No. 22-6887

IN THE

SUPREME COURT OF THE UNITED STATES

Steven Audette #4758407 — PETITIONER
(Your Name)

vs.

A) U.S. Court of Appeals for 4th Cir., Richmond, VA
B) U.S. District Court, Eastern Dist. of N.C. — RESPONDENT(S)
Raleigh, N.C.

ON PETITION FOR A WRIT OF CERTIORARI TO

U.S. Court of Appeals for 4th Cir., Richmond, VA
(NAME OF COURT THAT LAST RULED ON MERITS OF YOUR CASE)

PETITION FOR WRIT OF CERTIORARI

Steven Audette #4758407
(Your Name)
FCI Forrest City (Low) (CAMP)
P.O. Box 9000
(Address)

Forrest City, AR 72336-9000
(City, State, Zip Code)

N.A.
(Phone Number)

QUESTION(S) PRESENTED

The Petitioner, Steven Audette, had an active, on time, nonfrivolous, progressing lawsuit, as adjudicated by the Honorable Judge Louise Flanagan, in the U.S. District Court, 4TH District, Eastern District of North Carolina Case # 5:17-CT-03094-FL, and based on presented evidence of Torts and Constitutional violations recorded in FMC Butner's own medical records for the Petitioner (see Appendix C)

Petitioner, Pro Se litigant was refused legal representation by the District Court, so he requested case be placed on hold to acquire legal representation. 8 months later, discovered case was dismissed, and under adjudication of Honorable Chief Judge Richard E. Meyers II Case # 5:21-CT-03245-M. Case was refiled, but it was exact same case; same evidence, active, on time, progressing (under Judge Flanagan), but was dismissed with prejudice by Judge Richard E Meyers II. His decision was upheld by U.S. Appeals Court for the 4TH Circuit. En Banc Appeals Court would not review on ruling.

Q: Petitioner holds, that his lawsuit which was active, on-time, nonfrivolous, progressing towards jury trial based on merits of Torts and Constitutional violations which was wrongfully dismissed initially, then dismissed by Chief Judge Richard E. Meyer II (due to Pro Se litigant mistake), should not have been dismissed but should have been reactivated based on merits of the initial presented lawsuit. It is the exact same case, same Torts, same Constitutional violations, same merits and worthy of trial by jury as recognized by Honorable District Judge Louise Flanagan.

Q: Is it just, for Constitutional violations and Torts to be recognized and confirmed by one Judge, then ignored and dismissed by another Judge in same Court, and that "error" supported by Appeals Court. This negates all of the Petitioner/litigants rights under the U.S. Constitution, and has summarily dismissed them, as of they no longer exist on matter. Petitioners viable lawsuit has been summarily dismissed, because of a Pro Se technical mistake.

LIST OF PARTIES

[X] All parties appear in the caption of the case on the cover page.

[ ] All parties **do not** appear in the caption of the case on the cover page. A list of all parties to the proceeding in the court whose judgment is the subject of this petition is as follows:

RELATED CASES

N.A.

In the present case, a Chief District Judge has ignored valid Torts and Constitutional violations which were recognized and validated by Honorable District Judge Louise Flanagan, and used a Pro Se error (due to lack of legal representation) to dismiss a recognized, valid, nonfrivolous, progressing Tort and Bivens case.

Chief Judge Richard E Mayes II, then holds Pro Se litigant to a trained attorney's level, and uses litigants lack of legal expertise as an excuse to dismiss case.

The U.S. District Court, has in essence ruled against itself, to the detriment of the Pro Se litigant, denying him his Constitutional Right to confront, and file a lawsuit against perpetrators of blatant Torts and Constitutional violations.

The U.S. Court of Appeals has entered a decision, which, citing Rule 10(a) ... has so far departed from accepted and usual course of judicial proceedings, or sanctioned such a departure by a lower court, as to call for an exercise of this Court's Supervisory power.

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IN THE

SUPREME COURT OF THE UNITED STATES

PETITION FOR WRIT OF CERTIORARI

Petitioner respectfully prays that a writ of certiorari issue to review the judgment below.

OPINIONS BELOW

[X] For cases from **federal courts:**

The opinion of the United States court of appeals appears at Appendix A to the petition and is

[ ] reported at _____; or,
[ ] has been designated for publication but is not yet reported; or,
[X] is unpublished.

The opinion of the United States district court appears at Appendix B to the petition and is

[ ] reported at _____; or,
[ ] has been designated for publication but is not yet reported; or,
[X] is unpublished.

[ ] For cases from **state courts:**

The opinion of the highest state court to review the merits appears at Appendix _____ to the petition and is

[ ] reported at _____; or,
[ ] has been designated for publication but is not yet reported; or,
[ ] is unpublished.

The opinion of the _____ court appears at Appendix _____ to the petition and is

[ ] reported at _____; or,
[ ] has been designated for publication but is not yet reported; or,
[ ] is unpublished.

JURISDICTION

[X] For cases from **federal courts:**

The date on which the United States Court of Appeals decided my case was 12-20-2022.

[ ] No petition for rehearing was timely filed in my case.

[ ] A timely petition for rehearing was denied by the United States Court of Appeals on the following date: 12-20-2022 effective 12-28-22, and a copy of the order denying rehearing appears at Appendix A.

[ ] An extension of time to file the petition for a writ of certiorari was granted to and including _____ (date) on _____ (date) in Application No. A_____.

The jurisdiction of this Court is invoked under 28 U. S. C. § 1254(1).

[ ] For cases from **state courts:**

The date on which the highest state court decided my case was _____. A copy of that decision appears at Appendix _____.

[ ] A timely petition for rehearing was thereafter denied on the following date: _____, and a copy of the order denying rehearing appears at Appendix _____.

[ ] An extension of time to file the petition for a writ of certiorari was granted to and including _____ (date) on _____ (date) in Application No. A_____.

The jurisdiction of this Court is invoked under 28 U. S. C. § 1257(a).

CONSTITUTIONAL AND STATUTORY PROVISIONS INVOLVED

1) Constitutional Amendment 4 — Due Process

2) Constitutional Amendment 5 — Due Process, Confrontation Clause, Access to Courts

3) Constitutional Amendment 14 — Due Process, Equal Protection, Access to Courts

4) Constitutional Amendment 8 — ① Cruel and Unusual Punishment ② Psychological harm; ③ Right to medical care, ④ Medical care for serious medical need, ⑤ unnecessary and wanton infliction of pain, ⑥ failure (delay) to treat prisoner's serious condition ⑦ deliberate indifference (knew about serious medical need, failed to respond reasonably to it) ⑧ Provide safe environment ⑨ Provide vital medical devices

5) Constitutional Amendment 1 — Petition for redress of grievances

6) Tort Claims Act

STATEMENT OF THE CASE

The plaintiff, Dr. Steven Audette is a National Board of Chiropractic Certified, State licensed (NV. #2225 and WI) trained doctor of chiropractic. He is duely trained to take and interpret X-rays, and also to read MRI scans. He is trained in examination and diagnoses of human illness and injuries, including those of a neurological nature.

The plaintiff arived at FMC Butner in North Carolina on January 27TH, 2015 for a court ordered psychological evaluation. He had been diagnosed with severe degenerative joint disease (DJD) in the left hip, and moderately severe DJD in the right hip. Walking had become extremely painful, and due to the increased walking that was required from being incarcerated, both compromised hips were getting progressively worse. Plaintiff was walking with a noticable limp at the time of arrival at FMC Butner.

On plaintiffs initial processing into FMC Butner, he was "verbally" examined by forensic psychologist Dr. Stribland-Riley. Dr. Stribland-Riley noted in her report, a noticeable limp while walking, but there was no mention of any neck, or upper extremity involvement. After evaluation, plaintiff was deemed fit for general population in Unit I-G.

Plaintiff then discovered how far down on Societys ladder he actually was. His fingernails were quite long, and inmates were not allowed to have their own set. Inmates were required to ask the nursing staff, who at that time was nurse Reid and nurse Patterson. Plaintiff asked another staff member for the clippers, and the female staff member looked at Plaintiff with complete disdain and disgust and replied, "I don't know where they are, and that's not a me problem, that's a you problem!"

Plaintiff continued to ask nurses and other staff members for fingernail clippers, and every time the answer was the same; "We don't know where they

are". After an entire week of asking, Plaintiff was finally able to get his fingernails cut, but I had to do it weeks later on the exercise yard, when a friend, "Claros" from Guatamala let plaintiff borrow his clippers.

Along with increased anxiety over plaintiffs overall situation, he was also experiencing increased, excruciating pain in both hips, predominantly in the left hip due to the amount of walking required to Service. Walking to the cafeteria three times a day, laundry and exercise yard... the barbershop and Commissary was all taking a tremendous toll on already compromised hips.

What became more disturbing was the physical symptoms of both legs getting extremely weak, and then in a split second, they would both buckle from under the plaintiffs body weight. Also experienced with growing frequency and intensity were severe leg spasms that seemed to get worse, the more walking that was done. It got to the point, that both legs were in spasm, 24 hours a day. There was no sleeping, and then, while standing or walking, both legs would "drop out," and plaintiff was left grabbing for the nearest railing, or large garbage containers to keep from hitting the floor.

Plaintiff brought his growing concern to both nurse Patterson, and to nurse Reid, and they said they recorded plaintiffs concern. On 2-5-15, plaintiff was seen by P.A. (Physicians Assistant) Overton, and he ordered X-rays of both hips. X-Ray study was completed by Dr. Hal Safut, a radiologist and he found the same diagnostic findings as the staff at the Florence, Az detention center; DJD of both hips (severe), pronounced more on the left side

P.A. Overton explained, that in his professional opinion, I would need bi-lateral hip replacement surgeries, but it would more than likely not happen at Baines, because plaintiff had not yet been to trial nor convicted, and therefore he was technically a "detainee." I voiced my concern about my deteriorating health and my increasing tendency to fall, and requested a cane to alleviate some of the pain in my left hip while walking, which had now become constant.

A couple of days later on 2-23-15, plaintiff was examined by Dr. Nogo and he assessed plaintiff's neck as being within normal limits, and that plaintiff had no complaints as far as his cervical spine (neck) nor upper extremities. Main focus was severe pain in the left hip, and the fact that for some reason, plaintiffs legs would "give out", and he was almost falling with all of his body weight onto the floor. Walking, and even using the toilet in the two man cell was becoming a riskier provocation every day.

Dr. Nogo had P.T. (Physical Therapist) M. Anderson evaluate plaintiff for a walker, and even though one was desperately requested, it was his "professional" opinion that a walker was not warranted, and plaintiff was given a cane instead. Plaintiff had originally requested a cane, but physical deterioration was occurring so rapidly, that plaintiff came to realization that a cane was not going to help, or prevent falling, but a cane is what was prescribed.

At this time, plaintiff was still in unit 1-G, and legs were constantly spasming, and left hip was so painful, that when spasms began, hip pain was excruciating. Everybody in the unit was aware of the severe pain plaintiff was in... everybody except the staff (nurse Patterson, nurse Reid, Dr. Nogo, P.A. Overton, Dr. Herbal, nurse Lozink, P.T. Anderson), who all ignored plaintiffs plea for help, and to ignore his deteriorating physical condition.

Plaintiff continued to request a rolling walker daily, and pleaded with medical staff, but they continued to ignore the plaintiff. Plaintiff had become deathly afraid he was going to fall and seriously injure himself, and then, on the night/early morning of 3-27-15, at approximately 2:00 A.M., the cell door was locked for the evening, and plaintiff got out of lower bunk to use the restroom... both legs gave out simultaneously, and plaintiff hit the cement floor extremely hard. Plaintiff felt immediate, severe neck pain, and as he was lying on the floor moaning in pain, it woke my cellmate up who pushed the emergency call button, to alert the C.O. (Corrections Officer).

Plaintiff was trying to crawl back to his bottom bunk, when the cell door opened, and C.O. Johnson looked in (has ptosis of left eyelid) saw plaintiff crawling on the floor and stated, "Oh, he's alright." He shut and locked the cell door and walked away. He would not respond to several other calls on the emergency call button.

Late that morning, plaintiff attempted to get help from the medical staff on night duty and from C.O, but was ignored. Plaintiff noticed that his neck was extremely stiff and sore, and all muscles of the neck upper back, shoulders and arms, as well as pectorales muscles were going into spasm, and both hands were going numb. Hands also felt "swollen" and difficult to move (loss of dexterity). Unknown at this time, plaintiff had fractured his neck at the C5-C6 level (a grade 2-3 spondylolisthesis) and this injury had caused spinal cord compression. This serious injury would go undiagnosed (by SMC Butner staff) for an entire month. Plaintiff had also done further damage to both hips.

Plaintiff found no relief, in any position, could barely lay down, and the pain, numbness, muscle spasms, and neurological symptoms (hyper-patellas reflexes, sustained clonus, + Babinski sign etc - all self diagnosed) continued to increase, along with the extremely painful hips. The next day, plaintiff reported the "accident" to both nurse Patterson and nurse Reid, and they essentially told plaintiff he was lying. Plaintiff explained to them, that he could not walk, not only due to fear of falling, but also due to constant leg spasms, severe neck pain, and stiffness, neck, arm, shoulder, chest, upper back spasms and pain, and bilateral hand numbness. Again, the entire staff chose to ignore this urgent report by the plaintiff. He was in so much pain and distress, he could barely tolerate it.

Because plaintiff could not walk for fear of falling again, plaintiff asked some of the other inmates to "please go and tell the nurses what he was going through", but the only response was, "We are not going to discuss your medical concerns with other inmates, and if you need to discuss something with us, you will have to walk to the nurses station."

Plaintiff did not know what to do. He couldn't walk for fear of falling again, and he was presenting with increasingly severe neurological signs and symptoms (self diagnosed), but TMC Butner staff did not believe plaintiff was seriously injured. Plaintiff could not walk to the toilet in our 8 x 10 foot cell, let alone walk up to the nurses station which was no more than thirty feet away, so there was no way plaintiff could walk the one hundred yards to the cafeteria to eat. Other inmates saw my dilemma and gave plaintiff commissary food so he would not go hungry, and that was plaintiff's breakfast, lunch, and supper. Nurse Patterson ordered the other inmates to refrain from feeding plaintiff, stating "If he wants to eat, he would have to walk to the cafeteria by himself and get his meals like everyone else."

But plaintiff's injuries and his nightmare was merely beginning. After lockdown, and in the early morning of 3-28-15, plaintiff had to use the restroom again, and he fell the exact same way he had the previous night. Plaintiffs cellmate ~~pushed~~ pushed the emergency call button, and this time, the C.O. on duty, the night nurse, Dr. Nogo, and another doctor with a black beard (Dr. Sandhar maybe) came in, and gave plaintiff a very brief, simple "exam", which consisted of pupillary reflexes and gross upper extremity muscle strength (biceps) and then stated, "you are fine."

Plaintiff was extremely frustrated and worried. Due to his training, plaintiff knew he had serious neurological injury (upper motor neuron lesion). It was the second fall taken in the same number of days. Plaintiff told Dr. Nogo et. al., that he was a doctor of chiropractic, aware of his neurological signs and symptoms, and he needed to be examined by a neurologist. They all laughed, like plaintiff had just told a joke, and left. C.O. locked the cell door, and plaintiff was again left with no medical attention. PLAINTIFF had a serious neurological injury, and nobody would believe him.

Plaintiff couldn't walk, legs were giving out, in extreme pain, and now experiencing increasing neurological symptoms from neck, all the way to the bottom of his feet. The morning of 3-28-15, plaintiff noticed he could not

manipulate the buttons of his shirt to put it on. Dexterity and fine motor movement was being effected.

Again, plaintiff contacted nurse Patterson and nurse Reid, and told them about the neurological signs and symptoms, and told them he could not walk to the cafeteria, and nurse Patterson again told him, "Either walk to the cafeteria for meals, or you can do without." At this point, plaintiff could not reach his mouth with his own hands, and using toilet paper turned into a horrible, mess, and when he did attempt to wipe himself, plaintiff would end up with a handful of fecal matter. Plaintiff could not feel his own hands in order to wipe himself.

Plaintiff kept arguing, pleading with nurses, doctors, P.A.'s to please set up an appointment for a neurologist to examine him, and nurse Patterson, nurse Reid, Dr. Vogo, P.A. Overton, even psychologist Dr. Stribland-Riley insisted that plaintiff was malingering (lying, to gain attention) Dr. Stribland-Riley even came out and told plaintiff, "I believe you are malingering because you want our attention!" Plaintiff responded, "Want your attention!! That is the last thing I want! All I want is to get the hell out of this nightmare! I want to prove I am not delusional, that I'm competent to stand trial, and to get away from your people!"

On April 1st (April Fools Day) there was a meeting between plaintiff, Dr. Stribland-Reilly, nurse Patterson, nurse Reid, Dr. Vogo, and two C.O.s. In that meeting plaintiff kept arguing, that he knew what he was talking about, and he had a serious neurological injury. Plaintiff explained his signs and symptoms again, and asked to be examined by a neurologist. Plaintiff also explained that he had further damaged both hips... once again, he was accused of malingering. At 10:30 A.M., Plaintiff was moved to the second floor, Unit 2-E, where inmates with more serious psychological problems were housed.

Plaintiff was taken out of khaki uniform (full freedom), and made to wear an orange jumpsuit. Plaintiff had lost what little bit of freedom he had, and was on 24 hour a day lock down. Plaintiffs cellmate, Mr. Rios was obsessive compulsive disorder. He would constantly comb his shoulder length black hair,

and throw the loose hair on the floor. The floor looked like a black shag carpet. Even worse was his "toilet ritual." He would have to use an entire roll of toilet paper every time he used the restroom, and each wipe had to be with six squares of toilet paper, all folded into one perfect square. Unroll, tear, fold, wipe, repeat... until the entire roll was gone. If plaintiff had to "go," he would have to wait until Mr. Rios completed his bathroom ritual.

Plaintiff could not stand the huge amount of hair on the cell floor, so he had Mr. Rios bring a broom and dust pan, and balancing on his right leg, holding on to the anchored table with his left hand, he swept with his right arm. It was a challenge simply holding on to the broom.

There was another meeting held in the 2-E nurses station which included plaintiff, Dr. Stubbland-Riley, three nurses and C.O. Carey. Plaintiff was again told he was malingering. Arguing back, that he was not malingering, and that he had to be examined by a neurologist, he again tried to explain his symptoms, but the staff would not listen. Non C.O. Carey, a corrections officer and not even part of medical yelled at plaintiff, "I think you are a G.D. liar and a fake!!"... "I am not lying or faking this, and where did you get your medical degree? What do you know about any of this?!" Plaintiff and C.O. Carey argued back and forth, then C.O. Carey added, "Don't you come asking me for anything!", and plaintiff replied, "I don't want a thing from you, don't worry!"

Everybody at that meeting had convinced themselves and each other that the plaintiff was a malingerer, thanks to nurse Patterson, Dr. Nogo, and Dr. Stubbland-Riley. Plaintiff again pleaded with staff for a rolling walker, because he had already fallen twice, and he continued to request one from Dr. Stubbland-Riley, nurse Patterson, nurse Reid, Dr. Nogo, Dr. Herbal, nurse Nelson, nurse Asche, P.A. Overton, nurse Connelley, even administrators but nobody would listen.

Plaintiff had only a cane, and could not walk up to the food cart to pick up his food, and C.O. Carey and other nurses would not help him. Nurse Connelley went so far as to tell all nurses, C.O's, inmates, trustees etc. to not give any help

to the plaintiff. They were all told (and believed) that plaintiff was a fake a liar, malingerer, and they were all going to "wait him out" until he died for himself. A fellow inmate, Brian Pollock, who was in a wheelchair felt sorry for plaintiff and the way everyone was treating him, and since C.O. Carey liked him, he would look the other way when Brian would bring plaintiff his food tray.

Then, on 3-31-15, plaintiff fell again, trying to get to the restroom in the middle of the night, and Mr Rivo pushed the call button. Nurse Nwa-binwe, the operations Lieutenant and Dr. Ward came to the cells. Plaintiff was again given the same "bogus" exam, and told, "you are fine." Plaintiff tried over and over again to explain his severe, and increasing neurological signs and symptoms, but nobody would listen. That same day, plaintiff was "examined" by P.A. Overton, and plaintiff went over all of his neurological signs and symptoms thinking he might do at least a few neurological tests. Went through the fact that present was severe tight/painful neck, headaches, stiff, sore shoulders, arms, upper back muscles, chest muscles, leg spasms, paraesthesias from neck to feet, loss of cervical R.O.M. (ranges of motion), very numb hands and arms, and again, plaintiff was told he was "fine."

Despite of history of falling, and plaintiffs' continued/repeated requests for a rolling walker, staff decided plaintiff didn't need one because he was malingering. Nurse Connelley and C.O. Carey tried to make plaintiff's life as difficult and as miserable as they could. They continued to tell everyone not to help me. At this point, plaintiff could not shower, change clothes, button his shirt, put shoes and socks on, and nobody would help. Plaintiff's situation was close to unbearable.

Told every staff member, [redacted] he was not malingering, symptoms were real, and he needed to see a neurologist immediately. Plaintiff knew he had damaged the central nervous system, but could not get anyone to listen essentially because Dr. Stribland-Riley, nurse Patterson, Dr. Nogo had labeled him a malingerer. Plaintiff continued to beg for help, and for a walker but

to no avail. Plaintiff was deathly afraid he would fall again, but nobody cared, and every staff member showed malicious, intentional in-difference.

Plaintiff was becoming more of a neurological mess every day. Dr. Stubland-Rileys, nurse Patterson's, and Dr. Noyes "expert" diagnoses that plaintiff was a malingerer, and nurse Connolley and C.O. Carey telling everyone not to assist him in any way, resulted in a torment that was becoming unbearable. Plaintiff could not shower, and had to stay in the same filthy clothes for weeks. Then, there was using the restroom. When plaintiff would try to sit down, he would literally collapse onto the seat, and it would jar an already, extremely sore and spasms neck, hips, arms, back chest etc.... the pain that these mini-collapses would create was hor-rendous. Plaintiff only had a cane, but it offered no help or relief, and no true support. The only reason plaintiff was able to eat, was thanks to Brian Pollack and the help he gave, much to the chagrin of nurse Connolley and C.O. Carey.

On unit 2-E, and right in front of the nurses station, the plaintiff fell for a fourth time. He had been arguing with the medical staff, that the symptoms he was experiencing were real, and that he needed to be examined by a neurologist. The staff continued, that plaintiff was a malingerer, and that there was nothing wrong with him. They would not, and refused to give plaintiff a walker. When plaintiff fell this time, he struck his head on the floor and needed stitches.

Both legs once again buckled, and as my bodyweight was dropping towards the floor, Plaintiff tried to stop himself by pushing upwards with both hands on the cane... it didn't work. Plaintiff fell on his bottom, then due to his overall muscle weakness from spinal cord compression, he fell backwards onto his head. He had a three inch laceration which bled profusely, and required stitches.

Plaintiff had been begging for a rolling walker from every nurse, doctor, head of nursing, heads of medical even administrator. Plaintiff even

tried talking to head of occupational therapy and assistant wardens and not one person would listen, because they had labeled me a malingerer. Medical staff is supposedly trained to ascertain whether a patient has a legitimate injury or disease, yet not one staff member in the entire medical department did one, appropriate neurological assesment on what was clearly a cervical/neurological injury. The straight forward dermatome involvement plaintiff was presenting, indicated a neurological injury at C5, C6, and C7 yet the entire FMC Butner medical staff, led by psychologist Dr. Stubland-Riley were convinced plaintiff was faking his symptoms.

After this fourth fall, Dr. Vogo did his usual bogus examination (pupillary reflexes and gross biceps neuromotor function) and once again stated that the plaintiff was "fine". Plaintiff again informed Dr. Vogo that he was a doctor of chiropractic and he knew what he was talking about in reference to diagnosis of central nervous system injury, but he simply smiled and ignored the plaintiff. Dr. Vogo sutured the three inch laceration on plaintiffs head, and released him from care.

It was after this fourth fall, that an MRI scan was ordered... for plaintiffs cranium. The plaintiffs training made it clear, that the injury was not in the brain, but in the site of greatest pain and symptomatology, the C5-C6 level of the neck. Plaintiff confronted Dr. Stubland-Riley and told her, that an MRI scan of his head and cranium would come back negative, and it would simply reinforce their dogmatic belief that the plaintiff was malingering... And just like predicted, the MRI scan came back negative, and now FMC Butner was 100% certain that the plaintiff was a malingerer, and the staff began to treat plaintiff even worse.

Plaintiff continued to request, beg for a rolling walker, and to be examined by a neurologist. After the 4th fall, plaintiff had developed positional vertigo. This, added to my list of neurological dysfunction, and made each day even more painful and difficult to survive. My "condition" had deteriorated to such an extent, that I was finally given a four legged walker... not a rolling walker. But by this time, plaintiffs condition had become so precarious,

that now, even using a walker was almost impossible. Plaintiff had finally, after begging every day and four falls been given a walker, and now it was too late. I approached the nursing staff, doctors and tried to explain my serious neurological signs and symptoms (all self diagnosed) which now also included positional vertigo, that the plaintiffs condition now required a wheelchair. They all, still labeled me a malingerer even though they saw the plaintiff struggling, unable to shower or change clothes, having great difficulty walking, and they still believed he was faking his symptoms, and their attitude was was, "You hounded us for a walker for over two months, and now you have one... you are going to use it!"

Plaintiff's symptoms now included; positional vertigo, headache, loss of cervical R.O.M (range of motion) hypertonic (tight) cervical, upper thoracic, arm, shoulder, chest muscles, paraesthesias (altered sensation - cold, hot, numb-tingling all at the same time) from mid-neck to his feet, loss of cough reflex, loss of sexual function, constant leg spasms, extremely painful hips, (predominantly on the left hip), numb hands and arms, inability to walk without legs buckling... and all of these symptoms were ignored, blamed on malingering by every staff member at SMC Butner, and there were no X-rays taken, nor were there any neurological tests administered (outside of those done by the Plaintiff on himself, which indicated an upper motor neuron lesion/damage)

Plaintiff's condition continued to deteriorate, and he continued to beg and plead to be seen by a neurologist, and still the entire SMC Butner medical staff (and others) ignored him. Plaintiff tried to show them the hyperactive patellar reflex test, (knee jerk using percussion), pathonomonic for an upper motor neuron lesion (damage to "motor" nerves of brain or spinal cord) but not one of them picked up on this obvious neurological sign, and not one of these "medical professionals did this simple test on the plaintiff.

In a fifth, undocumented fall (plaintiff can't remember the date), he was being forced into "doing for himself." He had dropped a piece of paper

in his one man cell, across from the nurses station (staff finally moved him out of cell with obsessive/compulsive M. Rios), and since nobody was allowed to help him, plaintiff attempted to squat down and pick it up, and both legs gave out. Plaintiff ended up in a very deep squating position, his back trapped against his bed, and all of his 280 pound weight, trapping and forcing his excruciating hips into the floor. Plaintiff could not roll to either side, and his muscles were so weak, he could not stand to relieve the extreme pain he was in.

Plaintiff cried out in pain for help, and two trustees, "Mc Call" and "O" ran into the cell to find out what was happening. They were just about ready to help me up, and onto my bed, when nurse Connelley entered, and said something the plaintiff will never forget. She looked at the plaintiff, in obvious severe pain and distress, and she told the two trustees, "Just leave him on the floor! Don't help him!" Luckily, neither of them followed her instructions. As they helped me off of the floor and back onto the bed, all plaintiff could think about was that these "people", these inhuman, sorry excuses for medical professionals were literally going to kill him, or they were going to drive him emotionally and psychologically out of his mind.

But nurse Connelley was not finished yet. Shortly after Easter, plaintiff was at the nurses station to receive his daily blood pressure medicine, and when he tipped his head back to swallow his pills, he became very dizzy, and he fell forward against the glass, right in front of nurse Connelley. The woman glared at the plaintiff and mockingly asked, "Are we going to fall again Mr. Audette?"

Both nurse Connelley and C.O. Casey continued to do everything in their power, to make an already horrible situation even worse. They were both extremely derogatory, condescending and cruel, so plaintiff responded to nurse Connelley, "Your compassion is simply overwhelming!" So in turn, she responded, "I don't have any, do I?! ... "No, you don't. Happy Easter!"

Plaintiff had to be living in hell, or close to it. He was at the mercy

of a medical and prison staff who had complete and total control over every aspect of his life, and they would just as soon see him dead, as to have to contend with him on a daily basis. All plaintiff wanted was an adequate neurological exam, and for the severe, constant pain, spasms and paraesthesias to be relieved, and to be able to get around without falling.

P.A. Overton came into the unit, and plaintiff was praying that he would show some compassion, take his symptoms seriously, and get him in for a neuroexam. Plaintiff tried to explain his symptoms (which were all a dead give away for an upper motor neuron lesion - cervical neurological injury), and plaintiff told P.A. Overton that his hands were constantly red, swollen and numb, and that he needed to be seen by a neurologist - and soon. Overton took a quick glance at his hands and then stated, "I can still see your veins, you are fine." and he walked away.

Plaintiff's physical and psychological well being were deteriorating more every day! He knew by his own training that there was something seriously wrong, given the plethora of neurological signs and symptoms but the more he attempted to have any of TDC Butner's staff to listen to him, the more they dug their heels in, and arrogantly stated that he was "malingering", and faking everything, so they all essentially ignored him. Plaintiff had repeatedly told nurse Nixon that he wanted all of his complaints and reports (what he had observed concerning his own physical deterioration) all documented in his medical records. Plaintiff met with her on a number of occasions and tried to dictate to her his self assessed diagnosis, and he also gave her all of his neurological signs and symptoms. He also made it very clear, that he had no neurological symptoms of this kind before the first self reported fall on 3-27-15 in Unit 1-G. Plaintiff would learn a few years later, that either nurse Nixon never recorded the information plaintiff had given her, or somebody had altered his medical records.

From 4-3 to 4-15-15, plaintiff continued to try to survive the cruelty, neglect, intentional indifference and malpractice he was being exposed to. There was a

complete and total denial of plaintiffs Constitutional Rights under the 8th Amendment. On April 15th, plaintiff was informed that Dr. Schurgar, a neurologist from Duke University had been contacted, and plaintiff had an appointment for a neuroexam on April 23rd, 2015 in TRC's Butner's walk-in clinic. Plaintiff reported this news to nurse Nixon and nurse Asche.

A couple of days before my neuroexam (4-23-15), Dr. Schurgar had ordered an MRI scan of plaintiff's neck, but once inside the scanner, plaintiff experienced a severe case of claustrophobia. Plaintiff was wheeled back to unit 2-E, and nurse Asche gave him an intramuscular injection of a mild sedative so he could make it through the MRI scan. The scan was completed, and on the morning of 4-23-15, plaintiff was ready for the neuroexam with Dr. Schurgar, but there was a problem. There was no way the plaintiff could walk the 100 yards to the walk-in clinic, without risking another fall, even with his four legged walker. (which he had just received two days prior to the exam).

Plaintiff informed nurse Connelley that he would not be able to walk all the way to the walk-in clinic with his walker, and he did not want to risk another fall. Plaintiff asked for a wheelchair. Nurse Connelley stated, "You either use your walker to make it to your appointment, or I will mark you down as noncompliant and you lose your neuroexam." I re-sponded, "I am going to fall again if I try to use my walker to walk all of the way to that appointment!" Nurse Connelley countered, "You used your walker to get to the cafeteria the other day, so either you use your walker to make it to your neuroexam, or you will lose it and be marked noncompliant."

Plaintiff told nurse Connelley, "I did not make it to the cafeteria with my walker! I only made it off of the elevator, and I had to turn around and return to the unit because I almost fell, even with my walker! I can't make it to my appointment because I am afraid I will fall again! I need a wheelchair!"

"Mr. Audette. Either you make it to your appointment with your walker, or

you can forget about your exam, and I will mark you as non-compliant."

"Fine!! But if I fall again it will be on your head!!"

Plaintiff was so angry, he took his four legged walker and started down the second floor hallway to the neurexam with a C.O. escorting me. As I passed out of the 2-E unit doors, C.O. Carey said with a grin on his face, "Where are you going Steve?!" Plaintiff knew he was mocking me, and happy about the exchange that took place with nurse Connelley . . . "Going to my neurexam, but if I fall, it will be on nurse Connelley's head!" As plaintiff passed by C.O. Carey, he almost fell when both legs buckled, and he had a very difficult time preventing another impact with the cement floor. Plaintiff saw C.O. Carey laughing, and mimicking his uncoordinated movements as he desperately tried to prevent another fall. Plaintiff heard trustees McCall and O, along with some of the inmates laughing at C.O. Carey's imitation of my close call.

The C.O. who escorted me (a Hispanic man) said to plaintiff, "Just remember, that I was nice to you." One decent man, out of hundreds. Plaintiff almost fell two more times on his way to the exam with Dr. Schurgar, but he was so desperate for a proper exam and diagnosis, that he would have crawled all of the way there.

Plaintiff met with Dr. Schurgar, neurologist from Duke University, and after exchanging introductions, he proceeded to do an in depth neurological examination. He stated to me, something Plaintiff already knew, and that was there was evidence of an upper motor neuron lesion. In other words, there was damage to motor neurons in the brain or spinal cord. Then Dr. Schurgar asked ~~me~~, "You are a doctor of chiropractic and can read X-rays and MRI scans?"

"Yes." Dr. Schurgar then brought up the lateral MRI scan image of the cervical spine on the computer screen, and asked Plaintiff, "What do you see?"

There, right in front of the plaintiff on the computer screen, was a textbook case of a grade 2-3 spondylolisthesis at the C5-C6 level, with resultant spinal cord compression. In layman's terms, plaintiff had fallen and broken his neck at C5-C6 on 3-27-15, and the C5 vertebrae had slid forward on C6, and it was causing the now, mis-aligned bones to "pinch" the spinal cord. All of plaintiffs' symptoms were now explained. Plaintiff was not a malingerer. Then Dr. Schwagar added, "You have mild stenoses (blockage of the canal of the cervical vertebrae where the spinal cord runs), and we will just have to keep an eye on it. Your main concern is the spondylolisthesis and the spinal cord compression. As you are aware, any time we are dealing with the central nervous system, you can't mess around. This has to be taken care of immediately." The plaintiff asked him;

"Dr. Schwagar, can you please do me a favor? Can you bring Nurse Connelley and the other nurses down here and go over my MRI scan with them to prove that I am not malingering?" Dr. Schwagar agreed.

Plaintiff was put into a wheelchair, and Dr. Schwagar called nurse Connelley and two other unknown nurses, and he explained my MRI scan findings. In other words; the malingerer, the liar, the fakes, had broken his neck, and had spinal cord compression, causing all of his neurological symptoms. Dr Schwagar then asked nurse Connelley and the other two nurses, "Why wasn't this man in a wheelchair?!"

When plaintiffs exam was over, the C.O. pushed me back to unit 2-E in a wheelchair, but once inside, it was taken away. Plaintiffs was forced to use his four legged walker (not a rolling walker). Plaintiff enjoyed telling nurse Connelley, nurse Nixon, nurse Asche, Dr. Vogt, Dr. Herbal, Dr. Strickland-Riley, P.A. Overton et. al, that they were all wrong, just like plaintiff had said they were. Plaintiff told C.O. Carey that he was not a liar and conman like he accused, but he shot back, "I still think that you are a liar and a conman, and that you are faking it!" [redacted] Plaintiff had had it, "How do you figure that?!! Maybe you need to walk down to the clinic, and let the neurologist that I just saw, go over my

MRI Scan with you, and straighten you out too!! He is the one who diagnosed my broken neck!" C.O. Carey turned and walked away. Despite of what C.O. Carey had said to him, plaintiff was relieved, and he naively thought that that would be the end of it. The medical staff would realize they were wrong, made a terrible mistake, and they would schedule plaintiff for immediate decompressive surgery, given the serious nature of his injury. Why wouldn't they believe their own contract neurologist who stated "... when you are dealing with the central nervous system, you don't mess around." This was a Surgical problem that required immediate attention,... but "messing around" is exactly what TDC Butner and its medical staff were engaged in. The medical staff's as well as the administrations intentions were soon to be crystal clear; they were going to attempt to conceal the truth, and conceal the fact that on 3-27-15, plaintiff fell and broke his neck, causing spinal cord compression.

Even with a confirmed diagnosis of a fracture at C5-C6 and spinal cord compression and associated neurological symptoms, nothing had changed. Now they refused to give plaintiff a wheelchair, and nurse Connelley and others stated they did not have one for plaintiff to use.

Another inmate on plaintiff's unit who was known for his aggressive behavior when confronted, saw a folded up wheelchair in the nurses station, opened the unlocked door right in front of the nurses and C.O.s, and gave it to me to use. Plaintiff told him, "...(he) did not want to use it and get into trouble, but the inmate looked right at the staff, saying "Take it and use it. Nobody is going to say a word..." And nobody ever did.

Dr. Strickland-Riley, sensing my "overwhelmed attitude, raised my classification back to level four, right after my neurexam on 3-27-15. Plaintiff was back in khakis, and he could now leave the unit in his wheelchair for a couple of hours a day. He could still not cut his fingernails nor shower, but it was due to his muscles not working properly due to the neurological damage of the spinal cord. When he was able to wheel himself backwards to the recreation yard, Clavos would cut plaintiff's fingernails and give him a sponge bath.

Plaintiff was given a cervical collar to use, but claustrophobia would kick

in every time he tried to use it. A couple of days after plaintiff was "given" his wheelchair, he decided to visit some of the other inmates in his old unit I-C. Plaintiff told some of them about Dr. Schurgar's diagnoses of a broken neck at C5-C6 with spinal cord compression, and one of the inmates told plaintiff, "Dr. Nogo is telling everyone your neck isn't broken."

Plaintiff was incensed! He walked to where he knew Dr. Nogo's office was, and was just about to enter through the door that led to his office, when Dr. Nogo came out. Plaintiff asked him, "What do you mean by telling everyone that plaintiff did not break his neck, when your own contract neurologist Dr. Schurgar diagnosed it on the MRI scan of the neck?"

"You did not see what you thought you did, because there was not a second MRI scan of your neck taken and besides, you don't have to have a fracture to have a spondylolisthesis."

"What?!! Where did you go to school?! There was two a second MRI scan done on the cervical spine, and plaintiff had to have nurse as she administer a hypodermic sedative, because of claustrophobia. Besides that, plaintiff is a doctor of chiropractic and is very well versed in both X-ray and MRI interpretation... And, I am more of an expert on the spine than you are. You cannot have a grade 2-3 spondylolisthesis without the posterior articulating pillars being fractured. It is biomechanically impossible. A fracture of this nature is pathonomonic for a spondylolisthesis to occur."

"No, you don't have to have a broken vertebrae to have a spondylolisthesis."

"Plaintiff cannot believe what he is hearing! Get a model of the cervical spine, and it can be proven! You are wrong! You have to have a fracture of those posterior elements for the forward shift of C5 on C6!"

"No you don't" Dr. Nogo retorted

"Dr. Nogo, stop insulting my intelligence and my expertise! It is obvious you don't know what you are talking about!"

"O.K. Alright", and Dr. Nogo walked away.

Plaintiff was literally in shock! Now it was clear, that after the pure hell plaintiff had already gone through, the "fun" was just beginning. These so

called "medical experts" were going to try to conceal the fact that I had fallen and suffered a broken neck, more than likely to reduce culpability in case of a lawsuit. A day or two later, I met Dr. Herbal in our unit, and thought maybe where Dr. Nogo was being deceitful, may Dr. Herbal would be honest.

I asked Dr. Herbal if we could talk, and he complied. Plaintiff again went over diagnosis that Dr. Schurgas arrived at, off of the MRI scan taken before the neurocsurgeon on 4-23-15, and that there was spinal cord compression at C5-C6, and that was the reason for the neurological symptoms. Plaintiff explained to him that Dr. Schurgas went over the cervical MRI with the plaintiff for ten minutes, and even showed nurse Connelley and two other nurses the broken neck with spinal cord compression to prove there was no malingering.

Out of nowhere, Dr. Herbal continued where Dr. Nogo left off: "You do know that the spinal cord is not part of the central nervous system." Not again! "What are you talking about?!! The spinal cord has been part of the central nervous system since the time of Hippocrates! Where did you get your license to practice medicine?! "Well, we were taught that the spinal cord is part of the peripheral nervous system."

"Regardless of what you were taught and how you classify the spinal cord or even how you classify the injury, immediate decompressive surgery is indicated, because the longer the compression on the spinal cord remains, the more permanent nerve damage there is going to be!" Dr. Herbal shrugged his shoulders and walked away.

Plaintiff approached nurse Nixon, and told her plaintiff wanted an immediate meeting with Dr. Nogo, Dr. Herbal, and Dr. Reed (sitting in for Dr. Stuck, head of Medical) and Dr. Strickland-Riley would also be present. The meeting was the next day in a conference room in the nurses station on 2-E ... and the fireworks began....

Plaintiff started "I have a broken neck at C5-C6 with a grade 2-3 spondylolisthesis and resultant spinal cord compression, and immediate surgical interven-

is indicated"

Dr. Nogo "You don't have a broken neck, you have a preexisting condition, spinal stenosis and degenerative changes in your neck."

"Your own contract neurologist from Duke, Dr. Schurgar diagnosed the injury and condition, and we went through the cervical MRI scan together. Plaintiff saw the MRI scan, and Dr. Schurgar even went through the scan with nurse Connelley and two other nurses!"

Dr. Nogo "There was no second MRI scan, and you did not see what you thought you did."

"Plaintiff knows there was a second MRI scan! Why are you lying?! Bring Dr. Schurgar back here so he can go over his exam findings and MRI scan results."

Dr. Reed; "Dr. Schurgar does not consult at FMC Bates anymore, so we are not going to call him."

"What do you mean, he doesn't consult here anymore!? He was your contract neurologist who consulted on this case! You need to bring him back in to verify what his diagnosis was, and what his report indicated!!"

Dr. Nogo Dr. Schurgar stated you had a preexisting condition, spinal stenosis with degenerative changes... that is what his report indicated."

"That is a lie! Dr. Schurgar showed plaintiff the broken neck on that MRI scan, and for him not to mention there was a grade 2-3 spondylolisthesis at C5-C6 with spinal cord compression would be like Dr. Stubland-Riley working with a schizophrenic patient, and not mentioning in her report that the patient had schizophrenia... It would not happen."

Dr. Reed "Well, we have you scheduled for a neurosurgical consultation at U.N.C. Medical Center for assessment of surgery for spinal stenosis."

"Dr. Schurgar stated that the spinal stenosis I had was minimal, and that we would just have to keep an eye on it. He stated that the spondylolisthesis needs to be corrected immediately because of compression on the spinal cord."

Dr. Reed; "You can either sign the consent form for consultation and surgery for spinal stenosis, or we can send you back to Bryans the way you are.

Dr. Nogo "You were mistaken. There was never another MRI scan taken, and you didn't see what you thought you did. You saw an X-ray, not an MRI scan." Plaintiff was furious!

"No!!! It was an MRI scan, not an X-ray, and there was a second MRI scan taken before the nerveram on 4-23-15 with Dr. Schurgas, and nurse Aschebad to administer an intramuscular sedative, because plaintiff felt claustrophobic. There was no sedative for the feist MRI scan of the cranium. The spinal cord compression needs to be corrected immediately, because the longer it takes to remove the compression, the greater the chance of permanent nerve damage!"

Dr. Herbal "Again Mr. Audette, we have you set up for neurosurgical consultation for spinal stenoses. You either sign the form the way we have your surgery set up, or we ship you back to Arizona the way you are. The choice is yours."

"Plaintiff knows what you are all doing. You are trying to conceal the fact that I fell and broke my neck because if I litigate, you won't have to pay out near as much for a preexisting condition. You are pulling the same stunt the insurance companies pull, to avoid large lawsuits!"

Plaintiffs ~~[illegible]~~ symptoms were getting worse, and the pain and sheer agony was so severe, that plaintiff couldn't even lay in bed to sleep. He ended up sleeping in the wheelchair all night. Plaintiff could barely eat or sleep, and the deteriorating condition was driving plaintiff to tears. Plaintiff had trouble holding his head up, using the toilet, and could not stand without support. Plaintiff was hoping that inspite of what these horrible people were doing to him, they would repair the fracture site. Plaintiff signed the consent form for consultation and surgery, simply because he was so miserable, he did not know how much more he could take. He knew full well what Dr. Schurgas had gone through together with him on the second MRI scan taken before the nerveram of 4-23-15.

"You are nothing but a bunch of liars! It is very evident what you are doing. You are trying to reduce or even negate your culpability for the broken

neck, due to your own intentional indifference, neglect, and malpractice."

Plaintiff simply couldn't win. As a federal inmate (detainee) in a psych ward, in federal prison, these "medical professionals" could do whatever they wanted to, to me, for me, or against me. Plaintiff was at their mercy. Plaintiff sent reports to the legal department at Butner. He tried talking to assistant wardens, staff members, clergy, counselors, heads of departments, anybody and everybody, and it was clear that they were all on the same corrupt team . . . that is, the federal government. And they would do whatever they wanted. Ethics and morality did not matter.

Plaintiff had a consultation with neurosurgeon Dr. Jaikumar a week later, but oddly, the records department at Butner never sent copies of plaintiff's records or scans, so it was a wasted trip. Another appointment was made for 7-9-15. On plaintiff's request, an AP and lateral cervical X-ray were taken, and the lateral X-ray clearly showed a healed, grade 2-3 spondylolisthesis with spinal cord compression still present, and plaintiff asked the neurosurgeon, "Are you going to repair the healed C5-C6 fracture site?"

Jaikumar "No, I am not going to do anything there."

"But there is spinal cord compression at the C5-C6 level!! It has to be corrected to relieve the compression on the spinal cord."

Jaikumar "Your surgery will be for spinal stenosis."

"Will you call Dr. Schmidt at Duke University? He is the neurologist that consulted on my case."

Jaikumar "No, I won't do that."

And the plaintiff's fate was sealed. Surgery was not scheduled until 7-29-15, a total of 4 full months from the time the first fall took place and I broke ~~the~~ the C5-C6 vertebrae. C5-C6 vertebrae had already fused back together, because bone completely heals in 6-8 weeks.

Not only had plaintiff severely damaged his neck, he also did further damage to both hips. The medical staff at FMC Butner was concealing the truth about plaintiffs injuries. They were altering medical records, and the way the neuro-

-surgeon acted towards the plaintiff seemed suspect. It is the plaintiffs contention, that someone from JMC Butner (Dr. Nago, P.A. Overton?) contacted Dr. Jaikumar, and told him something to get him to join the coverup. It was Dr. Nago et.al that were the criminals and being dishonest, not the plaintiff.

Back at the unit, plaintiff was very upset about the neurosurgical consultation, and the meeting with the three M.D.'s. Dr. Stubland-Riley sat there, listened to their obvious lies, and never said a word. She was just fine with the unethical, immoral, and unconstitutional way they were handling the case. Plaintiff wrote her a letter, telling her how disgusted he was by the entire pack of lies, that her colleagues had no problem with, and their orchestrated concealment of the truth. Plaintiff told her it was a shame that her child she was carrying, would have to be born into a world full of liars.

A few days later, the head of security confronted plaintiff, and told him that Dr. Stubland-Riley had told him plaintiff had threatened her unborn child. The C.O. stated that he would put me back in orange, and lock me down indefinitely, and he would be more than happy to do it. I apologized and told him no threat was intended, then it was dropped. Just another "gift" from JMC Butner.

On 7-29-15, plaintiff was sent to University of N.C. Medical Center for surgery. When plaintiff was in his room getting ready to sign preoperative and surgical release forms, he told one of the C.O.'s that he was considering not going through with the operation (the reason was that the surgery for spinal stenosis would obliterate the proof that there was a healed broken neck at C5-C6 level) - which is what Dr. Nago et.al were going for. The C.O. looked at plaintiff and said "If you don't go through with this operation, on the way back to Butner, we are going to take you out into the woods. You are not going to mess up our overtime. You are going through with this operation."

Plaintiff wonders to this day, where they dig up some of their employees. Plaintiff knew, that if he did not go through with the surgery, these two

goons were either going to beat him half to death, or shoot him for trying to escape, even though he couldn't even stand up, let alone walk. Plaintiff went through the operation.

The neurosurgeon did laminectomies from C2-C5, and then fused C2-C5 with titanium plates, screws and rods. As far as plaintiff knows, the fused C5-C6 still exists as a nonsurgical fusion of C5, C6 and C7, and at this time, all neurological signs and symptoms are still present. The surgery was a failure.

Cervical R.O.M. are essentially nonexistent (except in flexion), there is a reversed cervical curve (greater chance of osteoarthritis above and below the surgical fusion), permanent nerve damage and persistent signs of an upper motor neuron lesion. That is, the spinal cord has been permanently damaged. There are constant paresthesias (hot, cold, numb, tingling) all at the same time from C5-C6, including arm, hands, shoulders, back, torso, legs and feet. Nothing works correctly anymore. All plaintiff knows, is that it was all working fine, until TDCJ Butner got ahold of the plaintiff at the end of January 2015.

To add insult to injury, Dr. Nogo entered plaintiff's one man cell and told him, "I am going to alter your medical records to make it appear that you either entered Butner with a preexisting condition, or you already had a healed broken neck." Plaintiff looked at him in total disbelief. This could not be happening. Not in a million years could the plaintiff have been prepared for such a blatant act of disgust and cowardice. Plaintiff told Dr. Nogo, "You are nothing but a dirty rotten liar and a coward. How do you sleep at night?!" He responded,

"I sleep very well, thankyou." And with that, he left my cell. After Dr. Nogo had left the unit, plaintiff asked nurse Nixon to add to the medical records what Dr. Nogo had said. Plaintiff discovered later, that either nurse Nixon never did add the entry into the records, or someone made good on the threat of altering the medical records.

When plaintiff entered TDCJ Butner the end of January, 2015, he had a

fully functional neck, upper extremities and body in general, and there were no neurological symptoms at all. Plaintiff did have bilateral painful, osteoarthritic hips, but he was able to ambulate, albeit with a pronounced limp. Plaintiff left Butner in a wheelchair with a multitude of neurological signs and symptoms, and unable to walk.

On February of 2016 when plaintiff was back at the C.A.D.C. in Florence, AZ., the U.S. Marshals paid for a left hip replacement, but then, the right hip took over where the left hip was. Dr. Vega, ~~Dr. Herbal~~ Dr. Herbal, Dr. Reed, P.A. Overton, nurse Connolley, nurse Patterson, nurse Reid, nurse Nixon, nurse Asche, C.O. Johnson, C.O. Carey et. al, all did their part to ensure that plaintiff was condemned to a life of permanent nerve damage, and constant, unrelenting neurological symptoms which will only get worse with time. They helped destroy plaintiff's health.

What FMC Butner, its medical staff and administrators have done, is un-ethical, immoral, unconstitutional and criminal, and they should be pros-ecuted to the fullest extent of the law. Plaintiff was at their mercy, and they all showed how immoral and unethical individuals are employed by our government, the B.O.P., and other federal entities. Plaintiff has been in pain and suffering from severe neurological symptoms since February of 2015, and Dr. Vega thought that it was funny. All of the defendants have displayed a cruel, reckless, callous intentional indifference to the plaintiff as a human being, as a patient and un-fortunately as an inmate. The defendants conduct was aggravated, out-rageous, malicious, fraudulent, and they inflicted severe physical, emotional, and psychological stress, pain and they essentially tortured the plaintiff. He was at their mercy, and they proved to be inhumane, and showed a wanton, and deliberate violation of plaintiff's Constitutional Rights, and an abuse of power under federal color of law.

The staff at FMC Butner altered, concealed, and destroyed medical records to avoid, or minimize their culpability in the likely event of a lawsuit.

On plaintiffs many attempts to resolve his dire situation, he wrote and spoke to everyone; FMC Butner's legal dept., assistant wardens, heads of departments, doctors, nurses, occupational therapy director, chaplain, counselors, and every administrator that would sit still long enough to listen. Plaintiff even talked to C.O.s and other inmates for help. On eight months of attempting to obtain help for the deteriorating condition, plaintiff found no help, except from fellow inmates. All plaintiff received from staff members was a deep seated contempt, and an attempt to conceal plaintiffs true injury, and the inhumane treatment he was subjected to. The Hippocratic Oath is dead at Butner FMC

The psychological, emotional, and physical torment that the plaintiff was subjected to, was beyond description. Dr. Vogo and his fellow federal employees violated not only plaintiffs Constitutional Rights, but are guilty of medical malpractice, cruel and inhumane treatment, neglect, intentional indifference, putting a patient in a dangerous environment and many other Torts and violations.

They then refused to contact neurologist, Dr. Schurgar, to reconfirm his diagnosis and findings on the true MRI scan that Dr. Vogo et-al stated does not exist. FMC Butner's staff were more concerned with their own protection and avoidance of future culpability, and the plaintiff/inmate meant absolutely nothing to them as a person a patient or as another living human being. On fact, plaintiff believes it would be safe to say that he was viewed and regarded as subhuman.

When plaintiff arrived at FMC Butner, he was in a very positive state of mind. He had heard that Butner had quality staff, and that the medical care was the best in the B.O.P. That information was in error. The staff was cruel, uncaring, sadistic, self serving, unprofessional, seemingly poorly trained liars, who, given their position of power over the lives of others reveled in demeaning, and hurting those who were inmates.

All of the falls the plaintiff took, could have been avoided, and he would not be spending the rest of his life with permanent nerve damage

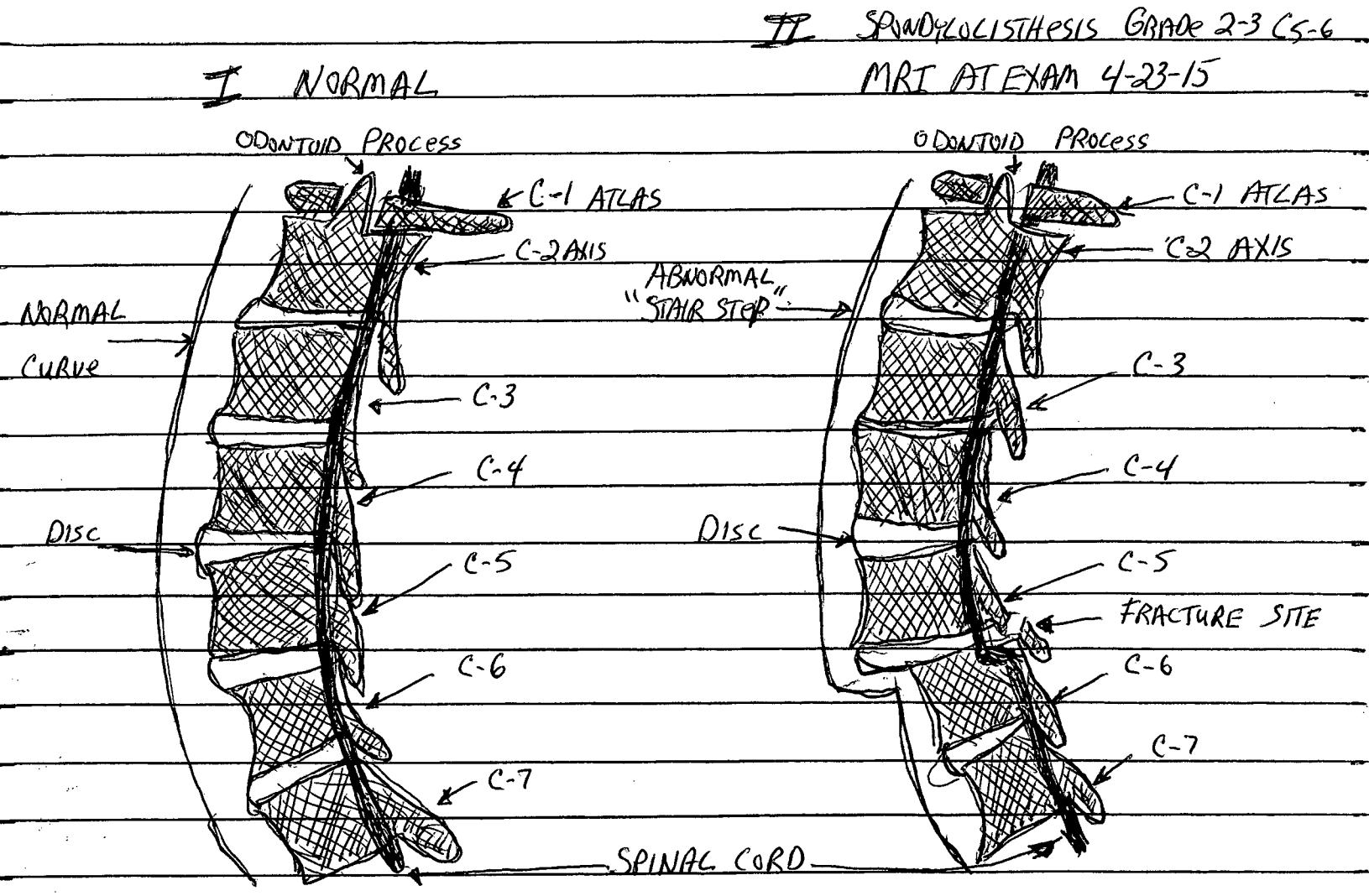
and disability had FMC Butner's staff simply done one simple thing... given him a walking walker when he asked for one. At another neurological consultation at the Barrow Brain and Spine Clinic in Arizona, the neuro surgeon stated that there was nothing that could be done. The plaintiffs condition is now a direct result of, not only the original broken neck and spinal cord damage, but now, also failed neck surgery. Plaintiff's condition is going to get progressively worse.

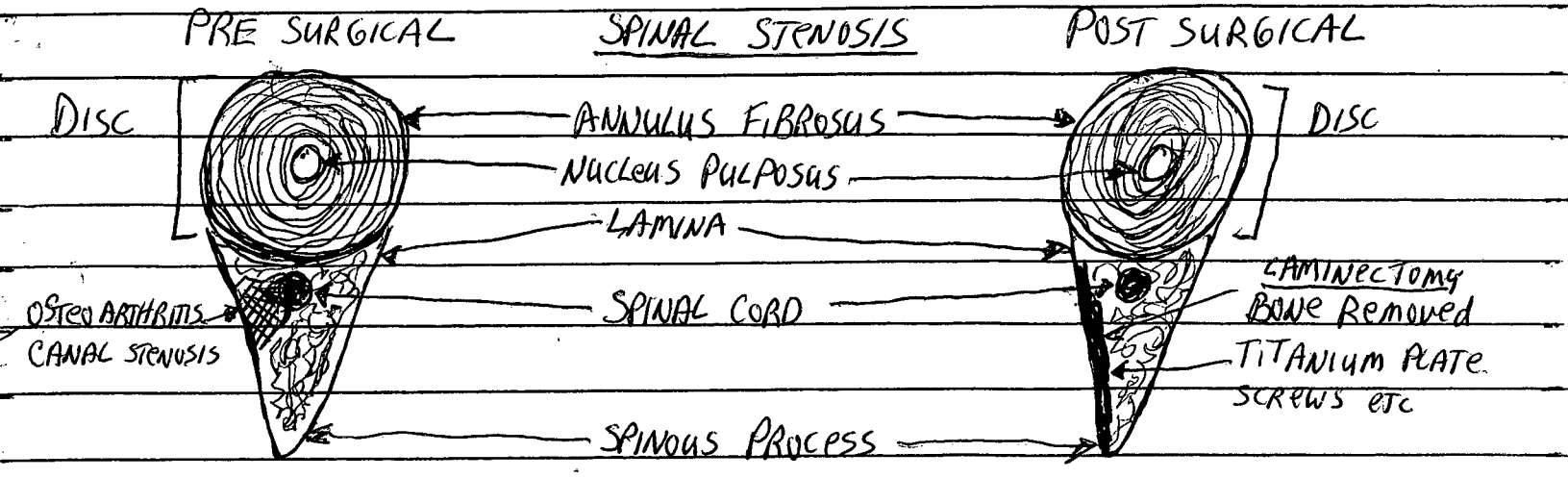
The fraudulent, cruel, and inhumane way plaintiff was treated violated his Constitutional Rights, along with a multitude of Torts carried out against the plaintiff by the federal employees, operating under the color of federal law and statute. The 8 month experience has left the plaintiff in permanent pain, disability, and is a "gift" from the corrupt B.O.P., FMC Butner and staff.

Dr. Vega and the rest of the co-conspirator medical staff have, and are attempting to conceal the truth. The following illustration depicts the plaintiffs injury as seen on the MRI Dr Schurgas and plaintiff went over on 4-23-15. He went over the same information with nurse Connelley and two other nurses. This was a textbook case of a grade 2-3 spondylolisthesis at C5-C6 with spinal cord compression. Plaintiff is not an artist, so please forgive the attempt at medical illustration. Again, the MRI scan was done before the neuroexam performed on 4-23-15, not after on 4-27-15, as Dr. Vega et. al. are lying about. See illustration, page 4-28

See Appendix D; Memorandum in Support of Writ of Certiorari
See Appendix E; Questionable X-ray and MRI Scan Records and Procedure

Illustration II is what Dr. Schuyler and I saw on MRI scan he ordered a day or two before neurexam on 4-23-15. Dr. Nego more than likely got rid of it, because it shows the truth. There was no MRI done on 4-27-15. Records stating there was, are forgeries and fake.





REASONS FOR GRANTING THE PETITION

1) To preserve and protect the Constitutional Rights of the Pro Se Litigant/INMATES
2) To preserve the appearance of Justice in the court.
3) To preserve and protect the rights of the Pro Se litigant to confront perpetrators of Torts and Constitutional violations in federal court, before a jury
4) To ensure that punishment is utilized, to prevent others from repeating these "crimes".
5) To preserve and protect litigants Due Process Rights under the U.S. Constitution
Read what defendants did to petitioner / litigant. Salient question is does Petitioner have a viable, valid, nonfrivolous, on time, meritous case against the defendants, and the answer is yes according to the Honorable District Judge Louise Flanagan, in initial filing case # 5:17-CT-03094-FL. Presented evidence of Torts and Constitutional violations were not without merit, and this case was proceeding towards jury trial.
6) It is therefore unconstitutional for another District Judge, Honorable Chief Judge Richard E. Meyers II to use a Pro Se mistake (as litigant was trying to obtain legal representation which was denied by the court), to hold the Pro Se litigant to the same caliber as a trained, licensed federal attorney, as an excuse to dismiss litigants viable, on time, valid, nonfrivolous, proceeding lawsuit.
7) This sends the message to the perpetrators (the defendants) of these Torts and Constitutional violations, that they are above reproach and accountability, and can treat those at their mercy, without ethical and moral consideration or restraint.
8) The protection of an inmates Constitutional Rights, and protection afforded thereof, is the only "safety valve" preventing malicious, intentional indifference. This case has fundamental legal significance in all prisons, and in general public.
9) Petitioner strongly contends, that the lower court, Judge Richard E. Meyers II erred in his judgement and decision, as did the U.S. Court of Appeals for 4th Circuit, in not

ruling against his handling and ruling in this Pro Se litigation.

10) This issue of preserving and protecting the vulnerable inmate, who is at the mercy of those in a position of power and authority over him is extremely important, and can actually be life threatening.

11) There has always been a well recognized and entrenched conflict, between the Level of (or lack thereof) "Care" provided to the inmate, and his or her right to seek legal retribution when there is a lack of care, a level of indifference, and the right to proceed to trial and retributions over alleged Torts and Constitutional violations. This type of issue is rampant in the B.O.P., and is very important to be addressed by legal issues which clarify Supreme Courts doctrine on rights and protection of the inmates. This issue is National in Scope, Under the 8th Amend.

12) The facts of this case are found in the medical records, were presented in the Petitioner's initial accepted, viable, non frivolous case, and these facts are undisputable and raises legal issues concerning the rights of the incarcerated. Summary dismissal of said case by Judge Richard E. Meyer II has intentionally also dismissed the Constitutional Rights of the Petitioner/Litigant.

13) The Appellate Court has erred, in not protecting the Constitutional Rights of the Petitioner, and is supporting the erred judgement of Honorable Chief Judge Richard E. Meyers II in the District Court

14) This issue is extremely important; that is Constitutional Rights of all citizens, not simply those incarcerated and at the mercy of others.

15) The decision of the lower courts (District and Appeals) conflicts with Supreme Court precendents; namely Constitutional Rights. Confrontation Clause 5th AMENDMENT

16) Constitutional Rights to confront, and bring perpetrators of obvious and blatant Torts and violations TO TRIAL has fundamental social significance, fundamental legal significance, is national in scope, and may lead to serious recurring practical problems for litigants and the courts.

17) Facts of this case (Torts and violations) are undisputed and raise legal issues.

18) This case is representative, and does not raise issues in unusual context that could distort analysis.

19) Lower District Court expressly decided question presented in initial ruling by

the Honorable Judge Louise Flanagan

20) Lower Court Conflict was initially in the District Court itself, and the underlying question is; Did petitioner have viable Tort and Constitutional violation claims against the defendants? The obvious answer is an overwhelming yes. If this is true, then to now prevent the petitioner from access to jury trial, is Unconstitutional, and contrary to Supreme Court mandates, as decided by Honorable Judge Richard Meyers II and erroneously confirmed by the U.S. Court of Appeals for the 4th Circuit. Cited 1st, 4th, 5th, 8th and 14th Amendment Rights

21) The petitioner was forced into a position which was obviously very unsafe, and due to rampant, callous, intentional, deliberate indifference to his medical nightmare, the defendants thus allowed petitioner to fall and break his neck, resulting in permanent neurological symptoms which will not improve, but get worse over time. Added to that, he fell four additional times before adequate neurological investigation and exam was given, 4 weeks later. This scenario is a blatant disregard of the 8th Amendment, and now, defendants are attempting to conceal the truth. The Supreme Court has an obligation to overturn the lower courts ruling, and right this unconstitutional wrong.

CONCLUSION

The petition for a writ of certiorari should be granted.

Respectfully submitted,

Steven Audette #47584074

Date: [redacted] 2-23-23