

STATE OF SOUTH CAROLINA
COUNTY OF GREENVILLE

Tyrone Laman Roberson, #191327
Plaintiff,

v.

South Carolina Attorney General,
Alan Wilson, Defendants of Penny
Corrections Institution, Warden
Larry Cantledge, Associate Warden
James Parker, Jr., Lieutenant Stanley
Terry, Nurse Tancia L. James, third-party
Defendants South Carolina Department of
Connections Director, Bryan P. Stirling,
and SCDC Insurance Carrier the State
Budget And Control Board Committee,
Commissioner of the Palmetto Unified
School District No. #1 Board of
Trustee Randy Reagan, Ed. D.,
Superintendent, et al,
Defendants

IN THE COURT OF COMMON PLEAS
C.A. No. 2017-CP-23-03406

Plaintiff Motion
To Alter or Amend
Judgment Dismissing
Attorney General
Alan Wilson As
Follows:

FILED-CLERK OF COURT
PAUL B. WICKENS
GREENVILLE

2017 NOV -8 PM 4: 24

RECEIVED

AUG 30 2019

SC Court of Appeals

Come now Plaintiff Tyrone Roberson with Motion to
Alter or Amend Judgment November 1, 2017 Dismissing
Attorney General Alan Wilson.

Plaintiff objects to Judge Edward W. Miller dismissing

PAGE 1 OF 11

COPY

Attorney General Alan Wilson and granting Defendants Motion to dismiss plaintiff complaint against SCDC State Agency employees.

FACTS

Plaintiff alleged on the record that He was subjected to draconian restriction and a condition of confinement that deprived him of the very basic minimum of life necessities in violation of South Carolina Constitution Article XX, § 2.

ARGUMENT

Plaintiff brought this action against Defendants Attorney General Alan Wilson and Ms. Tancia L. James, et al of McCormick Corrections Institution inmate program services private health care provider of SCDC (Medical) seeking actual and punitive damages of \$10,000,000 for personal injuries He sustained while a student, patient, inmate, prisoner in the custody and care of the political subdivision.

Plaintiff Tyrone Roberson a patient cause of action against Defendants alleging assault and battery arising from the performance of an injection without informed

Consent stated a cause of action based on intentional tort, for which the Defendants inmate program services private health care provider of BCOC (Medical) was not immune under the doctrine of charitable immunity.

At all times relevant to this action the Defendants had in force a comprehensive employee liability insurance policy coverage that is bonded by a nationally registered commercial insurance carrier.

The complaint sets forth three causes of action. First, the complaint alleges a cause of action for gross negligence and recklessness. Second, the complaint alleges an intentional tort consisting of an assault and battery arising from the performance of the injection Friday - February 20, 2015 without informed consent. Third, the complaint alleges a cause of action based on the breach of an implied warranty.

ARGUMENT

Plaintiff Tyrone Robinson asserts that his present draconian restriction with condition of confinement in violation of South Carolina Constitution Article XXII, § 2; that gross negligently subjects plaintiff to medical malpractice by Defendants Attorney General Alan Wilson and third-party BCOC acts or omission by Doctor or Nurses [REDACTED]

under color of state law with a culpable state of mind where Defendants Alan Wilson and third-party SCDC is so indifferent to the consequences of his conduct as not to give slight care to what he is doing when that employee's conduct was not within the scope of his official duties or that it constituted actual fraud, actual malice, intent to harm, or a crime involving moral turpitude that is deemed reckless, willful or wanton to include the intentional infliction of emotional harm to plaintiff with corporal punishment to cause plaintiff unnecessary wanton infliction of pain and suffering with mental anguish, on account of [REDACTED] loss/with Medical Malpractice action often; and that the plaintiff [REDACTED] was not aware of the identity/location/Home/Business addresses of the Government State Agency political subdivision fraud/feason employer and employees, and plaintiff is not aware of the fact that an injury has been inflicted because the physicians negligence may consist of some improper impure tuberculosis test shot injection by tort/feason/product liability; when the identity of the maker of the defective product is not know, and that the product has a causal relation [REDACTED] to the injury when Defendants Alan Wilson and third-

party since tortious acts of commission or omission of the agents, servants, employees or officers of a charitable hospital in this state conduct is shown to be motivated by evil motive or intent, or when it involves reckless disregard or callous indifference by exposing plaintiff to excessive and pervasive risk with ingestion of poison caused by Defendants Alan Wilson and third-party since defective drug medication/food/and water supply condition of confinement, when prison official is subjectively aware that plaintiff face such a risk from such adverse prison conditions from which the inference could be drawn that a substantial risk of serious harm exists, and he must also draw the inference to the extent that plaintiff Tyrone Roberson sustaining an injury or dying by reason of the tortious act of commission or omission of agents, servants, employees or officers of a charitable hospital or medical facility or of a hospital or other medical facility operated or funded by the state, its agencies, departments, institutions, commissions, boards or political subdivisions, when prison officials know of a substantial risk of serious

harm but fail to take reasonable measures to lessen the risk, the Eighth Amendment is violated. See Farmer v. Brennan, 511 U.S. 825, 114 S. Ct. 1970, 1976, 128 L.Ed. 2d 811 (1994). See Estelle v. Gamble, 429 U.S. 97, 97 S.Ct. 285, 50 L.Ed. 251 (1977). The Defendants Attorney General Alan Wilson and third-party SEDC [officials] acted with reckless disregard for a substantial risk to the prisoner Tyrone Robertson, that he drew the inference, and that he disregarded the risk. The officials must both be aware of facts from which the inference could be drawn that a substantial risk of serious harm exists, and he must also draw the inference." Farmer, 511 U.S. at 837.

The Defendants Attorney General Alan Wilson and third-party SEDC deprivation and invasion and breach of state and federally protected 8th and 14th Constitutional Civil Rights of plaintiff that were clearly established at the time of their challenged conduct under color of state law was objectively "sufficiently serious" and that "subjectively 'the officials acted with a sufficiently culpable state of mind,' " knowing "a serious or significant risk of physical and emotional psychological harm and injury would result from the challenged prison condition." Wilson v. Geiter, 111 S. Ct., 2324 (emphasis added).

Assuming the truth of these allegations, as we must,
Springfield V. Williams Plumbing Supply Co., 249
S.C. 130, 153 S.E.2d 184 (1967), the complaint clearly
states a cause of action based on an intentional
tort. Id. at 119; GREGORY, Justice. The complaint
states a cause of action based on an intentional
tort for which the Hospital is not immune,
Jeffcoat V. Caine, 261 S.C. 75, 198 S.E.2d 258 (1973).
See Douglas V. Florence General Hospital, cite as 259 S.E.2d 117
(Oct. 10, 1979), Id. at 118; GREGORY, Justice. In
Brown V. Anderson County Hospital Association, 268 S.C. 479,
234 S.E.2d 873 (1977) the majority opinion of this court
recently held that charitable hospitals are liable for their
needless and reckless torts. We... hold that anyone injured
through tortious acts of commission or omission of the
agents, servants, employees or officers of a charitable
hospital in this state may recover damages against such
hospital, if the aggrieved party can establish that the injuries
occurred because of the hospital's needlessness and reckless
disregard of the plaintiff's rights. 234 S.E.2d at 876-877.

What constitutes cruel and unusual punishment, and
thus, what violates the Eighth Amendment, is determined by
evolving standards of decency that mark the progress
of a maturing society. Constitutional provisions
prohibiting "the infliction of 'cruel and unusual punishments'"
are primarily intended to proscribe inhuman or barbarous

treatment. South Carolina Constitution Article I, § 15, and South Carolina Constitution Article I, § 3.

in plaintiff position in opposition to the Defendants November 1, 2017 dismissal of Alan Wilson, Plaintiff here now incorporate; Motion with Memorandum of law with **OBJECTION**, and original complaint, and followed by Motion Requesting leave of court to Amend original complaint by plaintiff in opposition to Defendants Attorney General Alan Wilson Motion to dismiss, and followed by plaintiff production of documents Motion subpoena duces tecum to Defendants counsel. This request for a New Civil trial hearing in plaintiff behalf to be granted for oral Argument of plaintiff Motion 59(E) to Alter or Amend Judgment Dismissing Attorney General Alan Wilson as follows. see [REDACTED] Rule 18(a)(6)

The South Carolina Department of Connections and the State of South Carolina palmetto Unified School District No. 1 Board of Trustee Randy Reagan, Ed. D., Superintendent, et al, Defendants and the State of South Carolina State Budget and Control Board Committee Insurance Chief Trustees may be joined as a third-party defendant [Rule 14(c)], whether in an action for contribution among joint tortfeasors where two or more persons become jointly or severally liable in tort claim filed by plaintiff Tyrone Lamar Robertson for the same personal injury or damage to personal property proximately caused by any

employee or member of the SCDC / palmetto unified school District No. #1 Board of Trustees while engaged in action within the scope of his / her employment with the Agency or service on the Board for errors and ~~omission~~ omission in Medical Malpractice / product liability breach of implied warranty arising from any negligent act, and for other claims arising as a result of accidents, negligence, and / or other acts by the Agency, its employees, and inmates under its jurisdiction as well as ~~for~~ theft or willful wrongdoing on the part of SCDC Agency political subdivision employees while they are engaged in official Agency business.

see South Carolina Uniform Contribution Among Tortfeasors Act, S.C. Code Ann. §§ 15-38-10 to 15-38-70 (Supp. 1998).

The court directed the Magistrate to pay costs of \$150 hourly Attorney fees and court costs to the complaining party [plaintiff] leaving him to settle with the crown the matter of indemnification. 42 U.S.C. § 1988. pursuant to Rule 14(c), Rule 18(a)(b) of the S.C. Rules of Civil Procedure as it applies to Tyrone Lamar Roberson v. Anthony D. Padula, et al of SCDC and State Budget and Control Board Committee in civil case No. # 2:13-cv-01872-CMC-BHH-WWD-RMG. see

VERMEER CAROLYNAS V. WOOD / CHUCK CHAPPER, cite as 518 S.E. 2d 302 (S.C. App. 1999). see BROWN V. JOHNSON, cite as, S.C., 275 S.E. 2d 876 (March 2, 1981), id. at 877. LITTLEJOHN, Justice; The sole issue in this appeal is

Whether the trial judge erred in awarding attorney fees to counsel for Sadie Pierce Johnson, an insured person, under the provisions of § 38-9-320, Code of Laws of South Carolina (1976). That section provides, in relevant part, as follows: "(1). In the event of a claim, loss or damage which is covered by a policy of insurance on a contract of a nonprofit hospital service plan or a medical service corporation and the refusal of the insurer, plan or corporation to pay such claim within ninety days after a demand had been made by the holder of the policy or contract and a finding on suit of such contract made by the trial judge of a county court or court of common pleas that such refusal was without reasonable cause or in bad faith, the insurer, plan or corporation shall be liable to pay such holder, in addition to any sum or any amount otherwise recoverable, all reasonable attorneys fees for the prosecution of the case against the insurer, plan or corporation..." see BCDC policy/procedure: ADM-12.06, § 2.3.1 (a)(b)(c); "Employee Bonding and Liability Insurance" December 1, 2000 policy STATEMENT... As it relates to South Carolina Code of law Title Section § 15-78-190. Compensation of plaintiff pursuant to underinsured or uninsured defendant provisions of plaintiff's insurance policy. As it relates to South Carolina Code of law Title Section § 8-11-20. Oath and bonds of certain state employees;

blanket departmental bonds... As it relates to South Carolina
code of law Title Section § 8-3-220. Bonds of public
officers may be sued on... As it relates to South Carolina
Code of law Title Section § 11-5-20. Bond... As it relates
to South Carolina Code of law Title Section § 24-1-120.
Bonds of director and other personnel. Such bonds shall
be executed by a surety company authorized to do business
under the laws of this state, and the premium on any
such bond shall be paid by the state out of the support
and maintenance fund of the prison system.
see South Carolina Constitution Article XV, § 2. Claims
against State. Appearance Recognition with surety for
\$2,000,000 and \$150 hourly Attorney fees and court cost in this matter.

RELIEF

Plaintiff ask to be granted a New Trial hearing to
orally present and argue this foregoing brief.

SIGNED THIS 5th DAY OF NOVEMBER 2017.

RESPECTFULLY SUBMITTED

TYRONE ROBERTSON

Tyrone ROBERTSON # 191327

Lieber CONNECTIONS INSTITUTION

RHU/6MU 143B

136 Wilborn Avenue

Ridgeville, SC 29472

Counsel of Record Plaintiff

cc. Stephanie H. BURTON, Esq.

MANIFESTO

From me being food poisoned, along with ingestion of lead contaminated water, and overly exposure to harmful pesticides that consist of hazardous chemicals such as chloroacetylenophenone; and chlorobenzylmalonitrile that has left me with Helicobacter-pylori, diverticulitis disease, and with a condition of severe acid reflux that required me to take a number of different medication that has left me with chronic stomach and kidney disease problems that's well documented throughout my entire medical file records and blood lab work reports. However, I was advised by the Journal of Medical Medicine Association broadcasting radio network announcement November 22, 2017 via 293 FM station of Charleston, South Carolina that Nexicous, prilosec and other 'proton-pump-inhibitor' medications has been found to cause kidney disease and renal disease in patients treated with said medication that was found by the Food and Drug Administration. And I was advised to contact on call hot lines: 1-800-297-0121 and on 1-800-917-2080 because I may be entitled to a substantial monetary award of significant compensation in the recovery in product defect liability claim.

My name is Tyrone Roberson and my address is:
Lieber Connections Institution 136 Wilborn Avenue
Ridgeville, South Carolina 29472.

Can you please let me know will I be appointed a lawyer to represent me and to help protect my civil legal rights in this matter. Thank you! SIGNED THIS 23rd DAY OF November 2017.

AMERICAN CANCER SOCIETY
1599 Clifton Road NE
Atlanta, GA 30329-4251

RESPECTFULLY SUBMITTED
Tyrone E. Roberson

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
REQUEST TO STAFF MEMBER

Exhibits

TO: NAME:	TITLE:	DATE:
	Financial Accounting Branch	July 1, 2019
INMATE'S NAME:	SCDC #:	
Tyrone Robertson	191327 191327	
INSTITUTION:	LIVING QUARTERS:	
Lee	F-7 North 59A	

Can you please provide me with a complete and total figure of debt owed on Tyrone Robertson SCDC E.H. COOPER TRUST FUND ACCOUNT... Please provide me with said figures owed on account so that arrangements can be made with courts to pay off tax debt owed on E.H. COOPER TRUST ACCOUNT for Tyrone Robertson. THANK YOU!

RESPECTFULLY SUBMITTED
Tyrone Robertson

cc.

DISPOSITION BY STAFF MEMBER:

Your total Restitution owed is \$9434.95.
AS of 7/2/19 1:11 p.m.

RECEIVED

JUL 02 2019

LEE C BUSINESS OFFICE

DATE:	SIGNATURE:
7/2/19	R. Smith

**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
REQUEST TO STAFF MEMBER**

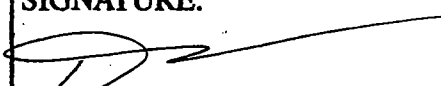
EXhibit

TO: NAME: <i>MR. Pratt, Nurse Practitioner sick call</i>	TITLE: <i></i>	DATE: <i>June 20, 2019</i>
INMATE'S NAME: <i>Tyrone Robertson</i>		SCDC #: <i>191327</i>
INSTITUTION: <i>Lee</i>		LIVING QUARTERS: <i>F-7 North 59A</i>

During Thursday - June, 20, 2019 I was seen by Doctor Phillips about my Medical condition and was advised that I was scheduled for X-Rays of Muscle Skelittle, and that pain Medication was being ordered; and that Triamcinolone Acetonide ointment USP, 0.1% Net Wt 80 grams was being ordered as well... I have yet to receive any of my Medicines! Can you please find out and help me get my Pain Medicine; and skin ointment to relieve Itchiness. Thank You! And when will labs be ordered for Me... March 2, 2018 a pile-ups surgically removed from Stomach Colon I still having complication with Blood in stool continue to experience drainage of bile and pus from a large open wound in my abdomen and suffered from general atrophy of the bones, joints and muscles. It very difficult to maintain nutrition with the amount of protein being lost through the fistula... I've always feeling weak with severe Hunger pains and terrible Headaches throughout the Days and night here on lock-up! I've lost a tremendous amount of Muscle Mass and Body weight... I ask to be placed on Double portion fiber and protein ~~and~~ weight gain diet by Medical and to be give ensure nutritional drinks for needed calcium and nutrition. Thank You! RESPECTFULLY, Tyrone Robertson

DISPOSITION BY STAFF MEMBER:
meds have been recorded

X-ray/Labs ordered

DATE: <i>JUL 02 2019</i>	SIGNATURE: 
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DEPARTMENT OF HEALTH & HUMAN SERVICES

EXHIBIT

Food and Drug Administration
Silver Spring, MD 20993

March 15, 2018

Tyrone Roberson
Lieber Corrections Institution
RHM/SMU 143B
136 Wilborn Avenue
Ridgeville, SC 29472

Dear Tyrone:

This is in response to your letter to the Food and Drug Administration (FDA) regarding your recent medical exam.

FDA is responsible for protecting the public health by assuring the safety, efficacy and security of human and veterinary drugs, biological products, medical devices, our nation's food supply, cosmetics, dietary supplements, and products that give off radiation. FDA is also responsible for regulating tobacco products, advancing the public health by helping to speed product innovation, and help the public get the accurate, science-based information they need to use medicines and foods to improve their health. FDA is also responsible for regulating the manufacturing, marketing and distribution of tobacco products to protect the public health and to reduce tobacco use by minors.

Unfortunately, FDA does not oversee Federal prisons or correctional facilities. You may wish to address your concerns with the South Carolina Department of Corrections. I have taken the liberty of forwarding your letter to them. However, if you would like to contact them directly their address is:

South Carolina Department of Corrections
PO Box 21787
Columbia, SC 29221

Sincerely,

FDA's Office of the Commissioner

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
INMATE GRIEVANCE FORM
STEP 1

Exhibit

INMATE NAME: TYRONE LAMAR ROBERSON
 SCDC NUMBER: 191327
 INSURRECTION: None
 HOUSING UNIT: SMU
 WORK ASSIGNMENT: MAR 7 2013

Office Use Only
 Grievance No. MC1022613
 Code: General FC I 5
 Policy _____
 Disc. Hear. _____
 Class. _____
 Date Received 3-11-13
 IGC Initials ZHH

STATE GRIEVANCE (include documentation, and date of incident; if SCDC Policy indicate which policy)

This grievance is to address a condition of confinement for unsanitary / living conditions gross-negligently caused by actions of a security staff member assigned to SMU A & B wings respectively. On A-1, A-2, and B-1, B-2 wings refusal to allow inmate workers to effectively and thoroughly come to SMU A-wing to sweep and mop after security guards serving of breakfast, lunch and dinner meals. Sanitation cannot be assured by SMU guards only. Guards refuse to sweep up trash and food particles and refuse to mop the entire rock area in front of inmates' cell doors after meals that gross-negligently creates a pest epidemic and bio-waste environmental hazard that violate SC fresh air and clean environment regulations. Due to the fact that SMU guards personnel stress the fact that they are not janitors or litter patrol or into cleaning up after SCDC prisoners period. And say their job description is security only and not janitorial services.

ACTION REQUESTED: *SMU A-wing has not been thoroughly mop or sweep in 3-weeks now that get the entire building smelling and looking dirty and foul. Grievant request that SMU lieutenant supervisors Thompson and Terry immediately assign inmate general population clean-up crew to properly keep prisoners on SMU living rock and cell area thoroughly sweep, mop and sanitized with Clorox solution.*

SPECIFY HOW AND WHEN INFORMAL RESOLUTION WAS ATTEMPTED BY GRIEVANT:

Grievant during Thursday MARCH 7, 2013 brought this matter to Sergeant Gibbons attention; and during Friday-MARCH 8, 2013 brought this matter to Sergeant Terry attention both supervisors informed to file a grievance if I have a problem with them not cleaning or not ordering their officers to sweep and mop the rock after serving each meals.

Tyrone L. Roberson 3-9-2013
 Grievant Signature Date

ACTION TAKEN BY IGC:

Reviewed grievance
 Spoke with Major Mursier & Lt. Terry
 See Wardens Decision

- I accept the action taken by the IGC and consider the matter closed.
- I do not accept the action taken and wish to appeal.

L. Holmes 3-28-13
 IGC Signature Date

N/A
 Grievant Signature Date

WARDEN'S DECISION AND REASON:

Your grievance has been reviewed. Lt. Terry stated that SMU is swept and mopped everyday. Your allegation has been addressed with Major Mursier. I consider this issue closed.


Warden Signature 3-22-13
Date

- I accept the Warden's decision and consider the matter closed.
- I do not accept the Warden's decision and wish to appeal.

Michelle K. Hill 3-28-2013
Grievant Signature Date

L. Holmes 3-28-13
IGC Signature Date

INSTRUCTIONS FOR COMPLETING STEP 1 GRIEVANCE FORM

1. An informal resolution shall be attempted prior to the filing of Step 1.
2. Complete each section in its entirety, writing only in the space provided for inmate use.
3. Only one (1) issue is to be addressed on each form.
4. Submit the completed form to the Institutional Grievance Coordinator within fifteen (15) days of an alleged incident; policy grievances at any time. Do not write in the space provided for the Warden's response.

If you are not satisfied with the Warden's decision, you may appeal to the appropriate responsible official within five (5) days of your receipt of the Warden's decision, via the Institutional Grievance Coordinator.

1000 1-1-13

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
INMATE GRIEVANCE FORM
STEP 2

EXHIBIT
Office Use Only

INMATE NAME: TYRONE LAMAR ROBERSON **RECEIVED**
SCDC NUMBER: 191327
INSTITUTION: MCCORMACK PERRY
HOUSING UNIT: SMU A-870E 48 DX22
WORK ASSIGNMENT: APR 02 2013

Grievance No. SCF-0216-13
Code: General IC 125
Policy _____
Disc. Hear. _____
Class. _____
Date Received 4-2-13
IGC Initials RHH

MW

INMATE'S REASON FOR APPEAL (state specific dissatisfaction): *Grievant reasons for not accepting the warden's decision regarding Lt. Terry allegation that SMU A-wing is swept and mopped every day is unsubstantiated and not true. Based on the fact that the hired assigned 3-SMU workers are strictly prohibited from coming on the wings period, and are given strict orders by SMU Supervisors to only sweep and mop the lobby where the SMU control both area and lieutenant and classification offices area where the officers and staff lounge at - and not to even worry about cleaning A or B wing where prisoners is housed at an SMU. By responsible officials on SMU gross negligence in not allowing any assigned SMU inmate work to clean, sweep and mop the A & B wing top and bottom tiers after serving of each meals by officers during breakfast, lunch and dinner is insubordination and deviating from clearly established ministerial duties as outlined in SCDC policy OP-22.12, § 10.1. And such conduct by responsible officials of SMU sadistic and maliciously violates Department of Health Environment and Disease Control Regulations for clean environment and fresh air. That makes officials liable in a civil Court of Law for unconstitutional living conditions.*

Tyrone L. Roberson 3-29-2013
Grievant Signature _____ Date _____

RESPONSIBLE OFFICIAL'S DECISION AND REASON:

I have reviewed your grievance. You state Security Staff Members assigned to the A-1, A-2, B1 and B2 cards refuse to allow inmate workers to come onto the SMU A-wing to sweep and mop after Security has served the breakfast, lunch and dinner meals. You allege that sanitation cannot be assured by Security. You further allege that Security refuses to sweep and mop. Lt. Terry stated that the Restricted Housing Unit (RHU) is swept and mopped every night. Verifiable evidence of the allegations you have raised against the RHU Correctional Officers cannot be substantiated. Agency records indicated you are currently assigned to Perry River Correctional Institution.

Therefore, your grievance is denied.

You may appeal this decision under the Administrative Procedures Act to the Administrative Law Court. In order to appeal, you must fill out the attached Notice of Appeal Form and submit it as instructed on the form within 30 days of receipt.

[Signature] 8/2/15
Signature _____ Date _____

The decision rendered by the responsible official exhausts the appeal process of the Inmate Grievance Procedure. I hereby acknowledge receipt of the official's response and understand this is the Agency's final response to this matter.

SEP 24 2015

Grievant Signature _____ Date _____ IGC Signature *[Signature]* Date SEP 24 2015

INSTRUCTIONS FOR COMPLETING STEP 2 GRIEVANCE FORM

1. Complete form in its entirety, writing only in the space provided for inmate use.
2. State your specific reason for further appeal. Do not submit any new issues for review.
3. Submit this completed form with your original Step 1 attached, to the Institutional Grievance Coordinator within five (5) days of your receipt of the Warden's decision. Do not write in the space provided for the responsible official.
4. The decision rendered by the responsible official exhausts the appeal process of the SCDC Inmate Grievance Procedure.

Exhibit

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
INMATE GRIEVANCE FORM
STEP 1

Due Date:
10/27/10

Exhibit

INMATE NAME: TYRONE LAMAR ROBERSON
SCDC NUMBER: 191327
INSTITUTION: LEE
HOUSING UNIT: 66A NORTH CELL - 9
WORK ASSIGNMENT: _____

SEP 20 2010
2

Office Use Only
Grievance No. LeeCI 2615-10
Code: General me
Policy _____
Disc. Hear. _____
Class. _____
Date Received 9/21/10
IGC Initials _____

STATE GRIEVANCE (include documentation, and date of incident; if SCDC Policy, indicate which policy) pursuant to

GA-01.12.07.1, pursuant to GA-01.12.08.1
seen by Judy Rabon September 13, 2010 for H-pylori stomach cancer, and was disappointingly
advised by Head Nurse Ms. McDonald and Nurse Ms. Rabon that SCDC do not approve or authorize
inmate program services Medical Department spending for Ms. McDonald or Nurse Ms. Judy Rabon
to make Medical Referrals of Grievant to an out-side Hospital doctor that specialize in
treating patients like Grievant with H-pylori stomach disease, and that the most that they
can do for Grievant here at Lee Correctional Institution inmate program services Medical
Department is to continue to prescribe generic antibiotic for Grievant condition; that
Grievant contends said medications does nothing but causes Grievant terrible cramps and
pain in the lower area of Grievant stomach. And afflicts Grievant with diarrhea and vomiting,
that causes Grievant to involuntarily loose excessive body weight, that afflicts Grievant
with severe tiredness.

ACTION REQUESTED: pursuant to S.C. Code Ann. §24-3-160. Lee C.I. inmate program services Medical Department
we Grievant a state created property interest entitlement to be afforded Medical treatment, referral to appropriate
health care provider that specialize in biological screening and examination of Grievant to treat Grievant for
stomach H-pylori disease and colon cancer condition, in accordance to S.C. Code Ann. §24-3-190. treatment,
food, management. As it relates to S.C. Const. Article XX, §2. Grievant ask to be provided immediate
medical Care Requirement. Pursuant to op-21.04.04.23.

SPECIFY HOW AND WHEN INFORMAL RESOLUTION WAS ATTEMPTED BY GRIEVANT:

during The Month of August 2010 Grievant wrote Associate Warden J. Brock
that over inmate program services Medical Department about this deliberate indifferent to my
serious medical needs by Nurse Ms. McDonald and Nurse Judy Rabon discrimination and unethical
conduct by refusing to make Hospital Referral of Grievant because they claim Lee C.I. inmate program
services Medical Department do not provide spending to properly treat Grievant H-pylori stomach
disease cancer, etc. & al.

Tyrone L. Roberson 9-19-10
Grievant Signature Date

cc.

ACTION TAKEN BY IGC:

Reviewed case, considered inmate's statement, contacted appropriate staff, and reviewed pertinent documentation. See Warden's response.

James 10/13/10
IGC Signature Date
[Signature]
Grievant Signature Date

I accept the action taken by the IGC and consider the matter closed.
 I do not accept the action taken and wish to appeal.

WARDEN'S DECISION AND REASON:

Inmate Roberson:

Your grievance has been reviewed, appropriate staff contacted, and pertinent documentation has been reviewed. Ms. McDonald was contacted and denies your allegation. She stated that she does not prescribe medical treatment. I am not in the medical field, therefore I rely on the medical staff here at Lee C.I. to provide adequate medical care. It appears that you have received the proper medical care and not as you allege. Please be advised that if you are unsatisfied with the level of care within SCDC, refer to Policy HS-18.15. Per SCDC Policy HS-18.15 "Levels of Care", "Inmates may elect to obtain outside medical, optometry, or dental care at their own expense, subject to the approval of the Agency. The inmate must have sufficient funds available to pay for the appointment requested, to include physician charges/fees, Correctional Officer escort, and all transportation costs. All other costs such as prescription medication, glasses, etc. will also be the financial responsibility of the inmate." You have not provided any proof/evidence to substantiate your allegation. Therefore based on this information, your grievance is denied.

If not satisfied with my response, you have the opportunity to appeal to the appropriate official. If you wish to do so, complete the Step 2 Grievance Form provided and submit it, along with your copy of the Step 1 Grievance Form, to the Inmate Grievance Coordinator within five (5) calendar days.

[Signature] 10/19/10
Warden Signature Date

- I accept the Warden's decision and consider the matter closed.
- I do not accept the Warden's decision and wish to appeal.

William E. Roberson 10-22-10
Grievant Signature Date

L. Johns 10/22/10
IGC Signature Date

INSTRUCTIONS FOR COMPLETING STEP 1 GRIEVANCE FORM

1. An informal resolution shall be attempted prior to the filing of Step 1.
2. Complete each section in its entirety, writing only in the space provided for inmate use.
3. Only one (1) issue is to be addressed on each form.
4. Submit the completed form to the Institutional Grievance Coordinator within fifteen (15) days of an alleged incident; policy grievances at any time. Do not write in the space provided for the Warden's response.
5. If you are not satisfied with the Warden's decision, you may appeal to the appropriate responsible official within five (5) days of your receipt of the Warden's decision, via the Institutional Grievance Coordinator.

EXHIBIT

EXHIBIT

CONTINUATION OF STEP 2 GRIEVANCE:

10th circuit has recently held that delay constitutes deliberate indifference where the plaintiff can show that delay caused substantial harm, this harm can include unnecessarily prolonged pain and suffering. Bealock V. Colorado, 218 F.3d 1205 (10th Cir. 2000); Estelle V. Gamble, is the fundamental Eighth Amendment medical treatment case, establishing that "deliberate indifference to the serious medical needs of prisoners" violates the Eighth Amendment and creates liability under § 1983. Estelle V. Gamble, 429 U.S. 97, 104-05 (1976). The court there set out 3 general types of prohibited conduct: (1) "indifference manifested by prison doctors in their response to the prisoner's needs; (2) or by prison guards intentionally denying or delaying access to medical care; (3) or intentionally interfering with the treatment once prescribed" see SCDC policy op-22.12, § 20; see SCDC policy op-21.04, § 4.13; see op-21.04, § 5.1.1; under the provision of S.C. Code Ann. § 24-3-160; under the provision of S.C. Code Ann. § 24-1-20; under the provision of S.C. Code Ann. § 24-1-30; under the provision of S.C. Code Ann. § 24-1-130. see op-21.04, § 50.1; under the provision of op-21.04, § 28.4; under the provision of op-21.04, § 13.4. SIGNED THIS 24TH DAY OF OCTOBER 2020.

cc.

RESPECTFULLY SUBMITTED
Julie S. Roberson
STEP 2 GRIEVANT

PAGE-2

EXhibit

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

INMATE GRIEVANCE FORM

STEP 2

Lee
10/22/10
EXhibit

Office Use Only

INMATE NAME: Tynee Roberson OCT 29 2010
SCDC NUMBER: 191327
INSTITUTION: Lee
HOUSING UNIT: Asu 9 OCT 25 2010
WORK ASSIGNMENT: _____

Grievance No. Lee CI 2615-10
Code: General me
Policy _____
Disc. Hear. _____
Class. _____
Date Received 10/26/10
IGC Initials [Signature]

INMATE'S REASON FOR APPEAL (state specific dissatisfaction): Grievant contends as to medical problem, when one is incarcerated, the state become responsible for the care of the inmate. This care includes medical treatment. The same test or level of care is expected for an inmate as a civilian. Malpractice is a departure from that standard of care. The state, through its employees, must act reasonably and provide attention and treatment. To ignore an injury or to give inadequate care can be grounds for a claim of legal action against the state pursuant to the South Carolina Tort Claims Act. The amount of delay that will rise to the level of constitutional violation typically depends on the urgency and magnitude of the need. The

CONTINUE NEXT PAGE →

Tynee S. Roberson 10-24-2010
Grievant Signature Date

RESPONSIBLE OFFICIAL'S DECISION AND REASON:

Sir, after review of your medical record your treatment has been appropriate. If you disagree you have te right to seek an outside elective and see a physician of your choosing. Grievance denied. Lee CI 2615-10

You may appeal this decision under the Administrative Procedures Act to the Administrative Law Court. In order to appeal, you must fill out the attached Notice of Appeal Form and submit it as instructed on the form within 30 days of receipt.

[Signature] 11/5/10
Signature Date

The decision rendered by the responsible official exhausts the appeal process of the Inmate Grievance Procedure. I hereby acknowledge receipt of the official's response and understand this is the Agency's final response to this matter.

Tynee Roberson 10-27-2010
Grievant Signature Date

R. Johns - 11/7/10
IGC Signature Date

(SEE REVERSE SIDE FOR INSTRUCTIONS)

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
INMATE GRIEVANCE FORM

OCT 11 2011

STEP 1

Exhibit

INMATE NAME: TYRONE LAMAR ROBERSON
 SDCD NUMBER: 191327
 INSTITUTION: MCCORMICK
 HOUSING UNIT: 6M4 48 A - 62DE
 WORK ASSIGNMENT: _____

Office Use Only
 Grievance No. McC 1115-11
 Code: General MEI HL
 Policy _____
 Disc. Hear. _____
 Class. _____
 Date Received 10-12-11
 IGC Initials LHR

STATE GRIEVANCE (include documentation, and date of incident; if SDCD Policy, indicate which policy) *I submitted a number of request forms to medical sick-call asking to be seen by Doctor MCKREE about making a timely medical referral of me to the appropriate professional medical health care providers to surgically remove Diverticulitis ulcers intestinal scarring and damage of the stomach lining tissues, that gross negligently expose me to waste leaks from the hole in my stomach lining tissues, that subjects me to contamination of my blood stream, and causes liver sclerobis, excessive weight loss, that also cause me to have terrible pain in lower left side of stomach area from developing pancreatic cancer that presently afflicts me with erectile malfunction disorder and renders me disable from maintaining an erection for the purpose of me pro-creating new life with my wife SHARON L. BROWN. Doctor MCKREE bias refusal to see me; and the doctor bias refusal to timely make appropriate medical referral of me to a professional health care provider for stomach and colon surgery is the proximate cause of my irreparable harm and injury from delay in medical treatment.*

ACTION REQUESTED: *That the McCormick Inmate Program Services Medical Department Administrators to reprimand Doctor MCKREE for discriminating against me and biasly denying me timely adequate medical care treatment because I am Black and presently being housed in 6M4. And order Doctor MCKREE and 6M4 security personnel staff members to stop using security concerns as a lame excuse to arbitrarily deny me medical care treatment, to justify their conduct to deprive me of a statutory duty of health care in violation of op-21.04, § 5.1.1; op-22.12, § 16; op-21.04, § 50.1; and op-21.04, § 13;*

SPECIFY HOW AND WHEN INFORMAL RESOLUTION WAS ATTEMPTED BY GRIEVANT:
I submitted SDCD form 19-11 to Head Nurse Ms. Andrews during June 21, 2011; and wrote Ms. Cunningham on SDCD form 19-11 during July 13, 2011; and during the months of August and September 2011 I wrote sick call complaining about my condition and asking to be seen by the Doctor Nurse Ms. Williams recommend me to be seen by Doctor MCKREE during sick-call September 2011; and unfortunately I have yet to be seen by the Doctor.

Tyrone L. Roberson 10-9-2011
 Grievant Signature Date

ACTION TAKEN BY IGC:
 Reviewed grievance
 Spoke with Nurse Andrews
 See Wardens Decision

I accept the action taken by the IGC and consider the matter closed.
 I do not accept the action taken and wish to appeal.

L. Holmes 12-29-11
 IGC Signature Date

 Grievant Signature Date

WARDEN'S DECISION AND REASON:

Your grievance has been reviewed. Nurse Andrews stated you do not have Diverticulitis. An x-ray was done and the results were normal. Dr. McRee stated you never said anything about ulcers or stomach problems to him. You can sign up for sick call if you need to be seen. Your grievance is denied.

[Signature] 12-5-11
Warden Signature Date

- I accept the Warden's decision and consider the matter closed.
- I do not accept the Warden's decision and wish to appeal.

[Signature] 12-29-11
Grievant Signature Date

[Signature] 12-29-11
IGC Signature Date

INSTRUCTIONS FOR COMPLETING STEP 1 GRIEVANCE FORM

1. An informal resolution shall be attempted prior to the filing of Step 1.
2. Complete each section in its entirety, writing only in the space provided for inmate use.
3. Only one (1) issue is to be addressed on each form.
4. Submit the completed form to the Institutional Grievance Coordinator within fifteen (15) days of an alleged incident; policy grievances at any time. Do not write in the space provided for the Warden's response.
5. If you are not satisfied with the Warden's decision, you may appeal to the appropriate responsible official within five (5) days of your receipt of the Warden's decision, via the Institutional Grievance Coordinator.

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

INMATE GRIEVANCE FORM

STEP 2

JAN 03 2012

Office Use Only

Grievance No. MC CI-1115-11

Code: General ME I HL

Policy _____

Disc. Hear. _____

Class. _____

Date Received 1-3-12

IGC Initials LHA

INMATE NAME: TYRONE LAMAR ROBERSON

SCDC NUMBER: 191327

INSTITUTION: MCCORMECK

HOUSING UNIT: EMU 48 A-62DE

WORK ASSIGNMENT: _____

INMATE GRIEVANCE

INMATE'S REASON FOR APPEAL (state specific dissatisfaction): *As to grievant problem, when one is incarcerated, the state becomes responsible for the care of the inmate. This care includes medical treatment. The same test on level of care is expected for an inmate as a civilian. Malpractice is departure from that standard of care. The state, through its employees, must act reasonably provide attention and treatment. To ignore an injury or to give inadequate care can be grounds for a claim or legal action against the state pursuant to the South Carolina Tort Claims Act. In closed with this step-2 grievance is a copy of Request Form with disposition by Medical Staff personnel Ms. Andrews identifying and diagnosing my Ulceric Stomach and Colon Condition from image care X-ray finding diverticulitis disease. Doctor MR. McREE has continue to ignore and be deliberately indifferent to my know serious medical needs by biasly refusing to refer grievant to appropriate Health Care provider to surgically remove diseased tissue lining with tumor like cancer, and Doctor MR. McREE deliberate indifferent by refusing to place Me on Kosher fish diet with fruits and vegetable to cure my physical and mental distress and anxiety's is the proximate cause of my injury. See South Carolina legislative institutional Statute § 24-3-160.*

Tyrone S. Roberson 12-31-11
 Grievant Signature Date

RESPONSIBLE OFFICIAL'S DECISION AND REASON:

Your medical record has been reviewed in light of your grievance. The care you have been afforded has been appropriate. There is no indication that you need referral to a gastroenterologist or surgeon. There is no indication that your being in lock-up has not made any difference in the medical care you have been afforded. Your grievance is denied. .McCI 1115-11

You may appeal this decision under the Administrative Procedures Act to the Administrative Law Court. In order to appeal, you must fill out the attached Notice of Appeal Form and submit it as instructed on the form within 30 days of receipt.

[Signature] 3-20-12
 Signature Date

The decision rendered by the responsible official exhausts the appeal process of the Inmate Grievance Procedure. I hereby acknowledge receipt of the official's response and understand this is the Agency's final response to this matter.

Tyrone S. Roberson 3-20-2012
 Grievant Signature Date

L. Holmes 3-20-12
 IGC Signature Date

(SEE REVERSE SIDE FOR INSTRUCTIONS)

Step-2 submitted
AUGUST 25, 2011

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
INMATE GRIEVANCE FORM
STEP 1

EXHIBIT

INMATE NAME: TYRONE LAMAR ROBERSON
SCDC NUMBER: 191327
INSTITUTION: MCCORMACK
HOUSING UNIT: BMU 48 A - 62DE
WORK ASSIGNMENT: _____

MUN 08 2011

Office Use Only
Grievance No. MCC-0611-10
Code: General FO/ES
Policy _____
Disc. Hear. _____
Class. _____
Date Received 6-14-11
IGC Initials LHH

STATE GRIEVANCE (include documentation, and date of incident; if SCDC Policy, indicate which policy)

Grievant contends state law regime of op-22.23, § 18.9 diet: inmates are provided three (3) meals per day. Which mandates both detailed procedural process for making security or custody classification decisions regarding inmates, and substantive criteria to be used in making those decisions, created a protected property and liberty interest by the United States Constitutional Fifth Amendment of S.C. Constitution Article I, § 12, by the application of prescribed substantive SCDC operational regulations criteria of op-22.23, § 18.9, and under the provision of op-22.23, § 40 MEALS: All inmates in statewide protective custody status will receive normal institutional meals (full regular diets) unless a physician/dentist prescribes otherwise. The preparation and serving of food will be closely supervised. Coffee will be allowed and will be served with breakfast meal only. Grievant contends these are state statutes creating and defining powers of South Carolina Department of Corrections (SCDC) operational regulation that are
CONTINUE NEXT PAGE →

ACTION REQUESTED: *That money shall be spent only for purpose or activity specified pursuant to S.C. Code Ann. 17-9-10, and suspension and prosecution of officers accused of crime for misappropriation of government spending in their own personal use pursuant to S.C. Const. Art. VI, § 8, as it relates to Department to prosecute violations relating to treatment of convicts pursuant to S.C. Code Ann. § 24-1-230. See Barton v. Barton, 450 F. Supp. at 1055, concerning the use of food as punishment.*

SPECIFY HOW AND WHEN INFORMAL RESOLUTION WAS ATTEMPTED BY GRIEVANT:

*April 24, 2011 I wrote Head Nurse Ms. ANDREWS about the Cafeteria not given me correct diet.
MAY 15, 2011 I wrote request form to Associate Warden, Parker over inmate program services about the Cafeteria supervisor's refusal to provide me with correct diet of BMU, and on MAY 31, 2011 I wrote Doctor MR. MEREK about the exact same situation and no action was taken to address this matter.*

Tyrone L. Roberson JUNE 5, 2011
Grievant Signature Date

ACTION TAKEN BY IGC:

Reviewed grievance and spoke with Ms. Moss, FSS
See Wardens Decision

I accept the action taken by the IGC and consider the matter closed.
 I do not accept the action taken and wish to appeal.

P. Holmes 8-5-11
IGC Signature Date

N/A
Grievant Signature Date


WARDEN'S DECISION AND REASON:

Your grievance has been reviewed. The diets served at the weekend meals are written by our registered dietitian and surpass the established recommended dietary allowances as published by the Food and Nutrition Board of the National Research Council at the National Academy of Sciences. All food is prepared according to a master menu which provides an average of 2750 calories per day. Portion sizes of starches and vegetables have been increased where necessary to accommodate the required daily calories. Diabetics are still provided three meals a day (and a bedtime snack) on the weekends. Ms. Moss, cafeteria, stated inmates are receiving the appropriate portions of food. The menu is subject to change without notice. I consider this issue closed.


Warden Signature 8-5-11
Date

- I accept the Warden's decision and consider the matter closed.
- I do not accept the Warden's decision and wish to appeal.


Grievant Signature 8-10-11
Date


IGC Signature 8-5-11
Date

INSTRUCTIONS FOR COMPLETING STEP 1 GRIEVANCE FORM

1. An informal resolution shall be attempted prior to the filing of Step 1.
2. Complete each section in its entirety, writing only in the space provided for inmate use.
3. Only one (1) issue is to be addressed on each form.
4. Submit the completed form to the Institutional Grievance Coordinator within fifteen (15) days of an alleged incident; policy grievances at any time. Do not write in the space provided for the Warden's response.
5. If you are not satisfied with the Warden's decision, you may appeal to the appropriate responsible official within five (5) days of your receipt of the Warden's decision, via the Institutional Grievance Coordinator.

CONTINUATION OF STEP 1 GRIEVANCE :

EXHIBIT

Not subject to discretionary review or rejection by WARDEN LEROY CARTLEDGE or Associate WARDEN MR. PARKER, etc. over inmate program services Cafeteria Food Service Department of The McCormick Correctional Institution of The South Carolina Department of Corrections... (1) Grievant had a protected property and liberty interest in receiving 3 - Hot Full meals a day, (2) on SATURDAY - JUNE 4, 2011, and on SUNDAY - JUNE 5, 2011 this interest was adversely affected by Cafeteria Supervisor's Ms. BELL, Ms. Mobb, Ms. Edmonds, Ms. FOXAW and MR. BURNIS action in serving Grievant Breakfast without coffee, etc. and dinner only (2 - inadequate meals), and (3) Grievant did not receive any Memorandum Notice from the Division of operation, etc., as to why lunch meals were taken June 4, 2011 and June 5, 2011 that did not afford Grievant adequate protections of due process guaranteed by Fourteenth Amendment. U.S.C.A. Const. Amend. 14, 42 U.S.C.A. § 1983; Grievant contends that South Carolina Law Code Ann. § 24-1-130, under the provision of South Carolina Constitution Article XX, § 1, as it relates to South Carolina Constitution Article XX, § 2, as it relates to South Carolina Constitution Article XX, § 9 does create a constitutionally protected property and liberty interest in regard to feeding an inmate of The South Carolina Department of Corrections as recognized by The United States Court of Appeals in BARNES V. GOVERNMENT OF VIRGIN ISLAND, 415 F. Supp. 1218, 1234 (D.V.I. 1976) (requiring "3 wholesome and nutritious meals per day"). "Food is one of the necessities of life protected by the 8th Amendment." as it relates to S.C. Constitution Article I, § 15, under the provision of S.C. Constitution Article I, § 5. Form of oath.

SIGNED THIS 5th DAY OF JUNE 2011.

RESPECTFULLY SUBMITTED

TYHONE LAMAR ROBERSON

TYHONE LAMAR ROBERSON # 191327

MCCORMICK CORRECTIONAL INSTITUTION

SMU 48 A - GENE

386 REDEMPTION WAY

MCCORMICK, SC 29899

RECORD OF GRIEVANT;

CC.

Exhibit
SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
REQUEST TO STAFF MEMBER

TO: NAME: MR. ANDREWS RPN HEAD NURSE	TITLE: MEDICAL - RECORDS	DATE: JUNE 21, 2011
INMATE'S NAME: TYRONE LAMAR ROBERSON		SCDC #: 191327
INSTITUTION: MCCORMICK		LIVING QUARTERS: BMU 48-A B2DE
<p><i>I am writing now because I need to review my medical records files due to the fact that I went to Image Care Medical Facility in Columbia, S.C. during Monday - JUNE 6, 2011 to be X-rayed and screened for colon and stomach ulcers or debilitating concerns of the body. However, during this physical examination and screening by the Image Care Doctor - He refused and never disclosed to me "When I ask him the medical determination and diagnostic finding of my stomach and colon condition" because my health condition is not improving any since my visit at Image Care and I don't know whether or not radiation treatment to irradiate cancer or surgery is necessary to remove infections or damage of the colon or stomach. I would greatly appreciate it, if I can sit down with the doctor and go over the JUNE 6, 2011 Image Care Medical report examination and screening of me because I still feel sick, and not satisfied with that level of care and treatment by image care JUNE 6, 2011. THANK YOU</i></p> <p style="text-align: right;"><i>RESPECTFULLY SUBMITTED</i> <u><i>TYRONE L. ROBERSON</i></u></p> <p><i>cc.</i></p>		
<p>DISPOSITION BY STAFF MEMBER: <i>Xray shows scattered diverticuli otherwise normal Be noted no ordered lab by you may review your chart - per by sending a request to staff to Ms Cunningham</i></p>		
DATE: 6-21-11	SIGNATURE: Andrews	

Eating guidelines for diverticulosis, diverticular disease, & diverticulitis

Diverticula are small pouches or bulges that form in the wall of your large bowel (your colon or large intestine).

Diverticula don't always cause symptoms or problems. If you have them without any symptoms, it's called

diverticulosis. It's a common condition among older people, affecting around 80% of people over 80.

If you have diverticulosis with symptoms like cramps or bloating with diarrhoea or constipation, it's called diverticular disease.

Diverticulitis is when the diverticulum become inflamed or infected. This can cause symptoms such as lower tummy (abdominal) pain or bloating.

Diverticulosis and diverticular disease

Most people with diverticulosis and diverticular disease should follow a high-fibre diet. This can help to keep your poo soft and easy to pass and reduce the pressure in your large bowel. It can also help to ease symptoms you may already have, such as bloating, constipation, diarrhoea (the runs), and pain.

High-fibre foods include vegetables, fruit, nuts, seeds, legumes (cooked dried beans, split peas and lentils), brown rice, wholegrain breads and cereals.

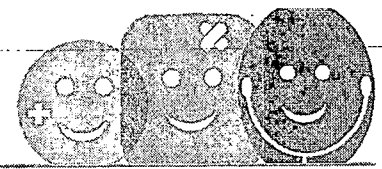
If your diet is low in fibre, it's important that you gradually add more fibre over the course of a few weeks. This will help to prevent side effects, such as bloating and wind (flatulence), that sometimes happen with a high-fibre diet.

Fibre and fluid for healthy bowels on www.healthinfo.org.nz explains more about eating a high-fibre diet.

Are there foods I should avoid to prevent diverticulitis attacks?

In the past, people with diverticula were told to avoid nuts, seeds, popcorn and foods with small seeds, such as tomatoes, cucumbers and strawberries. We thought these foods could get stuck in diverticula and cause diverticulitis (inflammation). But there's no proof that these foods cause diverticulitis. In fact, eating a high-fibre diet - which may include nuts and seeds - might make it less likely that you get diverticulitis.





Do I need to take a fibre supplement?

If you don't get better with a high-fibre diet, your doctor may suggest you take a fibre supplement (also called bulk-forming laxatives or bulking agents) such as Konsyl-D or Metamucil. You can get fibre supplements on prescription or buy them at the pharmacy. You can also get Metamucil at some supermarkets. It usually takes two to three days for bulk-forming laxatives to have any effect, so make sure you take them according to the manufacturer's directions, or as your GP or pharmacist tells you.

What about fluids?

High-fibre foods and fibre supplements soak up fluid, so it's important to drink at least eight cups of fluid each day. Make sure you have some water, but milk, cordial, fruit juice, hot drinks, soup, jelly, custard and ice blocks all count as fluids.

Go easy on fruit juice, cordial, and fizzy drinks as they're all high in sugar.

Are you drinking enough? on www.healthinfo.org.nz explains more about making sure you get enough fluid.

Eating guidelines for diverticulitis

If you have a flare-up of diverticulitis you may be told to follow a low-fibre diet to help your digestive tract rest and heal. If your symptoms are severe you may need to take medicine and stay in the hospital for a while.

You might need a clear liquid diet for a short period to give your bowel a rest. Suitable fluids include apple juice, Lucozade, lemonade, clear soups (for example, chicken stock in hot water), black tea and coffee. Once your symptoms improve, you can slowly start to eat a low-fibre diet and in time return to a normal high-fibre diet.

Written by HealthInfo clinical advisers. Endorsed by Healthy Eating Healthy Ageing Project dietitian, Canterbury-DHB. Last reviewed January 2019. Last updated February 2019.

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
Division of Medical and Professional Health Services

Physician's Transfer Note or Consultation

EXHIBIT

Consultation To: <i>AMB</i>		Appointment Date:	
Transfer From: <i>PHM</i>			
Reason For Consultation With Pertinent History: <i>oval testicular pain</i> <i>ongoing problem for several years per I/M</i> <i>"pulling" sensation to scrotum</i> <i>H= epididymitis & tx</i> <i>U/S scrotum 3/16 = epididymal head cyst</i> <i>? (R) epididymis = infection or inflammation</i> <i>bil hydroceles</i>			
Diagnoses: <i>Send U/S report</i> <i>3/16</i>			
MEDICATIONS, Pertinent Diagnostic Findings: <i>Miralax</i>			
ALLERGIES/REACTIONS: <i>Ø</i>			
Date of Request: <i>8/24/16</i>	Referring Physician: <i>[Signature]</i>	Approved: <input checked="" type="checkbox"/>	Signature: <i>[Signature]</i> <i>8/23/16</i>
SS#: <i>191327</i>	Date of Birth: <i>7/21/92</i>	Parole Date: <i>99-99-99</i>	Max Out Date: <i>99-99-99</i>

SCDC # 191327 NAME Roberson Tyrone INST. Perry

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

Division of Medical and Professional Health Services

Physician's Transfer Note or Consultation

EXHIBIT

Consultation To: <u>Optometry</u>	Appointment Date:
Transfer From: <u>MCCI</u>	
Reason For Consultation With Pertinent History:	
OD: 20/200, OS: 20/200, OU: 20/200 Pinhole test: OD: 20/100, OS: 20/100 OS: 20/100	
Lab Work to be Done At SCDC Laboratory	
Diagnoses: <u>① near sighted</u>	
IT IS IMPERATIVE THAT LAB TESTS ORDERED BY YOUR OFFICE BE PERFORMED THROUGH THE S.C. DEPARTMENT OF CORRECTIONS LABORATORY, RESULTS WILL BE FORWARDED TO YOU.	
MEDICATIONS, Pertinent Diagnostic Findings:	
<u>Docusate 50mg with Senna 8.6mg</u> <u>Simethicone</u>	
ALLERGIES/REACTIONS:	
<u>V. + C</u>	
Date of Request: <u>09/12/14</u>	Referring Physician: <u>[Signature]</u>
SS#: <u>XXX-X1-3071</u>	Parole Date: <u>01/09/22</u> Max Out Date: <u>99/99/99</u>
Date of Birth: <u>07/21/72</u>	Signature: <u>[Signature]</u> <u>9/15/14</u>

SCDC # 191327 NAME Roberson, Tyrone INST. MCCI

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
Division of Medical and Professional Health Services

Physician's Transfer Note or Consultation

Exhibit

Consultation To: <i>And Radulcey</i>		Appointment Date:	
Transfer From: <i>Kerry</i>			
Reason For Consultation With Pertinent History: <i>scrotal uls</i>			
<i>ongoing testicular pain f abx treatment. Testicular exam WNL, UA WNL.</i>			
<i>ongoing pain x 2 months</i>			
Diagnoses:			
MEDICATIONS, Pertinent Diagnostic Findings:			
ALLERGIES/REACTIONS:			
Date of Request: <i>1/25/16</i>	Referring Physician: <i>[Signature]</i>	Approved: <input checked="" type="checkbox"/>	Signature: <i>[Signature]</i>
SS#: <i>7/21/72</i>	Date of Birth: <i>7/21/72</i>	Parole Date: <i>99.99.99</i>	Max Out Date: <i>99.99.99</i>

SCDC # 191327 NAME Roberson, Tyrone INST. Kerry

854-243-4100

PHYSICIAN

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

Division of Medical and Professional Health Services

Physician's Transfer Note or Consultation

EXHIBIT

Consultation To: <i>Berkeley Endoscopy</i>		Appointment Date:
Transfer From: <i>Relay</i>		
Reason For Consultation With Pertinent History: <i>Colonoscopy</i>		
<i>order by GI for rectal bleeding & other recommendation</i>		
Diagnoses:		
MEDICATIONS, Pertinent Diagnostic Findings:		
<i>Miralax</i>		
ALLERGIES/REACTIONS: <i>MKDA</i>		
Date of Request: <i>7/7/16</i>	Referring Physician: <i>[Signature]</i>	Approved/Disapproved: <input checked="" type="checkbox"/> Approved
SS#: <i>[Blank]</i>	Date of Birth: <i>7/2/72</i>	Signature: <i>[Signature]</i> Parole Date: <i>99.99.99</i> Max Out Date: <i>99.99.99</i>

SCDC # *191327* NAME *Roberson, Tyrone* INST. *Relay*

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
 Division of Health Services
 PHYSICIAN'S TRANSFER NOTE OR CONSULTATION

Exhibit

NOTE TO THE CONSULTANT:

IF YOUR CLINIC CANNOT PROVIDE THE SERVICE REQUESTED, PLEASE DO NOT REFER. ALL RECOMMENDATIONS & FOLLOW-UPS MUST BE APPROVED BY SCDC PHYSICIANS. LABORATORY TESTS ORDERED BY YOUR OFFICE MUST BE DONE THROUGH SCDC LABORATORY SERVICES. RESULTS WILL BE FORWARDED TO YOU. SCDC WILL NOT BE RESPONSIBLE FOR FEES INCURRED FOR UNAUTHORIZED SERVICES.

THIS SECTION TO BE COMPLETED BY THE CONSULTANT

Diagnostic Impression and Recommendations:

7-5-16 KCL GI Clinic - Dr. Chockalingam
 re: Blood st. (AMI) - ⊖
 up Pef. (PSP) - ⊖
 (AMI): Coplan (PSP): ⊖ (Resp): ⊖
 (AMI): Blood st. Blood st. Dalc ⊕ 1 Bm/day
 Sh ⊕ Sh head ⊕ allow ⊕
 at fleckets.
 (AM): Alert to them
 DE Aug 3 Sunday AM OK B&P
 and aft. non heler.
 Sup ⊕ Blood st.
 ⊕ Coplan.
 (AM) * Colon on July 29 @ 12pm

Cl

* Sent For Approval Once
 Approved Call 953-1100 To Confirm
 Date & Time done @ Berkeley Embassy

Indicate here if dictated report will follow: Yes Black No

Inmate Name Roberson, Tyime SCDC # 191327

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

Division of Medical and Professional Health Services

Physician's Transfer Note or Consultation

EXHIBIT

Consultation To: <i>ga</i>		Appointment Date:	
Transfer From: <i>Polley</i>		7/5/16	
Reason For Consultation With Pertinent History: <i>eval</i>			
<p><i>Chronic intermittent blood in stool & pain to abd since 2011. BE completed 2011 c diverticuli noted</i></p>			
Diagnoses:			
<p>MEDICATIONS, Pertinent Diagnostic Findings:</p> <p><i>prilosee miralax myelicon</i></p>			
ALLERGIES/REACTIONS:			
Date of Request: <i>3/18/16</i>	Referring Physician: <i>[Signature]</i>	Approved: Disapproved:	Signature:
SS#: Date of Birth: <i>7/21/72</i>	Parole Date: Max Out Date: <i>99.99.99</i>		

SCDC # 191327 NAME Roberson, Tyrone INST. Polley

KCI LABORATORY
 4344 BROAD RIVER ROAD
 COLUMBIA, SC 29210
 DIRECTOR - MELANIE M. DAVIS MTASCP
 FINAL SAMPLE REPORT

EXHIBIT

Page: 1

Patient ID: 191327
 Patient Name: ROBERSON, TYRONE
 DOB: 07/21/1972 Sex: M
 Comments:

Reported: 02/23/13 02:00
 Doctor: JOHN MCREE
 Location: MCCORMICK

Lab No: 13052082 Drawn: 02/21/13 07:25 Tech: NUR Rec'd: 02/21/13 11:53 Tech: AJ
 Comments: FASTING
 Comments: ENC#328

PROCEDURE	NORMAL	ABNORMAL	UNITS	REFERENCE RANGE
HIV1/0/2/ABS, QUAL (1)		Non Reactive		Non Reactive
HIV 1/0/2 Abs Index Value (1)		<1.00		
Index Value: Specimen reactivity relative to the negative cutoff.				

*** HEMATOLOGY ***

WBC	5.8		x10 ³ /uL	3.3 - 10.5
RBC	4.64		x10 ⁶ /uL	4.35 - 5.90
HGB		13.2 L	g/dL	13.7 - 16.7
HCT	40.8		%	40.5 - 49.7
MCV	87.9		fL	79.7 - 97.0
MCH	28.5		pg	26.1 - 33.3
MCHC	32.4		g/dL	32.2 - 35.0
RDW	14.0		%	11.0 - 14.6
PLT	188		x10 ³ /uL	130 - 400
MPV	9.8		fL	6.8 - 10.6

*** HEPATIC PROFILE ***

TOTAL PROTEIN	7.3		g/dL	6.4 - 8.2
ALBUMIN	4.3		g/dL	3.2 - 5.5
A/G RATIO	1.4		CALC	
GLOBULIN	3.0		g/dL	
ALK. PHOS.		28 L	IU/L	42 - 121
ALT (SGPT)	12		IU/L	10 - 60
AST (SGOT)	13		IU/L	10 - 42
TOTAL BILIRUBIN	0.70		mg/dL	0.20 - 1.40

*** LIPID PROFILE ***

CHOLESTEROL	198		mg/dL	0 - 199
TRIGLYCERIDES	46		mg/dL	0 - 199
HDL	54		mg/dL	35 - 135
LDL (CALCULATED)		135 H	CALC	0 - 129
HDL RISK FACTOR	3.7		CALC	

*** GENERAL CHEMISTRIES ***

VLDL	9		mg/dL	5 - 40
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1: LabCorp Burlington, 1447 York Court, Burlington, NC 27215-2230

*Baker
2-25-13*

IMAGECARE, LLC
710 RABON ROAD
COLUMBIA, SC 29203
803-462-3680

EXHIBIT

Name: Roberson, Tyrone 191327
Patient ID: 132835
DOB: 07/21/1972
Acc#: 727073
Patient Phone #:

Exam Date: 11/19/2013
Exam: L-Spine (AP and LAT)
Reason:
Referrer: McCormick CI, SCDC

DATE EXAM PERFORMED: 11/19/2013

EXAM PERFORMED AT: SCDC

PROCEDURE: LUMBAR SPINE

CLINICAL HISTORY: Severe lower back pain.

TECHNIQUE: AP and lateral views of the lumbar spine are obtained.

COMPARISON: No prior comparison studies are currently available.

FINDINGS:

There is normal anatomic variant of atypical short ribs at the L1 level, with normal ribs at the L2 through L5 levels. There is normal alignment of the lumbar spine with normal height of the vertebral bodies and of the intervertebral disc spaces. There is no spondylolysis, or spondylolisthesis. Paraspinal soft tissues are unremarkable. Phleboliths are present within the pelvis.

IMPRESSION:

NORMAL ANATOMIC VARIANT OF ATYPICAL SHORT RIBS AT L1 AND OTHERWISE NORMAL AP AND LATERAL LUMBAR SPINE.

Timothy P. Close, M.D.
Electronic Signature
Date Finalized: 11/20/2013

DT:11/20/2013

AWK
11-21-13

IMAGECARE, LLC
710 RABON ROAD
COLUMBIA, SC 29203
803-462-3680

EXHIBIT

Name: Roberson, Tyrone 191327
Patient ID: 132835
DOB: 07/21/1972
Acc#: 727074
Patient Phone #:

Exam Date: 11/19/2013
Exam: T-Spine 3 view
Reason:
Referrer: McCormick CI, SCDC

DATE EXAM PERFORMED: 11/19/2013

EXAM PERFORMED AT SCDC

PROCEDURE: THORACIC SPINE, AP AND LATERAL VIEWS

CLINICAL HISTORY: AP and lateral views of the thoracic spine are obtained, including swimmer's lateral view at the cervicothoracic junction.

FINDINGS:

There is mild dorsal spondylosis with small anterior osteophytes in the mid dorsal spine without fracture or subluxation. There are no sclerotic or destructive lesions. Paraspinal soft tissues appear within normal limits. There is very slight scoliosis convex right, centered at about the level of T2.

IMPRESSION:

MILD DORSAL SPONDYLOSIS AND MILD DEXTROSCOLIOSIS WITH OTHERWISE UNREMARKABLE AP AND LATERAL THORACIC SPINE.

Timothy P. Close, M.D.
Electronic Signature
Date Finalized: 11/20/2013

DT:11/20/2013

Brace
11-21-13



KCI LABORATORY

4344 BROAD RIVER ROAD
COLUMBIA, SC 29210
803-896-2050

Final Report

Exhibit

01/24/2018 06:41

MRN : 191327	Location: LIEBER	Accession 72816
Patient: ROBERSON, TYRONE	Sex: M	DOB (Age): 07/21/1972 (45)
Patient cmnt:		
Order Date: 01/23/2018 11:48 EST	Draw 01/23/2018 06:15 EST	Received 01/23/2018 11:48 EST
Verify Date: 01/24/2018 06:36 CST	Ord Dr.: HOLCOMB, ELIZABETH, NP	Att Dr.:
Consult Dr.:	Visit Id: V62393	Room:
Comment: FASTING/NON-FASTING NOT STATED ENC 613		

Procedure	Normal	Abnormal	Flags	Units	Ref. Range	Tech
--- Department: CHEMISTRY ---						
COMP METABOLIC PROFILE (1)						
SODIUM	141			mmol/L	135-145	DAE
POTASSIUM	3.9			mmol/L	3.6-5.0	DAE
CHLORIDE	102			mmol/L	101-111	DAE
CARBON DIOXIDE		33	H	mmol/L	21-31	DAE
ANION GAP	9.9					DAE
GLUCOSE	87			mg/dL	70-110	DAE
BUN	15			mg/dL	7-18	DAE
CREATININE	0.95			mg/dL	0.61-1.24	DAE
URIC ACID	4.9			mg/dL	2.6-7.2	DAE
CALCIUM	9.6			mg/dL	8.4-10.8	DAE
PHOSPHORUS	3.9			mg/dL	2.5-4.6	DAE
TOTAL PROTEIN	7.1			g/dL	6.4-8.2	DAE
ALBUMIN	4.4			g/dL	3.2-5.5	DAE
GLOBULIN	2.7			g/dL		DAE
A/G RATIO	1.6			CALC		DAE
ALK. PHOSPHATASE		32	L	IU/L	42-121	DAE
AST (SGOT)	20			IU/L	10-42	DAE
LDH	140			IU/L	91-180	DAE
TOTAL BILIRUBIN	1.40			mg/dL	0.40-1.40	DAE
CHOLESTEROL	189			mg/dL	5-199	DAE
TRIGLYCERIDES	55			mg/dL	0-199	DAE
OSMOLALITY	373.3			CALC		DAE
GFR NON-AFRICAN AMERICAN	>60			ml/min/1.73m ²	>=60	DAE
GFR AFRICAN AMERICAN	>60			ml/min/1.73m ²	>=60	DAE

*1-24-18
Cmiller
①*

--- Department: HEMATOLOGY ---						
COMPLETE BLOOD COUNT (1)						
WBC	5.2			x10 ³ /UL	3.3-10.5	CGS
RBC	4.50			x10 ⁶ /UL	4.35-5.90	CGS
HGB		13.5	L	g/dL	13.7-16.7	CGS
HCT		39.8	L	%	40.5-49.7	CGS
MCV	88.3			fL	79.7-97.0	CGS
MCH	29.9			PG	26.1-33.3	CGS
MCHC	33.9			g/dL	32.2-35.0	CGS



KCI LABORATORY

4344 BROAD RIVER ROAD
 COLUMBIA, SC 29210
 803-896-2050

Exhibit

Final Report

01/24/2018 06:41

MRN : 191327	Location: LIEBER	Accession 72816
Patient: ROBERSON, TYRONE	Sex: M	DOB (Age): 07/21/1972 (45)
Patient cmnt:		
Order Date: 01/23/2018 11:48 EST	Draw 01/23/2018 06:15 EST	Received 01/23/2018 11:48 EST
Verify Date: 01/24/2018 06:36 CST	Ord Dr.: HOLCOMB, ELIZABETH, NP	Att Dr.:
Consult Dr.:	Visit Id: V62393	Room:
Comment: FASTING/NON-FASTING NOT STATED ENC 613		

Procedure	Normal	Abnormal	Flags	Units	Ref. Range	Tech
		--- Department: HEMATOLOGY ---				
RDW	13.8			%	11.0-14.6	CGS
PLT	219			x10 ³ /UL	130-400	CGS
MPV	9.5			FL	6.8-10.6	CGS
		--- Department: REFERENCE LAB ---				
TSH (2)						
TSH	0.829			uIU/mL	0.450-4.500	

1. KCI LABORATORY, 4344 BROAD RIVER ROAD, COLUMBIA, SC, 29210. Ph: 803-896-2050.
2. LabCorp Burlington, 1447 York Court, Burlington, NC, 272153361. Ph: 8007624344. Director: MD William F Hancock, MD.

KCI LABORATORY

4344 BROAD RIVER ROAD
COLUMBIA, SC 29210
803-892-2050

EXHIBIT

Final Report

02/02/2017 10:00

MRN : 191327	Location: LIEBER	Accession 39128
Patient: ROBERSON, TYRONE	Sex: M	DOB (Age): 07/21/1972 (44)
Patient cmnt:		
Order Date: 02/01/2017 11:46 EST	Draw 02/01/2017 03:05 EST	Received 02/01/2017 11:46 EST
Verify Date: 02/02/2017 06:35 CST	Ord Dr.: HOLCOMB, ELIZABETH, NP	Att Dr.:
Consult Dr.:	Visit Id: V28696	Room:
Comment:		

Procedure	Normal	Abnormal	Flags	Units	Ref. Range	Tech
--- Department: CHEMISTRY ---						
BASIC METABOLIC PROFILE (1)						
SODIUM	138			mmol/L	135-145	KJ
POTASSIUM	3.6			mmol/L	3.6-5.0	KJ
CHLORIDE	102			mmol/L	101-111	KJ
CARBON DIOXIDE	27			mmol/L	21-31	KJ
ANION GAP	12.6					KJ
GLUCOSE	99			mg/dL	70-110	KJ
BUN	16			mg/dL	7-18	KJ
CREATININE	0.94			mg/dL	0.61-1.24	KJ
CALCIUM	10.1			mg/dL	8.4-10.8	KJ
OSMOLALITY	380.7			CALC		KJ
GFR NON-AFRICAN AMERICAN	>60			ml/min/1.73m ²	>=60	KJ
GFR AFRICAN AMERICAN	>60			ml/min/1.73m ²	>=60	KJ
HEPATIC PROFILE (1)						
TOTAL PROTEIN	7.3			g/dL	6.4-8.2	KJ
ALBUMIN	4.7			g/dL	3.2-5.5	KJ
GLOBULIN	2.6			g/dL		KJ
A/G RATIO	1.8			CALC		KJ
ALK. PHOSPHATASE		33	L	IU/L	42-121	KJ
ALT (SGPT)	19			IU/L	10-60	KJ
AST (SGOT)	24			IU/L	10-42	KJ
TOTAL BILIRUBIN	1.10			mg/dL	0.40-1.40	KJ
--- Department: HEMATOLOGY ---						
COMPLETE BLOOD COUNT (1)						
WBC	5.9			x10 ³ /UL	3.3-10.5	CGS
RBC	4.52			x10 ⁶ /UL	4.35-5.90	CGS
HGB		13.0	L	g/dL	13.7-16.7	CGS
HCT		39.1	L	%	40.5-49.7	CGS
MCV	86.6			fL	79.7-97.0	CGS
MCH	28.8			PG	26.1-33.3	CGS
MCHC	33.3			g/dL	32.2-35.0	CGS
RDW	14.1			%	11.0-14.6	CGS
PLT	207			x10 ³ /UL	130-400	CGS
MPV	9.4			FL	6.8-10.6	CGS

*2-2-17
mt#sue
(w)*

KCI LABORATORY

4344 BROAD RIVER ROAD
COLUMBIA, SC 29210
803-892-2050

Exhibit

Final Report

02/02/2017 10:00

MRN : 191327	Location: LIEBER	Accession 39128
Patient: ROBERSON, TYRONE	Sex: M	DOB (Age): 07/21/1972 (44)
Patient cmnt:		
Order Date: 02/01/2017 11:46 EST	Draw 02/01/2017 03:05 EST	Received 02/01/2017 11:46 EST
Verify Date: 02/02/2017 06:35 CST	Ord Dr.: HOLCOMB, ELIZABETH, NP	Att Dr.:
Consult Dr.:	Visit Id: V28696	Room:
Comment:		

Procedure	Normal	Abnormal	Flags	Units	Ref. Range	Tech
			--- Department: HEMATOLOGY ---			
			--- Department: REFERENCE LAB ---			
4TH GENERATION HIV (2)						
HIV SCREEN 4TH GENERATION wRFX	Non Reactive				Non Reactive	
HEPATITIS C (2)						
Hep C Virus Ab	<0.1			s/co ratio	0.0-0.9	
	Negative: < 0.8					
	Indeterminate: 0.8 - 0.9					
	Positive: > 0.9					

The CDC recommends that a positive HCV antibody result be followed up with a HCV Nucleic Acid Amplification test (550713).

1. KCI LABORATORY, 4344 BROAD RIVER ROAD, COLUMBIA, SC, 29210. Ph: 803-892-2050.
2. LabCorp Burlington, 1447 York Court, Burlington, NC, 272153361. Ph: 8007624344. Director: MD William F Hancock, MD.

KCI LABORATORY

4344 BROAD RIVER ROAD
COLUMBIA, SC 29210
803-896-2050

Final Report

Exhibit

02/28/2018 10:41

MRN : 191327	Location: LIEBER	Accession 77053
Patient: ROBERSON, TYRONE	Sex: M	DOB (Age): 07/21/1972 (45)
Patient cmnt:		
Order Date: 02/28/2018 08:41 EST	Draw 02/26/2018 14:00 EST	Received 02/28/2018 08:39 EST
Verify Date: 02/28/2018 10:38 EST	Ord Dr.: HOLCOMB, ELIZABETH, NP	Att Dr.:
Consult Dr.:	Visit Id: V66630	Room:
Comment: NON-FASTING ENC 623		

Procedure	Normal	Abnormal	Flags	Units	Ref. Range	Tech
--- Department: CHEMISTRY ---						
BASIC METABOLIC PROFILE (1)						
SODIUM	139			mmol/L	135-145	KJ
POTASSIUM	4.0			mmol/L	3.6-5.0	KJ
CHLORIDE	102			mmol/L	101-111	KJ
CARBON DIOXIDE	31			mmol/L	21-31	KJ
ANION GAP	10.0					KJ
GLUCOSE	104			mg/dL	70-110	KJ
BUN	12			mg/dL	7-18	KJ
CREATININE	0.82			mg/dL	0.61-1.24	KJ
CALCIUM	9.8			mg/dL	8.4-10.8	KJ
OSMOLALITY	383.5			CALC		KJ
GFR NON-AFRICAN AMERICAN	>60			ml/min/1.73m ²	>=60	KJ
GFR AFRICAN AMERICAN	>60			ml/min/1.73m ²	>=60	KJ
--- Department: HEMATOLOGY ---						
COMPLETE BLOOD COUNT (1)						
WBC	4.1			x10 ³ /UL	3.3-10.5	CGS
RBC	4.52			x10 ⁶ /UL	4.35-5.90	CGS
HGB	13.8			g/dL	13.7-16.7	CGS
HCT		40.1	L	%	40.5-49.7	CGS
MCV	88.9			fL	79.7-97.0	CGS
MCH	30.5			PG	26.1-33.3	CGS
MCHC	34.3			g/dL	32.2-35.0	CGS
RDW	14.3			%	11.0-14.6	CGS
PLT	195			x10 ³ /UL	130-400	CGS
MPV	9.8			FL	6.8-10.6	CGS

1. KCI LABORATORY, 4344 BROAD RIVER ROAD, COLUMBIA, SC, 29210. Ph: 803-896-2050.

*2/28/18
Austell
(10)*



SOUTH CAROLINA DIAGNOSTIC IMAGING

Tri-County Radiology North Charleston
2851 Tricom Boulevard North Charleston, SC 29406
p: (843) 529-0600 f: (843) 824-1246

Exhibits

191327

PATIENT: ROBERSON, TYRONE
DOB: 07/21/1972
MRN: 1125313
PHONE: 864-243-4712 (Home)
PHYSICIAN: ELIZABETH A HOLCOMB, NP
EXAM DATE: 02/10/2017

EXAM: US-Pelvic (nonobstetric), limited or follow-up

REASON FOR EXAM: TESTICULAR PAIN; PULLING SENSATION WHEN SITTING

TECHNIQUE: Multiple transverse and longitudinal sonographic images of the urinary bladder and prostate gland obtained with grayscale and color Doppler imaging.

COMPARISON: None.

FINDINGS: The prostate is mildly enlarged measuring 5.3 x 4.1 x 5.1 cm. The urinary bladder is only partially seen and only partially distended. The visualized portion of the bladder appears unremarkable. The appendix is not seen.

IMPRESSION: Mild prostatomegaly noted.

Donald E Olofsson, DO

DEO/kj

DD: 02/11/2017 07:30 P

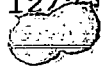
DT: 02/11/2017 08:58 P

Accession#: 08-2534259 VS#: 121182108 CS#: 2208197

cc:

Electronically Signed and Reviewed by Donald E Olofsson, DO 02/12/2017 12:25 P

*2-13-17
amt # 572
(6)*



EXHIBIT



SOUTH CAROLINA DIAGNOSTIC IMAGING

Tri-County Radiology North Charleston
2851 Tricom Boulevard North Charleston, SC 29406
p: (843) 529-0600 f: (843) 824-1246

PATIENT: ROBERSON, TYRONE
DOB: 07/21/1972
MRN: 1125313
PHONE: 864-243-4712 (Home)
PHYSICIAN: ELIZABETH A HOLCOMB, NP
EXAM DATE: 02/10/2017

EXAM: US-Scrotum

REASON FOR EXAM: TESTICULAR PAIN ; PULLING SENSATION WHEN SITTING

TECHNIQUE: Multiple transverse and longitudinal sonographic images of the scrotum obtained with grayscale and color Doppler imaging.

COMPARISON: None.

FINDINGS: The right testicle measures 4.7 x 2.1 x 3.6 cm. Small right-sided varicocele noted. Normal echogenicity. The right epididymis measures 1.3 x 1.1 x 3.3 cm. The right epididymis appears mildly heterogeneous.

Left testicle measures 4.4 x 2.5 x 3.6 cm. Testicular microlithiasis unchanged from the prior study. Left epididymis measures 1.0 x 1.3 x 1.7 cm. 5 mm left-sided epididymal cyst noted.

IMPRESSION:

1. Testicular microlithiasis unchanged. No associated mass seen. Consider followup at an interval to be determined clinically.
2. There is a 5 mm left-sided epididymal cyst noted.

Donald E Olofsson, DO

DEO/kj

DD: 02/11/2017 05:52 P

DT: 02/11/2017 06:45 P

Accession#: 08-2505122 VS#: 121182104 CS#: 2208193

cc:

Electronically Signed and Reviewed by Donald E Olofsson, DO 02/12/2017 10:01 P

*2-13-17
att# 572
(2)*

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
 Division of Health Services
ANALYTICAL EYE RECORD

2-22-16
 DATE: 09/12/14
 SEX: M

INSTITUTION M.C.C.I. AGE 42 D.O.B. 07/21/72 DATE OF RELEASE

OCULAR HISTORY
 Patient's Statement of Complaints: Distance blur
OD: 20/200, OS: 20/200, OU: 20/200
Pinhole Test: OD: 20/100, OS: 20/100, OU: 20/100
2003 - OS Damaged

- SYMPTOMS: (Circle Symptom)**
- | | |
|---|-------------------------|
| 1. Headaches: Frontal, Temporal, Occipital, Vertex, Intraocular, Periodic, Constant, After Reading. | 8. Diplopia: Far, Near. |
| 2. Blur: Far, Near | 9. Hordeolum. |
| 3. Eyes: Burn, Ache, Tire. | 10. Photophobia. |
| 4. Pains: Smarting, Throbbing, Shooting. | 11. Redness. |
| 5. Amblyopia. | 12. Muscae Volitantes. |
| 6. Epiphora | 13. Nausea or Dizzy. |
| 7. Granulation. | 14. Ptosis. |
| | 15. Indigestion. |
| | 16. Nervous. |

Where Employed: _____
 Physical Condition: _____
 Are you taking any Kind of Treatment? _____

ANALYSIS OF VISUAL TASKS

BUSINESS	RECREATION	SOCIAL
Writing		Motion Picture
Reading	Motoring	
Computing		
Inspecting		
Art Work	Fishing	Church
Typing		Cards
Needle Work	Reading	
	Tennis	Television

DIAGNOSIS & RECOMMENDATIONS: Rx spec

OLD Rx: WORN, NOT WORN (CROSS OUT ONE)					PURPOSE		WHEN PRESCRIBED			O.D.: M.D.	
SPH.	CYL.	AX.	PRISM	BASE	NAKED VISION	O.D. ACUITY	O.D. NEAR POINT	O.D. ACUITY	O.S. NEAR POINT	O.S. ACUITY	PIN HOLE
O.D.						20/400					
O.S.						20/200					
ADD. O.D.			RANGE	TO							

EXTERNAL EXAMINATION

COVER TEST: Far _____ Near _____ Suppression _____

Rotation: _____ Versions: _____ BU-21: _____ Diplopia Test: _____

Lids: _____ Lachrymal: _____ Cornea: _____ Conjunctiva: _____

Iris: _____ Pupil: _____ Pupillary Reflexes: _____ Amplitude of Triangulation: _____

Fixations: _____



SYM-BOLS	A-Date	DISTANCE NEAR	PROGRESS REPORT	Date	Rx						
					Sphere	Cylinder	Axis	Prism	Add	Frame or Mounting	
1		6/11	NEG.								
2		O.D. -4.00 -50 O.S. -2.50	WITH 4	20/20							
3		O.D. DYN. 20" O.S.									
4		O.D. SUBJ. V.A. O.S. O.U.									
5		O.D. CRS. CYL. BL O.S.	CONTROL								

Signature: _____ TITLE: _____
 SCDC # 191327 NAME Roberson, Tyrone

MB 143

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
Division of Health Services
ANALYTICAL EYE RECORD

EXHIBIT

INSTITUTION Litken AGE 44 D.O.B. 7-21-72 DATE _____ SEX M

OCULAR HISTORY
Patient's Statement of Complaints
SWELLEN
BOTH 29/100
RT 29/100 20/100
LEFT TOO BLURRY 20/100
Where Employed _____
Physical Condition _____
Are you taking any Kind of Treatment? _____
Date _____ Exam. _____ Dom. Hand R L
Oral _____ X-Ray _____ Dom. Eye R L

SYMPTOMS: (Circle Symptom)
1. Headaches: Frontal, Temporal, Occipital, Vertex, Intraocular, Periodic, Constant, After Reading.
2. Blur: Far, Near
3. Eyes: Burn, Ache, Tire
4. Pains: Smarting, Throbbing, Shooting
5. Amblyopia
6. Epiphora
7. Granulation
8. Diplopia: Far, Near
9. Hordeolum
10. Photophobia
11. Redness
12. Muscae Volitantes
13. Nausea or Dizzy
14. Prosis
15. Indigestion
16. Nervous

ANALYSIS OF VISUAL TASKS

BUSINESS	RECREATION	SOCIAL
Writing		Motion Picture
Reading	Motoring	
Computing		
Inspecting		
Art Work	Fishing	Church
Typing		Cards
Needle Work	Reading	
	Tennis	Television

SPECIAL VISUAL TASKS (Indicate Distance)

DIAGNOSIS & RECOMMENDATIONS

OLD Rx: WORN, NOT WORN (CROSS OUT ONE)	PURPOSE	WHEN PRESCRIBED	O.D.; M.D.
SPH. CYL. AX. PRISM BASE	NAKED VISION	O.D. NEAR POINT ACUITY	O.D. PIN HOLE O.S.
O.D. O.S.	O.D. O.S. O.U.	O.D. O.S. O.U.	O.D. O.S.
ADD. O.D. O.S. RANGE TO			

EXTERNAL EXAMINATION

COVER TEST: Far Near Suppression Tension

Rotation Versions BU-21 Diplopia Test

Lids: Lachrymal Cornea Conjunctiva

Iris: Pupil Pupillary Reflexes Amplitude of Triangulation

Fixations

LENS O.D. O.S.



SYM. BOLS	A-Date	DISTANCE NEAR P.D.	PROGRESS REPORT	Date	Rx					
					Sphere	Cylinder	Axis	Prism	Add	
1	O.D. OPTHALMOMETER O.S.		NEG.							
2	O.D. STATIC O.S.		WITH 7							
3	O.D. DYN. 20" O.S.		WITH 4							
4	O.D. SUBJ. O.S.	O.D. V.A. O.S. O.U.								
5	O.D. CRS. CYL. BL. O.S.		CONTROL							

Frame or Mounting		Size and Shape	
Bridge	Temples		
Dist. Dec.	O.D. O.S.	Near Dec.	O.D. O.S.
Seq. Height	O.D. O.S.	Tot. Dec.	O.D. O.S.

SCDC # 191327 NAME Roberson, Tyrone Signature _____ TITLE _____
White: Health Record Yellow: OPTOMETRIST

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
 Division of Health Services
ANALYTICAL EYE RECORD

2-22-16
 DATE: 09/12/14

INSTITUTION MCCI AGE 42 D.O.B. 07/21/72 SEX M

OCULAR HISTORY
 Patient's Statement of Complaints: Distance blur
OD: 20/200, OS: 20/200, OU: 20/200
Pinhole Test: OD: 20/100, OS: 20/100, OU: 20/100
2003 - OS Damaged

SYMPTOMS: (Circle Symptom)

1. Headaches: Frontal, Temporal, Occipital, Vertex, Intraocular, Periodic, Constant, After Reading.	8. Diplopia: Far, Near.
2. Blur: Far, Near	9. Hordeolum.
3. Eyes: Burn, Ache, Tire.	10. Photophobia.
4. Pains: Smarting, Throbbing, Shooting.	11. Redness.
5. Amblyopia.	12. Muscae Volitantes.
6. Epiphora	13. Nausea or Dizzy.
7. Granulation.	14. Ptosis.
	15. Indigestion.
	16. Nervous.

Where Employed
 Physical Condition
 Are you taking any Kind of Treatment?

ANALYSIS OF VISUAL TASKS

BUSINESS	RECREATION	SOCIAL
Writing		Motion Picture
Reading	Motoring	
Computing		
Inspecting		
Art Work	Fishing	Church
Typing		Cards
Needle Work	Reading	
	Tennis	Television

Date Exam. Dom. Hand R L
 Oral X-Ray Dom. Eye R L

DIAGNOSIS & RECOMMENDATIONS - RX spot

OLD Rx: WORN, NOT WORN (CROSS OUT ONE)						PURPOSE		WHEN PRESCRIBED			O.D.; M.D.	
SPH.	CYL.	AX.	PRISM	BASE		NAKED	O.D.	O.D.	NEAR POINT	O.D.	PIN HOLE	O.D.
						VISION	O.S.	O.S.	ACUITY	O.S.		O.S.
ADD. O.D.	O.S.	RANGE	TO				O.U.	O.U.		O.U.		O.S.

EXTERNAL EXAMINATION

COVER TEST: Far Near Suppression

Rotation Vergens BU-21 Diplopia Test

Lids Lachrymal Cornea Conjunctiva

Iris Pupil Pupillary Reflexes Amplitude of Triangulation

Fixations



SYM. BOLS	A-Date	DISTANCE NEAR	PROGRESS REPORT	Date	CORRECTURE					
					Rx	Sphere	Cylinder	Axis	Prism	Add
1		6/11	NEG.							
2		-4.00 -50 X 90								
3		-2.50	WITH 4							
4										
5			CONTROL							

SCDC # 191327 NAME Roberson, Tyrone

White: Health Record Yellow: OPTOMETRIST

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true copy of Plaintiff Motion to Alter or Amend Judgment Dismissing His Claims against Attorney General Alan Wilson in the above Case Caption has been served upon the Defendants Attorney Ms. Stephanie H. Burton, Esq. of GIBBES BURTON, LLC 308 East Saint John Street Spartanburg, South Carolina 29302 by mailing via depositing into the United States Postal Mail Carrier a copy of the same with postage prepaid addressed to be delivered to: Paul B. Wickensimer Greenville County Clerk of Court 305 East North Street Greenville, South Carolina 29602.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

SIGNED 5th DAY OF November 2017

RESPECTFULLY SUBMITTED

Tyrone Robertson

Tyrone Robertson #293327
Lieber Connections Institution

RH4/SM4 143B

136 Wilborn Avenue

Ridgeville, SC 29472

RECEIVED

AUG 30 2019

SC Court of Appeals

FILED-CLERK OF COURT
PAUL B. WICKENSIMER
GREENVILLE, SC

2017 NOV -8 PM 4: 27

FROM: TYMONTE LAMAR ROBERTSON #292827
Lee Correctional Institution F-740A#159A
990 Widoack Highway
Bishopville, South Carolina 29010

RECEIVED
AUG 30 2019
SC Court of Appeals

To: The South Carolina Court of Appeal
1220 Senate Street
Columbia, South Carolina 29201