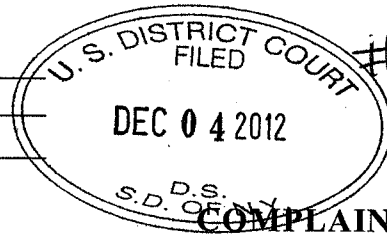


12 CV 8878

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Ronald Spear

(In the space above enter the full name(s) of the plaintiff(s).)



#2
UNB

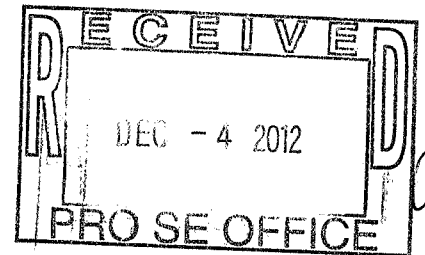
-against-

Head Dr. of N.I.C., Dr. Ramos
Head of Nurses, Ms. Bowen

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial: Yes No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)



I. Parties in this complaint:

A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Ronald Spear
ID # 349-12-15879
Current Institution North Infirmary Command
Address 1500 Hazen Street
East Elmhurst, N.Y. 11370

B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Dr. Ramos Shield # _____
Where Currently Employed North Infirmary Command
Address 1500 Hazen Street
East Elmhurst, N.Y. 11370

Defendant No. 2 Name Ms. Bowen Shield # _____
Where Currently Employed North Infirmary Command
Address 1500 Hazen Street
East Elmhurst, N.Y. 11370

Defendant No. 3 Name _____ Shield # _____
Where Currently Employed _____
Address _____

Defendant No. 4 Name _____ Shield # _____
Where Currently Employed _____
Address _____

Defendant No. 5 Name _____ Shield # _____
Where Currently Employed _____
Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? North Infirmary Command

B. Where in the institution did the events giving rise to your claim(s) occur? Dorm 2

C. What date and approximate time did the events giving rise to your claim(s) occur? Approximately about 10 p.m., on September 24, 2012

D. Facts: I have acute kidney failure, and high blood pressure so therefore I need the Hemodialsis machine. But I told the doctor that I was havi8ng side affects from the machine. So I was told that a person with still functional kidneys can be treated with medications, and a special diet, and I would be alright.

What happened to you?

Who did what?

Dr. Ramos and Ms. Bowen became upset when I refused to do the Hemodialsis machine, and had my medications stopped, trying trying to used that as a way to force me to use the machine, hurting me in the process.

Was anyone else involved?

Who else saw what happened?

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. Chest pain, breathing problems, my blood pressure is constantly elevated. Constant headaches, and blurred vision

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes No

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

North Infirmary Command

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes No Do Not Know

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes No Do Not Know

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes No

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes No

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

I wrote to Prison Rights Projects

1. Which claim(s) in this complaint did you grieve? Being denied Medications, which physical illness

2. What was the result, if any? None

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. _____

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

It would not help me. So I use Prisoners Right Project.

2. If you did not file a grievance but informed any officials of your claim, state who you

informed, when and how, and their response, if any: _____

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. _____

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. **Relief:**

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). I want my medications back, that would stop my pain, and rid my body of excess water, and maintain a normal blood pressure reading. I am seeking \$2,000,000, because my blood is not cheat. Due to the fact that Dr. Ramos has stopped all my pain medicatios, he has caused me servere physical pain, and now that Prisoner Rights Projects is involved, I have Correction Officers retaliating against me.



Prisoners' Rights Project
199 Water Street
New York, NY 10038
T (212) 577-3530
F (212) 509-8433
www.legal-aid.org

September 26, 2012

Blaine (Fin) V. Fogg
President

Steven Banks
Attorney-in-Chief

Adriene L. Holder
Attorney-in-Charge
Civil Practice

John Boston
Project Director
Prisoners' Rights Project

Mr. Ronald Spear
349-12-15879
NIC Infirmary
15-00 Hazen Street
Rikers Island
East Elmhurst, New York 11370

Dear Mr. Spear:

Enclosed is an e-mail letter that we have sent on your behalf to the Department of Health, its medical contractor, Prison Health Services, Inc., and the Board of Correction officials after receiving your recent complaints about your health problems. Please let us know whether or not you receive the medical services that we have requested for you.

Although we cannot represent you in any lawsuit that you may wish to bring, we can work informally to get you the help that you need from jail medical and corrections officials. If you are willing to do so, please sign the enclosed medical release authorizations and return them to us. Please include your date of birth. If you have been seen at any outside hospital, please let us know which hospital(s) you have been to and the dates that you were there. We will send you a copy of your medical records when we receive them.

We hope that you are feeling better soon. Please contact us if you have questions or if you need information about your legal rights.

Sincerely yours,

DALE A. WILKER
Staff Attorney

DAW:ds

Wilker, Dale

From: Wilker, Dale
Sent: Wednesday, September 26, 2012 4:49 PM
To: 'Dr. Jay Cowan'; 'Dr. Homer Venters'; 'Erik Berliner'
Cc: Amanda Parsons; Athanasia Toumanidis; Donald Doherty; Dr. Carl J. Keldie; Dr. Luis Cintron; Dr. R. Macdonald; George Axelrod; Nancy Arias RN; Patricia Morgese; Pinney, Becky; Vivienne McDonald; Amanda Masters; capotler@boc.nyc.gov; Tonya (BOC) Glover
Subject: RONALD SPEAR 349-12-15879 NIC Infirmery
Attachments: Picture (Metafile)



The Prisoners' Rights Project has been contacted by Mr. Spear who reports that until yesterday he had not been taken for dialysis treatment for nearly a week. He says that he requires dialysis three times per week at least. Would you intervene to make sure that he never misses a dialysis treatment while in custody?

He also says he is supposed to receive a pill at meals to help his kidneys function, but he is not getting this medication.

He says that he also suffers from high blood pressure but says that PHS is not administering medications that were prescribed for this condition, including Norvase, Clonodin and Monoxidil.

He also says that he was prescribed Elavil for depression and Tylenol 3 for pain, but that PHS has discontinued this prescription for him.

Finally, he says that he was assaulted severely in May before his recent arrest and suffered head injuries, including bleeding on the brain, bleeding from the ear (he can no longer hear in his right ear) and blood clots. He says that he was treated at St. Lukes -- Roosevelt Hospital. Because of the bleeding he says he is no longer receiving blood thinning medication for the clots.

Would you please have him seen as soon as possible and provided with any appropriate and necessary treatment?

Thank you for your attention to these matters. Please let us know your actions taken to address his medical treatment needs, as well as your findings and any actions taken to resolve his complaints about inadequate care and treatment.

Dale A. Wilker

Staff Attorney
The Legal Aid Society
Civil Practice / Prisoners' Rights Project

On these claims

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes No

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ___ No ___

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On other claims

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes ___ No

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ___ No ___

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

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

Signed this 21 day of November, 2012.

Signature of Plaintiff	<u>X RONALD SPEAR</u>
Inmate Number	<u>349-12-15789</u>
Institution Address	<u>1500 Hazen Street</u> <u>E. Elmhurst, N.Y. 11370</u>

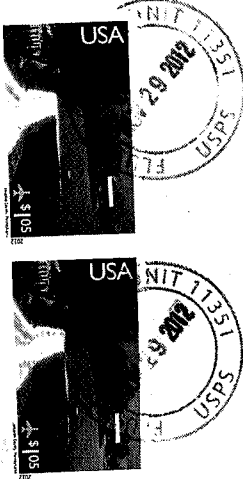
Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 21 day of November, 2012, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff: J RONALD SPEAR

RONALD SPEAR 3491215879
NIC. INFIRMARY
15-00 HAZEN STREET
RIKERS ISLAND
EAST EIMHURST NY 11370
D-2

PRO SE OFFICE
NOV 14 9 17 AM '12



PRO SE OFFICE
UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
500 PEARL STREET, ROOM 230
NEW YORK NEW YORK 10007

USPS