

HUMANA HOSPITAL-ALASKA

NAME: MONACO, DONALD
ER#: 4186564
ROBERT RIPLEY, M.D.

EMERGENCY ROOM NOTE

DATE: 03/10/92, 10:44 p.m.

HISTORY: Mr. Monaco is a 33-year-old male who comes in with multiple complaints. The patient states that he was on his way home from skiing at Alyeska this evening when he had an episode where he got dizzy and his fingers were tingling. The patient states that he had ringing in his ears and that he was "hearing double." The patient states that he also had a sharp chest pain that lasted for several minutes which radiated down into his abdomen and up into his neck. The patient denies exertional component to this chest pain. He is a nonsmoker and denies a family history of cardiac disease. The patient denies a history of hypertension or diabetes. The patient denies diaphoresis, nausea or vomiting. The patient has had several episodes of this chest pain in the past, none related to exertion. He has been worked up by Dr. Archer and was told that he might have coronary artery vasospasm. He was started on Cardizem, but states that it gave him headaches and made him throw up, so he discontinued it. The patient is also being worked up by Dr. Bundtzen for elevated liver enzymes, and he has been told that he has hepatitis B. He currently takes no medications and is allergic to penicillin.

Almer v. Peanut Corporation of America

Doc. 123 Att. 4

PHYSICAL EXAMINATION: Temperature 97.5, pulse 71, respiratory rate 20, blood pressure 150/98. Examination reveals a nervous but otherwise pleasant, uncomfortable young man, breathing easily, lying on a stretcher. Head is normocephalic, atraumatic. Pupils are equal and reactive to light. Extraocular motions are intact. Sclerae are anicteric. Conjunctivae are uninflamed. Nose and throat are clear. Neck is supple without nodes or thyromegaly. There is no jugular venous distention. Breath sounds are clear and equal bilaterally without wheezes or crackles. Heart sounds are regular without murmur or gallop. The abdomen is soft and nontender with normal bowel sounds. No hepatosplenomegaly or peritoneal signs. The ribs and sternum are nontender to palpation.

LABORATORY AND X-RAY DATA: An electrocardiogram was performed which showed normal sinus rhythm with some J-point elevation or early repolarization of the anterior leads. Otherwise the axis is normal. The intervals are normal. This is a borderline EKG. Laboratory data reveal a normal chem-24 with the exception of an SGOT of 68, SGPT 161. CPK is 154.


ASSESSMENT:
1) Anxiety attack.
2) Elevated liver function tests.
CONTINUED...

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HUMANA HOSPITAL-ALASKA

NAME: MONACO, DONALD
ER#: 4186564
ROBERT RIPLEY, M.D.
EMERGENCY ROOM NOTE
PAGE 2

PLAN: The patient will go home and rest, and he was instructed in how to relax and take slow breaths when he felt these anxiety feelings coming on. He will follow up on his liver enzymes with Dr. Bundtzen and his chest pain with Dr. Archer.

ROBERT RIPLEY, M.D. 
RR:kkt
RECORD #9678
D: 03/10/92
T: 03/16/92
cc: Dr. Robert Ripley
Dr. Robert Bundtzen
Dr. Gary Archer

EMERGENCY EMERGENCY EMERGENCY EMERGENCY

Providence Hospital
Anchorage, Alaska

BILLING ADMITTING / REGISTRATION INFORMATION

PATIENT NAME MONACO, DONALD J JR		MEDICAL RECORD NO: 07180	ACCOUNT NUMBER 51506558	DATE OF SERVICE 07/15/92
MAILING ADDRESS 2900 BONIFACE 625 ANCHORAGE, AK 99504		DATE OF BIRTH 07/31/1958	AGE 33Y	SEX M
		M/S S	STATION ROOM BED	HOSPITAL SERVICE ERG TYPE: E
		ADMITTING PHYSICIAN NUMBER & NAME 003376 HANLEY MD JOHN R	02	ADMITTING PHYSICIAN PHONE 261-3111
		ATTENDING PHYSICIAN NUMBER & NAME 003376 HANLEY MD JOHN R	02	ATTENDING PHYSICIAN PHONE 261-3111

HOME PHONE 907-344-8832	WORK PHONE 907-563-7669	REFERRAL SOURCE H	REFERRING PHYSICIAN 000000	NEWBORN BIRTH WEIGHT
SOCIAL SECURITY NO. 554-15-3829	OCCUPATION SELF EMPLOYED	PATIENT EMPLOYER DONCO ENTERPRISES	RACE CAUCASIAN	RELIGION CATHOLIC
PRIOR MILITARY NO	BRANCH OF SERVICE	MILITARY I.D. CARD BEGIN/END DATE	USE VA NO	ANS ELIG NO
			ACC CODE 6	ADMISSION SOURCE EMERGENCY

WHERE SERVICE WITHIN 72 HOURS PHYSICIAN'S OFFICE	INFO. SOURCE IN-PERSON	PREV ADM YES	PRE OR ADM BY BS	REVISED BY CE	ADMITTING/REGISTRATION DATE TIME 07/15/1992 19:56
ADMITTING DIAGNOSIS/SYMPOMS DIZZINESS/SOB/ARM NUMB					

GUARANTOR NAME MONACO, DONALD J JR	SEX M	GUARANTOR ADDRESS 2900 BONIFACE 625 ; ANCHORAGE, AK 99504
GUARANTOR EMPLOYER DONCO ENTERPRISES	GUARANTOR HOME PHONE 907-344-8832	GUARANTOR WORK PHONE 907-563-7669
		SOCIAL SECURITY NUMBER 554-15-3829

PRIMARY INSURANCE CODE & NAME S01 SELF PAY	INSURANCE ADDRESS
TREATMENT AUTHORIZATION	SUBSCRIBER NUMBER
	GROUP NUMBER
	EMPLOYMENT STATUS SELF-EMPLO
	SUBSCRIBER WORK PHONE 907-563-7669

SUBSCRIBER NAME MONACO, DONALD J JR	REL P	SEX M	DATE OF BIRTH 07/31/1958	SUBSCRIBER'S EMPLOYER DONCO ENTERPRISES
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COMMENTS
NO INS CARD AVAIL/FRIEND TO BRING TO OFFICE/CE 7-15

SECONDARY INSURANCE CODE & NAME	INSURANCE ADDRESS
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TREATMENT AUTHORIZATION	SUBSCRIBER NUMBER	GROUP NUMBER	EMPLOYMENT STATUS	SUBSCRIBER WORK PHONE
SUBSCRIBER NAME	REL	SEX	DATE OF BIRTH	SUBSCRIBER'S EMPLOYER

COMMENTS

TERTIARY INSURANCE CODE & NAME	INSURANCE ADDRESS
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TREATMENT AUTHORIZATION	SUBSCRIBER NUMBER	GROUP NUMBER	EMPLOYMENT STATUS	SUBSCRIBER WORK PHONE
SUBSCRIBER NAME	REL	SEX	DATE OF BIRTH	SUBSCRIBER'S EMPLOYER

COMMENTS

EMERGENCY

PUBLICITY: OPN

PRINTED ON: 07/16/92 02:46

ER: BUDD, ROBIN 907-344-8832 907-563-7669 VIA POST FROM HOME

UNIT NUMBER: 00051506558 DATE/TIME IN: 07/15/1992 19:56

ENT NAME: ONACO, DONALD J JR DATE OF BIRTH: 07/31/1958 AGE: 33Y SEX: M MODE OF ARRIVAL: WI ACCOMPANIED BY: FR MED. REC. NO.: 207180

PHYSICIAN: ARCHER CATEGORY: X ON-CALL PHYSICIAN: ARCHER CATEGORY: X EMERGENCY PHYSICIAN: HANLEY MD JOHN X

COMPLAINT: IZZINESS/SOB/ARM NUMB PRIORITY: I PMD BEEPED (Times) PMD COMING TREATMENT RM. TIME: 2007 TREATMENT NURSE (Print):

REMARKS:
 STATES WHILE MOVING SPRINKLER TO-
 RIGHT BECAME DIZZY, HAD NUMBNESS IN
 LEFT ARM, GASPED FOR BREATH. HAS HAD
 CHEST PAIN OFF AND ON FOR LAST COUPLE
 DAYS. CAME TO ER LAST NIGHT WITH
 100% CP - LEFT WITHOUT BEING SIGNED IN.
 HX OF HEPATITIS C, CALCIFIED AORTIC
 VALVE. DENIES PAIN UPON ADMISSION.

VITAL SIGNS			P	R	NURSES NOTES
TIME	BP				
					2058 Rx given for Xanax home care follow up in- structions discussed did not - still water in

PHYSICIAN SIGNATURE: *B. Simonson MD* PRINT NAME: B Simonson MD

CONTINUES ON NURSE NOTES YES NO

TEMP: 27/70 PULSE: 99.1 RESP: 67 LAST TETANUS: ALLERGIES: PENICILLIN??

PHYSICIAN EVALUATION

- PHYSICIAN ORDERS
- Diphtheria Tetanus Adult 0.5cc Im
 - OLD CHART
 - CBC
 - C-17 Panel O
 - EKG #1
 - NURSE CALLBACK: (DATE)

M.D. TIME: *10:00*

keol hepatic
anxious

ORIGINAL

Re...

MEDICATION	DOSE	M.D.	DATE	TIME

DISCHARGE DISPOSITION: DISCHARGE EXPIRED AMA TRANSPORTED TO: LEFT & BEING SEEN

CONDITION ON DISCHARGE: IMPROVED SATISFACTORY AS ABOVE WORK RELEASE DAYS

23



DATE OF VISIT: 7/15/92

SUBJECTIVE:

The patient is a 33-year-old male who presents to the Emergency Room with a history of multiple somatic complaints including dizziness, intermittent numbness on left side including arm and leg. The patient said that he had a number of episodes of chest pain and was unable to get a full breath of air. The patient has been evaluated extensively recently for similar symptoms including CT scan of the chest and abdomen, EKG, echocardiogram. The patient states that he has been diagnosed periodically with pericarditis and also has a history of hepatitis C with elevated liver function tests which is gradually resolving. The patient also states that he has been told that he has a partially calcified aortic valve by echocardiogram. The patient is unclear and presents at this time for further evaluation.

OBJECTIVE:

Temperature 99, pulse 70, blood pressure 127/70. In general, this is a very anxious appearing young male, healthy appearing. HEENT is normal. Neck is supple. Chest is clear to auscultation. Cardiac: regular rate and rhythm. Abdomen is soft. Neurologic: cranial nerves were intact. Motor, sensory and coordination intact.

LABORATORY STUDIES:


EKG reveals sinus rhythm without acute changes.

IMPRESSION:

1. Anxiety.
2. History of hepatitis C.

PLAN:

The patient was referred by request to Dr. Shannon and Dr. Sonneborn for further evaluation.



 John R. Hanley, M.D.

cc: David Sonneborn, M.D.
Charles Shannon, M.D.

JRH/198/7388
D: 07/15/92
T: 07/16/92

Emergency Room Report

NAME: MONACO, DONALD

MR NO.: 20-71-80

PHYSICIAN: John R. Hanley, M.D.

07/15/92

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OUTPATIENT REGISTRATION

PRUDENCE HOSPITAL
ANCHORAGE, ALASKA

ACCOUNT NUMBER 51343952		REGISTRATION DATE/TIME 02/27/1992 20:14		STATION/ROOM		SERVICE EMERGENCY		MEDICAL RECORD NUMBER 207180		
ADMITTING DIAGNOSIS 20 SECS OF CHEST PAIN				VALUABLES OPN		PRIOR MILITARY NO		ANS ELIG NO		
ADMITTING PHYSICIAN NUMBER & NAME 003376 HANLEY MD JOHN		ADMITTING PHYSICIAN ADDRESS PO BOX 196604 ERANCHORAGE AK 99519						ADM PHYS PHONE 261-3111		
ATTENDING PHYSICIAN NUMBER & NAME 003376 HANLEY MD JOHN		ATTENDING PHYSICIAN ADDRESS PO BOX 196604-EDANCHORAGE AK 99519						ATT PHYS PHONE 261-3111		
ADM SOURCE		DATE OF SERVICE		PT TYPE E		FIN CLASS 6		INS 1 L11		
INS 2		ADM BY IW								
PATIENT NAME MONACO, DONALD J JR				PATIENT MAILING ADDRESS 2900 BONIFACE 625 ANCHORAGE AK 99504				PATIENT PHONE 907-344-8832		
DATE OF BIRTH 07/31/58		AGE 33Y	SEX M	MIS S	RACE C	RELIGION CAX	SOC SECURITY NO 554-15-3829		OCCUPATION NO	
PATIENT EMPLOYER SELF		HOW LONG	EMPLOYER ADDRESS GROUND MAINTEN						EMPLOYER PHONE 907-563-7669	
RELATIVE NAME BUDD, ROBIN		REL D	RELATIVE ADDRESS 10037 THIMBLE BERR ANCHORAGE AK 99515						RELATIVE PHONE 907-344-8832	
OCCUPATION SELF		RELATIVE EMPLOYER	HOW LONG	EMPLOYER ADDRESS						EMPLOYER PHONE
EMERGENCY CONTACT MONACO, DONALD SR		REL N	EMERGENCY ADDRESS MODESTO CA						EMERGENCY PHONE 209-578-0911	
RELATIVE COMMENTS PT TO ER ALONE, PR VEHPT HAS MOBILE PHONE 244-7155										
GUARANTOR NAME MONACO, DONALD J JR		REL P	GUARANTOR MAILING ADDRESS 2900 BONIFACE 625 ANCHORAGE AK 99504						GUARANTOR PHONE 907-344-8832	
OCCUPATION GROUND MAINTEN		GUARANTOR EMPLOYER SELF	HOW LONG	EMPLOYER ADDRESS						EMPLOYER PHONE 907-563-7669
GUARANTOR SOC SEC NO 554-15-3829		GUARANTOR STREET ADDRESS 700 W 58TH ANCHORAGE AK 99508								
GUARANTOR COMMENTS										
INSURANCE COMPANY PRIMARY L11\MUTUAL OMAHA				INSURANCE ADDRESS OMAHA NE				TREAT AUTH		
OCC CODE 6	OCC DATE 02/27/92	OCC TIME 00:00	SUBSCRIBER NAME MONACO, DONALD J JR		REL P	DATE OF BIRTH 07/31/58	SUBSCRIBER NO 554153829	GROUP NO 190391-91M CM7		
SUBSCRIBER EMPLOYER SELF		EMP STATUS 1	HOW LONG	EMPLOYER ADDRESS						EMPLOYER PHONE 907-563-7669
SUPERVISOR IF WC		INSURANCE PRIMARY COMMENTS COPY OF PT MUTUAL OF OMAHA INS CARD IN FILE								
REZ 02-27-92										
RACE: CAUCASIA		RELIGION: CATHOLIC-NO PARISH								
INSURANCE COMPANY SECONDARY				INSURANCE ADDRESS				TREAT AUTH		
SUBSCRIBER NAME		REL	DATE OF BIRTH	SUBSCRIBER NO		GROUP NO				
SUBSCRIBER EMPLOYER		EMP STATUS	HOW LONG	EMPLOYER ADDRESS						EMPLOYER PHONE
INSURANCE SECONDARY COMMENTS										
INSURANCE COMPANY TERTIARY				INSURANCE ADDRESS				TREAT AUTH		
SUBSCRIBER NAME		REL	DATE OF BIRTH	SUBSCRIBER NUMBER		GROUP NUMBER				
SUBSCRIBER EMPLOYER		EMP STATUS	HOW LONG	EMPLOYER ADDRESS						EMPLOYER PHONE
INSURANCE TERTIARY COMMENTS										

UNIT NUMBER 343952		DATE/TIME IN 02/27/1992 20:14		PATIENT NAME NACO, DONALD J JR		DATE OF BIRTH 07/31/58	AGE 33Y	SEX M	MODE OF ARRIVAL WI	ACCOMPANIED BY SL	MED. REC. NO. 000000207180	
ATTENDING PHYSICIAN CHER/BUNDTZEN		CATEGORY ON-CALL PHYSICIAN <input checked="" type="checkbox"/> ARCHER/BUNDTZEN			CATEGORY EMERGENCY PHYSICIAN <input checked="" type="checkbox"/> HANLEY MD JOHN							
COMPLAINT SECS OF CHEST PAIN		PRIORITY I	<input type="checkbox"/> PMD BEEPED _____ (Times)		<input type="checkbox"/> PMD COMING _____		TREATMENT RM. TIME 2019	TREATMENT NURSE lw				

PHYSICIAN NOTES:
 I GET THESE SPELLS FOR THE PAST 2 MONTHS NO PAIN NOW JUST DIZZINESS. HX OF POSSIBLE HEART PROBLEMS (LEAKY VALVES AND CALCIFIED AORTA) TONITE CONCERNED WITH CHEST PAIN EPISODE. COLOR GOOD. OF ALSO ESOPHAGITIS.

VITAL SIGNS				NURSES NOTES	
TIME	BP	P	R		
				2019 EKG done - <i>[Signature]</i>	
				2030 Emily Be... <i>[Signature]</i>	
				2150 hr... <i>[Signature]</i>	

PHYSICIAN SIGNATURE
[Signature]

PCID	TEMP 98.6	PULSE 80	RESP 20	DATE OF LAST TETANUS N/A	ALLERGIES MOTRIN, PCN
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PHYSICIAN EVALUATION

PHYSICIAN ORDERS		M.D. TIME
<input type="checkbox"/> Diphtheria Tetanus Adult 0.5cc Im Mfg. Lot No.		<div style="font-size: 2em; font-weight: bold;">d</div> <div style="font-size: 3em; font-weight: bold; margin-top: 20px;">9</div> <div style="font-size: 4em; font-weight: bold; margin-top: 20px;">9</div>
<input checked="" type="checkbox"/> OLD CHART <i>[Signature]</i>		
<input type="checkbox"/> CBC		
<input type="checkbox"/> ER PANEL		
EKG #1		
#3		
<input type="checkbox"/> NURSE CALLBACK: _____ (DATE)		
MEDICATIONS		
MEDICATION	DOSE	

<div style="font-size: 4em; font-weight: bold; opacity: 0.5;">ORIGINAL</div> <div style="font-size: 2em; font-weight: bold; margin-top: 10px;">chest doubt cardiac</div> <div style="font-size: 2em; font-weight: bold; margin-top: 10px;">Please</div>	
M.D. _____ DATE _____ TIME _____	
DISCHARGE DISPOSITION	
<input checked="" type="checkbox"/> DISCHARGE <input type="checkbox"/> EXPIRED <input type="checkbox"/> AMA <input type="checkbox"/> TRANSPORTED TO: _____	
<input type="checkbox"/> ADMITTED Time _____ <input type="checkbox"/> LEFT & BEING SEEN _____	
CONDITION ON DISCHARGE	
<input type="checkbox"/> IMPROVED <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> WORK RELEASE _____ DAYS	
<input type="checkbox"/> AS ABOVE <input type="checkbox"/> _____	



DATE OF VISIT: 2/27/92

SUBJECTIVE:

The patient is a 33-year-old male who presents to the Emergency Room with history of an episode of sharp chest discomfort this evening and lightheadedness. The patient states he has had episodic discomfort for the past two months. The patient reportedly has undergone extensive work-up including echocardiogram and treadmill studies. He states that he has been told that he has a possible leaky mitral valve. The patient was concerned because of his episode this evening and states that he is pain free at this time and would like to be evaluated. The patient is a nonsmoker, denies any family history of heart disease.

PHYSICAL EXAMINATION:

Temperature 98.6, pulse 80, blood pressure 120/80. In general a very anxious young male. HEENT: normal. The neck is supple. Chest: clear to auscultation without rales or wheezes. Cardiac exam: regular rate and rhythm without murmurs, rubs or extra sounds. Abdomen soft.

LABORATORY DATA:

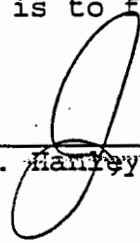
EKG reveals sinus rhythm with no acute changes, unchanged from previous cardiograms. Chest x-ray negative.

IMPRESSION:

Chest pain, doubt cardiac in nature.

PLAN:

The patient is reassured and he is to follow-up with Dr. Archer tomorrow as scheduled.



John R. Hanley, M.D.

cc: Gary Archer, M.D.

JRH/154/5213
D: 02/28/92
T: 02/28/92

Emergency Room Report

NAME: MONACO, DONALD J. JR

MR NO.: 20-71-80

PHYSICIAN: John R. Hanley, M.D.

02/27/92

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EMERGENCY

EMERGENCY

EMERGENCY

EMERGENCY



Providence Hospital
Anchorage, Alaska

BILLING ADMITTING / REGISTRATION INFORMATION

PATIENT NAME MONACO, DONALD J JR		MEDICAL RECORD NO. 207180	ACCOUNT NUMBER 51610392	DATE OF SERVICE 10/07/92
MAILING ADDRESS 2900 BONIFACE 625 ANCHORAGE, AK 99504		DATE OF BIRTH 07/31/1958	AGE 34	SEX M
		M/S S	STATION ROOM BED	HOSPITAL SERVICE ERG TYPE: E
ADMITTING PHYSICIAN NUMBER & NAME 001941 CAREY MD, EVA M			ADMITTING PHYSICIAN PHONE 261-3111	
ATTENDING PHYSICIAN NUMBER & NAME 001941 CAREY MD, EVA M			ATTENDING PHYSICIAN PHONE 261-3111	

HOME PHONE 907-344-8832	WORK PHONE 907-563-7669	REFERRAL SOURCE	REFERRING PHYSICIAN 000000	NEWBORN BIRTH WEIGHT
SOCIAL SECURITY NO. 554-15-3829	OCCUPATION SELF EMPLOYED	PATIENT EMPLOYER DONCO ENTERPRISES	RACE CAUCASIAN	RELIGION CATHOLIC
PRIOR MILITARY NO	BRANCH OF SERVICE	MILITARY I.D. CARD BEGIN/END DATE	USE VA NO	ACC CODE 6
WHERE SERVICE WITHIN 72 HOURS		INFO. SOURCE IN-PERSON	PREV ADM YES	PRE OR ADM BY RB
		REVISED BY CPL	ADMITTING/REGISTRATION DATE TIME 10/07/1992 17:53	

ADMITTING DIAGNOSIS/SYMPOMS
SOB H/A NAUSEA WEAK

SMOKE: N ADVDIR: N

GUARANTOR NAME MONACO, DONALD J JR	SEX M	GUARANTOR ADDRESS 2900 BONIFACE 625 ; ANCHORAGE, AK 99504
GUARANTOR EMPLOYER DONCO ENTERPRISES	GUARANTOR HOME PHONE 907-344-8832	GUARANTOR WORK PHONE 907-563-7669
		SOCIAL SECURITY NUMBER 554-15-3829

PRIMARY INSURANCE CODE & NAME C19 MUT. OF OMAHA/OMAHA NE	INSURANCE ADDRESS MUT OF OMAHA PLAZA OMAHA, NE 68175
TREATMENT AUTHORIZATION	SUBSCRIBER NUMBER 554153829
GROUP NUMBER 190391-91M	EMPLOYMENT STATUS SELF-EMPLO
	SUBSCRIBER WORK PHONE 907-563-7669
SUBSCRIBER NAME MONACO, DONALD J JR	REL P
	SEX M
	DATE OF BIRTH 07/31/1958
	SUBSCRIBER'S EMPLOYER DONCO ENTERPRISES

COMMENTS
COPY OF INS CARD IN FILE.

SECONDARY INSURANCE CODE & NAME	INSURANCE ADDRESS
TREATMENT AUTHORIZATION	SUBSCRIBER NUMBER
GROUP NUMBER	EMPLOYMENT STATUS
	SUBSCRIBER WORK PHONE
SUBSCRIBER NAME	REL
	SEX
	DATE OF BIRTH
	SUBSCRIBER'S EMPLOYER
COMMENTS	

TERTIARY INSURANCE CODE & NAME	INSURANCE ADDRESS
TREATMENT AUTHORIZATION	SUBSCRIBER NUMBER
GROUP NUMBER	EMPLOYMENT STATUS
	SUBSCRIBER WORK PHONE
SUBSCRIBER NAME	REL
	SEX
	DATE OF BIRTH
	SUBSCRIBER'S EMPLOYER
COMMENTS	

EMERGENCY

PUBLICITY: OPN

PRINTED ON: 10/07/92 22:08

ER: BUDD, ROBIN 907-344-8832 907-563-7669 VIA PRI VEH FROM HOME REL: D

28



DATE OF VISIT: 10/7/92

CHIEF COMPLAINT:
Headache.

HISTORY:

34-year-old male with history of migraine headaches who complained of a headache which began about two hours ago. It was preceded by his vision "going out" on him in right eye and then pain came on which was located in the right head. He stated that pain was nonthrobbing, without radiation. He had no further visual disturbance. He has had no neck pain, stiffness, fever or chills. He complains of nausea but no vomiting. He has had no diarrhea. The patient has a history of migraine headaches and states that this pain feels similar to the headaches that he has had before. He has suffered from migraine since age 17. These had decreased in frequency up until the last year. He has had two to three per month. He states that this is among the worst that he has had. This does feel similar to the headaches that he has had before.

The patient also has a history of hepatitis C as well as elevation of his liver enzymes for quite some time, about six years. He states that this may possibly be due to alcoholic cirrhosis as he formerly was a heavy drinker. He has cut down on his alcohol but one month ago, had a binge of alcohol and he was felt to have developed a pancreatitis after this. He also has a history of aortic stenosis and follows with a cardiologist for this.

OBJECTIVE:

On examination, this is an alert and awake white male who was in no acute distress and is afebrile. Blood pressure is 142/90. Pupils were equal, round, reactive to light. Extraocular movements were fully intact. He has no photophobia. Fundi are benign. Neck was supple with full range of motion, no adenopathy. Oropharynx is moist. TMs were clear. Lungs were clear to auscultation. Heart: regular rate and rhythm, no murmurs, gallops or rubs. Chest wall is nontender. Abdomen: bowel sounds are present, soft, flat, nontender, nondistended, no masses, guarding or rebound. He has no hepatosplenomegaly. Extremities are without cyanosis, clubbing or edema. Pulses intact. Neurologic: cranial nerves were intact. No motor or sensory deficit. DTRs were 2+ and equal, no ataxia on gait.

The patient was given an injection of Demerol and Phenergan. Within one half hour, he noted complete relief of his headache. He had no further nausea.

GRB/198/9801
D: 10/07/92
T: 10/08/92

Emergency Room Report

NAME: MONACO, DONALD

MR NO.: 20-71-80

PHYSICIAN: Gregg R. Bruns, M.D.

10/07/92



DIAGNOSIS:
Typical migraine headache.

PLAN:
The patient was instructed to go home and rest and avoid alcohol, caffeine and tobacco and will follow up with his physician.

Gregg R. Bruns, M.D.

GRB/198/9801
D: 10/07/92
T: 10/08/92

Emergency Room Report

NAME: MONACO, DONALD

MR NO.: 20-71-80

PHYSICIAN: Gregg R. Bruns, M.D.

10/07/92

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TIME IN 0440	DATE 12/14/92	ROOM NO.	R.N. INITIALS	TRANSPORTED BY:	VALUABLES CHECKED <input type="checkbox"/>
TIME OUT 1330	BP 124/60	TEMP. 36.3	PULSE 68	RESP. gmp	ALLERGIES ? PCN.
CURRENT MEDS.					

PRESENT COMPLAINT
Intermittent C.P. since 1500 12/13
Pt seen e HMC e 1500 12/13
Pt seen e HMC e 1900 12/13
putt. hepc

URGENT CARE SERVICE HISTORY / PHYSICAL FINDINGS
344.0-30

CHART REQUESTED AT: Pt 2 Arrivals CP since 3pm yesterday.
PERSONAL PHYSICIAN: Pt followed by cardiologist - Dr. Archer - in Alaska for H/O Arrivals CP. Has H/O mild pericarditis 5-6mo ago, C/ETT 5-6mo ago, & E/ETD which reportedly showed a calcified aortic valve. H/O LATH. Today while at the Kingdom, has several 10 second bursts of dull E/ETD CP radiating to jaw/arm. C/N/D/NO/D/NO. These bursts continued intermittently for 15' & pt was taken to HMC where full labs/EKG were obtained. Admission was contemplated but declined against P discussion & Dr Lee in cardiology. Pt declined on nitroglycerine. Once he returned home, he again experienced his fleeting CP and went to Highline Hospital where full w/u was again pursued. Admission was suggested but refused. Urine toxic screen was also done which was pending.

PHYSICIANS ORDERS

X-RAY TIME
Tall. 1-2mm w/opacity at I, L, V, base
12 lead EKG
No sig a fun
1-2-19

LAB TIME
Pt prior to presenting to ER, Pt awoke 2 dull CP lasting 5 sec associated 2 N/D/NO/D/NO. Resolved spontaneously, but Pt felt it was important to have pain re-evaluated.
C/Orthopnea C/AND C/Edema. H/O Palpitations
C/AST/ALT/W/LV/ASD P/BAS/MELLOW.
CARDIAC RISK: C/MI C/HTN C/DM C/TOR C/COCAINE (4) C/CHOL=200.

DIPH-TET. PE Exam: smiling, happy to be eval. PL 1) MIGRAINES
VS ↑ 2) H/O PANCREATITIS

TETANUS TOXOID / LOT# Neck & JMS chest C/TA 3) HEP C 4) ETOH

MEDICATIONS Can ML SI, S, 3 @ 5) FOOT SURG GYN. 20 motorcycle

Cardiology ext 6/12 - multiple scars of skin graft 6) CARDIAC (above) ALL PCN - ? rash

Consult: new adox3 CNR w/SIF s/grossly intact needs vitamins

Dr. Greg Jones FU M CHOL (2000) F CHOL (370)

OLD RECORDS REVIEWED. SU TRS-OC. ETOH - Single shot 2mo ago

CARDIOLOGY CONSULT. CARDIOLOGY to Review Records 2 Pt Prior to LEADING. NOA - H/O COCAINE 7 yr ago.

COMPUTER DISCHARGE INSTRUCTIONS DISCHARGE MEDICATIONS A/P Arrivals CP - DONT CAD. DONT Decalcification in Absence of R/L Evolving EKG's. However will attempt NSAID trial 2 NADROX

DIAGNOSIS: 1) Chest pain, etiology undetermined 2) H/O Hep.C hepatitis.

CONDITION OF DISCH/TRANS. SATISFACTORY SERIOUS CRITICAL

WHEN 121497 I HEREBY ACKNOWLEDGE I HAVE RECEIVED INSTRUCTIONS FOR FOLLOW UP CARE CONCERNING THIS VISIT

PT.NC. PATIENT (OR LEGAL) SIGNATURE DATE 12/14/92

NAME 7 78 07 35 PHYSICIAN SIGNATURE/DATE WWP NUMBER

UNIVERSITY OF WASHINGTON MEDICAL CENTERS - SEATTLE, WA HARBOVIEW MEDICAL CENTER - EMERGENCY - 223-3874 UW MEDICAL CENTER - EMERGENCY - 648-4000

EMERGENCY NOTES UH 0076 REV JAN 92 WRITE - MEDICAL RECORDS CANARY - EMER. DEPT. FILE PINK - EMER. DEPT. FILE

UNIVERSITY OF WASHINGTON MEDICAL CENTER

EMERGENCY MEDICINE SERVICE DISCHARGE INSTRUCTIONS

MONACO, DONALD JAMES JR 7 78 07 35, 12/14/92 07:48, 554153829
2900 BONIFACE PKWY #625 ANCHORAGE AK99504

Your EMERGENCY PHYSICIAN(s): DR. JONG 0791
Your RESIDENT PHYSICIAN: DR. DANIEL MARKOWITZ

EVALUATION

Evaluation in the emergency department included triage, a screening exam by the nurse, and a history and physical by DR. JONG 0791

Cardiology consultation was obtained to assist in your care.

The following tests were also performed:

EKG/MONITORING: EKG MONITORING and 12 LEAD EKG.

An EKG and/or EKG monitoring were performed. EKG's are read by the emergency physician and are reviewed by a cardiologist. If there are any discrepancies, we will contact you and/or your referral physician.

Based on this evaluation, the following diagnoses have been made. Remember that these are preliminary diagnoses and follow up with your referral physician may be necessary.

DIAGNOSIS-1

NON-SPECIFIC CHEST PAIN 786.50

*Non-specific chest pain means that the cause of the chest pain is not clear. Causes of this condition include injury/inflammation of the ribs, muscles or other chest wall structures, inflammation of the pleura, esophageal problems and other conditions. Although heart disease is considered to be very unlikely, it has not been completely ruled out.

INSTRUCTIONS

*If medications were prescribed, take them as instructed. Follow up with your referral physician is important. If the pain is increasing in severity or duration, there is associated sweating or shortness of breath, the pain radiates to the neck, jaw or arms or there is rapid or irregular heartbeat, call the medics at 911 or the emergency department immediately.

DIAGNOSIS-2

POSSIBLE CHEST WALL PAIN 786.50/786.52

*Your chest pain is caused by an injury to or inflammation of the ribs, muscles, joints or ligaments in your chest wall. We believe that your pain is NOT due to HEART DISEASE.

INSTRUCTIONS:

*Rest and avoid activities that exacerbate your pain. Take medications as prescribed or needed. If the pain is increasing or there are any problems, call your referral physician or the emergency department.

TAKE HOME MEDICATIONS

NAPROXEN

32
missing
see file
ORIGINAL

ALASKA REGIONAL HOSPITAL
ANCHORAGE, AK 99504

Patient No.	PT	Admit Date	Admit Time	FC	Age	Date of Birth	Sex	Marital Status	RC	Smoker	Physician No.	Physician Name	Pre. N
24228391-1	E	11/20/93	03:19PM	T	63	7/21/58	M	S	1	N	70018	DR. HAZARD	

Patient Name and Address	Social Security No.	Patient's Employer	Medical Records No.
MONACO, DON J 2900 BONIFACE PKWY #625 ANCHORAGE AK 99504	554153829	DON CO INTERPRISES INC GENERAL DEL ANCHORAGE AK 99504	00000620666 9072222222

Guarantor Name and Address	Relation	Guarantor Employer	Phone
MONACO, DON J 2900 BONIFACE PKWY #625 ANCHORAGE AK 99504	SAME/PATIENT 554153829	DON CO INTERPRISES INC GENERAL DEL ANCHORAGE AK 99504	9072222222

Carrier No.	Name	Insured	Birth Mo/Day	Relation	Effective Date	Group No.	Cert. No.	Policy HIB	Benefit Code
31300	MUT OF CMAH	MONACO, DON J	0721	SA		190391-91M			

Location of Accident	On Job	Where	Date	Time
			/ /	

Chief Complaint	Next of Kin	Relation
BLURRY VISION L EYE, HEADACHE	BUDD, ROBIN GENERAL DEL ANCHORAGE AK 99504	OT

Physician Certification No.	Allergies	PCN	NKA	LMP	Last Tetanus	TIME	TEMP	PULSE	RESP	B/P
						ON ADMIT	102	105	18	133/91

MODE OF ARR.	Nurse Assessment - Time:	Current Meds.	Medical Hx	Diabetes
Walk	<i>I. tx 2 wks ago for severe migraines in Florida. 05. blurry since today 1 HA + vision loss. not his usual headache. 0. drug 3 stem w/d. no obvious distress. 1. exam by me.</i>	<i>VXHC natural infection</i>	<i>migraine</i>	<input type="checkbox"/>
Carried			<i>HA-OS - 2/2</i>	<input type="checkbox"/>
Ambulance			<i>UD - 2/20</i>	<input type="checkbox"/>
Police			<i>calculated aortic aneurysm</i>	<input type="checkbox"/>
Rescue Squad				<input type="checkbox"/>
WC				<input type="checkbox"/>
Stretcher				<input type="checkbox"/>
O.C.				<input type="checkbox"/>
Alert				<input type="checkbox"/>
Lethargic				<input type="checkbox"/>
Unresponsive				<input type="checkbox"/>
Disoriented				<input type="checkbox"/>
Shock				<input type="checkbox"/>

VALUABLES	Physician Assessment - Time:	Signature	Private Physician	Notified	Response
Patient	<i>Diabetic</i>	<i>[Signature]</i>	<i>[Signature]</i>	<input type="checkbox"/> Home <input type="checkbox"/> Off <input type="checkbox"/> Ans. Serv.	<i>[Response]</i>
Family/Friend					
Med. Examiner					
Safe					
Env. No.					

NOTIFIED	DISCH. COND.	EXIT VIA	ACCOM. BY
Police	Improved	Walk	Self
Family/Friend	Critical	Carried	Family/Friend
Med. Examiner	Unchanged	WC	Police
Animal Ctrl.	Expired	Stretcher	Other
Clergy		Ambulance	
Family Serv.			
Time			
Call			

MEDICATION/DOSE/TREATMENT I.V.	ROUTE/SITE	SIGNATURE	RESPONSE
<i>Kept VA pinkle</i>			
<i>VA - 20/25 OD</i>			
<i>25/20 OD - 11/11/93</i>			

DISPOSITION	Diagnosis	Code	Physician Signature	Nurse Signature
Home	<i>1. Hx of migraines w/epilepsy</i>	<i>3680</i>	<i>[Signature]</i>	<i>[Signature]</i>
Other Facility	<i>2. Visual sensory change</i>			
AMA				
Expired				
CCA in ED				
ADMIT				

BOOKING #

2000501466

SAN BERNARDINO COUNTY SHERIFF'S DEPARTMENT
RECEIVING/TRANSFER SCREENING
FEDERAL PRISONERS



NAME: <u>11-11-11</u> <u>LEONEL</u>		Federal # <u>12345678</u>		INTAKE
DATE & TIME BOOKED <u>11-11-11 11:00</u>		Sex: <u>M</u>	Race: <u>1</u>	Age: <u>0</u>
1. Does the prisoner appear to be mentally retarded, exhibiting hearing or speech problems, under the influence of drugs or alcohol, disoriented, confused or have impaired level of consciousness, or injured in any way? Did you apply or attempt any type of restraint (other than handcuffs)?		DOB: <u>7-1-58</u>	Y	N
2. HEALTH HISTORY: Do you have any of the following problems? <input type="checkbox"/> Heart Trouble <input type="checkbox"/> Hemia <input type="checkbox"/> STD <input type="checkbox"/> Diatomites <input type="checkbox"/> Seizures/DT's <input type="checkbox"/> Asthma <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Stomach Problems <input type="checkbox"/> Back Injuries <input type="checkbox"/> Hepatitis <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Diabetes <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Dental Problems <input type="checkbox"/> Allergies: <u>None</u> <input type="checkbox"/> ENT Problems <input type="checkbox"/> Kidney Problems				
3. Are you taking or do you need to take any prescribed medications (including psychiatric)? Type/Dose:				
4. Have you ever been treated for tuberculosis? sweats?				
5. Have you had a cough for more than three weeks with any of the following: fever, weight loss, fatigue, night sweats? Have you recently been in contact with someone who has tuberculosis?				
7. Have you had a head injury/traffic accident/fight in the past 72 hours? How much do you drink?				
8. Last Drink: _____				
9. Do you use any street drugs such as heroin, cocaine, methamphetamine, or anything else? How much? _____ Last use: _____				
10. Do you have any rashes, cuts, boils, abscesses, lice, or crabs?				
11. Do you have any artificial limbs, braces, dentures, hearing aid, contact lenses or eyeglasses?				
12. Have you ever tried to harm yourself?				
13. Are you thinking of harming yourself now?				
14. Do you have any problems with mood swings, depression, or hearing voices?				
15. Are you currently receiving psychiatric treatment?				
16. Have you been a patient in a mental hospital within the past 5 years?				
17. Have you ever been treated at a Regional Center or diagnosed with developmental problems?				
18. Do you have any other medical problems or injuries?				
19. Are there any signs of alcohol/drug intoxication and/or withdrawal? <input type="checkbox"/> Tremors <input type="checkbox"/> Slurred Speech <input type="checkbox"/> Gooseflesh <input type="checkbox"/> Poor Coordination <input type="checkbox"/> Lethargy <input type="checkbox"/> Itters <input type="checkbox"/> Slurred Speech <input type="checkbox"/> Gooseflesh <input type="checkbox"/> Poor Coordination <input type="checkbox"/> Wheezing <input type="checkbox"/> Tachypnea				
20. Are there any obvious respiratory problems? <input type="checkbox"/> Dyspnea <input type="checkbox"/> Wheezing <input type="checkbox"/> Tachypnea				
FEMALES ONLY				
21. Are you taking birth control pills? Due date: _____				
22. Are you pregnant? Due date: _____				
DISPOSITION (Check all that apply): <input type="checkbox"/> Emergency Room <input checked="" type="checkbox"/> General Population <input type="checkbox"/> Delay <input type="checkbox"/> Refer to Mental Health <input type="checkbox"/> Refer to CD Nurse <input type="checkbox"/> Sick Call <input type="checkbox"/> Medical Housing <input type="checkbox"/> Suicide Watch/Safety Cell <input type="checkbox"/> Refer to Patient Ed. Nurse				
Last PPD Date: <u>11-11-11</u> Results: <u>+</u>				
Last CXR Date: _____ Results: _____				
Comments: <u>Map C111, Leg of the patient fib. done.</u>				
Vital Signs: B/P _____ Temp: _____ Resp: _____ Pulse: _____				
Nurse's Signature: <u>[Signature]</u> Emp. #: <u>52275</u>				
Inmate's Signature: <u>[Signature]</u>				
Forms/medical/5/rectrans.doc		Rev. 05-29-98		

DISCHARGE SUMMARY		MEDICATIONS	DOSAGE/FREQUENCY	START DATE	STOP DATE
		<u>Inutex 25mg</u>	<u>QID PRN</u>	<u>11/11</u>	<u>11/11</u>
DISPOSITION/CONCERNS:					
LAST PPD:					
Date Given: <u>11/11/11</u>	By: <u>[Signature]</u>				
Date Read: <u>11/11/11</u>	By: <u>[Signature]</u>				
Result: <u>Imm. induction</u>					
CXR: _____	Date: _____				
Nurse's Signature: <u>[Signature]</u> Date: <u>11/11/11</u>					

Don Monaco

3 Aug 92 - H. phones - states wisdom teeth are infected & painful & began having some swollen nodes in neck today. Had similar occurrence a couple mos. ago. Wonders if we could give him some antibiotics. Advised to see dentist ASAP for appropriate treatment of this dental prob. However, to avoid further prob. prior to seeing dentist will give:

- 1.) Erythromycin 250 mg. tid x 7 days (due to allergy to Pen.)

Has advised to contact us for antibiotic pre-med prior to dental procedure.

V.O. Dr. Archer / K. Barnum, MD

CCRL: Pt. was relatively asymptomatic for 2 mos, then noted onset of @ wt + now @ sup mt. chest pain during last 2 wks - exp exacerbated if does not obtain sufficient rest. Has returned to episodic ETOH

PE: Chest: clear

CUS: RSR. S. S - wnl. 90 r/o w/whst, slightly scratching @ LLBS -> apex. 5 gallops (?) rubs, clicks.

EKG -> No. slight further increase in ST elevation (as seen in July 7)

Imp: @ new murmur - ? related to present aortic stenosis r/o SBE (doubt)

Rec: @ HS-II, SR, AFP, blood cultures x 3

@ GTT, 2 D ECHO 10/6 call for Koch

Can not Dan 11:00

[Signature]

14 July 92:

DO. MONACO

- 9 July pm → felt bloated, unchested, esp if sat up & epigastric pain. Radiating to ② chest & down ③ arm - then into ④ leg - lasted 10-15 sec each
- 10 July → " " " " " " " "
- 11 July → ③ ant-medial sharp pain, pressure for 45" & "warm sweat" later pain in ④ epigastrium for ~ 2" - severe
- 12 July → occ ④ + ③ wrist + ④ shoulder twinges of pain otherwise asymptomatic until did some yard work + noted some gaseousness
- 13 July → felt "good" & noted some ant neck tightness + occ twinges in wrist, shoulder. In pm. noted episode of nausea, "clammy sweat" - no pain.
- 14 July → awoke & "warm clammy sweat", epigastric bloating - lasted ~ 1 hour - then asymptomatic.

Serial Lab Tests

	4 Mar	26 Jun	30 Jun	6 July	7 July
<u>SGOT</u>	84	72	82	55	48
<u>SGPT</u>	252	160	179	141	120
<u>Amylase</u>	45	64		43	40
<u>Lipase</u>	71	* 200	99	88	63
<u>sed rate</u> (was 7)			18		15

CKG → further ↓ in ST deviation to Jan 92 level.

Trg: ① r/o episodic obstruction at sphincter of Oddi: to explain recent and recurrent LFT abnormalities. Prob. 2° to Hepatic SE

Rec: ① Dr. Buchanan consult 7/28 - take records ② RPT 7/31. ③ 45-50, amylase, lipase today / A. D.

July 9th:

San Monaco

↓ Pt following Lodine + states chest discomfort was also has had several episodes of "coughing" substernal.

2D ECHO → mild pulmonary effusion. LA = 40
LV_{end} = 51 septum = 10 post wall = 12
calcification of _____
_____ AI, _____ MR, _____ TR

July EKG → continued but slight decrease in ST elevation, esp ST I and AVL.

Aug: 0 as 7 July 92

① probable additional episodes of coronary artery spasm.

Rec: ① cont Lodine 300mg q8h + Hense vent
② ATC 10 July

7 July 92:

Pt called last evening + complaint of RT LUQ pain, as well as chest pain. Rec: CT Scan of head, UMR, SHIPAR

CT Scan lower thorax + upper abd → moderate splenomegaly
EKG → ST + ST elevation

Note: Pt now states he had felt well until ~ 1 June * when, for 1st time in 7 mos, had RT right of RT OTOT and symptoms started less than 1 wk later.

Lipase → 200 → 99 → 88 → 63 !!!

Imp: Several lipases suggest recent pancreatitis plus mod. splenomegaly suggest recent infection or other toxic injury to liver + persistent hepatic injury may be etiology. LUQ pain
he needs to sleep? A. H.

Don J. Orsico

30 June 92:

PT calls - states Indian stayed out lower chest region
LUL 9 pm but caused nausea and 20' of
3 days. Foods will now \bar{x} for some "lower"
breast pain. The elevated lipase is of concern

Rec: lipase, SR, HS-II + CCK

ASD

6 July 92:

PT calls + state he is developing episodic symptoms
("like 7 months ago") of notes feeling "fried + sluggish"
2 hrs of meals, feels "more congested", etc

repeat lipase \rightarrow 99 (was 200)

HS-II \rightarrow WNL \bar{x} SGT = 82 (was 72) SGT = 179 (was 160)

SR \rightarrow 18 (was ?)

Rec: 5 hr GTT, HS-II, lipase, amylase

7 July 92:

Developed ① ant chest pain \bar{o} addition to ant neck
and ② arm last night - recurrent - but each
episode lasts only ~ 2 sec. Went to sleep - but when
awoke this AM. noted dull ant chest but ceased \bar{o} awake.
Then felt congested + clammy + nauseated - then ③ arm
Aked. no fever.

ASD

PE: Chest: clear

AS: RSR, S, S₂ WNL. \bar{o} rubs, crackles

EKG \rightarrow \uparrow ST elevation

Imp: ① Probable pleurisy/ocarditis - no pancreatitis (doubt)

Rec: ① HS-II, SR, lipase, amylase, cardiac B titers

② 20 BCATO + RVC 7/8

③ Iodine 300mg qsh
7-10 for 2 weeks

ASD

Dr. Monaco

21 Aug 92: 2 last month had ~ 5 episodes of chest discomfort — sent in Cardio care strip each time → All WNL and without ST/T A.S.

Pt not taking any meds.

EKG → WNL (early repolarization)

Rec: ① current Rx = prophylactic antibiotics -

26 June 92: ~ 3 days ago noted dull ache left lower Ant and Ant-lat chest (~ 6-8th Rib area), esp in evening, then last night recurred & ↑ intensity (constant pressure) — took a friend's Acid + had some relief. Today has sharp pain & discomfort

PC: Chest's clear. Tender to pressure over (L) Ant 6th-9th ribs (mild)

CVS: ASB. S.S. WNL. 5 pulbs heard.

abd: no epigastric tenderness. Spleen not palpated.

EKG → ASB & definite increase in Bylomon ST elevation.

CBC → WBC = 6,200 (41% lymph)

lypase → 200
amylase → 64

HS-T →

CXR → WNL

Imp: ① Possible pleuropneumonitis

Rec: ① Travel: Ondocin 50 mg tid x 5 d
② RTR 30 June

Dr. Monaco

1 MAR 92

Dr Monaco

Pt developed same symptoms again last night - went to ER + had ECG - told was well - Pt. state these symptoms occurred once several months ago after exercise + maybe 2 times in the past. Pt state he also is under ↑ business stress.

Rec:

- ① Trial: Verelan 120 - if any symptoms - then no meds at all - RTC 1 wk
- ② vacation ASAP

Handwritten signature/initials

7 MAR 92

Pt did not take Verelan. Was asymptomatic all week until after physical exercise program developed "surging left ant chest pain" lasting ~ 1', then felt somewhat light headed for 10' - then asymptomatic until this pm when strained to urinate + noted onset of @ ant chest pain, lasting ~ 2', then saw spots + noted fast P.R. and felt every 4th, 5th heart beat was weak.

PE: chest clear

WS: NSR. @ edgy

ECG → NSR

6 lead c + p Valsalvas → NSR

Rec:

① Pt remains very fearful. Wants EIT and careful recordings after to R/o rhythm disturbance post exercise

Handwritten signature/initials

Dr Monaco

MAR 92

P called & stated did not start condition until Y was - Then that evening noted while working out on rowing machine that PR would not exceed 60/min. Comes to office to exercise on treadmill & have PR acceleration observed.

Modified GTT:

resting \rightarrow HR at 67/min

Start at Stage II \rightarrow $\bar{p} 1' = 104$ $\bar{p} 2' = 104$

Stage III \rightarrow $\bar{p} 1' = 107$ $\bar{p} 2' = 115$ $\bar{p} 3' = 125$

Stage IV \rightarrow $\bar{p} 1' = 150$ $\bar{p} 2' = 158$

Post exercise : $\bar{p} 1' = 115$ $\bar{p} 2' = 101$ $\bar{p} 3' = 88$

$\bar{p} 4' = 78$ $\bar{p} 5' = 77$ $\bar{p} 6' = 75$

Imp: completely normal sinus rate acceleration with exercise and normal deceleration of exercise

Rec: ① cont condition
② resume physical exercise program

Am

Jan '92: (cont)

Don Monaco

He water-skis frequently & two friends - who were NOT found to have stool positive for giardia but were Rx'd w/ Flagyl & symptoms abated and regained weight. He also developed similar symptoms late August (when he was also in Costa Rica + Mexico and independently drank some H₂O) lost from normal wt of 180 to current 160 + has had 7 episodes of diarrhea as well as the epigastric bloating.

- Findings
- ① Symptoms immediately post-Cardizem that do not appear related to possible side effects of Cardizem (no postural BP drop, no EKG abnormalities, etc)
 - ② 100% giardia infestation
 - ③ positive R.A. factor of unknown significance
 - ④ progressive SGPT elevation since 10/22/92

- Recs:
- ① stool x3 for giardia - consider Flagyl
 - ② H₂-II, R_A, amylase, lipase
 - ③ Cont Cardizem 10-180 - call for any symptoms
 - ④ RTC 10/22/92
 - ⑤ obtain 5H1A2, VMA results
 - ⑥ obtain U.M. Jan '92 work-up by Dr. Carithers and send to Dr. Anshuman

28 Feb 92:

Don. Monaco

Pt. developed ^{sudden} dizziness and ^{then} ant-lat sharp chest pain & radiation down L arm - lasted ~ 20" (dizziness) and 5" (pain) - yesterday evening - later, friends told Pt he appeared pale + Pt felt "nervous" + some twinges of chest pain - went to Humana ER - told EKG + CXR was WNL. Had productive cough after (?)

PG: chest: clear

CVS: RSO. S₁S₂ WNL x S₁ split. S₃ @, mtr, gallop, chills
PMI \bar{c}/i ucl - 5th 1/5.

Imp: ① possible episode of coronary artery spasm
② r/o pheochromocytoma, Eucinoïd - doubt

- Rec: ① 24 hr urine for VMA, 5HIAA
- ② AS-II, ANA, RA, SR/KR →
- ③ Taval: Cardiom CD-180
- ④ RTC 3/4 yr

28 Feb 92:
RA = POS (1:40)
ANA = NB9
SGT PT = 224 (was 151 on 7/26)

/Ans

4 Mar 92: ① Pt. did not take any Cardiom until about 1 hour ago - + then noted "flutter" over heart and then "lightening" pain from chest to left arm + feeling clammy. (BP 100/90 → 119/90 ↑)

② Had multiple episodes of dull chest pain + occ sharp pains to ① shoulder between 2/28 and now. Also multiple gastrointestinal symptoms (bloating).

EKG → NSR. 0 ectopy

(cont)

/Ans

5 FEB 92:

- Findings:
- ① aortic stenosis (mild) \bar{c} partial fusion of 2 leaflets
 \bar{c} mild outflow obstruction of ? etiology (? RHD, etc)
 - ② mild-moderate aortic insufficiency 2° to ①
 - ③ mild mitral regurgitation
 - ④ mild LAF, probably 2° to ③
 - ⑤ chest pain, possibly 2° to {^{esophageal} cor. artery spasm} - NO evidence of C.A.D.
 - ⑥ irregularly irregular sudden sinus rate changes and RARE PACS
 - ⑦ history of chronic hepatitis B +/- C \bar{c} recent evidence of hepatic injury 2° to this +/- ETOH.

- Rec:
- ① prophylactic antibiotics for dental procedures
 - ② Avoid isometric exercise (bench press, etc) -
but continue active aerobic program
 - ③ keep chest pain diary 1 month + r/c.
 - ④ obtain results of U.W. + an Bunters hepatic evaluation



MC: DON WNAAS

SS#

DOB:

DATE

NOTES

1/11/92
 reviews event number E on subscription
 has some doc's - may be 55 elevation
 is not significant - patient asymptomatic
 [Signature]

3/2/92
 (S) Doing well - only have pt. h/w. h/w.
 has stroke with little. w/d T1
 neck - LRTS.
 (S) Request letter to his rehab counsellor saying
 would like to return out of the construction
 field into office type work.

2/25/92
 (S) [Signature] [Signature] [Signature] [Signature] [Signature] [Signature] [Signature] [Signature] [Signature] [Signature]
 (S) [Signature] [Signature] [Signature] [Signature] [Signature] [Signature] [Signature] [Signature] [Signature] [Signature]
 (S) [Signature] [Signature] [Signature] [Signature] [Signature] [Signature] [Signature] [Signature] [Signature] [Signature]

4/2/92 (S) [Signature] [Signature] [Signature] [Signature] [Signature] [Signature] [Signature] [Signature] [Signature] [Signature]

4/2/92 (S) [Signature] [Signature] [Signature] [Signature] [Signature] [Signature] [Signature] [Signature] [Signature] [Signature]
 P-1 (1/11/92) TPT Protein: D-6, Bilirubin 4.0
 AST - 66, ALT 131
 HDL - 206, LDL - 183, HDL - 35

- 1) [Signature] [Signature] [Signature] [Signature] [Signature] [Signature] [Signature] [Signature] [Signature] [Signature]
- 2) Elevated Protein & Bilirubin
- 3) Hypercholesterolemia

(S) [Signature] [Signature] [Signature] [Signature] [Signature] [Signature] [Signature] [Signature] [Signature] [Signature]
 for liver biopsy - what decline

- 2) P-1
- 3) FU [Signature]

[Signature]

NAME: DON MONA CO

SSN

DOB:

DATE

NOTES

12/23/97 (S) PATIENT RETURN TO LONG ABSENCE. HAS BEEN UNDER A STRESS. HAS BEEN HAVING PALPITATIONS QUARANTINE THE LAST 2 WEEKS WERE TO FEEL A BITTLE THROTTLE ON STRESSOR HEAT WILL FEEL SOB ON GAS BRIEFLY WHEN HE OCCURS. WHEN EXERCISING ON SMTDINARY BIKER RECENTLY DEVELOPED STROKE FIRST MAN WITH RESOLVED WHEN HE STROKES. WAKE UP WITH LEFT NECK PAIN AND LEFT SHOULDER PAIN - SHARP AND WITHIN 10 MINUTES. PAPER HAS HX OF MUG AND EDDH BRUSH BUT NONE X 11 MONTHS. HAS HX OF HEARTB, C WITH PHYSICALLY ELEVATED LFT'S. NURSING HAD LIVER BIOPSY.

(C) HEART: RUS, S, S3S4 W/RRP IT/US/EN LUS

D-2 12/30/97
 (Vol-204
 HCL-32
 L01-150
 S60T 86
 S60T 175

LUNG: CTA
 I30: EBM EBM/EN/EN/EN/EN
 E6: NSH, WNC

- (A) 1/ ANGIOGRAPHY
- 2/ HEARTB, C - CHRONIC
- 3/ ELEVATED LFT'S 20 to 22

- (B) 1/ EVENT MONITOR
- 2/ CONTINUED REFERRAL TO DR. SATHAGAN
- 3/ 10 MONTHS

12/19/98 (S) Doing well - fewer palpitations - HAS STABLE AEROBIC EXERCISE AND IMPROVED DIET. DOES NOT YET WANT REFERRAL TO GI SPECIALIST FOR LIVER BIOPSY - WANTS TO FOLLOW SERIAL LFT'S - IS INTERESTED IN TRYING MILK THROTTLE.

4/2
 1/21
 1/21
 1/21

(C) Exam Review

EVENT MONITOR - ONE PAGE SHOWING ST ELEVATION DURING "HEART PALPITATIONS" O/W W/

- (A) 1/ PALPITATIONS
 - 2/ CHRONIC HEARTB, C
 - 3/ ELEVATED LFT'S 20 to 22
 - 4) HYPERTHYROIDISM
- (B) 1 P-1 (2) MILK THROTTLE (3) WILL REVIEW EVENT MONITOR 7/21/99

K-08450
634-57406.001



DATE REPORTED
04-MAR-98
MONACO,
DON,
DATE COLLECTED
03-MAR-98
10:26 AM
3229250-2

08450-2 DIMOND DIAGNOSTICS
DIMOND TOWER #3
800 EAST DIMOND BLVD.
ANCHORAGE, AK 99515
SWIRCENSKI

DATE REPORTED
04-MAR-98
MONACO,
DON,
DATE COLLECTED
03-MAR-98
10:26 AM
3229250-2

DOD: 03-JUL-58
AGE: 39
SEX: M

FASTING: YES ACC #

test	result	units	range
GLUCOSE	100	MG/DL	65-115
BUN	21	MG/DL	5-225
CREATININE	1.1	MG/DL	0.6-1.5
BUN/CREAT	19.1	RATIO	
SODIUM	139	MEQ/L	135-147
POTASSIUM	5.0	MEQ/L	3.5-5.3
CHLORIDE	101	MEQ/L	96-109
TOTAL PROTEIN	8.3	G/DL	6.0-8.5
ALBUMIN	4.4	G/DL	3.5-5.5
GLOBULIN	3.9	G/DL	2.0-3.9
A/G RATIO	1.1	RATIO	1.0-2.4
CALCIUM	9.8	MG/DL	8.5-10.8
PHOSPHORUS	4.1	MG/DL	2.5-4.5
SGOT (AST)	75 HI	U/L	1-40
SGPT (ALT)	123 HI	U/L	0-45
ALK PHOS	59	U/L	25-140
LDH	164	U/L	1-240
TOTAL BILI	0.9	MG/DL	0.1-1.2
GGTP	24	U/L	1-85
URIC ACID	5.7	MG/DL	3.5-9.0
CHOLESTEROL	195	MG/DL	130-200
TRIGLYCERIDES	143	MG/DL	30-150
HDL CHOLESTEROL	36	MG/DL	30-75
LDL CHOL. CALC	130	MG/DL	60-130
CHOL/HDL RISK	5.4	RATIO	
FERRITIN	98	NG/ML	22-322

test result units range

LDL CHOL. CALC
LDL CALCULATED

STS ORDERED: ACP, FERRITIN, HDL, BLOOD DRAW.

1 FINAL: MONACO, DON 3229250-2/L27811365-0

COL. DT: 03-MAR-98 REC. DT: 04-MAR-98

-08450.
34-57365.002



DATE REPORTED
22-JAN-98
MONACO,
DON,
DATE COLLECTED
21-JAN-98
10:15 AM
3155424-8

08450-2 DIMOND DIAGNOSTICS
DIMOND TOWER #3
800 EAST DIMOND BLVD.
ANCHORAGE, AK 99515
SWIRCENSKI

DATE REPORTED
22-JAN-98
MONACO,
DON,
DATE COLLECTED
21-JAN-98
10:15 AM
3155424-8

DOB: 31-JUL-58
AGE: 39
SEX: M

ASTING: YES ACC #

test	result	units	range
GLUCOSE	90	MG/DL	65-115
BUN	22	MG/DL	5-25
CREATININE	1.1	MG/DL	0.6-1.5
BUN/CREAT	20.0	RATIO	
SODIUM	141	MEQ/L	135-147
POTASSIUM	5.0	MEQ/L	3.5-5.3
CHLORIDE	105	MEQ/L	96-109

test	result	units	range
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TOTAL PROTEIN	8.6	HI G/DL	6.0-8.5
ALBUMIN	4.6	G/DL	3.5-5.5
GLOBULIN	4.0	HI G/DL	2.0-3.9
A/G RATIO	1.2	RATIO	1.0-2.4
CALCIUM	9.6	MG/DL	8.5-10.8
PHOSPHORUS	4.2	MG/DL	2.5-4.5
SGOT (AST)	66	HI U/L	1-40
SGPT (ALT)	131	HI U/L	0-45
ALK PHOS	55	U/L	25-140
LDH	162	U/L	1-240
TOTAL BILI	1.0	MG/DL	0.1-1.2
GGTP	24	U/L	1-85
URIC ACID	6.5	MG/DL	3.5-9.0
CHOLESTEROL	206	HI MG/DL	130-200
TRIGLYCERIDES	139	MG/DL	30-150
HDL CHOLESTEROL	35	MG/DL	30-75
LDL CHOL. CALC	143	HI MG/DL	60-130
CHOL/HDL RISK	5.9	RATIO	

FERRITIN 127 NG/ML 22-322

LDL CHOL. CALC
LDL CALCULATED

TESTS ORDERED: ACP, FERRITIN, HDL, BLOOD DRAW.

1 FINAL: MONACO, DON 3155424-8/L27696830-7

COL. DT: 21-JAN-98 REC. DT: 22-JAN-98

DATE REPORTED 17-JUN-92	GARY ARCHER, M.D. DIAMOND TOWE 800 EAST DIAMOND, B HEALTH SURVEY I, ANCHORAGE, AK 9951	TEST REQUESTED LIPASE, AMYLASE, CBC, BLOOD DRAW.	DATE REPORTED 17-JUN-92	CLIENT # 08450-2
DATE RECEIVED 19-JUN-92	375-55330.001		DATE RECEIVED 26-JUN-92	AGE N1
ACCESSION NO. 7209733-3	REMARKS /073158		ACCESSION NO. 7209733-3	SEX M
				PHYSICIAN GARY ARCHER, M

RESULTS	TEST/NORMALS	RESULTS	TEST/NORMALS
89	GLUCOSE 65 - 110 mg/dl	6.2	WBC X 10 ³ 4.8 - 10.8
12	BUN 10 - 26 mg/dl	5.22	RBC X 10 ⁶ 4.37-5.77, F400-5.12
1.1	CREATININE 0.7 - 1.4 mg/dl	16.1	HGB g/dl M13-17, H1.5-15.5
10.9	BUN/CREATININE 7 - 18	48.4	HCT% M39-49, F 34-44
141	SODIUM 135 - 152 mEq/l	93	MCV μ ³ 81 - 101
4.6	POTASSIUM 3.2 - 5.0 mEq/l	30.9	MCH μg 28 - 34
102	CHLORIDES 96 - 106 mEq/l	33.3	MCHC% 32 - 36
29	CO ₂ 24 - 34 mEq/l	224	PLATELETS 140 - 450 X 10 ³
7.6	TOTAL PROTEIN 6.0 - 8.5 g/dl		RDW 10 - 13
4.6	ALBUMIN 3.5 - 5.5 g/dl	55	NEUTROPHILS 41 - 72%
3.8	GLOBULIN 2.0 - 3.5 g/dl	41	LYMPH 22 - 42%
1.5	A/G RATIO 1.0 - 2.0	0	MONO 0 - 9%
9.9	CALCIUM 8.5 - 10.5 mg/dl	4	EOSIN 0 - 5%
4.3	PHOSPHORUS 2.5 - 4.5 mg/dl	0	BASO 0 - 1%
72 HI	SGOT 0 - 40 U/L		SED. RATE MO-10, F 0-20, mm/h
160 HI	SGPT 0 - 45 U/L		DIGOXIN 0.5 - 2.2 ng/ml
73	ALK. PHOS. <17 YRS. 80-490 U/L >17 YRS. 30-130		DILANTIN 10 - 20 mcg/ml
138	LDH 100 - 225 U/L		BLOOD TYPE
0.7	TOTAL BILI 0.2 - 1.2 mg/dl		RH FACTOR
24	GGT 0 - 65 U/L		ANTIBODY SCREEN NEGATIVE
7.0	URIC ACID M2.5-8.0, F1.7-7.0 mg/dl		RPR SEROLOGY NR
217	CHOLESTEROL SEE REVERSE		RUBELLA SCREEN IgG
133	TRIGLYCERIDES 35 - 150 mg/dl		MONO SCREEN NEGATIVE
44	HDL CHOLESTEROL 100-75, F40-90 mg/dl		RHEUMATOID FACTOR NEGATIVE
145 HI	LDL CHOLESTEROL 60 - 130 mg/dl		SPEC. GRAVITY 1.005 - 1.035
4.9	RISK RATIO SEE REVERSE		COLOR
	TOTAL IRON F-80-180, M-70-180 mcg/dl		APPEARANCE CLEAR
	TOTAL IRON BINDING CAP. 175-400 mcg/dl		PH 7.35-7.45
	% SAT 25 - 40%		PROTEIN NEGATIVE
280	FERRITIN F-40-800 ng/ml F-40-100-300 ng/ml		GLUCOSE NEGATIVE
	T-4 4.5 - 12.5 mcg/dl		KETONES NEGATIVE
	T-3 UPTAKE 0.8 - 1.2		OCCULT BLOOD NEGATIVE
	FTI 4.5 - 12.5		BILIRUBIN NEGATIVE
	T3 (RIA) 50 - 170 ng/dl		UROBILINOGEN 0 - 1 mg/dl
	TSH 0.4 - 6.0 MIU/ml		LEUKOCYTE ESTERASE NEGATIVE
	GLYCO HEMOGLOBIN 4 - 6.8%		NITRITE NEGATIVE

COMMENTS/OTHER TEST RESULTS HEW # 46-1022/MEDICARE # 50-8026/C.A.P. # 98109-00

PASE:
 RESULT NAME RESULT UNITS NORMALS
 LIPASE 200 HI U/L 10-140
 AMYLASE 64 U/L 0-95
 RESULTS CONFIRMED BY REPEAT.
 TEST PERFORMED AT NKL, ANCHORAGE ALASKA
 CALLED TO MARY BETH 1:30A/KAS

Doctor: Gary Archer
Date: 07/08/92
Anch. Diagnostic Imaging Ctr.
4003 Lake Otis, Anch., Ak 99508

563-3493

4003 Lake Otis Parkway #101
Anchorage, Alaska 99503
(907) 563-3493

Clinical History:

- Routine
 Send films with patient
 Phone results to this number

Exam Requested:

2-D AND M-MODE ECHOCARDIOGRAM WITH DOPPLER FLOW STUDIES

Radiologist Report:

Study is compared with one done on 02/14/92 which showed calcific disease of the aortic valve and mild MR.

QUALITY OF THE PRESENT STUDY: Good.

1. PERICARDIUM: There is no effusion, although there is a trivial little echo-free space that may represent a small amount of physiologic pericardial fluid.

2. LEFT VENTRICLE: It contracts briskly. At the end of diastole it is a little over 5cm, at the end of systole just over 3cm with a normal ejection fraction. The septum and posterior wall are each about a centimeter thick or a little more.

3. LEFT ATRIUM: That chamber is 4cm in the AP plane and it looks normal. The mitral leaflets move freely.

4. AORTA: The root of the aorta moves briskly. It is under 3.5cm in the AP plane. The commissure between the left and the right coronary cusps is thickened and dense but there is adequate motion of the aortic valve leaflets. Doppler interrogation shows a jet of at least mild AI. The half time on the jet of AI is 746msec which is compatible with mild AI.

The dense calcific-looking mass located at the junction between the right and left coronary cusps could be in part vegetation; however, there is no flipping around or dishrag effect that is more commonly associated with vegetation. If there is a clinical suspicion of endocarditis, however, that should be followed up.

5. RIGHT VENTRICLE: That chamber is under 2.5cm in the AP plane and it looks normal. The tricuspid valve, RA, and root of the PA are all unremarkable.

DOPPLER interrogation shows normal antegrade flow patterns. There are trivial jets of MR and TR and mild AI.

IMPRESSION: Abnormal study.

1. Calcific-looking disease involving the aortic valve with mild AI.
2. Trivial to mild MR and TR with borderline LAE.

Compared with the study done 02/14/92, I do not see a significant change.



SHERMAN BEACHAM, M.D.
SB/jo

Name: DON MONACO
D.O.B. 7-31-58
Doctor: ARCHER
Date: 7-9-92
Anch. Diagnostic Imaging Ctr.
1003 Lake Otis, Anch., AK 99508 563-3493

ANCHORAGE DIAGNOSTIC IMAGING CENTER

CLINICAL HISTORY: Routine.
 Send films with patient.
EXAM REQUESTED: Phone results to this number.

CT Chest/Abd

RADIOLOGIST REPORT:

CT LOWER CHEST AND UPPER ABDOMEN: Oral and intravenous contrast were administered. The descending aorta appears normal in caliber and course. The abdominal aorta is also entirely normal in caliber throughout its visualized length. The liver has a normal parenchymal pattern with no masses or nodules or infiltrative lesions. The spleen is large. The pancreas appears normal. The adrenal glands appear normal and the kidneys appear normal and appear to function well. No evidence of mesenteric or para-aortic lymph node enlargement.

IMPRESSION: Splenomegaly.

HAROLD F. CABLE, M.D./mh
J&T-07/09/92

C

HAROLD F. CABLE, M.D.
1003 Lake Otis Parkway, #101 (907) 563-3493 Anchorage, Alaska 99508

C

HAROLD F. CABLE, M.D.
1003 Lake Otis Parkway, #101 (907) 563-3493 Anchorage, Alaska 99508

HAROLD F. CABLE, M.D.
1003 Lake Otis Parkway, #101 (907) 563-3493 Anchorage, Alaska 99508

TO: (Name and Title of Staff Member) DR BARTON - Medical	DATE: 6-15-03
FROM: DON MONACO	REGISTER NO.: 13314-006
WORK ASSIGNMENT: Chapel	UNIT: 208

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I respectfully request an evaluation for treatment of my hepatitis C liver disease. My liver has been acting up more frequently over the past several months since I arrived here at F.P.C. Duluth. I've been cited for treatment several times at Waseca F.C.I. and Terminal Island F.C.I. prior to my arrival here. Now might be the right time for treatment.

THANKS IN ADVANCE & please respond in writing.

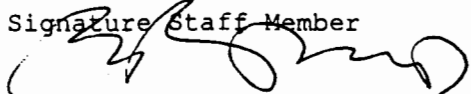
CC: DM/MF

(Do not write below this line)

Don Monaco

DISPOSITION:

watch the call-out for an appointment and we'll discuss the possibility of Hepatitis treatment.

Signature Staff Member 	Date 6/24/03
---	-----------------

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86 and BP-S148.070 APR 94

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) DR Barton - Medical Director	DATE: 11-17-03
FROM: DON MONACO	NO.: 13314-006
WORK ASSIGNMENT: Chapel	UNIT: 208

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I respectfully request a prostate specific Antigen Blood Test to check up on my prostate gland (PSA test). I've been having some serious problems and pain associated with my prostate, genitals, rectum and herpes flare ups. I'm not sure exactly why I am experiencing this pain and these flare-ups, but I think that my Hepatitis C liver Disease and liver flare-ups are in some way intricately tied in with each other during these frequent attacks. I think it would be a good idea to do a complete chemistry panel on my blood which includes a PSA test. Thanks in advance and please respond in writing.


CC: DM/MF

(Do not write below this line)

Don Monaco

DISPOSITION:

Report to sick call to be evaluated

Signature Staff Member 	Date 7/24/03
---	-----------------

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94



TO: (Name and Title of Staff Member) <i>DR. BARTON - Medical Doctor</i>	DATE: <i>6-6-03</i>
FROM: <i>DON MONACO</i>	REGISTER NO.: <i>13314-006</i>
WORK ASSIGNMENT: <i>Chapel</i>	UNIT: <i>208</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I respectfully request a professional biopsy from a skin specialist about the abnormal growth on the left side of my head. I'm worried that this abnormality could be cancerous since this type of skin cancer runs in my family. Both my wife and P.A. Espinal have incorrectly turned me down on my reasonable request for a specialist. This growth seems to be growing very slowly over the years. Thanks in advance and please grant my request with your response in writing.
CC: DM/MF *Don Monaco*

(Do not write below this line)

DISPOSITION:

Report to sick call for re-evaluation if you want this looked at again.

Signature Staff Member <i>[Signature]</i>	Date <i>6/13/03</i>
--	------------------------

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86 and BP-S148.070 APR 94



TO: (Name and Title of Staff Member) <i>WARDEN STINE - Duluth F.P.C.</i>	DATE: <i>3-5-03</i>
FROM: <i>DON MONACO</i>	REGISTER NO.: <i>13314-006115</i>
WORK ASSIGNMENT: <i>Recycle</i>	UNIT: <i>208</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

Dear Warden Stine, I'm sorry that I have to come to you with this very unfortunate matter, but I'm left with no other choice at this point. I'm also sorry to say that my Constitutional Rights have been clearly violated by several prison medical and other staff members here. Please read the following formal complaints very carefully. Since I believe that there may be some type of abusive retaliation going on against me in this and other matters, I ask that you can please keep these complaints and this information under strict confidentiality.

A copy of each complaint has also been forwarded to Captain Raitt asking for SIS officer Creagan or another neutral officer to formally investigate these violations. Administrative Remedy Policy Statement 1330.13 states that investigations into certain matters should be conducted by neutrally detached correctional officers who are not involved with the incident. I have also forwarded copies of these complaints to the United States District Court in Duluth as an addendum to my pending 2241 injunctive relief action against the F.B.O.P. for the improper treatment of my serious chronic migraines and other serious chronic medical issues. A copy has also been sent to the Minnesota Medical Board, Dr. Barton and Dr. Glenn. My family members and a Civil Rights attorney have also been given copies. More detailed information is also available upon your request if needed. *I appreciate your honest + impartial help on these issues.*

I'm also in fear of my safety + wellbeing under Supervisor Wessberg + other problems in recycling.

Thanks in advance and please contact me as soon as you can. I hope that we can informally resolve all of these issues before we both unnecessarily waste each others valuable time and taxpayers valuable money.

Sincerely,

Don Monaco

(Do not write below this line)

DISPOSITION:

Please see attached response dated April 22, 2003.

Signature Staff Member <i>[Signature]</i> D. L. Stine, Warden	Date April 22, 2003
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(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86 and BP-S148.070 APR 94

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>Warden Stine - Duluth F.P.C.</i>	DATE: <i>3-5-03</i>
FROM: <i>DON MENACCA</i>	REGISTER NO.: <i>13314-006</i>
WORK ASSIGNMENT: <i>Recycle</i>	UNIT: <i>208</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

Petitioner, Donald James Monaco respectfully comes forth in the following matter under the protection of the 1st Amendment Right to the freedom of speech and the right to redress grievances against Government officials under the United States and similar Minnesota State Constitutions. *Petitioner also comes forth under BOP Administrative Policy statement 1330.1.*

At approximately 3:10 PM on 2-24-03, I started to have one of my classic/chronic well-documented migraine headache episodes prior to and during the time I was speaking with the Duluth Education Supervisor, Mr. Miller. As I left Miller's office, I asked him to please notify the medical department about the onset of my migraine and my vision problem (temporary blindness). My chronic migraines are and have been recommended as an urgent care situation by Health Department Administrator, R. DeFrance, and all other federal prison medical departments. At approximately 3:15 PM, I notified P.A. Polzin in medical, that I was reporting as recommended pertaining to the onset of my migraine and partial blindness as urgent care.

At approximately 3:20 PM, P. Polzin called me into an office and started asking me questions and examining my condition. At one point during the visit, P.A. Polzin asked me what I usually take for the condition and if I took my prescribed Imitrex. I told him that I took the Imitrex 10 minutes ago and that I ran out of the prescribed Aspirin. I

CC: DM / MF

(Do not write below this line)

(see attached page)

DISPOSITION:

Please see attached response dated April 22, 2003.

Signature Staff Member <i>D. J. Stine</i> D. J. Stine, Warden	Date April 22, 2003
---	------------------------

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94



also tried to explain to him that I have been in litigation with the F.B.O.P. on the improper denial of stronger pain medication for my chronic migraines and that I request a stronger Tylenol-Codeine pain medication for this particular migraine.

At this point, P.A. Polzin incorrectly proceeded to raise his voice in an abusive and threatening manner by yelling: "Are you threatening me!". P.A. Polzin then rambled on in a very loud and threatening voice that he had a lot to do right now which included the preparation of the pill line, etc. I told him that I was not threatening him and that I had a right to a stronger pain medication previously prescribed by visiting prison neurologist and B.O.P. Doctors. Then Polzin finally calmed himself down and told me that he would get me a refill of Aspirin to hold me over until I could speak to Dr. Barton or others for a chronic care evaluation. Polzin then told me to wait in the pill line for Aspirin he didn't have.

P.A. Polzin also called the Kitchen Supervisor Chevron† and told him about my migraine headache and apparently Chevron† told Polzin to have me report back to the Kitchen for the 4:00 PM count. I immediately objected to Polzin that it wasn't such a good idea to force me all the way back to the Kitchen for work when I was still partially blinded from the temporary visual impairment during the vascular onset of the migraine. P.A. Polzin then got upset with me and tried to tell me that I wasn't having visual problems because he had just examined me (this is not true, Polzin knew for a fact that I was having visual problems and temporary blindness). Polzin was obviously trying to downplay the seriousness of my migraine condition which was nothing short of deliberate indifference to my serious medical needs, and for Polzin to unnecessarily yell at me and force me back to work in an unprofessional and demeaning fashion when I was seriously ill and in need of immediate medical attention, monitoring and rest, is clearly in violation of Bureau Policy and the Code of Federal Regulations under Employee Conduct and Medical Care Procedures. P.A. Polzin's unprofessional and unethical behavior used towards me at this time was totally uncalled for in my time of serious medical need. P.A. Polzin's incorrect actions violated my Civil Rights and were cruel and unusual based on community standards and the 8th Amendment of the United States and similar Minnesota State Constitutions. As shown in Weaver v. Clark, 45 F.3d 1253 (8th Cir. 1995), prison official violates 8th Amendment by being deliberately indifferent either to the prisoner's existing serious medical needs or to conditions posing substantial risk of serious future harm.

In conclusion, I ask that the Duluth F.P.C. Medical Department immediately place safeguards into effect concerning medical and other staff member mistreatment of my chronic migraine headache conditions and the improper denial of stronger pain medication. I also request that similar safeguards be placed into effect concerning my other chronic medical conditions of a serious nature. This formal complaint against P.A. Polzin and the Duluth Medical Department and Camp should be formally investigated for abuse and neglect in compliance with state and federal laws and the B.O.P. Administrative Remedy Program Statement investigative procedure pursuant to P.S. 1330.13. I also ask that P.A. Polzin be sanctioned and/or reprimanded for his unprofessional violative behavior and request that I should never be placed in front of this neglective and abusive man again in a one-on-one situation due to the fact that I am in fear of my life, safety, and well-being if forced to deal with him on my own. "People are sent to prison as punishment, not for punishment", quoting Battle v. Anderson, 447 F. Supp. 516 and Wolfish v. Levi, 439 F. Supp. 114 (S.D.N.Y. 1977), and as also shown in Procunier v. Martinez, 416 U.S. 396 (1974), A prisoner is not stripped of Constitutional Rights (protections) at the prison gate, but, rather he retains all the Rights an ordinary citizen except those expressly, or by necessary implication taken from him by the law.

All statements were made truthfully to the best of my knowledge and ability under the penalty of perjury in compliance with Title 28 U.S.C. §1746 and Title 18 U.S.C. §1621.

Dated: 3-5-03

Respectfully submitted by:

Donald James Monaco
Donald James Monaco #13314-006
F.P.C. Duluth, MN 55814

CC: DM/MF

SEP 98

U. S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) WARDEN STINE - Duluth F.P.C.	DATE: 3-5-03
FROM: DON MONACO	REGISTER NO.: 13314-006
WORK ASSIGNMENT: Recycle	UNIT: 208

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

This can be construed as a formal complaint under my 1ST Amendment procedural and B.O.P. Policy right to administratively redress grievances against the Government, the B.O.P. and it's officials. United States Constitution + Administrative Remedy Policy Statement 1330.13.

At approximately 7 AM on Thursday 2-27-03, I went to urgent care at the Duluth F.P.C. Medical Clinic for an ongoing migraine headache that started after my awakening on Thursday morning. I was told by the Health Administrative Director, R. DeFrance, upon my arrival at this institution on approximately 1-23-03, that my migraine attacks would be considered as an urgent care status because of the temporary blindness associated with this painful and well documented chronic condition. P.A. Espinal refused to see me at this urgent time period on Thursday morning and told me to report back to work. I was incorrectly forced to walk all the way across the compound to my assigned work position in a temporary blind medical condition. I carefully found my way over to my new work supervisor, Mr. Wessberg and I told him that I was sick, had a migraine headache and that I was told by P.A. Espinal to have him call medical about my condition (I was incorrectly forced back to work partially blinded several days prior by P.A. Polzin during a well documented migraine attack on 2-24-03). Ordering a chronically ill prisoner back to an assigned work position when they are temporarily blinded sits well outside of community standards and is enough to shock the conscience of any civilized and progressing society.

After I was told to report back to P.A. Espinal at the renewed telephone request...

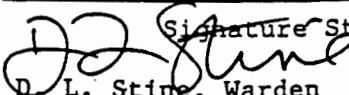
CC: DM/MF

(Do not write below this line)

(See Attached pages)

DISPOSITION:

Please see attached response dated April 22, 2003.

 Signature Staff Member D. L. Stine, Warden	Date April 22, 2003
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Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94



From Supervisor Wessberg, I was forced to walk all the way back across the compound once again and I was finally explained by P.A. Espinal. I told Espinal that I took my prescribed Imitrex nasal spray and was out of both the Imitrex and the prescribed Aspirin. I was asked how much pain I was in by Espinal on a scale of 1 to 10, and I explained that my pain was at a level 8 which was excruciating like a continuous kick in the privates. I asked Espinal if he and the Duluth F.P.C. Medical Department was going to honor my request for stronger pain medication like previously prescribed by other private and B.O.P. professionals, but Espinal said that it was up to Dr. Barton and that Dr. Barton was in training and wouldn't be able to see me until next week. (I haven't seen the doctor in six weeks since my arrival here on 1-22-03 and Dr. Barton has not responded to any of my written inmate medical requests.)

Before leaving the medical department building, I asked Espinal if he was going to grant me a lay-in pass for the day which has always been honored, routine, and logical in every single prison, private or emergency medical facility in my entire life throughout the entire nation when confronted with one of my serious chronic migraine attacks. P.A. Espinal incorrectly refused to grant me a lay-in pass so I could sleep off the migraine and recuperate through much needed rest at this time. I was incorrectly forced back to work under dangerous conditions that are extremely unhealthy and toxic to my chronic medical conditions. I believe the periodic unhealthy carbon monoxide and other garbage fumes at my newly assigned work position were partially responsible for setting off this 2nd migraine attack in a period of 4 days (I was recently reassigned to the recycling and garbage facility without any prior knowledge or my personal input. Case Manager Witte reassigned me because I was never correctly cleared through medical in my first assigned servitude position in food service. I should have never been assigned to food service in the first place because I have chronic Hepatitis C liverdisease which is well documented in my medical file. Also note that 4 days prior to this migraine attack, I was correctly given a one day lay-in pass by P.A. Polzin for the similar migraine attack on 2-24-03. Why did P.A. Espinal incorrectly discriminate against me on this second attack? I feel as though some type of sadistic retaliation is already being incorrectly used against me at this institution which seems to be quite common in my past 6 year prison experience when I've had to file complaints).

Further, as I was walking out of the medical department on the way back to my newly assigned work position under great stress, anxiety, and suffering, I saw Supervisor Wessburg at his vehicle and told him that Espinal was incorrectly forcing me back to work against my will because he refused to grant me a lay-in pass and that I was very ill and needed rest (After one of my classic chronic migraine attacks, I have intense pain, suffering, and nausea for a period of 1 day up until a week on some occasions that require immediate medical attention and a strong pain shot or pills with immediate bed rest. Well documented Demerol injections were always normally prescribed by private and emergency room doctors prior to my incarceration, and Tylenol-Codeine were prescribed by prison neurologists and medical doctors in the past. Proper treatment and pain medication have not been properly provided to me by Waseca F.C.I. or Duluth F.P.C. for approximately 4 years now through a dozen excruciating migraine episodes).

I told Supervisor Wessburg that I needed to speak with the Health Service Administrator, R. DeFrance, because I disagreed with Espinal's decision and I had a right to seek another opinion and ask for an override. Otherwise, I told him that I wanted to speak with the Captain about this insane decision to send me back to work. I told Wessburg that I was too sick to work right now and that I needed to rest. Wessburg then approached R. DeFrance in his office and spoke with him behind closed doors for several minutes. I also saw P.A. Espinal and he asked me what I was still doing in the medical department. I told him that Wessburg was speaking with DeFrance about the fact that he was forcing me back to work when I was ill and in need of treatment and rest. Then I saw Espinal go into DeFrance's office and exit a few minutes later.

I was then called into DeFrance's office in front of DeFrance and Wessburg, and I was told by DeFrance that Espinal had made a clinical decision to send me back to work and that he would not override Espinal's decision. DeFrance also asked me what my pain level was and I told him about a level 8 and excruciating like a continuous kick in the balls.

over...

CC: DM/MF

Then Wessberg told me that I had no choice but to honor the prison's policy and that I had a free choice to report back to work or not. The truth is that I had no choice except to report back to work extremely ill against my will, or to be subjected to a write up and locked down in solitary confinement for 24 hours a day in a maximum security prison cell for refusing to report back to work. Wessberg also stated that thousands of prisoners over the past 20 years have also had to follow this well established policy here at this prison and other U.S. prisons for many, many years before those 20. I told them that their policy here was subject to challenge in a United States Courthouse and through Bureau procedure. I also told them that their policy was cruel. I also told them that I wanted to speak with Dr. Barton and they said he was in training and not available.

I was then forced to return and work under Mr. Wessberg which was against my will. After DeFrance refilled my prescription for Aspirin and Imitrex, I told DeFrance that I was returning to my assigned work position under protest and that my Constitutional Rights were being violated. I also told him that their tactics and Policy were cruel and unusual under the 8th Amendment and that Espinal, DeFrance and the F.P.C. Duluth Medical Department were responsible for my health and well being. I also told Wessberg that I was only back to work under protest and that I feel as if my Constitutional Rights were being violated. I was then given specific work projects for approximately 8:30 AM until 3:25 PM that day. I vomited throughout the morning because of the pain and nausea associated with my chronic condition.

In conclusion, this uncalled for incident was completely avoidable from the very start and throughout by Espinal, DeFrance, and Wessberg. These prison officials were deliberately indifferent to my serious medical needs and incorrectly forced me to work beyond my physical and mental capacity while I was seriously ill. Temporary blindness and excruciating pain and nausea put my life, safety and well-being into serious jeopardy. These last 2 migraine attacks and improper medical care have unnecessarily caused me great pain, suffering, anxiety, and depression. I ask that this formal complaint be well documented and officially entered into the record. I also ask that the complaint be formally investigated for ongoing medical neglect and abuse on this compound. I also ask that I be placed in a medically restricted job position that can meet my chronic medical needs in a safe and toxic free environment. This pitiful and neglectful situation needs to be corrected immediately and certain safeguards need to be properly put into place to insure that this type of avoidable incident never happens again. And finally, Espinal, DeFrance, and Wessberg and the F.P.C. Medical Department under Dr. Barton need to be sanctioned, reprimanded and corrected for their cruel and unusual tactics and medical neglect which is in violation of the United States Constitution as shown in Weaver v. Clark, 45 F.3d 1253 (8th Cir. 1995). Prison officials violate 8th Amendment by being deliberately indifferent either to prisoner's existing serious medical needs or to conditions posing substantial risk of serious future harm.

Please respond in writing within 3 days as shown under the serious medical issue response time in Administrative Policy Statement 1330.13 and the A & O Handbook. Also make note that my medical issues are not the only ones at this prison camp. Many others have also been verbally abused and medically neglected at this camp. This is a minimum security prison camp, not a sadistic torture chamber or abusive hate factory.

Dated: 3-5-03

Respectfully and truthfully submitted
to the best of my knowledge under the
penalty of perjury pursuant to Title
28 U.S.C. §1746 and Title 18 U.S.C.
§1621.

Donald James Monaco
Donald James Monaco #13314-006

Unit #208
F.P.C. Duluth
Post Office Box 1000
Duluth, MN 55814

CC: DM/MF

Inmate Request to Staff Response
Monaco, Donald
Reg. No. 13314-006
April 22, 2003

This is in response to the multiple Inmate Request(s) to Staff, dated March 5, 2003, regarding your allegations of inappropriate medical attention for migraine headaches on February 24 and 27, 2003, and that your constitutional rights were being violated.

On February 24, 2003, you were evaluated in Health Services at 3:15 p.m. for treatment of a migraine. You claimed to Medical staff that you did not have a headache at the moment, and that you had used your prescribed Imitrex spray approximately 10 minutes prior to this evaluation. The examination performed revealed normal blood pressure, no loss of visual field, and intact neurological function. You were given an idle for the remainder of the day and instructed to use Aspirin as needed for any further symptoms. You indicated you had Aspirin in your room and did not want plain Tylenol due to your liver disease. However, you insisted on having Tylenol with Codeine prescribed. You further stated that you were in litigation over the lack of this medication being used at another institution. You were dismissed from the examination room and instructed to present to your work assignment for the 4:00 p.m. census and to give your foreman the medical idle to release you from the remainder of your work day.

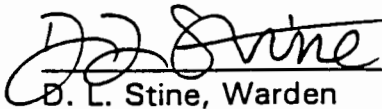
On February 27, 2003, you presented to Health Services at 7:00 a.m. for treatment, without prior authorization from a staff member, as was instructed to you during the A&O orientation process. Mr. Espinal, the Duty Physician's Assistant, appropriately informed you to report to your supervisor and seek an appointment through the proper procedures. Based on a request from your supervisor, an appointment was made for you for 8:00 a.m. During the evaluation, you indicated you had a severe headache in the early morning hours, but that it went away after using your prescribed Imitrex spray. Examination revealed a normal blood pressure, intact neurological function, and no signs of visual disturbances. You then claimed to have pain at a level of 8 on a scale of 1 to 10, which was inconsistent with your earlier statement that the headache had gone away, and the findings from the medical evaluation. Your Imitrex spray and Aspirin prescriptions were renewed and you were instructed to return to your work assignment.

Thereafter, you approached Mr. Wessberg indicating you did not feel you should be working due to your medical condition. Mr. Wessberg consulted with Mr. DeFrance and Mr. Espinal. You were instructed to return to work based on the clinical decision that you were able to work. You continued to argue with Mr. DeFrance

and Mr. Wessberg over your disagreement with this decision. Mr. DeFrance then dispensed and explained to you the renewed medications. At that time, you stated you would return to work, but that you felt it to be in violation of your constitutional rights. You did not state to Mr. DeFrance that you felt "their tactics and policy were cruel and unusual under the Eighth Amendment....." as indicated in your Inmate Request to Staff Member. In your request, you mention that you vomited throughout the morning due to pain and nausea associated with the migraine. No vomiting was reported by you to your work supervisor and you were not observed to be making frequent trips to the restroom.

Based on the above information, I find that you have received appropriate care and treatment from Medical staff at FPC Duluth. I also find that you have failed to follow procedures regarding access to health care. You have received, and continue to receive, appropriate care and treatment that is within the community standard of care.

I trust this information has addressed your concern. Please contact R. DeFrance, Health Services Administrator, who is best positioned to respond to any further questions or concerns you may have regarding Health Services.


D. L. Stine, Warden

TO: (Name and Title of Staff Member) ^{Duluth F.P.D.} Dr. Barton - Chief Med Doctor	DATE: 3-5-03
FROM: Don Monaco	REGISTER NO.: 13314-006
WORK ASSIGNMENT: Recycle	UNIT: 208

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I respectfully come forth on the following attached issue
 + disagree with your position on this issue. I need a
written explanation why you won't issue this permit
 for soft shoe. My feet hurt in these institutional shoes +
 my orthotics will not fit
 + I'm suffering.

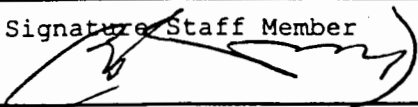
THANKS AGAIN
 Don Monaco

(Do not write below this line)

DISPOSITION:

I examined your feet, orthotic insert, and work shoes during your exam with me on 3/6/03. I found the ~~at~~ orthotics to fit your work shoes and those work shoes to be appropriate for work. If for some reason the shoes do not fit, go to the Laundry for a larger size.

Signature Staff Member



Date

3/11/03



Dear Dr. Barton,

ONCE AGAIN, I respectfully request that you honor my previous soft-shoe permit + custom fitted orthotics + specially ordered tennis shoes that were transferred from Waseca F.C.I on 1-23-02. Both shoes that have been issued to me here so far hurt my feet. I also have not been able to wear the pair of custom made orthotics that Dr. Gray ordered for me at Waseca unless it has been in the specially ordered tennis-shoe that were also approved through the Waseca F.C.I. Medical Director Jorgenson. I have already addressed these issues in my last 2 cop-outs that you have failed to respond to in writing. I haven't seen you in 6 weeks since my arrival here at this institution concerning serious medical issues of a chronic nature that are being purposely neglected in an abusive manner by your medical staff + other staff members. Local Duluth Prison Policy in a recent Memorandum stated that custom shoes + orthotics were allowed to be transferred into this institution. Why are you not allowing me to wear my medically prescribed orthotics + specially ordered tennis shoes that were transferred from Waseca because of my well documented foot problem?

Conclusion: Please grant the soft-shoe permit I require throughout the day so that my foot condition does not worsen. I have been in pain wearing the mandatory issued steel toed shoes that are incorrectly being forced upon me for my newly assigned position in the unhealthy garbage facility. Lack of the proper special ordered tennis shoe + custom orthotic is starting to aggravate my foot condition + negatively affect my ankles, knees and hip joints. Otherwise, I request to see a qualified outside pediatric and chiropractor for my worsening condition. Please respond in writing within the 3 day

DM/MF

emergency medical rule shown in the Administrative Ready Procedure under
the F.B.O.P. Policy Statement 1330.13.

Dated: 3-5-03

Truthfully + respectfully
submitted to the best of my
knowledge under the penalty
of perjury. Title 28 U.S.C. §
1746.

Donald James Monaco

DONALD JAMES MONACO
13314-006, Unit - 208
P.O. Box 1000, F.P.C.
Duluth, MN 55814

cc: DM / MF

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) ^{Dwight FPL} Dr. Barton - Chief Med. Doctor	DATE: 3-5-03
FROM: DON MONACO	REGISTER NO.: 13314-006
WORK ASSIGNMENT: Recycle	UNIT: 208

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

Please see the attached request + formal complaints. I request that you keep this information confidential to the serious nature of these unresolved issues. Copies have been forwarded to several other executive + investigative staff members as well as the U.S. District Court + Minn.nesota Medical Board as well as my family members + civil rights lawyer.

Please provide a written response + grant my request. Other issues are incorrectly starting to arise out of these retaliatory + abusive tactics. My health safety + wellbeing are starting to suffer because of this mistreatment.

CC: DM/MF

(Do not write below this line)

Don Monaco

DISPOSITION:

I have talked to Mr. Wesberg and personally visited your work site. Mr. Wesberg assures me that your work site is safe. I would agree with his assessment from my inspection.

The medical staff does not assign work

Signature Staff Member



Date

3/1/03



BARTON - Chief Medical Doctor * 61st F.P.C. Minnesota

Dear Dr. Barton:

From: Don Monaco, 13314-006, Unit-208
Date: 3-5-03

I respectfully come forth AND ASK that you please inter-
vene in my immediate behalf on my newly assigned work po-
sition that is making me sick. When I arrived at this in-
stitution on 1-22-03, + before I was medically cleared through
you or the medical department, I WAS immediately placed AND
forced to work in a food service position with my chronic hep-
atitis C liver disease which was in direct violation of city,
state + federal health code standards. When I notified my unit
team of this immediate problem, I WAS suddenly yanked out of
food service + incorrectly placed in another extremely unhealthy
position at the garbage recycling center without my knowledge
or will. The first day on the new job in recycling made me very
sick to my stomach with NAUSEA + headache due to the constant
obnoxious smell of garbage, toxic carbon monoxide AND other NOXIOUS fumes
present in the building each day. I suffered a serious migraine
attack the very next morning after suffering loss of appetite,
headache + NAUSEA after this first day on the job. I believe
that the toxic environment in the recycling building was partially responsi-
ble for my second serious migraine within 4 days of my first at this in-
stitution. These two migraines took place on 2-23 + 2-27 of 2003. I WAS ALSO in-
correctly sent back to work partially blinded on each occasion. (Please
see my two pending formal complaints attached). In conclusion, since
my case manager Witte incorrectly assigned me to both work positions without
considering any of my well documented serious chronic medical issues, AND
since both Witte + Unit Team Manager Peterson refuse to reassign me to a more
reasonable + healthy work position in light of these problems I ask that you
place me in a medically restricted + more reasonable work position to meet my med-
ical needs. I've been sick + NAUSEATED every day with headache in the newly assign-
ed garbage dump position. I've also continuously notified supervisor Wessberg of this poten-
tially

initially hazardous & aggravating conditions to no avail. I've even tried to get a new job everywhere on the compound, but supervisor Wessberg told me that I've been labeled as "notorious." Case Manager Wittke, incorrectly placed me in food service initially with hepatitis C liver & blood disease, and then he incorrectly placed me in another unhealthy environment at the garbage dump. I'm sure he can place me in an orderly, recreation, chapel or other medically limited job position. I believe that the actions & tactics that are incorrectly being used against me are retaliatory, sadistic & abusive.

Please grant my request & put me on a utility or other medically restricted job position to fit my medical needs.

Thanks in advance & please respond in writing within 3 days due to the serious medical nature of my complaint as shown in the BOP Administrative Policy 1330.13.

Dated: 3-5-03

* Please keep Confidential, I fear retaliation & I'm getting sick because of it.

Respectfully & Truthfully
submitted under the penalty
of perjury. Title 28 U.S.C. §
1746.

Donald James Monaco
DONALD JAMES MONACO
13314-006, UNIT - 208
P.O. BOX 1000, F. P. C.
Duluth, MN 55814

TO: (Name and Title of Staff Member) <i>Dr. Barton - Chief Medical Doctor Duluth</i>	DATE: <i>3-5-03</i>
FROM: <i>Don Monaco</i>	REGISTER NO.: <i>13314-006</i>
WORK ASSIGNMENT: <i>Recycle</i>	UNIT: <i>208</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

Petitioner, Donald James Monaco respectfully comes forth in the following matter under the protection of the 1st Amendment Right to the freedom of speech and the right to redress grievances against Government officials under the United States and similar Minnesota State Constitutions. *Petitioner also comes forth under BOP Administrative Policy Statement 1330.13.*

At approximately 3:10 PM on 2-24-03, I started to have one of my classic/chronic well-documented migraine headache episodes prior to and during the time I was speaking with the Duluth Education Supervisor, Mr. Miller. As I left Miller's office, I asked him to please notify the medical department about the onset of my migraine and my vision problem (temporary blindness). My chronic migraines are and have been recommended as an urgent care situation by Health Department Administrator, R. DeFrance, and all other federal prison medical departments. At approximately 3:15 PM, I notified P.A. Polzin in medical, that I was reporting as recommended pertaining to the onset of my migraine and partial blindness as urgent care.

At approximately 3:20 PM, P. Polzin called me into an office and started asking me questions and examining my condition. At one point during the visit, P.A. Polzin asked me what I usually take for the condition and if I took my prescribed Imitrex. I told him that I took the Imitrex 10 minutes ago and that I ran out of the prescribed Aspirin. I

CC: DM / MF (Do not write below this line) *(see attached page)*

DISPOSITION: *I have reviewed your medical record and find your medical treatment to be appropriate.*

Signature Staff Member <i>[Signature]</i>	Date <i>3/11/03</i>
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Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86 and BP-S148.070 APR 94



tried to explain to him that I have been in litigation with the F.B.O.P. on the proper denial of stronger Tylenol-Codeine pain medication for this particular migraine.

At this point, P.A. Polzin incorrectly proceeded to raise his voice in an abusive and threatening manner by yelling: "Are you threatening me!". P.A. Polzin then rambled on in a very loud and threatening voice that he had a lot to do right now which included the preparation of the pill line, etc. I told him that I was not threatening him and that I had a right to a stronger pain medication previously prescribed by visiting prison neurologist and B.O.P. Doctors. Then Polzin finally calmed himself down and told me that he would get me a refill of Aspirin to hold me over until I could speak to Dr. Barton or others for a chronic care evaluation. Polzin then told me to wait in the pill line for Aspirin he didn't have.

P.A. Polzin also called the Kitchen Supervisor Chevron and told him about my migraine headache and apparently Chevron told Polzin to have me report back to the Kitchen for the 4:00 PM count. I immediately objected to Polzin that it wasn't such a good idea to force me all the way back to the Kitchen for work when I was still partially blinded from the temporary visual impairment during the vascular onset of the migraine. P.A. Polzin then got upset with me and tried to tell me that I wasn't having visual problems because he had just examined me (this is not true, Polzin knew for a fact that I was having visual problems and temporary blindness). Polzin was obviously trying to downplay the seriousness of my migraine condition which was nothing short of deliberate indifference to my serious medical needs, and for Polzin to unnecessarily yell at me and force me back to work in an unprofessional and demeaning fashion when I was seriously ill and in need of immediate medical attention, monitoring and rest, is clearly in violation of Bureau Policy and the Code of Federal Regulations under Employee Conduct and Medical Care Procedures. P.A. Polzin's unprofessional and unethical behavior used towards me at this time was totally uncalled for in my time of serious medical need. P.A. Polzin's incorrect actions violated my Civil Rights and were cruel and unusual based on community standards and the 8th Amendment of the United States and similar Minnesota State Constitutions. As shown in Weaver v. Clark, 45 F.3d 1253 (8th Cir. 1995), prison official violates 8th Amendment by being deliberately indifferent either to the prisoner's existing serious medical needs or to conditions posing substantial risk of serious future harm.

In conclusion, I ask that the Duluth F.P.C. Medical Department immediately place safeguards into effect concerning medical and other staff member mistreatment of my chronic migraine headache conditions and the improper denial of stronger pain medication. I also request that similar safeguards be placed into effect concerning my other chronic medical conditions of a serious nature. This formal complaint against P.A. Polzin and the Duluth Medical Department and Camp should be formally investigated for abuse and neglect in compliance with state and federal laws and the B.O.P. Administrative Remedy Program Statement investigative procedure pursuant to P.S. 1330.13. I also ask that P.A. Polzin be sanctioned and/or reprimanded for his unprofessional violative behavior and request that I should never be placed in front of this neglective and abusive man again in a one-on-one situation due to the fact that I am in fear of my life, safety, and well-being if forced to deal with him on my own. "People are sent to prison as punishment, not for punishment", quoting Battle v. Anderson, 447 F. Supp. 516 and Wolfish v. Levi, 439 F. Supp. 114 (S.D.N.Y. 1977), and as also shown in Proconier v. Martinez, 416 U.S. 396 (1974), A prisoner is not stripped of Constitutional Rights (protections) at the prison gate, but, rather he retains all the Rights an ordinary citizen except those expressly, or by necessary implication taken from him by the law.

All statements were made truthfully to the best of my knowledge and ability under the penalty of perjury in compliance with Title 28 U.S.C. §1746 and Title 18 U.S.C. §1621.

Dated: 3-5-03

Respectfully submitted by:

Donald James Monaco
Donald James Monaco #13314-006
F.P.C. Duluth, MN 55814

CC: DM/MF

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>Dr. Barton - Chief Medical Doctor Duluth</i>	DATE: <i>3-5-03</i>
FROM: <i>Don Monaco</i>	REGISTER NO.: <i>13314-006</i>
WORK ASSIGNMENT: <i>Recycle</i>	UNIT: <i>208</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

This can be construed as a formal complaint under my 1ST Amendment procedural and B.O.P. Policy right to administratively redress grievances against the Government, the B.O.P. and it's officials. United States Constitution + Administrative Remedy Policy Statement 1330.13.

At approximately 7 AM on Thursday 2-27-03, I went to urgent care at the Duluth F.P.C. Medical Clinic for an ongoing migraine headache that started after my awakening on Thursday morning. I was told by the Health Administrative Director, R. DeFrance, upon my arrival at this institution on approximately 1-23-03, that my migraine attacks would be considered as an urgent care status because of the temporary blindness associated with this painful and well documented chronic condition. P.A. Espinal refused to see me at this urgent time period on Thursday morning and told me to report back to work. I was incorrectly forced to walk all the way across the compound to my assigned work position in a temporary blind medical condition. I carefully found my way over to my new work supervisor, Mr. Wessberg and I told him that I was sick, had a migraine headache and that I was told by P.A. Espinal to have him call medical about my condition (I was incorrectly forced back to work partially blinded several days prior by P.A. Polzin during a well documented migraine attack on 2-24-03). Ordering a chronically ill prisoner back to an assigned work position when they are temporarily blinded sits well outside of community standards and is enough to shock the conscience of any civilized and progressing society.

After I was told to report back to P.A. Espinal at the renewed telephone request...

CC: DM/MF

(Do not write below this line)

(see Attached pages)...

DISPOSITION:

I have reviewed your medical record and find your medical treatment to be appropriate.

Signature Staff Member <i>(Signature)</i>	Date <i>3/11/03</i>
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Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86 and BP-S148.070 APR 94

