

Supervisor Wessberg, I was forced to walk all the way back across the compound once
and I was finally ()ned by P.A. Espinal. I to () Espinal that I took my
prescribed Imitrex nasal spray and was out of both the ()trex 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
Wessberg 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
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 Wessberg 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 Wessberg
that I was too sick to work right now and that I needed to rest. Wessberg 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 Wessberg 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 Wessberg, 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 prisons 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

STATE DISABILITY REPORTING FORM

INMATE NAME: Yonace, Donald **REG #:** 13314-006

A disability refers to permanent mental or physical impairment or condition that substantially limits one or more major life activities.

- DEAF:** total deafness in one or both ears.
- HEARING LOSS:** (HEAR LOSS) partial hearing loss, an inability to hear conversation under normal circumstances.
- BLIND:** total blindness
- VISION IMPAIRMENT:** (VISION IMP) Loss of peripheral (side) vision, or an inability to read normal size print even with ordinary corrective lenses.
- MISSING LOWER EXTREMITY:** (MISS EXT L) Complete or partial loss of lower extremity, one or both feet or legs. (Ordinarily this would not include loss of toes but may, if it affects mobility, the ability to walk or other major life activity.)
- MISSING UPPER EXTREMITY:** (MISS EXT U) Complete or partial loss of upper extremity, one or both hands or arms. (Ordinarily this would not include loss of fingers but may, if it affects mobility, the ability to dress if it affects mobility, the ability to dress, eat or other major life activity.)
- ORTHOPEDIC DISABILITY:** (ORTHO DISB) Loss of ability to move or use parts of the body because of chronic pain, stiffness or weakness in bones or joints.
- PARTIAL LOWER PARALYSIS:** (PARAL LOW) Partial loss of ability to move or use the lower part of the body because of a brain, nerve or muscle problem, including palsy and cerebral palsy.
- PARTIAL UPPER PARALYSIS:** (PARAL UP) Partial loss of ability to move or use the upper part of the body because of a brain, nerve or muscle problem, including palsy and cerebral palsy.
- PARALYSIS:** Total loss of ability to move or to use a part of the body because of a brain, nerve or muscle problem, including palsy or cerebral palsy.
- TERMINAL:** A terminally ill patient.
- WHEELCHAIR:** Patient requires a wheelchair due to permanent disability.
- MENTALLY RETARDED:** (MEN RET) A chronic and lifelong condition characterized by an IQ of 70 or below and concurrent deficits in adaptive functioning.
- LEARNING DISABLED:** (LD) A disabling disorder in sensory, perceptual or cognitive processes which interfere with the ability to learn in a conventional manner.
- MENTALLY ILL:** Any emotional or mental condition that substantially impairs the ability to function.

SIGNATURE [Signature] DATE 1/22/03

SENTRY MEDICAL DUTY STATUS

ASSIGN DESCRIPTION

<input type="checkbox"/>	ALLERGIC TO WOOL
<input type="checkbox"/>	ARTIFICIAL LIMB
<input type="checkbox"/>	NO SPORTS/NO WEIGHTS
<input type="checkbox"/>	NO EXCESSIVE COLD/WIND
<input checked="" type="checkbox"/>	GLASSES REQUIRED FOR DRIVING
<input type="checkbox"/>	NO WORK IN HIGH NOISE AREAS
<input type="checkbox"/>	NO LADDERS/NO UPPER BUNKS
<input type="checkbox"/>	NO EXCESSIVE SUN
<input type="checkbox"/>	LOWER BUNK REQUIRED
<input type="checkbox"/>	SPECIAL HOUSING/MED RESTR
<input type="checkbox"/>	NO DRIVING-MEDICAL CONDITION
<input checked="" type="checkbox"/>	NO DUTY DUE TO MED. CONDITION
<input type="checkbox"/>	NO FOOD SERVICE WORK
<input type="checkbox"/>	ASSIGN TO POLLUTION FREE AREA
<input type="checkbox"/>	NOT MEDICALLY CLEARED
<input type="checkbox"/>	ORTHOPEDIC SHOES
<input type="checkbox"/>	OTHER MEDICAL RESTRICTIONS
<input type="checkbox"/>	NO MEDICAL RESTRICTIONS
<input checked="" type="checkbox"/>	REGULAR DUTY WITH MEDICAL RESTRICTIONS
<input checked="" type="checkbox"/>	SOFT SHOES ONLY
<input type="checkbox"/>	SPECIAL DIET-MEDICAL CONDITION
<input type="checkbox"/>	NO PROLONGED STANDING
<input type="checkbox"/>	NO LIFTING OVER 15 LBS.
<input type="checkbox"/>	NO LIFTING OVER 20 LBS.
<input type="checkbox"/>	NO LIFTING OVER 25 LBS.
<input checked="" type="checkbox"/>	CLEARED FOR FOOD SERVICE
<input type="checkbox"/>	YES F/S

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>Dr. Barton - Medical Doctor</i>	DATE: <i>2-25-03</i>
FROM: <i>DON MONACO</i>	REGISTER NO.: <i>13314-006</i>
WORK ASSIGNMENT: <i>Kitchen Day</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 Doctor Barton, I realize that your busy, underbudgeted & shorthanded around here, but after speaking with you in main line at approx. 11:35 a.m. on Friday 2-21-03, I became concerned about your comment that you don't issue soft-shoe permits because they conflict with assigned work requirements around here. I also explained to you once again that my pre-existing foot injury has been continuously & unnecessarily aggravated by the newly issued shoes that I have been forced to wear. I also re-explained that I've had a soft shoe permit for approx. 6 years in prison & that I have always worn soft tennis shoes since my foot injury approx. 15 years back. You & I both know that serious medical issues always take priority over institutional policy such as assigned work positions.

Once again, I respectfully request a soft shoe permit which is much needed in my extremely uncomfortable & painful foot situation. Contrary to your statement, I personally know of several prisoners on this compound who have serious foot problems that have been issued soft-shoe permits. Why are you discriminating against me viewed in comparison to these other prisoners who also have foot problems? If you are worried about my assigned work position placement in light of my request for a soft shoe requirement, then I suggest that you place me on a medically restricted work position status or minimal utility position that meets my medical needs. The only other option I can see is for you to request a qualified outside pediatrist to custom fit & order a pair of soft tennis shoes with light-weight fiberglass toes that will comfortably fit my custom made orthotics that Dr. Gray

CC:DM/MF

(Do not write below this line)

(see attached)

DISPOSITION:

*you ARE SCHEDULED TO SEE ME.
WATCH THE CALL-OUT FOR YOUR
APPOINTMENT AND WE CAN
REVIEW THESE ISSUES*

Signature (Staff Member) <i>[Signature]</i>	Date <i>3/4/03</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



Specifically ordered for me at F.C.I. Waseca. It's a fact that I wore custom made orthotics for many years prior to my incarceration. Dr. Gray also requested that my orthotics were to stay with me at all times. Your new low-cut shoe is not working with my prescribed orthotic. Your required work shoe hurts both of my feet with the prescribed orthotic, because I am forced to cram my feet into an opening that is too small for both. (Please see the attached Medical Restriction showing the custom made "Foot Heeler" orthotic inserts & special order tennis shoes approved through Waseca Health Service Director Allen Jorgenson on 7-11-02 & Paramedic Clinician J. Zimmer on 4-15-02).

The above attached exhibits were also cleared by Dr. Mark Gray along with a soft shoe permit upon my arrival at Waseca F.C.I. in the approx. year of 2000. Soft shoe permit was also granted by the Terminal Island F.C.I. Medical Department back in 1998. Please see my medical records once again & grant the permit I am entitled to, otherwise I have no choice except to file further formal complaints, Administrative Remedies & possible lawsuits for injunctive relief.

Before closing, I would also like to know why you haven't given me a written response to my last cop-out dated 2-1-03 discussing my foot & soft shoe problem & other serious unresolved medical issues? One particular question is why wasn't I given a thorough medical screening within 14 days of my arrival at this institution which is clearly shown in the attached page of the Duluth A&O handbook? Another question I have is why was I medically cleared to work in the kitchen within 3 days of my arrival when I have well documented proof of chronic Hepatitis C blood disease? Supervisor Randa in food service personally told me on Friday 2-21-03, at approx. 5:45 p.m., that "NO ONE who has a blood born disease like Hepatitis C is allowed to work in food service." I also notified my unit team about this chronic medical issue & the kitchen at approx. 3:p.m. Team Meeting on 2-21-03.

My question is this: who's incorrect medical mistakes are these, and what would the Minnesota State & Federal Health Administrations & Medical Boards have to say about these unresolved & incorrect medical issues? Besides, what would my immediate family members & the general public have to say about these issues?

In conclusion, I'm sure that you will agree that its time for a mutual and professional understanding between you, myself, my medical records & my immediate unresolved medical issues. Anything less will surely lead to future problems down the road for both of us. I'm patiently waiting to meet & resolve these & other medical issues with you as soon as possible.

Thanks in advance for your time and professionalism, please respond in writing according to policy requirements and medical rules.

Dated: 2-25-03

Truthfully & respectfully submitted
under Title 28 U.S.C. § 1746 by:

Donald James Monaco

Donald James Monaco
13314-006, Unit-208
P.O. Box 1000, F.P.C.
Duluth, MN 55814

MEDICAL RESTRICTIONS
FCI WASECA, MN

INMATE: Manaco, Donald UNIT: B
REG#: 13314-006 DETAIL: Yard 2

PLEASE BE ADVISED THAT THE ABOVE INMATE HAS BEEN:

Evaluated by medical staff: Date/Time 4-15-02 1500

MEDICAL CLASSIFICATION STATUS:

Idle: Reason _____ Until _____
DATE

Restricted to Unit Complete Bedrest

Convalescence: Restrictions _____
Until _____
DATE

Restricted Duty: State type of restrictions _____
Until _____
DATE

Other: 1 pain "Foot Swollen" that prevents
to stay whereate (all time)

J. Zimmer
CLINICIAN
J. Zimmer
IREMT - Paramedic
FCI Waseca

DEFINITIONS AND INSTRUCTIONS

IDLE STATUS - Temporary disability not to exceed three days duration. Restricted to unit except for meals, religious services, sick call, and callouts. No recreation.

COMPLETE BEDREST - Restricted to BED except for meals, religious services, sick call, and callouts. No recreation.

CONVALESCENT STATUS - Recovery period for operation, injury, or serious illness. Full institutional and limited recreational privileges, subject only to medical limitation.

RESTRICTED DUTY - List restriction, limitation, and time period.

045 SPECIAL PURPOSE ORDER REQUEST - INMATE CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Item Classification	Purchase Order No.	SPO Reference No. 50687	Actual Amount Charged to Credit Card \$
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Vendor's Name and Address Eastbay P.O. Box 8066 WAUSAU, WI 54402-8066	Institution's Name and Address F.C.I. WASECA 1000 UNIVERSITY DR. SW WASECA, MN 56093	Fund control Number
		Funds Available (Initial) N

	SIGNATURES	DATES	
WARD HOLDER	<i>Rebecca [unclear]</i>	7/18/02	
CONTRACTING OFFICER			
ICM/APPROVING OFFICIAL'S	<i>Cindy [unclear]</i>	7/18/02	Receiving Report No.:
RECEIVING CLERK			

Purchase is requested of the following listed articles, which may be procured from the firm listed above or from other available source.

Inmate's Name (Printed) DONALD JAMES MONACO	Register No. 13314-006	Inmate's Signature Donald James Monaco	Date Signed 7-10-02
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Approving Official's Signature (Warden if Item) <i>P. Aginsson, Acting Warden</i>	Date 7/12/02	FRP Compliance (Initial) HSD 7/19/02
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Item Number	Description of Articles	Quantity			Unit price		Amount	
		Reqtd	Ordred	Rvcd	Est	Actual	Est	Actual
0100	K-SWISS CLASSIC to size 9	1 pr.				49.99		49.99
02100	K-SWISS CLASSIC to size 10	1 pr.				49.99		49.99

MY COMMISSARY ACCOUNT HAS BEEN CHARGED AND I HAVE RECEIVED THE ARTICLES LISTED ABOVE. Inmate's Signature _____ Date _____	TOTAL VENDOR COST	Inmate Est	Pur Est	Actual
	MARKUP (RETAIL) 5%		99.98	
	SELLING PRICE	99.98		
	DELIVER CHARGE + 3 DAY RUSH SER.	20.97		(8.98 + 11.99)
	TOTAL SELLING PRICE	120.95		125.95

Approving Dept	Purchasing	Accounting	Warehouse	Commissary	R & D	Other
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This form may be replicated via WP) This form replaces BP-S200.045 DTD Aug 97



108.76
120.95

DOJ FBOP Admission + Orientation Program Handbook

routine medical care at FPC Duluth, is subject to change to meet the changing needs of the inmate population. During Admission and Orientation (A&O), you are provided a copy of the current schedule. Areas covered in the schedule are: routine sick call, appointment sign-up, prescription refill requests, prescription pick-up, restricted pill lines.

Any prescription that is necessary due to a medical appointment will be dispensed to you before you leave the clinic, if possible. When requesting a prescription refill, it is mandatory that you turn in the labeled container. When reporting to any appointment you must bring all of your medication bottles with you, including the medications you purchased in the commissary, for screening. Although infrequent, for new therapy, an occasional delay in filling your prescription may occur. You may request an appointment with the Pharmacist to discuss your medications via sick-call sign up.

For any concern you may have regarding Health Care at FPC Duluth, you may send an "Inmate Request to Staff Member" form to the Health Services Administrator (HSA) who will provide you a written response. You may also request to speak with the HSA personally by attending the "HSA's OPEN HOUSE" which is held on Wednesdays between the hours of 10:30 - 11:30 a.m.

Consider yourself "OUT OF BOUNDS" and subject to disciplinary action if you do not have an appointment in the clinic, or permission to be in the clinic during the regular sick call appointment times and pill lines. You must have your work supervisor or dorm officer call the clinic if, you feel the need for urgent medical care after routine sick call.

DO NOT LEAVE YOUR ASSIGNED WORK AREA WITHOUT PERMISSION FROM YOUR SUPERVISOR.

It is your responsibility to check the CALL OUT roster on a daily basis. The rosters are posted in all dormitories and work sites. If you have any questions, ask any staff member. Missing a medical call out may result in disciplinary action, as stated by policy.

Within the first 14 days of your admission into FPC Duluth, you will receive a mandatory complete medical evaluation. You are entitled to a physical evaluation every 2 years, if you are under 50 yrs old or, annually if you are 50 yrs and older. Also, if you have not had a physical examination twelve months prior to your release date, you may request a physical examination.

Prior to leaving FPC Duluth, for halfway house, Community Correction Center, or furlough, you will be tested for the HIV virus, as required by BOP policies. This is a mandatory test. Failure to permit the testing could result in loss of community corrections eligibility and/or furlough. You may also be included in a random HIV test group and a HIV test may be ordered if clinically indicated. This again is a mandatory test, HIV testing may also be done at your request one (1) time per year.

All inmates are given the opportunity to initiate a living will and advanced directives while at FPC Duluth. If interested, contact the Health Services Administrator.

All inmates are urged to participate in the institution's Health Promotion and Disease Prevention Program (HPDP) that is offered. Areas covered include, but not limited to: fitness, nutrition,

DISCIPLINARY PROCEDURES

While informal resolution for incidents involving violation of Institutional rules is encouraged, an employee may, in cases where this appears unwarranted due to the seriousness or repetitiveness of the infraction(s), prepare an Incident Report for submission to a Correctional Supervisor. This official may then dispose of the matter informally or forward the report to the Unit Discipline Committee for further disposition consistent with the Bureau of Prisons Program Statement on Inmate Discipline, 5270.07.

The UDC shall review the Incident Report and evidence making one of the following findings:

1. The inmate committed the prohibited act as charged or a similar one.
2. The inmate did not commit the prohibited act or a similar act.
3. Refer the Incident Report to the Discipline Hearing Officer for final disposition.

The Discipline Hearing Officer shall review the Incident Report and evidence, and may do any of the following:

1. Dismiss the charge(s) and find the inmate did not commit the prohibited act(s).
2. Find the inmate did commit the prohibited act(s) and impose one or more of the sanctions.
3. Suspend execution of a sanction.

If you have any questions concerning inmate discipline, you should refer to the Program Statement on Inmate Discipline, or contact a member of your Unit Team.

ADMINISTRATIVE REMEDY

When inmates have complaints which they believe cannot be resolved informally, then the Administrative Remedy procedure is available. A complaint must be filed within twenty (20) days of the date on which the basis for the complaint occurred.

To file a Request for Administrative Remedy, see your Correctional Counselor, who will issue you the form and instruct you in the procedures to be followed. The Warden, or his/her designee, will have twenty (20) days in which to respond. In emergency situations, such as those jeopardizing an inmate's health or welfare, a response would be forthcoming as soon as possible and within 48 hours of receipt of the complaint.

Should you wish to appeal an institutional level decision, a similar request is may be submitted to the Regional Director (contact your Correctional Counselor for procedures). If still unresolved, the final step in the Administrative Remedy procedure is to appeal to the office of the General Counsel in the Central Office in Washington, D.C. Each of these administrative appeals also have time limits associated with them. You will receive a written response. For further information about the Administrative Remedy procedure, consult the current program statement on Administrative Remedies. Generally, you must exhaust your administration appeals before filing a suit in court.

MEALS AND DINING ROOM PROCEDURES

The food Service Department offers three (3) balanced and nutritious meals per day. The Food Service Department is set up much like a cafeteria, in that some of the items that we serve on the serving line are rationed items. This means that you are only allowed a specific serving size of those particular items. You may get as much as you would like of un-rationed items, we just

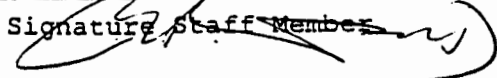
TO: (Name and Title of Staff Member) Dr. Barton (Medical Doctor)	DATE: 2-21-03
FROM: Don Monaco	REGISTER NO.: 13314-006
WORK ASSIGNMENT: Kitchen - Day	UNIT: 208

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 to see an honest + qualified outside cardiologist about my chronic heart problems I've been having more frequently over the past several months now. As you know, I have a well documented history of heart problems as well as a family history of such. You should also be aware of the 30 plus pages of pre-arrest medical records I provided to the medical department from my outside cardiologist, Dr. Gary Archer out of Anchorage Alaska. Dr. Archer recommended a yearly treadmill stress test and a Doppler sonogram to monitor my calcified aortic valve. As you might know, I've been having palpitations, shortness of breath, mild chest, arm + jaw pain from time to time along with anxiety + panic disorders associated with my physical + psychological conditions. Please grant me a full physical + heart evaluation. Thanks, (Do not write below this line) Don Monaco

CC: DM/MF
DISPOSITION:

you are scheduled to see me. Watch the call-out for an appointment and we can discuss medical issues at that time.

Signature Staff Member 

Date 3/4/03



* MARKED ON 2-6-03


TO: (Name and Title of Staff Member) (Dr. Barton) Medical Doctor F.P.C. Duluth	DATE: 2-1-03
FROM: Donald James Monaco	REGISTER NO.: 13314-006
WORK ASSIGNMENT: Day Kitchen	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.) Dear Dr. Barton, I arrived Wednesday evening by way of transfer from F.C.I. Waseca on 1-22-03. I was briefly screened by medical staff member Espinal. Mr. Espinal was very nice and took a little more time with me because of the many medical issues and history I have. However, Mr. Espinal overlooked my soft-shoe requirement, because I was incorrectly issued hard steel-toed boots the very next morning. I have a severely compromised right foot that was crushed in a terrible motorcycle accident during the late 1980's. My foot injury required immediate emergency surgery and reconstruction of a serious nature. During the operation, I unfortunately lost the main artery that runs down the top of the foot towards the big toe. I also suffered major nerve, ligament and bone damage. The fractures were compound in nature and blew out the side of my foot towards the top-middle and outside area of the big toe side and center of the foot. The surgeons initially placed 13 stainless steel pins inside the foot to set the fracture and stabilize the wound. An eventual muscle flap and skin graft procedure were also performed at later dates. I was hospitalized on 2 separate occasions for approximately 6 months and nearly lost my right leg due to a serious infection while the wound had not yet been closed up. The foot is still extremely sensitive and lacks full range of motion and blood circulation to this day. Stiffness and arthritic problems are more prevalent in this severely cold and long winter weather climate area. The extra-long walks required throughout this large prison compound area have also aggravated my preexisting foot condition.

It's quite clear from my prison records at F.C.I. Waseca and F.C.I. Terminal Island and beyond, that I have a soft-shoe requirement and foot problem of a serious nature. I should not be incorrectly forced to wear uncomfortable steel-toed boots or shoes that aggravate my condition. The boots that were initially forced upon me directly cut into the sensitive top part of my pre-existing injury which was extremely painful and totally unnecessary. The new injury from the steel-toed boot was centered directly on top of the skin graft, scarring tissue and nerve damaged
CC:DM/MF (Do not write below this line) (Cont. on attached page)---

DISPOSITION:

Watch the call-out for an appointment.

Signature Staff Member 	Date 2/21/03
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Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BE HEALTH SERVICES 86-111
and BP-S148.070 APR 9 FEDERAL PRISON CAMP
DULUTH, MN 55814



area of my foot.

I immediately reported to sick call on Monday morning, 1-27-03, and I was told by the physician assistant that she was not allowed to write up a soft-shoe permit for anyone. She also examined the new cuts and old injury by visually looking at my damaged foot. This assistant also wrote up an immediate request for a low cut steel-toed shoe that I received on Monday the 28th. Even though the new steel-toed shoe is less painful than the hard boot, the steel-toe and shoe-seam in this low cut shoe still aggravates my preexisting injury and foot condition. The only type of shoe that I have been successfully able to tolerate for the past 13 years of my life since this horrific injury has specifically been soft tennis shoes only. As a matter of fact, Dr. Gray at F.C.I. Waseca even bought me a pair of soft low cut tennis shoes and a custom made pair of prescription orthotics out of the FBOP's money since I have effectively used this combination over the past 13 years prior to and during my unconstitutional conviction and false imprisonment. Dr. Gray also allowed me to buy a few pairs of my own hand picked soft tennis shoes from an approved outside source once every year in order to help me alleviate my ongoing suffering and foot related problems while at F.C.I. Waseca. I was warehoused at F.C.I. Waseca for approximately 3.5 years.

In conclusion, I respectfully request that you thoroughly examine my damaged right foot for yourself and review my well documented prison and outside medical records in order to correctly issue the soft-shoe permit that I rightfully need and deserve. Anything less might possibly be considered Cruel and Unusual Punishment under the 8th Amendment to the United States Constitution as well as Diliberate Indifference to Serious Medical Needs. I also request that I be placed on a minimal institutional job position that requires less walking and standing on my feet for prolonged periods of time. I was assigned to a utility yard crew position in the evenings at F.C.I. Waseca which seemed to work out O.K. most of the time I was forced to be there.

Besides the above foot problems, I need to speak with you candidly about my other chronic medical issues which have not been properly addressed, discussed or favorably resolved with you, Dr. Gray or the Federal Bureau of Prisons as of yet. This includes unresolved issues pertaining to my chronic migraines, heart, liver, spleen, herpes and psychological medical issues of a serious nature.

Please respond to me in an expedited fashion due to the serious medical nature of my complaint as clearly shown under the highlighted sections of the Administrative Remedy Policy Statement 1330.13 and the A&O Handbook section attached herewith.

Thanks in advance for your time and expert care on these critical issues pending.

Dated: 2-3-03

Respectfully and truthfully submitted
to the best of my knowledge under the
penalty of perjury and laws of the United
States of America: Title 28 U.S.C.
§ 1746 and Title 18 U.S.C. § 1643.
Donald James Monaco
Donald James Monaco
13314-006, Unit-208
P.O. Box 1000, F.P.C.
Duluth, MN 55814

Mailed on 12-25-02
DM, C.C.

S148.055 INMATE REQUEST TO STAFF CDFRM

98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) Dr. SAM Petrie (Dentist)	DATE: 12-25-02
FROM: Don Monaco	REGISTER NO.: 13314-006
WORK ASSIGNMENT: Yard - 2	UNIT: B

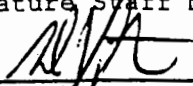
SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

Dear Dr. Petrie, I'm sad to say that my left lower gum has remained extremely sore since you last replaced my filling a few weeks back. I don't think that you flared the filling out far enough to prevent food from impacting the lower outside of the gumline. Now I can't use either side of my mouth to properly chew or crunch down on food. I respectfully request that you can repair the left side you just worked on + I also request that you can temporarily or permanently replace the missing tooth on the right lower side for health related reasons. The reason the left side of my teeth are breaking down is because I can't + haven't been able to properly use my right side because of the missing tooth. These problems are leading to serious health related issues + a proper solution has to be resolved before my health starts to deteriorate even further. Thank you, Don Monaco CC: DM/jh

DISPOSITION: Please put me on the call out.

You have an appointment tentatively scheduled for next week to evaluate your recently placed filling.

FCI WASECA

Signature Staff Member 	Date 1-13-03
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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

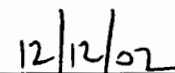
**INMATE REQUEST TO STAFF
MONACO, Donald
Reg. No. 13314-006**

This is in response to your Inmate Request to Staff received on November 14, 2002, in which you allege prejudicial treatment by a member of the medical staff, request an investigation into alleged wrongdoings by the medical staff, and request reassignment to another primary care provider.

Based on the information you have provided, I have confirmed that you were seen on October 27, 2002 for complaints of heart palpitations. On that date you were examined and a diagnostic EKG was performed. The results of that EKG were determined to be normal, however you were instructed to return to health services if symptoms persisted or increased in severity. On October 28, 2002, you were placed on convalescence until October 31, 2002. On October 31, 2002, you failed to make sick call and then requested that the unit officer contact health services requesting that you be seen. Contrary to your beliefs, the unit officer spoke with Mr. Carrasca, PA, rather than Ms. Peterson, PA-C. This fact refutes your claim of prejudicial treatment by Ms. Peterson, as she did not deny you care. You were not seen on that date due to the apparent non-emergent nature of your complaints. On November 1, 2002, you reported for sick without the proper request form. As your request for care was not deemed an emergency by the clinician, you were requested to return with the proper paperwork. You did not comply with this request. You next complained of heart palpitations at your scheduled chronic care examination conducted by the clinical director on December 3, 2002. While you exhibited no symptoms at that time, the clinical director agreed to request medical records of care you have previously received, and based on that information, consider the options of additional diagnostic evaluations.

I find no evidence of negligence or denial of care. You have been provided care appropriate to diagnostic evidence and clinical observations. With no compelling evidence to warrant such action, I decline to re-assign your care to an alternate provider.


Alan R. Jorgenson, HSA


Date

Handdelivered to Mr. Duffly on 11-28-02 P.M., C.C.

950 -

rejected by Ingvladson At approx. 12 P.M. on Dec 3rd of 2002. (see attached)

Number: WAS-1330.13
Date: February 22, 2002
Subject: ADMINISTRATIVE REMEDY PROGRAM
Attachment A

INFORMAL RESOLUTION ATTEMPT

In accordance with Program Statement 1330.13, Administrative Remedy Program, this form will serve as documentation by the respective staff member and the Unit Manager to indicate an informal attempt to resolve the complaint of the following inmate.

A BP-9 WILL NOT BE ACCEPTED WITHOUT THIS COMPLETED FORM ATTACHED.

NAME: Monaco, D. REGISTER NO: 13314-006
DATE ISSUED: 11-27-02 STAFF: [Signature]

1. Nature of complaint (to be completed by inmate):

To all medical & executive staff it may concern, the following attached formal complaint was first mailed on 11-12-02 from the Unit-B mailbox. I requested a 7 day response time from Health Administrator, Alan Jorgensen, since the complaint deals with several medical issues of a serious nature. At the time of the filing of this complaint, no response to me has been made. I respectfully request an immediate 3 day response to these pending attached issues which is allowed + pointed out in page 11 of policy statement 1330.13 dealing with immediate health, welfare & emergency issues. Thanks in

FOR STAFF USE ONLY (to be completed within five working days)

ADVANCE. DON MONACO
CC: DM/MF 11-27-02

2. Date received from inmate: 11-29-02
3. Staff member assigned by Unit Manager: _____
4. Efforts made to resolve the problem: _____

5. Applicable Program Statement used in this informal resolution attempt: _____

6. Inmate's response to informal remedy attempt: _____

Prepared by: _____
Received by Unit Manager: _____
Date returned to inmate: _____

* First Mailed on 11-12-02
UNIT B Mailbox D.M., CC.

BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) Mr. ALAN JORGENSEN (Health Administrator)	DATE: 11-8-02
FROM: DON MONACO	REGISTER NO.: 13314-006
WORK ASSIGNMENT: Yard- 2	UNIT: B

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 Mr. Jorgenson, I respectfully come forth to make the record with yet another formal complaint against the Waseca F.C.I. medical department, and medical staff member, Karen Peterson (PA). As you should already know, I have a history of cardiac problems. I also have a very well documented history of anxiety-panic disorder. I have well documented premature ventricular contractions, a calcified aortic valve which is abnormal, mild aortic insufficiency, possible coronary artery spasms, ect. (Please see my prison medical & psychological files. I also have approximately 150 pages worth of pre-prison emergency hospital and private cardiology and internal medical doctor files which I can get to CC: DM / MF (see attached) ->

(Do not write below this line)

DISPOSITION:

Signature Staff Member	Date
------------------------	------

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



On or about Thursday, Oct. 31st, I woke up late in the morning and experienced severe palpitations and heart fluttering which included shortness of breath and some pain and severe anxiety. I immediately went down and reported to unit-B officer BRIAN SCHULZ at approximately 10:30 A.M. and told him what was happening to me. I told him that I have a history of cardiac problems and he called the medical department. Officer Schulz apparently spoke with (P.A.) Karen Peterson about my medical emergency. It was a very unusual, ignorant and incompetent conversation from what I deciphered on my end. From what I gathered on the Schulz end of the conversation, I was incorrectly denied the right to report to medical in my emergency situation by (PA) Karen Peterson. After I was wrongfully denied my right to report to medical by Schulz, the person on the other end in medical (Peterson) purposely tried to conceal their identity through Schulz. He refused to tell me who denied me my right for medical attention. At this point I became extremely upset and sought help at the mainline. Ms. Jane Craig (HSA) told me that she was aware of my situation and that I just needed to wait. Craig told me that medical might call me back later in the day, but they never did.

On or about Nov. 1st, which was Friday, my symptoms persisted. (PA) Karen Peterson was working the morning of the 1st when I went to medical prior to 7 A.M. and tried to explain that I was having some severe ongoing medical prob-

CC: DM/MF

you upon your request).

For several weeks starting on or about 10-21-02, I started experiencing a series of abnormal rhythms with my heart, which included shortness of breath and some mild chest and arm pain. I reported to the medical department on or about Sat. or Sunday, Oct. 26th or 27th. Medical staff member Kirk Alford performed an EKG on this above emergency visit. Mr. Alford seemed unusually concerned about why I had chosen to wait until the weekend to come to medical, instead of during the week. I told him that my condition had worsened abruptly. I told Alford that these abnormal heart beats come and go at random. The EKG did not pick up any abnormalities at that moment. I was told by Alford to notify medical if things continued to get worse. He also told me to come back to sick call on Monday.

I reported to sick call on or about Monday, Oct. 28th. I was told by Ms. Linda Brandt (PA) that I would be put on the call-out sheet by (P.A.) Karen Peterson. I was also told that if my symptoms persisted or got any worse, that I should have the unit officer call medical and come back if needed. I was given a one-day convalescent status by Ms. Brandt that mentioned for me to come back if needed. (Please see this convalescent record).

cc: DM/MF

blems with my heart. I told Peterson that I have a history of CARDIAC problems. Peterson abusively refused to see me because she said that I did not have a sick call slip properly filled out or with me. I tried to tell her that my problems were stemming from an ongoing medical emergency heart problem, but she would not listen. She became very rude, disrespectful and unprofessional towards me at that point. She abusively told me in a very loud and threatening tone of voice that the medical department was not going to see me because I refused to follow her directions. I left the medical department not feeling very well physically or psychologically. I left feeling completely disillusioned by Karen Peterson's ongoing unprofessionalism which directly reflects on this medical department's ongoing incompetence.

This series of uncalled-for incidents and neglect clearly show that Karen Peterson is obviously prejudiced against me. I feel as though Karen Peterson is retaliating against me because of the last formal complaint I filed against her for abusively yelling at me in a demeaning manner during one of my last chronic migraine attacks. Karen Peterson also told me on Friday morning the 1st of November, that she was the one who told unit-B officer Schulz not to allow me to come to medical on the 31st of October.

In conclusion, I request that this matter be officially documented and investigated for abuse, neglect and retaliatory

CC: AM/MF

tactics wrongfully being used AGAINST me^{by} Karen Peterson and the Waseca, Medical Department in General. No person should be denied the proper medical or emergency room attention or treatment for heart problems or PANNIC - ANXIETY disorders when they arise at this institution or elsewhere. Especially when the patient has a clear and precise medical record of these problems.

These continuous wrongdoings need to be promptly corrected. The neglect and unprofessionalism are serious policy violations under employee conduct and medical-health policies. These ongoing violations are also considered cruel and unusual under the 8th Amendment to the United States Constitution, which also clearly shows deliberate indifference to serious medical needs.

Dr. Frenzel is also very well aware of my emotional and physical related medical problems, but the psychology department also improperly refuses to deal with my ongoing medical issues properly. I request that I be treated properly, fairly and professionally for all of my on-going medical conditions as they arise or continue.

I also request that I be placed under the immediate medical care and assignment of the very decent, fair and professional, Ms. Jacquelin Zimmer, instead of the very unprofessional and abusive mistreatment of Karen Peterson. I am in fear of my life, safety and wellbeing anytime I am around or forced to deal with the ongoing unprofessional abusiveness of Karen Peterson. I do not feel as if

CC: DM/MF

(PA) Karen Peterson is professional AND competent enough to take ^{CASE} of me AND my very serious medical needs.

Please respond to me within 7 working days from the reception of this official complaint. A full scale investigation AND evaluation is needed into these on-going incidents AND medical AND emotional neglect.

Dated: 11-8-02

Donald James Monaco
Respectfully and truthfully
submitted under the penalty
of perjury. Title 28 U.S.C.
§ 1746 AND Title 18 U.S.C.
§ 1641.

CC: DM/MF

FCI WASECA
Health Services Department

Inmate Name Monaco, Donald

Register # 13314-006

Unit B

Detail —

Mr Monaco:

12-10-02

Your liver tests remain elevated
(ALT = 101). If you want to talk about
being considered for treatment of your
Hepatitis C, please let me know.
Otherwise, we will continue to check
your liver function every 6 months.

M. A. Gray

M.A. Gray, M.D.
Clinical Director
FCI Waseca

From: Anthony Walker
To: WAS/Clinical Director; WAS/Health Svcs Admin
Date: 10/29/02 2:37PM
Subject: BP 11 Inmate Monaco 13314-006

Please forward clinical notes, consultations, MRI or CT studies, or pertinent information concerning this inmates complaint of migraine headaches. Fax me or mail as soon as possible. Thank you for your assistance.

Anthony A. Walker, BCHS, PA-C
LTJG, USPHS
Health Programs Manager
Central Office
202-307-2867 ext. 112
Fax 202-305-0862

CC: Nelson, Mike

DATE OF RELEASE: 11-5-02

Number of Copies: 99 pages

Items Released: Copies of all medical records pertaining to migraine headaches forwarded to Anthony A. Walker PA-C in Central Office

FCI WASECA

* mailed on 10-1-02 in
The regular B-unit mailbox.
D.M./cl


TO: (Name and Title of Staff Member) MR. JORGENSEN (Health Administrator)	DATE: 9-30-02
FROM: DON MONACO	REGISTER NO.: 13314-006
WORK ASSIGNMENT: Yard - 2	UNIT: B

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 Mr. Jorgenson, I'm writing this cop out in regards to yet another unprofessional incident that came about with another one of your staff members during an emergency visit to medical at 11:30 A.M. on 9-29-02. K. Afford got smart and very rude with me right off the bat when I arrived in temporary blindness due to one of my chronic migraine headaches. I tried to explain to him what was going on with my headache + the fact I'm currently litigating the improper denial of stronger pain medication and he told me that he didn't care and to wait. Then he brought me back to a room + asked me a few questions + wrote a few things down. He started yelling at me in a demeaning fashion which is against policy + common sense. I told him not to raise his voice or yell at me + he stopped. He also got upset when I asked for stronger pain medication again then he calmed down again and wrote my classification status + told me that it was not his decision not to give me stronger pain medication before I left. Please make the record as such + respond to me asap. No one needs to be yelled at or treated unprofessionally any longer by your department. I know there are major investigations under way. THANKS, DON MONACO. Especially when we are sick + need help.

Disposition:

Thank you for your comments. I have spoken to the employee who provided care to you. The employee provided care consistent with established guidelines and approved by the Clinical Director. I am unaware of any investigations.

 ALAN R. JORGENSEN Member CAPT. USPHS HEALTH SERVICES ADMINISTRATOR	Date 10/7/02
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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



Received in the office of the...

TO: (Name and Title of Staff Member) Dr. Grey - Medical Director	DATE: 5-15-02
FROM: Don Monaco	REGISTER NO.: 13314-006
WORK ASSIGNMENT: Yard-2	UNIT: B

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 request to see you or a P.A. in Medical to take a sample of an abnormal skin lesion on my head. I just noticed this growth on the left side below my hairline. I'm concerned that it could be cancerous. My mother just had a malignant growth removed from her nose at Stanford Medical Center a few months ago.

Can you please call me in to look at this for testing some afternoon in the nearest possible opening.

Thank you
Don Monaco

cc: DM/MF

(Do not write below this line)

DISPOSITION:

Mr. Monaco:

Please sign up for sick call to have one of the staff look at this lesion.

FCI WASECA

Signature Staff Member <i>Ma Grady</i>	Date 5-24-02
---	-----------------

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



+ Mailed on 5-13-02 P.M.

+ 1 more BP-8 + 29s

Neurologist - 100
Other - 100

BP-S142.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) Dr. Grew Medical Doctor	DATE: 5-10-02
FROM: Don Monaco	REGISTER NO.: 13314-006
WORK ASSIGNMENT: Yard- 2	UNIT: B

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 to see a neurologist about my chronic migraines and the opinion of a second medical doctor about the denial of stronger pain medication as I've ^{successfully} used and have been prescribed by my regular and emergency room physicians over the past 30 plus years. According to the Supreme Court case Estelle v. Gamble, 429 U.S. 97, 97 S.Ct. 285, 291 (1976) prison officials can be in violation of 8th Amendment Constitutional Rights which protects from "Cruel and Unusual Punishment" if found to be "Deliberate Indifference" to "Serious Medical Needs."

THANK YOU.

Don Monaco

CC: DM/MF

(Do not write below this line)

DISPOSITION:

Mr Monaco:

Since you have very rarely requested refills on amitrex it would assume you haven't needed it often. You have always said it helps. The fact that you have refused to even try injectible Toradol is disturbing. We do have other medications for chronic pain we could try. Certainly, narcotics are a poor choice.

Signature Staff Member

M.A. Gray M.D.

Date

5-20-02

06-220-U

02 036-41

(cont) 5-20-02

A neurologist can be consulted but we should really use what is at our ready disposal before we go this route.

M.A. Gray

M.A. Gray, M.D.
Clinical Director
FCI Waseca

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) Mr. Jorgenson, Health Services Director	DATE: April 20, 2002
FROM: Don Monaco <i>Don Monaco</i>	REGISTER NO.: 13314-006
WORK ASSIGNMENT: Yard-2	UNIT: B

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.)

Hello, this is Donald James Monaco, federal prisoner number 13314-006, and I respectfully come forth in an appellate fashion for the following reasons stated herewith:

#1) Dr. Gray refuses to prescribe Tylenol-Codine or stronger pain medication as needed for my chronic migraine headaches at random. These vascular headaches are documented since my early childhood and have been successfully treated by my private physicians or emergency medical professionals for 30 plus years. Demerol was normally prescribed and always worked effectively prior to my unlawful restraints. Even the neurologist and medical doctors at Terminal Island prescribed Tylenol-Codine or stronger if needed.

(Please see my medical files.)

I've decided to bring this issue to the forefront because I'm simply tired of suffering unnecessarily from these headaches and other serious medical issues I have on a continual

(see attachment)

CC: DM / MF

(Do not write below this line)

DISPOSITION:

Thank you for your observations and comments concerning your medical care and the medical staff at this facility. Working within the confines of our drug formulary, each evaluating clinician has the authority to decide and prescribe the treatment regimen for patients under their care. I urge you to continue to work with your prescribing clinician and consider trying the medications offered to you.

HEALTH SERVICES
FCI WASECA

Alan J. Jorgenson
SEAN R. JORGENSEN Member
CAPT. USPHS
HEALTH SERVICES ADMINISTRATOR

Date

5/3/02

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



basis. I'm also tired of being put off and not properly or professionally treated by some of your medical staff members. This sometimes includes Dr. Gray and his wrongful opinions, arrogance, and non-communicative attitudes on occasion.

Dr. Gray told me on 4-17-02, that he just doesn't have the time to answer my cop-outs in writing because he has 1200 other inmates that he also has to deal with. But then he went on to tell me that I can file complaints until "I'm blue in the face" if I wanted to. I've decided to take him up on his arrogant offer. I've also decided to contact a major national medical prison watch project in order to open up a possible dialogue about these and other prison-related medical issues I have.

In closing, I'm not interested in experimenting with other new types of drugs like Dr. Gray and the very rude Ms. Peterson have wrongfully tried to force upon me. (Please see attached.) I want to stick with what has been successfully proven to work for me over the past many years. The Imitrex and Aspirin help somewhat, but the seriousness of the pain and vulnerability that these massive headaches cause are tremendous. Please reconsider the stronger pain medication for me at these critically disabling times.

Thank you.

Dated: 4-20-02

Respectfully submitted by:



Donald James Monaco
13314-006, Unit-B

CC: DM/MF

Rec. on
4-19-02

FCI WASECA
Health Services Department

MIGRAINE Recommendation
Dr. Gray.

Inmate Name Monaco, Donald Register # 13314-006
Unit B Detail —

Mr. Monaco:

4-17-02

I will be unable to order Toradol tablets for you since it has recently been removed from our ^{GROUP} ~~Formulary~~ ^{Formulary} I agree with PA-C Peterson's recommendation to use an injection of Toradol with an injection of Phenergan if the Cemitrex and Aspirin combination don't control your headache. You will need to have staff notify medical if this is the case. You may request that staff accompany you to medical if you are unable to get here on your own.

M. A. Gray

M.A. Gray, M.D.
Clinical Director

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) DR. GRAY - Medical Director	DATE: 4-20-02
FROM: DON MONACO	REGISTER NO.: 13314-006
WORK ASSIGNMENT: Yard - 2	UNIT: B

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 Dr. Gray,

As per your conversation about ordering shoes from a catalog, I respectfully request that you give me permission to order two pairs of regular white, K-Swiss Tennis shoes as attached in the copy provided. Approval in writing from you, on this, please will speed up my ordering process through Counselor Duffy.

Please respond in writing. Thank you.

Don Monaco

CC: DM/MF

(Do not write below this line)

DISPOSITION:

Mr. Monaco:

As per our conversation of 4/17/02 and with your documented surgical changes in your right foot, it would be advantageous to allow you to special order the K-Swiss tennis shoes.

Signature Staff Member

Date

Mr. Gray

4-29-02

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

M.A. Gray, M.D.
Clinical Director
FCI Waseca

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



Printed on Recycled Paper

Received in #15 4-22

BP-S148.70 INMATE REQUEST TO STAFF MEMBER CDFRM
Oct. 1986

U.S. DEPARTMENT OF JUSTICE

Federal Bureau of Prisons

TO: Mr. Jorgenson (Chief Medical Administrator)
(Name and Title of Officer)

DATE: 4-2-02
cc: DM/AMF

SUBJECT: State completely but briefly the problem on which you desire assistance and what you think should be done (Give details).

DEAR Mr. JORGENSEN, I WAS GIVEN A PASS TO VISIT MEDICAL AS SUGGESTED BY Dr. GRAY ON MY ATTACHED COPY DEALING WITH RANDOM SEVERE MIGRAINE HEADACHES. (E-A) Ms. Peterson was the P.A. who evaluated my condition during this random visit. Ms. Peterson was very demanding and extremely rude to me during this visit. She was combative and extremely disrespectful towards me, my illness, and my input and suggestions. At a certain point towards the end of my confrontation with this woman, I felt as if she was trying to intimidate me which is against the Program Statement # 3420.08, which is in violation of the Professional Code of Employee Conduct under the U.S. Code of Federal Regulations Title 5, § 2635. (Please see the attached highlighted statement, E-B). I ask that this formal complaint be investigated and documented against Ms. Peterson, and that appropriate action be taken in this matter so it does not ever happen again. ^(Use other side of page if more space is needed) I AM A HUMAN BEING, NOT AN ANIMAL. + expect to be treated AS SUCH, especially when I'm sick.

NAME: Don Monard No.: 13314-CC6
Work Assignment: yard - 2 Unit: B

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space)

DATE: 4/17/02
Alan R. Jorgenson
ALAN R. JORGENSEN
CAPT. USPHS
HEALTH SERVICES ADMINISTRATOR

Thank you for your observations and concerns.

HEALTH SERVICES
FCI WASECA

Received in H/S 4/17/02

FCI WASECA
Health Services Department

Inmate Name Monaco, Donald Register # 13314-006

Unit B Detail —

Mr. Monaco:

4-17-02

It will be unable to order Toradol tablets for you since it has recently been removed from our ^{formulary} ~~formulary~~ ^{GRACE} ~~formulary~~ ^{WASH} ~~formulary~~ ^{PHIL} ~~formulary~~ agree with PA-C Petersons recommendation to use an injection of Toradol with an injection of Phenergan if the Clmitrex and Aspirin combination don't control your headache. You will need to have staff notify medical if this is the case. You may request that staff accompany you to medical if you are unable to get here on your own.

M. A. Gray

M.A. Gray, M.D.
Clinical Director

DATE 3-24-02

TO: Dr. Gray - Medical

(Name and title of officer)

CC: DM/MT

(See Attached CONTINUED)

SUBJECT: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give details)

Dear Dr. Gray, I spoke with Mr. Jorgensen at mainline last week about my chronic migraine problems in relation to work and sick call conflict issues that may arise due to the random nature of these terrible vascular headache. Mr. Jorgensen said that he would further discuss the issue with you since I told him that you had just recently responded to me about this specific issue.

Since sick call is only offered in the morning on certain days, it seems unlikely that my migraines will surface only at these limited morning hours! Did you want me to report to my Unit officer who in turn is supposed to contact medical personnel at the

NAME: Don Monaco

No.: 13314-006

Work assignment: Yard-2

Unit: B

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space)

DATE 4-11-02

Mr. Monaco:

The best I can do to respond to these very lengthy copouts is to put you on callout so we can talk about them.

[Signature]

Office
M.A. Gray, M.D.
Clinical Director
FCI Waseca

onset of a headache? I ask this because you mentioned that you want me to report to sick call when I come down with a migraine. I told you in my last request that my vision goes completely out to the point of blindness for a period of up to one hour at the onset of these headaches. I don't think walking at the institution trying to find the medical department is a good idea when I am blind. Besides, it puts me in a vulnerable position at risk within the institution at these times. Several hours of sleep and quiet are necessary right after the visual disorientation of these headaches in order to get my vision and equilibrium back to some degree. Then the nausea, pain and suffering sets in for many hours up to several days.

Another thing, the neurologist at Terminal Island F.C.I. in San Pedro, California, prescribed stronger pain medication for me if I needed it. The Tyenol-Codone he prescribed was O.Kayed by the medical doctor. This prescription information is definitely in my medical file. I specifically request the same pain medication while I am here at this institution if needed at the onset of a migraine. Besides, when I went to the hospital on emergency visit on the outside for migraine with assistance, I was administered an injection of demerol for pain. (Please see the neurologist and medical doctor notes from my Terminal Island medical files).

And lastly, I want you to know and document that I am and have been under continual stress, anxiety and depression on a regular basis due to my forced stay and extremely obnoxious and overcrowded surroundings. My frequent migraines, herpes simplex, liver, heart, spleen and other diseases continually flare up because of these stress related nerve and other disorders which are negatively affecting my overall physical and mental health. Please Respond, Thank you.

CC: DM / MF

DM M... 12214 MI.

BP-S148.70 INMATE REQUEST TO STAFF MEMBER ODFRM
Oct. 1986

U.S. DEPARTMENT OF JUSTICE

Federal Bureau of Prisons

TO: Dr. Gray - Medical Doctor
(Name and Title of Officer)

DATE April 1st, 2002

SUBJECT: State completely but briefly the problem on which you desire assistance and what you think should be done (Give details).

Dear Doctor Gray,

I respectfully request your approval through the Medical Department for me to special order a pair of tennis shoes or two from an outside source or catalog. The reasons are many and rightfully so.

As you already know I have severe foot problems that are on-going with my right foot (Permanent extensive damage). You are also aware that Ms. Zimmer has just recently made casts for a pair of prescribed orthotics. My current soft shoe permit still stands and my current two pairs of tennis shoes are extremely old and worn. I have found some tennis shoes out of a catalog that I've had good luck with on the outside. Will you approve this? I can pay for these shoes myself. Thank you.
(Use other side of page if more space is needed)

NAME: Don Monaco

No.: 133-14-006

Work Assignment: Yard - 2

Unit: B

CC: DM/MF

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space)

DATE _____

Staff Member

DATE 3-4-02

TO: Dr. Grey (Medical Doctor)
(Name and title of officer)

CC: DM/MF

SUBJECT: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give details).

Dear Dr. Grey, There has still been no action on my request for orthotics, can you please direct your staff members to start the process? Also, due to the random frequency, visual disorientation and partial blindness, nausea and sometimes vomiting, intense pain and suffering that I experience sometimes up to several days after a migraine headache, I respectfully ask that you allow or issue me some sort of

temporary latin pass from all activity at these very difficult times. These massive headaches which are vascular and random in nature cause my person to be in an extreme vulnerable position within the institution. This includes vulnerability in relationship to my assigned work position and the work supervisor who expects me to show up to work at

NAME: Don Monaco No.: 13314-006
Work assignment: Yard - 2 Unit: B

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space)

DATE 3-11-02

Mr. Monaco:
#1) we have spoken to Ms. Zimmer about your insoles. Hopefully, she will contact you soon.
#2) Please come to sick call or have your Unit staff call medical when you have a headache so that we can assess you.

M.A. Gray
Officer

M.A. Gray, M.D.
Clinical Director
FCI Waseca

Original - File
Canary - Inmate



all costs. I've had several problems with staff members or work supervisors over the years in prison because of my random debilitating headaches. The best place for me to be when my migraine starts and progresses is in bed, not at work. The blindness I experience alone, is an extreme hazard for myself as well as others around me. This includes my vulnerability from other prisoners as well. Most lawpersons don't really understand the physiology and seriousness of the headaches anyway.

In closing, I ask that you please devise some type of pass or safety net for me when this disability randomly arises. To be threatened with a shot or being forced into administrative segregation because of ~~a~~ random disease which completely debilitates me some times for days, would be against my Constitutional Rights under the 8th Amendment to be free from cruel and unusual punishment if forced to work under these ^{random} conditions of sickness. I remind you that sick call is only in the morning on certain days, otherwise I have no choice except to demand emergency treatment by medical staff each time these headaches arise just for documentation and sick call lay-in.

Thank you, please respond in writing as soon as you can.

P.S. - I was told that a memorandum would be enough to notify the necessary staff members of my random debilitating condition at times

Respectfully submitted by
Don Monaco
13314-006 Unit-B

DATE 1-13-02

TO: Dr. Grey (Medical - Doctor)

(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give details).

Dear Dr. Grey, I'm respectfully requesting a pair of orthotics for my feet. I have been unsuccessful at locating the 2 pairs that were custom made for my feet by Dr. Barbee in Alaska. My right foot with major damage has been acting up on me from time to time and I think that my lack of the proper orthotics could be part of the problem. The orthotics I wore in my shoes for several years on the outside before my unlawful search and arrest took place in 1997 seemed to work very well. I understand that you now have Foot-Forms in order to do this process from here. Please help me with my request, I feel like I'm going completely crippled from time to time because of my damaged right foot. Sometimes it's hard for me to walk

(Use other side of page if more space is needed)

NAME: Don Monaco

Thank You.

No.: 13314-006

Work assignment: YARD - 2

Unit: B

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space)

DATE 1-23-02

Mr. Monaco:

I will see you in clinic next month. Since my appointments are out about that far, ask me about it then, please

M.A. Gray

Officer

M.A. GRAY, M.D.

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) DR. GRAY	DATE: 12-1-01
FROM: DON MONACO	REGISTER NO.: 13314-006
WORK ASSIGNMENT: Yard- 2	UNIT: B

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 DR. GRAY,

I respectfully request that you can prescribe me something to help ease my loud snoring at night while I'm sleeping.

THANK YOU.

Don Monaco

CC/DM/MF

(Do not write below this line)

DISPOSITION:

Mr. Monaco:

We really have no medication that does much for snoring. Breath Rite strips help some people a little, but aren't available to us. You might try gimmicks to sleep on your side more on the outside I used to tell people to sew a tennis ball on back of a T shirt. ~~Here you could roll up towels~~ or try other things.

Signature Staff Member

Date

Ma Gray

12-11-01

Record Copy - File; Copy - Inmate
(This form may be replicated via WP) M.A. GRAY, M.D.

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



TO: (Name and Title of Staff Member) DR. Petri (Dentist)	DATE: 11-14-01
FROM: DON MONACO	REGISTER NO.: 13314-006
WORK ASSIGNMENT: Yard - 2	UNIT: B

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 Dr. Petri,

Hello, this request is in regards to a problem that I'm having with the tooth you repaired for me several months back. It seems that the filling you applied was not built up enough on the tooth for a proper bite in that specific area. Also, the filling has worn down slightly since then and is starting to cause a food impacting and gum inflammation problem in that specific area again. I would like to see you as soon as possible about this problem as it is starting to affect my health.

Thank you. Don Monaco

cc: DM / MF

(Do not write below this line)

DISPOSITION:

Please Sign up for dental sick to have Dr. Petrie look at the area.

FCI WASECA

Signature Staff Member

Date

S. Hartmann, CDA

12-5-01

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



S. HARTMANN
DENTAL ASSISTANT

Chest pains - Aspirin - Echo Doppler - Blood - Cardio

ADT. A1 1.95 Today

BP-S148.055 INMATE REQUEST TO STAFF CDFRM
SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>Dr. GRAY (Medical Doctor)</i>	DATE: <i>May 14th 2001</i>
FROM: <i>DON MONACO</i>	REGISTER NO.: <i>13314-006</i>
WORK ASSIGNMENT: <i>YARD - 2</i>	UNIT: <i>B</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 Dr. GRAY, (The chest pains feel like someone is pinching my heart)

I've had some very severe chest pains lately, especially throughout the week of May 7th. These pains come and go periodically like my heart palpitations do, and the pain becomes almost unbearable at times, radiating through the left-hand side of my chest, arm, upper-back and throat. If they persist, I get short of breath and break out into a sweat. These pains usually subside after a few minutes, then go away. There are also a few after shock pains that come and go after the main one passes, but those pains are not as bad as the main one. Can I see a cardiologist or speak with one? What about a treadmill stress test and an echo-doppler ekg? What about some blood tests and some prescription ASPRIN For one-a-day? (Do not write below this line) Thanks, DON MONACO. (CD/DMF)

DISPOSITION:

*Mr. Monaco:
Your regular clinic is coming soon. We can discuss this then.*

Signature Staff Member <i>Ma Gray</i>	Date <i>5-22-01</i>
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Record Copy - File; Copy - Inmate
(This form may be replicated with GRAY, M.D.)

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

