No. 26-5983

ORIGINAL

IN THE

SUPREME COURT OF THE UNITED STATES

FILED
OCT 14 2026
OFFICE OF THE CLERK
SUPREME COURT, U.S.

LARRY DONNELL DUNLAP — PETITIONER
(Your Name)

vs.

SIJI THOMAS Nurse Practitioner
KARANJA ADAMS, Nurse Practitioner
Doctor RONALD STEWART
NAPHCARE, INC., Medical Provider
— RESPONDENT(S)

ON PETITION FOR A WRIT OF CERTIORARI TO

Court of Appeals For The NiNth Circuit Court
(NAME OF COURT THAT LAST RULED ON MERITS OF YOUR CASE)

PETITION FOR WRIT OF CERTIORARI

LARRY DONNELL DUNLAP ADOCRR # 124173
(Your Name)
ASPC Lewis Complex-Barchey Unit
801 East Jefferson street
(Address)

Phoenix, Arizona 85034
(City, State, Zip Code)

(623) 386-6160
(Phone Number)

QUESTION(S) PRESENTED

I. Whether the district Court correctly granted Summary Judgment in the individual Appellee/ Respondents Healthcare Providers Favor on his/ Petitioner's claims of Constitutionally inadequate Medical care.

II. Whether Petitioner timely Raised his challenge to The Sufficieney of the Respondents Healthcare Providers Disclosure and Discovery Responses.

III. Does the Eighth Amendment Constitution guarantee that Inmates Receive Adequate effective Medical treatment Under The Circumstances.

IV. Whether there was Genuine Issue of Material Fact Suggests NP Siji Thomas and NP Grace Adams Failed to provide Petitioner Constitutionally Inadequate Care.

V. Whether there was Genuine Issue of Material Facts supports Monell Liability for Respondents Naphcare Inc.

LIST OF PARTIES

[✓] 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:

KARANJA ADAMS, Nurse practitioner
Doctor Ronald stewart
Naphcare, Inc., Medical provider
SIJI THOMAS, Nurse practitioner

RELATED CASES

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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

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

The opinion of the United States court of appeals 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[ ] is unpublished.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 United States district court appears at Appendix A,B,C to the petition and is

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

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JURISDICTION

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

The date on which the United States Court of Appeals decided my case was AUGUST 3, 2026.

[ ] 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: 8/24/2026, and a copy of the order denying rehearing appears at Appendix D.

[ ] 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).

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CONSTITUTIONAL AND STATUTORY PROVISIONS INVOLVED

Petitioner Larry Donnell Dunlap, responded to the Respondents Summary Judgment Motion by questioning the general truthfulness and credibility of the Respondents Healthcare providers and their contract Vendor (medical) in what was required of these medical vendors contractor that Napheare Inc hired to treat petitioner and other inmates. That these Medical Contractors for Napheare Inc was told on how they want Medical Statement are to be written. Petitioner claims that the medical records that he was not allowed by Napheare and the Arizona Department of Corrections Rehabilitation & Re-entry disputes the Medical providers NP Thomas and NP Adams Medical conclusion that petitioners Medical conditions was stable which his Medical Conditions were not stable but has now arised in 2026 to life threatening condition now with a irregular heartbeat due to the many unresolved medical conditions. Petitioner argued that Respondents did not have any effective Medical treatments plan of testing that will cause a solution to his many Medical issues, but that the Respondents relied on just monitoring until petitioner dies in this case. Petitioner Claims that thus deliberately indifferent because none of the Respondents plans (medically) conclusively resolve his Medical Conditions.

Petitioner argues that Napheare Respondents are liable under Monell v Dep't of Soc. Servs., 436 US 658, 98, sct. 2018, 56 L. Ed. 2d 611, 16 Empl. Prac. Dec. (CCH) 8345, 17 Fair Empl. Prac. Cas. (BNA) 873, 1978 U.S. LEXIS 100 (1978), for adopting policies and customs and practices to delay critical treatment solve to cost as long as possible in this case. The critical treatments were diet, Cancer evaluation, MRIs Vitamin Supplements, Physical therapy, Correct Medications, Correct and effective Medical evaluations all a treatment plan to resolve most or all of petitioner's Medical Conditions issues. Petitioner Claims that he would had presented Dr. Wilcox whom would had presented evidences of examples of delays in obtaining specialty care w/ its 28,000 patient in ADCRR prison system. Petitioner Claims that he was going to present also Dr. Penn that would had testify that 13.8% of the ADCRR prisoner did not have timely access to care Under Napheare Inc. Petitioner argues that the Eighth Amendment imposes duties on prison officials, who must provide humane conditions of confinement, prison officials must ensure that inmates receive adequate food, clothing, shelter and medical care and must take reasonable

CONSTITUTIONAL AND STATUTORY PROVISIONS INVOLVED

measures to guarantee the safety of the inmates. Farmer v Brennan, 511 U.S. 825, 832 (1994). Petitioner claims that Respondents failure to provide timely access to effective treatment for all his medical conditions. 8th Amendment Rights to adequated Medical Care. Petitioner would had presented Dr. Haney whom would had testified about ADCRR intolerable living condition and serious lack Medical care due to ineffective and lack of Medical Staff. Petitioner claims that Naphcare Staffing levels contemplated by the Contract tilt sharply toward Support staff licensed practical nurse, Medical assistant, Nursing assistants and patient care technicians and away from providers who can write orders and prescribe medications. Petitioner claims that Dr. Wilcox's would had explained the process by which prisoners seek care. The ADCRR System requires every prisoner seeking medical care to be evaluated by a nurse who then uses the nursing encounter tools ("NETs") to formulate a plan care including whether to send the prisoner to a provider, nurse practitioner, Physician's assistant or physician. That Dr. Wilcox's would had testified the Characterization of NAphcare Inc health care hierarchy is that the nurses are tasked with triaging prisoners but often prisoner do not obtain care beyond that's provided by a nurse. And of greater significance, this system requires nurses to diagnose and treat far beyond their capabilities. Nurses are expected to work closely with higher level providers

CONSTITUTIONAL AND STATUTORY PROVISION INVOLVED

but given the relatively few higher-level providers on staff at Napheare that is simply not possible. Petitioner argues that if you have Chronic Conditions the inmates is enrolled in Napheare and ADCRR Chronic Care clinics and Monitoring System. Napheare policy defines a Chronic Condition as an illness or Condition that affects an individuals well-being for an extended interval and the monitoring policy of Napheare is for individual Medical Conditions generally is not curable, but can be managed to provide optimum functioning within any limitations the Condition imposes on the individual. Prisoners chronic Care Conditions are Monitored by Chronic Care appointments no less than every 180 days, unless a provider documents a longer time frame is appropriate These appointment are not on the nurse line. Rather they are supposed to be with provider although the overall records do not make it clear whether that occurs. Petitioner claims that a Diet that he had been requesting was denied which would had cleared up over 90% of petitioners issues was denied by the Respondents. Riddick V Bass, 586 F.Supp 681, 883 C.E.D. Va 1984; Balla V Idaho State Bd of Corrections, 595 F.Supp 1558, 1574-75 (D. Idaho 1984; Kyle V Allen, 732 OF. Supp. 1157, 1159 (S.D. Fla 1990)

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STATEMENT OF THE CASE

Petitioner Larry Donnell Dunlap his issue on Appeal: Whether the district correctly(court) granted Summary Judgment in the individual Respondents Healthcare providers favor on Petitioners claims of Constitutionally inadequate Medical care. Petitioner has multiples Medical conditions due to the Respondents policies of just monitoring his Medical conditions with offering no effective Medical treatment plans to resolve his many medical conditions including these Medical Conditions: thrombocytopenia, leukopenia, Chronic Kidney disease, an inguinal groin hernia, an extreme bunion causing pain in petitioner's Right hip and Right lower back and glaucoma, which is currently these medicabidre issues still not being adequately treated or resolved these issues. Petitioner claims because the District Court of Arizona and the Ninth Circuit Court ruled against petitioner in granting Summary Judgment and affirming the Summary Judgment against him, these Respondents are enbolden and has stopped all treatments Concerning his medical conditions, that the only way petitioner believes that he will get adequate treatment is to begin filing Criminal Complaints against these Respondents in order to bring light to his Medical Conditions because the Courts have failed petitioner due to the criminal tactics that Respondents used to get the Courts to just listen to them only and ask the court to deny all evidentiary hearings that petitioner had requested over and over again so that the truth about their actions, customs, practices and policies could be exposed and petitioner was denied the basis legal access to the Courts on his Medical Matters.

STATEMENT OF THE CASE PART TWO CONTINUES

Petitioner claim that between JULY 2019 and September 2022, that the Arizona Department of Corrections Rehabilitation & Re-entry (afterward ADCRR) contracted with non-party Centurion of Arizona, LLC to supply healthcare to inmates, including Petitioner Larry D. Dunlap. Petitioner claims that the Centurion of Arizona, LLC Contract was transferred to Respondents Naphcare Inc beginning in October of 2022. Petitioner filed in April of 2023 his pro-se civil rights Complaint and after screening pursuant to 28 U.S.C. §1915(a), the district Court found that Petitioner Complaint state claims for Constitutionally inadequate Medical Care: as to nurse practitioners' Thomas, for care and treatment of Petitioners' thrombocytopenia beginning in February of 2022: as to nurse practitioners' Adams for care and treatment of thrombocytopenia, leukopenia, an extreme bunion on Petitioners' Right big toe that has changed his daily life routines where he cannot exercise, walk long distance nor can Petitioner Stand for longer than 15 minutes due to the unbearable pain that he has to endure daily, and glaucoma and some of these Respondents Sauds it because petitioners is an older black male getting older and that there is nothing that can be done to really help petitioner Medical Conditions, beginning in February of 2023; and as to Naphcare for implementing policies and practices that prevented proper evaluation and treatment of Petitioners' Multiples Medical issues. All discovery from the Respondents was responded to, telling petitioner that ADCRR policy Do 1104 Inmate Medical Records will not be give to Petitioner because of his prison status. And that

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STATEMENT OF THE CASE PART THREE CONTINUES

ADCRR policy Do 1101 Inmate Access to Health care information is not available for petitioner to review due to prisoner status, and that Naphcare Inc Medical provider policy The "NET" (nurse encounter tool) prevents Naphcare nurses and Doctors from recommending certain treatment due to cost of such treatments or equipments (medically) is the reasons that these Respondents used cheaper ways of alternate treatment to try and provide a lower cost treatments that were all ineffectives in resolving petitioner's Medical Conditions in this case. That the respondent did everything in their power and authority to stop him (petitioner) from getting the discovery that he needed to defeat the Summary Judgment and at the same time the Respondents had full access to all of the documents that they needed to prevent Petitioner from defeating their summary Judgment in this case.

Petitioner has experienced thrombocytopenia and leukopenia and hypertension, hyperlipidemia latent tuberculosis due to the overcrowding of ADCRR housing units and lack of Medical care by Respondent Naphcare Inc. In July 2019, Petitioner told NP Thomas that he was having bleeding episodes and repeated infections and NP Thomas said that was normal in older black male and she ordered a hematology Consultation. The request was denied by Naphcare Inc Medical Review board. That petitioner's platelet count was at 95 (below the normal of 140 to 400) and that petitioner

STATEMENT OF THE CASE PART FOUR CONTINUES

White blood cell count was 2.68 (below the normal range of 4 to 10). Petitioner claims that these numbers are the same or lower in 2020, because petitioner's is an old blackman and that his conditions are constant with his age. Again petitioner was denied effective medical treatments and the previous court said that its OK to deny older blackmen adequate medical treatment.

In October 2019, repeat testing showed again a reduction in petitioner's platelet count and white blood cell count of 2.59, but NP Thomas reviewed the results, found them w/in Naphcare medical policy parameters for older blackmen and NP Thomas schedule another follow-up at petitioner's chronic care in 90 days.

In November 2019 NP Thomas Made an Urgent Consultation request for a bone Marrow biopsy that had been recommended by a hematologist and authorization was granted in December 2019 and testing completed in January 2020. The test was "inconclusive" and the Cancer Center wanted a followed up testing to be done in February 2020. Petitioner claims that life saving following appointment was denied by NP Thomas and that she recommended to Naphcare Medical Renew board that they put petitioner on Naphcare Inc monitoring system to see if all his Medical Conditions Worsten.

STATEMENT OF THE CASE FIVE CONTINUES

IN February 2020, the off-site hematologist diagnosed Petitioner with chronic leukopenia and thrombocytopenia due to benign leukopenia (normal variant) and pseudothrombocytopenia (platelet clumping). Petitioner claims that the bone marrow biopsy was inconclusives and no apparent cause in that first biopsy was identified and that a second biopsy was needed, and Petitioner claims that Cancer Center was denied by NP Thomas. That the specialist explained that petitioners Multiple Medical Conditions Could be remedied by a diet Change and approved Supplements and at that without these measures, Petitioner will have to be isolated, but again NP Siji Thomas recommended Monitoring labs annually which can be done at petitioners Correctional facility. That NP Thomas said that a diet and Supplement was not needed at that time, because it would be an unnecessary expense for Napheare Inc. But NP Thomas said that a repeat bone Marrow testing was indicated only if petitioners leukopenia worsen or if petitioner develops a new cytopenia such as anemia. Which in currently petitioner has developed anemia in 2026 and he is still being Monitored Only by the Respondents.

Petitioner claims that in May 2020 his lab report showed again a reduction in platelet count and white blood Cell count had dropped which NP Thomas observed to be "essentially normal and not requiring follow-up. Review of petitioners hypertension is not controlled via Medication, that a diet

STATEMENT OF THE CASE SIX CONTINUES

is needed. Petitioner claims the repeat testing in November 2020 showed a lower than-normal platelet count of 88 and white blood cell count of 2.99 demonstrating, as the specialist had advised that several months of a vegan diet SNO would improve his blood Composition and Siji Thomas again denied that plan for petitioner and that she found her actions consistent with established diagnoses such that no follow up was needed. Petitioner claims that NP Thomas ordered a genetic testing for leukemia, which returned in NP Thomas evaluation she said in her report "that she found the results (were) essentially normal for Petitioner and that NP Thomas recommended no follow-up was required.

Petitioner claims that in February 2021, Petitioner's blood tests showed a platelet count of 128 (out of a range 140-~~to~~ 400) and petitioner white blood cell count 2.58 below low normal range. Another Medical provider noted the results were abnormal but the Medical provider expected a stable for chronic condition to improve if Napheare provide a diet and more effective treatment to resolve these Medical issues.

Petitioner claims that in February 2022, Petitioner met with NP Thomas to discuss his thrombocythemia and how his "conditions has caused Petitioner to suffer Continuing deterioration due to Siji Thomas decisions about his

STATEMENT OF THE CASE SEVEN CONTINUES

Medical conditions. In March of 2022, another Napheare Medical provider ordered bloodwork when Petitioner reported blood in his stool, Petitioner followed up with NP Thomas about his labs results, which estimated a decreased number of platelets "but that could not be quantified due to clumping.

In April 2022, Petitioner Complained of Symptoms he attributed to a low platelet count, including fever, achy joints, pinpoint bruising, and swelling in his ankles, hips wrists, knees, and elbows. Regarding the blood conditions, NP Thomas explained that petitioners bone marrow may not be producing enough platelets, or he may have leukemia or aplastic anemia.

Petitioner claims that NP Thomas stated She was limited by Centurion policy and Napheare Inc policies to just Monitoring his medical conditions. That NP Thomas still recommended that petitioner avoid fighting or injuring himself and for petitioner to continue to document how much he's bleedings from his gums and in his stool.

Petitioner claims that in June 2022, Petitioner saw NP Thomas for a Chronic care follow-up and at that meeting NP Thomas noted bruising on Petitioner's legs and that his platelet count was again below 140 to 400, but again NP Thomas statement was "blood test results "essentially normal".

STATEMENT OF THE CASE EIGHT CONTINUES

Petitioner claims that he had acute symptoms, fever and swelling, and reported a abnormal output. Based on these reports, NP Thomas stated on record that she found petitioner clinically stable in all respects, adopted a plan to monitor petitioners' Medical Conditions and scheduled Six Months follow-ups.

Petitioner claims that in August 2022, that he requested Sunscreen and protective hat because of possible Cancer on the moles on top of petitioners' head that was awaiting to have a bisopy that was not done because NP Thomas determined neither was indicated by a medical Condition in her Medical opinion. Petitioner submitted a health needs request advising he was bleeding more in his Urine and found more blood in his stool "but petitioner did not receive any response to his HNR.

Petitioner claims that in September 2022 that he met with NP Thomas about the pain and swelling in lower right hip and lower right back and he was given only Tylenol. Petitioner claims that NP Thomas said to petitioner that She could Visionally tell that petitioner could be suffering from degenerative disc disease, Spinal stenosis, lumbar radiculopathy, and/or pyriformis syndrome, and that petitioner nevered was tested for any of they diseases. Petitioner was only given Tylenol as needed and he was encouraged to stretching and back strengthening exercises, but she

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STATEMENT OF THE CASE NINE CONTINUES

declined to order an MRI before attempting conservative treatment on Petitioner's Medical Conditions. Petitioner claims that repeated testing in November 2022 showed that petitioner's platelet count was again below the normal range of 140 to 400 and petitioner white blood cell count was again below 4.0Z normal range. NP Thomas said that thorough monitoring confirmed that petitioner's Medical Conditions still needed more work in order for him to get stable. That stability did not happen and because of NP Siji Thomas actions, petitioner now in 2026 suffering irregular heart beats due to the lack of treatment for his many other Medical Conditions.

Petitioner saw NP Adams for the first time in December 2022. That NP Adams physical examination revealed Serious abnormalities. Petitioner claims regarding his Complaints of thrombocytopenia that NP noted that petitioner had been evaluated and ruled a abnormal Variant by the hematologist and she disagreed with that evaluation and suggested that petitioner Condition was due to his age and that She noted that petitioner's Chronic Conditions including hypertension, thrombocytopenia, latent tuberculosis and chronic kidney disease were either unchanged or his level of disease Control in her opinion was good across the board, for an older black male at his age and the She recommended that he be Continued on the

STATEMENT OF THE CASE TEN CONTINUES

Napheare Inc Medical Monitoring program until petitioners conditions worsen Medically. Petitioner claims that in December 2022 that after NP Adams refuses to help him develope a Medical plan for his all Medical issues, that he complained to a different provider about "how bad he was feeling" and about recurrent Colds experienced in the preceding year. The provider determined that petitioners required continued care. Then afterward NP Thomas was reassigned, effectively transferred petitioner to NP Adams for further care and NP Thomas wished petitioner good luck with his health.

Thats in January 2023, NP Adams ordered emergency blood testing, showed his platelets at a dangerously low level, NP Adams stated after Napheare Medical Review Board denied her emergency request for treatment, and that she recommended in her Medical Opinion, to continued monitoring for Sixty days was appropriate to see if there would be any changes in his condition, and NP Adams told petitioner to continue documenting any bleeding and avoid exercise, fights, or cuts. Petitioner claims that this were their continued ineffective Medical plan for petitioners many Medical conditions.

STATEMENT OF THE CASE ELEVEN CONTINUES

Petitioner claims that at his chronic care appointment in February 2023, a non-party provider found signs of renal insufficiency in Petitioner's lab results and noted his cholesterol needed to be address because his level was high and that diet was in order to help Petitioner to control his cholesterol and blood pressure issues.

Petitioner claims that in May 2023, NP Adams renewed a SNO for medical footwear for Petitioner and her request for repeat labs indicated decreased level of platelet and white blood cell counts well below normal range at 2.85 which the normal range is 3.5-11.5.

In June 2023, Petitioner saw a non-party provider whom ordered testing related to reported bloating, a nephrology consult and imaging of Petitioner's foot. Petitioner claims that he reported new symptoms related to his blood composition, and his chronic conditions and his level of disease control was observed to be fair and that Naphcare Medical review board had put him on their Medical Monitor program. The provider did find that his Medical need for an oncology or Urology consult and a special diet had not been followed up and that him being on the Monitoring program prevents other

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STATEMENT OF THE CASE TWELVE CONTINUES

timely Medical treatments. That repeat testing showed platelet and white blood cell counts that were below normal but "consistent with Petitioner's chronic conditions, which would be discussed at the next chronic care appointment in 30 days.

Petitioner claims that in August 2023, that he saw an off-site nephrologist whose recommendations change in petitioner's medication, daily blood pressure and heart rate checks, repeat labs and that a colonoscopy was needed and follow-up in two months with copies of renal imaging should be implemented and timely scheduled. That process did not happen due to petitioner being on Napheare Monitoring Medical program.

Petitioner claims that in September 2023, Petitioner saw an off-site gastroenterologist who recommended a colonoscopy for routine screening of colon cancer. Petitioner's low platelet count required the colonoscopy to be cancelled on two occasions. A non-party provider conducting the next chronic care visit nonetheless found all petitioner's conditions were unchanged and not controlled well due to him being on the Napheare Inc Inmate Medical Monitoring program, whom this program is for Inmates whom are dying and that there is nothing that can be done to Medically

STATEMENT OF THE CASE THIRTEEN CONTINUES

resolve their medical issues. Petitioner claims that in December 2023, Petitioner followed up with an outside nephrologist and the nephrologist concerning issues and symptoms were reported and recommedations (medically) were given to Naphcare Inc Medical review board to fix Petitioner many Medical Conditions and to remove Petitioner from Naphcare Inc Monitoring program and petitioner was advised to return in six months in hopes that alot of petitioner's Medical issues would be resolved. Around the same time Petitioner's expressed concerning his continuing low platelet count which had dropped to 58 well below the normal range of 140 to 400. Petitioner's white blood cell count tested was again well below normal range. Repeat labs were again ordered with possible referral to hematology if the deficiency persisted after three more months of monitoring along with a follow-up appointment to reconcile any gastrointestinal needs. Petitioner claims that later in the month, a non-party provider saw petitioner for "Critical platelet level. And after review the circumstances, however, she determined that petitioner's levels were not normal for him. She nonetheless ordered another offsite Consultation. The Medical doctor who conducted petitioner's December 2023 Chronic care appointment observed his blood disorders to be unchanged and that petitioner's level of disease control

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STATEMENT OF THE CASE FOURTeenth CONTINUES

was not good. Petitioner claims that in March 2024, Petitioner was transported offsite for offsite Medical appointment with an internist / oncologist Dr. Amol Rakkar. That Dr. Amol Rakkar reported that Petitioners platelet Counts for him to evaluate were not available due to clumping, and, as a result the variable Counts Petitioner experienced were Clinically Significant. Dr. Rakkar determined that Petitioner required additional treatment and further Updated hematology evaluation. Napheare Inc Medical Review Board would not approve any additional Medical evaluation due to Petitioner already approved to be on the Monitoring Napheare program. At a later appointment with a non-party provider Petitioner reported that he's in alot of pain. Petitioner platelet and white blood Cell counts were still below normal but within Napheare NP Adams range as provided by Napheare policy NET Standards. The provider identified a treatment plan that involved Continued Monitoring and referral to hematology if Continue results were abnormal. Which Napheare, St. Thomas NP and Grace Adams NP rejected all Medical solutions to all of petitioner's issues due to the cost as being expensive. Petitioner claims that as 2026, Petitioner Conditions Continues to get desparte and life threatening as he is Continue on the Monitoring Napheare System and how he has developed an irregular heart because of this Unresolved Medical issues in this case.

REASONS FOR GRANTING THE PETITION

Petitioner claims that the District Court Judge denied him discovery, denied him Rule 56(d) Fed R. Civ. P because Respondents would not release the documents to him on discovery that would had defeated Respondent Summary Judgment and that the Ninth Circuit Court did no investigation into Petitioner Claims that Respondents Naphcare and their hirer ADCRR Controls all of Petitioner's Medical Record, and they Control the Medical Vendors Contractors contracts So that Petitioner could not show that the Medical Vendors working for the Respondent is very limited on providing information that governs how they give petitioner's Medical treatments. Petitioner argued that Naphcare's liability based on alleged inadequate Staffing inadequate training and supervision, inadequate health screening, deficient record-keeping, and an overall absence of programs of substance designed to ensure inmates receive Constitutionally adequate care. Petitioner presented issues that are still in dispute about his health and that both Courts affirmed Summary Judgment when there was no appropriate medical care treatment given to petitioner by the Respondents in this case. The Supreme Court is very much aware of the private Medical providers that prisons hire to provide 8th Amendment Right to effective Medical treatment. Here in Arizona Napheare has been put on notice by the United States District Court of Arizona Judge that she ruled that Arizona prisons are under receivership due to Naphcare failure to provide 8th Amendment effective medical treatment for the ADCRR inmate Population and now Petitioner is a Victim of Naphcare failure to provide him with 8th Amendment effective Medical treatment which caused petitioner Multiple Medical issues that have not been properly treated and now in 2026 petitioner has develope an irregular heart beat and he was taken for a heart stress test in May of 2025 and it is now almost October and Naphcare has refused to send petitioner to a Cardiologist for a reading of the stress test result, claims that his heart is ok with no reading of the results in of his test. The petition should be granted because the lower Courts have failed to protect Petitioner's 8th Amendments Rights.

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Petitioner is asking this court to vacate the Lower Courts dismissing his civil lawsuit against the Respondents and to remand this case back to the District Court for an evidentiary hearing on the disputed issues left in this case. Petitioner ask the Court to grant review in this case.

CONCLUSION

The petition for a writ of certiorari should be granted.

Respectfully submitted,

Larry Donnell Dunlap 124173

Date: September 21, 2026