

5-18-98

SRA. [REDACTED]

SRA. SOY LA PERSONA QUE LE LLAMO POR TELEFONO PIDIENDOLE DE FAVOR AYUDA EN MI PROBLEMA.

SRA. LE ENVIO ESTA CARTA, (ANEXA) EXPLICANDOLE BREVEMENTE LO QUE ME A SUCEDIDO, LE RUEGO LE PRESENTE UNA COPIA AL SR. ABOGADO QUE USTED CONOCE, LE PIDO A DIOS PUEDAN USTEDES AYUDARME O ASESORARME EN ESTE PROBLEMA, TENGO ENTENDIDO QUE SE REQUIERE UN SR. ABOGADO EN DEMANDAS ESTATALES Y FEDERALES.

UN AMIGO EN SAN BERNARDINO COUNTRY LLAMADO [REDACTED] ME HABLO DEL SR. ROBERTO MARTINEZ INDICANDOME QUE EL PODRIA AYUDARME.

SIENTO SRA. LA NECESIDAD DE CONSULTAR CON UN ABOGADO, PARA QUE A TRAVES DE EL PUEDA Y TENER LA OPINION DE UN DOCTOR SUPERIORE, Y SE ME TRATE Y ATIENDA MEJOR MEDICALMENTE.

SRA. E SOLICITADO MIS COPIAS DE MIS RESULTADOS TAL VEZ NO TARDEEN MUCHO EN LLEGAR - RAYOS X - Y M. R. I.

COMO COMPRENDERA SRA. EN COMENTARIOS SE ME DICE QUE LO MIO ES UNA OPERACION CON ALGUNOS RIESGOS, ASI MISMO DESPUES DE LA OPERACION SE ME DICE QUE NO QUEDA UNO IGUAL EN SU CAPACIDAD FISICA.

ESTO ME PREOCUPA SRA. PUES TENGO TRES HIJAS Y ME PREOCUPA EL FUTURO QUE NO PUEDA DESARROLLAR UN TRABAJO NORMAL.

SRA. ME LASTIME HACIENDO MI TRABAJO AQUI EN EL MCC SAN DIEGO

- ME DESBALLE Y CAI DE ESPALDA EN UN PISO MOJADO EN SAN BERNARDINO COUNTRY  
- FUI LEVANTADO Y ARROJADO AL PISO EN FORMA VIOLENTA POR UN OFICIAL DEL SHERIFF Y ENFERMERA DE TURNO SIN NINGUNA JUSTIFICACION.

TENGO MIS REPORTES Y COPIAS, NOMBRE DE TESTIGOS SUS NUMEROS DE REGISTRO, TODO EN REGLA SRA. UN REPORTE ESPECIAL LLAMADO (RIVERS) HACIA EL SHERIFF E ENFERMERA.

LE PIDO A DIOS SRA. PUEDA HACER ALGO POR MI. ME PUDIERA UD. RECOMENDARME UN ABOGADO QUE ME AYUDE O ME ASESORE.



SRA. TAL VEZ RECIBA UNA CARTA, O UNA LLAMADA TELEFONICA DE  
LA SRA. [REDACTED] ES ESPOSA DE UN AMIGO QUE COLUCCI AQUI  
ELLA ES LA UNICA PERSONA QUE CONOSCO Y DESEA AYUDARME DE FUERA.

MUCHAS GRACIAS SRA. POR SU ATENCION RECIBIDA.

ESPERARE SU CONTESTACION.

DIOS LA AYUDE SRA.

MCC

PPT. [REDACTED]

[REDACTED]

[REDACTED]

SRA. ESTOY AQUI EN EL MCC. PORQUE ME MANDARON A MANEJAR  
UN CARRO CON UNAS (4) PERSONAS SIN DOCUMENTOS.

LO ISE POR NESECIDAD SRA. ME ENCONTRABA DESESPERADO POR  
NO PODER ENCONTRAR TRABAJO AQUI EN SAN DIEGO

NUNCA HABIA ESTADO EN UNA CARCEL NI AQUI NI EN MEXICO  
- FIRME DE 6 A 10 MESES HEVO ACTUALMENTE 5 MESES -



" BRIEF DESCRIPTION OF MY BACK INJURY "

Dear Sr.:

I'am an inmate here at Metropolitan Correction Center in San Diego. On March 03, 1998, As I was working on as a Orderly on the floor were I was confine I hurt my back. An accident report was file after the accident.

On March 16, 1998 I was transfer to the San Bernardino County Jail without authorization of the doctor.

March 18, 1998 , I was walking and I slip on a wet floor, I did not notice the floor was wet, because there was not precaution sign to alert the inmates of the wet floor.

March 24, 1998 as I was back from San Diego I was placed on a waiting cell, where all inmates are placed after coming back from court. We wait there until the Sheriff Officers are ready to takes back to our regular cells. Because of the long day at court and my back injury, I find my self tired, which cause me to lost strengh on my legs and I felled to the floor. All Inmates were taken to their regular cells except me, I was left there around 3 hours, because I couldnt get up, the only thing the officer working at that time did was to come to the cells to check on me and ask me to get up.

As I was there I drug my self to the bench to be able to lay down there, as I was sleeping an officer and a Nurce grab me to lift me at the same time without precaution they throw me to the floor with no reason at all.

March 25, 1998 I was taken to West Valley Hospital located in Rancho Cuncamonga to get X rays of my back.

April 2, 1998 I was taken to the San Bernardino Medical Ctr. for M.R.I. In there thye show me the X rays and the M.R.I. by the medical staff, The results showed that two my disc were damaged from the Lumbar Sector.

I file a complain against the Sheriff and Nurse because of the way they treat me without concern of my back injury, the form that I file my complain is called (GRIEVANCE FORM).

I do have copies of the reportsthat have the names and numbers of the witnesses that were there at the time of the accidents.

I came back to the Metropolitan Correction Center on May 5, 1998 supposed to get better Medical attention, now that I am here the Doctor is talking of a surgery. The Doctor has incapacitated me for indifinite time.

When I was in San Bernardino I requested in writng for copies of my medical files but I haven't recived no answer of my request. Now that I am here at the M.C.C. I have requested again the files.

The main reason of this statement is because they are talking of surgery, which I find my self in a dilemma, I would like to get a second opinion in my back condition, also I feel I haven;t received the right medical treatment that is need it for my back, the only medication i am geting is twelve tablets which the only thing they are doing causing me problems on my stomage, and nothing to my back.

I have made plenty of medical requests ( Sick Calls) I do have copies of this forms, but I haven;t recieved no attention on this matter. I am scared and consern of my health, I would like to ask you for help or assistance or legal advice how to handle this situation.

My back injury is not getting better, it is dificult for me to sit down I need to walkvery slow to avoid to much pain on my back.

I am asking for your help on this matter, the only thing is that I want to be able to walk normal and gwt the right medical attention.

I would like to thank you in advance for reading this letter and for your time. I hope You can help me.

Sincerely,

MEDICAS FUE (5-5-98)  
MI REGISTRO AL MCC SAN DIEGO POR RAZONES

[REDACTED]

NO. DE REGISTRO EN  
SAN BERNARDINO COUNTY  
REG. [REDACTED] INMI

DOMICILIOS DONDE SE ME HICIERON :

RAXOS X (3-25-98)

WEST VALLEY HOSPITAL  
9500 ETIWANDA AV.  
RANCHO CUNCA MORA CA. 91739  
TEL. (909) 463-50-85  
FAX (909) 463-51-80

ESTUDIO M.P.I. (4-2-98)

MEDICAL CENTER HOSPITAL  
SAN BERNARDINO CA.

DOMICILIO COUNTY S. BERNA.

[REDACTED]  
SAN BERNARDINO CA.  
92408 C.D.C

TEL. (909) [REDACTED]  
FAX (909) [REDACTED]



**MEDICAL REPORT OF DUTY STATUS**

NAME [REDACTED] HOSPITAL REGISTRATION NO. [REDACTED]

ADDRESS [REDACTED] 4th

<b>INPATIENT</b>	INCLUSIVE DATES OF TREATMENT	
	From: <u>5-5-98</u>	Through: <u>Indefinitely</u>
<b>OUTPATIENT</b>	DATE	TIME DEPARTED
	<u>1940</u>	<u>1940</u>
	A.M./P.M.	A.M./P.M.
	<u>(A)</u>	<u>(A)</u>
<b>DISPOSITION</b>	Can resume usual occupation <u>HSA</u>	Can perform limited duties as specified under REMARKS
	To return to clinic	To be hospitalized
	DATE	DATE
	OTHER (Specify)	

REMARKS  
Lower Bunk for medical reasons

NAME AND LOCATION OF HOSPITAL OR CLINIC MEDICAL DEPARTMENT METROPOLITAN CORRECTIONAL CENTER IHS-131 (1/89) 602 GIBSON STREET SAN DIEGO, CALIFORNIA 92101	SIGNATURE OF MEDICAL OFFICER OR MEDICAL RECORD LIBRARIAN <u>[Signature]</u>	DATE <u>5-5-98</u>
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**MEDICAL RECOMMENDATION SLIP**

TO  
INMATE  
BOOKING # [REDACTED]  
LOCATION MID

[Signature]

<input type="checkbox"/>	OFF WORK
<input type="checkbox"/>	PERSONAL SHOES
<input type="checkbox"/>	USE ELECTRIC CLIPPERS FOR SHAVING
<input type="checkbox"/>	BOTTOM BUNK
<input type="checkbox"/>	CLEAN CLOTHES AND BEDDING
<input type="checkbox"/>	POST KWELL TREATMENT
<input type="checkbox"/>	MEDICALLY CLEARED FOR GENERAL POPULATION
<input checked="" type="checkbox"/>	OTHER

REMARKS This 1/m has  
A BAD BACK INJURY  
PLEASE TRANSFER  
APPROXIMATE FRONT  
SEAT IF POSSIBLE.  
HAS DISPLAY SEATING  
FRONTS

NURSE [REDACTED]  
DATE 5-4-98