COR HC 14056386

Appeal Issues:

In your CDCR-602HC Inmate/Parolee Health Care Appeal Form received on 8/25/2014, you indicated you had a dental filling in March. You state since the day of the filling you suffer from pain, blackouts, hot and cold flashes, loss of vision, loss of concentration, and felt like “a drop of water landed on your head” at times. You state the pain originates from the same area as the dental filling.

Issue Type	Action Requested
Issue 1: Administrative (Emergency)	Appeal to be processed as an emergency.
Issue 2: Referral (CT Scan)	RFS - CT Scan of brain.
Issue 3: Referral (MRI)	RFS - MRI of brain.
Issue 4: Referral (Neurology)	RFS- Neurology

Interview:

You were interviewed by E. Clark, MD, on September 22, 2014, 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 and do not require any special accommodation(s) for effective communication.

Response:

The First Level Appeal, received on 8/25/2014 indicated you have had on onset of symptoms since receiving a dental filling in the month of March. You were seen by a medical doctor (MD) on 9/22/2014 in which the MD reviewed all of the aforementioned issues. On 9/22/2014 the MD wrote a H.C.S. Physician’s Request For Services (RFS / CDC 7243) form for a magnetic resonance image (MRI) of your brain. The RFS is currently pending review.

- Issue 1:** Your request for this to be an emergency appeal is denied in that following a review of the issues, it was found not to have met the emergency criteria as described in California Code of Regulations (CCR), 3084.5(b)(2). Your appeal was processed as a routine matter.
- Issue 2:** Your request for a referral to receive a computed tomography (CT) scan of your brain is denied in that it was not deemed medically indicated at this time.
- Issue 3:** Your request for a referral to receive a MRI scan of your brain is granted in that a RFS for an MRI of your brain was written on 9/22/2014 and is currently pending review.
- Issue 4:** Your request for a referral to neurology is denied in that it was not deemed medically indicated at this time.

A.BROTHERS, F44057
COR HC 14056386
Page 2 of 2

COPY

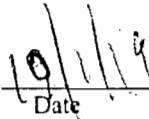
A review of your appeal with attachment(s), Unit Health Record (UHR), and all pertinent departmental policies and procedures were reviewed.

Appeal Decision:

Based upon the aforementioned information, your appeal is **Partially Granted**.



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



Date

EXHIBIT COVER PAGE

C

EXHIBIT

Description of this Exhibit: **MRI.**

Number of pages to this Exhibit: 1 pages.

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Radiology Report:

Report Lookup

Accession #: 170722

Primary Secondary

Status: Final

View: [Image](#)



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

California State Prison Corcoran

Name:	AUBREY BROTHERS	Patient ID:	11575399
DOB:	02/02/1984	Secondary ID:	F44057
Exam Name:	MRI BRAIN W/O CONTRAST 70551	Exam Date:	10/06/2014 02:27 PM
Referring Physician:	E. Clark, MD		

Exam: Brain MRI

Clinical history: new onset headaches

Proof of fracture

Comparison: None

Findings: Multiphase, multisequence brain MRI including T1, T2, FLAIR, and diffusion-weighted sequences, without contrast. There is no acute intracranial ischemia, hemorrhage, hydrocephalus, or mass effect. There is an old left medial orbital wall fracture. The visualized paranasal sinuses and mastoid air cells are clear.

Impression: No acute intracranial abnormality.

Report Electronically Signed by
Report Electronically Signed on: 10/06/14

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EXHIBIT COVER PAGE

D

EXHIBIT

Description of this Exhibit: *worsening of symptoms.*

Number of pages to this Exhibit: 2 pages.

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- Appellate Court
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- United States District Court
- State Circuit Court
- United States Supreme Court
- Grand Jury

MEDICAL PROGRESS NOTE

NAME: BROTHERS, AUBREY	CDCR#: F44057	DATE OF SERVICE: 09/22/2014
DATE OF BIRTH: 02/02/1984	HOUSING: S INFC1017001LP	PAROLE DATE:

TIME:

SUBJECTIVE: This is a 30-year-old man who presents with new-onset headache since March 2014. It started the day after he had had a filling placed on his left upper jaw. When the procedure was done he stood up and blacked out. He has been blacking out about twice a day ever since. The pain in the left side of his head started the next morning and it has been constant ever since. The dentist on his yard brought him back and redid the tooth and the pain in his tooth is not present but the pain in his head persists.

He has fallen once with these blackouts. Most of the time he knows it is going to happen when he gets ringing in his ears and tunnel vision and then he sits down. He notes that when his head pain gets severe he starts getting pain in both feet. He does not understand why it is like that, it feels kind of weird to him. He cannot concentrate. The pain is constant. It wakes him up. It is worse when he lies down. He has no seizures that he is aware of but he does have a history of seizures. He is currently in Unit C in the psychiatric unit. He says that he thought that maybe taking a psychiatric medicine would help his head but it has not.

The only neurologic symptom that he admits to is some blurry vision but no diplopia, seizures, weakness, numbness, loss of control of any bodily function or extremities.

He says he has not been able to see a doctor since it started. He did see NP Rouch on 09/02/2014. He has had two other 7362s that he submitted.

ALLERGIES:

OBJECTIVE: The face is symmetrical. There is some tenderness in the back of his skull on the left side. Tongue protrudes in the midline. Extraocular muscles are intact. He is able to walk easily without difficulty. I am unable to test his upper extremities because I would require both of them at the same time and since he is in Unit C that is not possible.

ASSESSMENT: New-onset headache with awakening and syncope.

PLAN: I wrote a Request for Services (RFS) for MRI of his brain and he will follow up with his yard physician.

EDUCATION:

FOLLOWUP:

DISABILITY CODE:
 TABE score less than 4.0
 DPH DPV LD
 DPS DNH
 DNS DDP
 Not Applicable

ACCOMMODATION:
 Additional time
 Equipment SLI
 Louder Slower
 Basic Transcribe
 Other*

EFFECTIVE COMMUNICATION:
 Patient-inmate asked questions.
 Patient-inmate summed information
PLEASE CHECK ONE
 Not reached* Reached
 *See Chrono/notes

COMMENTS:

X ec

Edgar Clark, MD

Digitally authenticated on 9/26/2014 4:40 PM

EC/lc D: 09/22/2014 12:15:00 pm

T: 09/26/2014 08:27:47 am

Job #: 1043864

PROOF OF SERVICE BY MAIL

(CCP §§1013(a), 2015.5; 28 U.S.C. §1746)

I, Aubrey Lee Brothers II, hereby declare that I am over the age of 18, I am the petitioner in the above-entitled cause of action, and my legal mailing address CSP-LAC _____, P.O. Box 8457, Lancaster, CA 93539-8457.

On August 27, 2017, I delegated to prison officials the task of mailing, via the institution's internal mail system (Houston v. Lack, 487 U.S. 266 [101 L. Ed. 2d 245; 108 S. Ct. 2379] (1988)), the below entitled legal document(s):

- 1.) 1983 Amended Complaint - Eastern District
- 2.) Exhibits A-D.

by placing said documents in a properly addressed and sealed envelope, with postage fully prepaid, in the United States Mail, deposited in the manner provided by CSP-LAC, and addressed as follows:

Office of the Clerk
2500 Tulare Street, Room 1501
U.S. Courthouse Building
Fresno, CA 93721-2201

I further declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge. Executed this 27 day of August, 2017 at the California State Prison - Los Angeles County.

Aubrey Lee Brothers II