

# RANT TO RAVE

5 RTR 8.2016  
Blog entry

This day is like -- The rest. What's the rest?... well... it's when Julie or is it Jolie issue we my blood pressure medication after having it sit in some kind of powder substance. Then call me a N\*\*\*\*\* when walking out of the mod. It's the same with every female nurse or that hatred is just the norm for this environment. What affects me the most is; that they believe that - that I will be jealous if they gave their information to another inmate... and use me to deliver it to someone else. That in order for me to receive the ~~per~~ appropriate medical care / treatment from them. That I must find them attractive. I ask myself -- is this the norm... for everyone. What's health care in this country?... well, we know for a majority of the time it's symptom medicare treatment. Like for example HPV and HSV 1 or 2.

Your Life!  
Your Death!  
THE  
Department of Health,  
Your Government.  
Why,  
you,  
should,  
be,  
concerned



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5 RTR 8.2016  
BLOG entry

~~HE WAS EXPERIENCING~~

God HAVE mercy ON his soul... But... Prince  
MAY HAVE HAD HSV... He WAS EXPERIENCING  
CHRONIC HIP PAINS. IT'S NOT TO SAY THAT I  
HAVE ACTUAL KNOWLEDGE ON HIS CONDITION...

But CHRONIC HIP PAIN ARE A SYMPTOM OF HSV  
AS WELL AS ALZHEIMERS... (IT'S NOT THE CORRECT  
SPELLING) THEIR IS TREATMENT FOR CHICKEN POTS.  
A DIFFERENT STRAND OF THE SYMPLEX VIRUS.

WELL I GUESS SO IS HPV. THEY TELL YOU IS  
NO TREATMENT FOR HSV. THEY SAY HSV IS LARGELY  
IN THE BLACK POPULATION AND HPV IS LARGELY IN  
THE WHITE POPULATION. SO WHAT HAPPEN IF YOU  
ARE BLACK AND IS DIAGNOSIS WITH HPV OR  
YOU'RE WHITE AND DIAGNOSIS WITH HSV. IS  
THAT A CLINICAL DETERMINATION THAT YOU  
HAVE BEEN WITH THE OPPOSITE RACE.

IT'S AN ANTIVIRAL DRUG FOR BOTH. BUT MOST  
ARE INTENTIONALLY DENIED HEALTH CARE AND GIVEN  
THE SYMPTOM BASE ALTERNATIVE.  
WHICH YOU'LL LIVE A HORRIBLE LIFE AND DIE A  
A ~~MEASURABLE~~ MISERABLE DEATH. THEY BRAG HOW  
THEY WAS OR IS ABLE TO CONTROL THE POPULA-  
TION THIS WAY. BUT YOU CAN SAVE YOUR-SELF  
IF YOU'RE ONE OF THE ~~THOSE~~ THAT HAVE THE OPTION  
TO GET TO THE HOLISTIC MEDICATION FOR THESE



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Blog entry

And other similar diseases / viruses. Its treatment out there but in most cases if you are a citizen and not employed by the government or ethnic citizen that is employed by the government when seeking health care from government health facilities you will most likely face a very racist hostile health care system.

Who expect you to fuck them for what you as a citizen already have coming on and don't worry... they have the department of risk management backing them. As I have shown. What about tachycardia or high blood pressure. It's a simple way to fix it. Before you have a stroke or heart attack. Just the treatment of medication, ~~in most cases~~. A pair of long tweezers ~~of medication~~. A pair of long to remove the infection. (In most cases) and you no longer have high blood pressure or low beating or fast beating heart rate. I guess what I've learn, here... while - being confined, is...; you, must be willing to file lawsuit, hunt a matha fucker down,, and do... God forbid... in order for you to live a healthy life... But remember... the government is one who is a hostile entity...

Linnell Phipps  
DOC 718276  
MONROE CO. C.





LOG I.D. NUMBER

**OFFENDER COMPLAINT**

CHECK ONE:  Initial  Emergency  Appeal  Rewrite

**RESIDENTIAL FACILITIES:** Send completed form to the Grievance Coordinator. Explain what happened, when, where, and who was involved or which policy/procedure is being grieved. Be as brief as possible, but include the necessary facts. Use only one complaint form. A formal grievance begins on the date the typed grievance forms are signed by the Coordinator. Contact a Department employee to report an emergency situation or to initiate an emergency complaint. Please attempt to resolve all complaints through the appropriate Department employee(s) before pursuing a grievance.

**NOTE:** Complaints must be filed within 20 working days of the incident. Appeals must be filed within 5 working days of receiving the response. Include log ID # on rewrite or response being appealed.

|                            |                         |                    |                             |                               |                          |
|----------------------------|-------------------------|--------------------|-----------------------------|-------------------------------|--------------------------|
| Last Name<br><i>Phipps</i> | First<br><i>Linnell</i> | Middle<br><i>J</i> | DOC Number<br><i>718276</i> | Facility/Office<br><i>MCC</i> | Unit/Cell<br><i>M229</i> |
|----------------------------|-------------------------|--------------------|-----------------------------|-------------------------------|--------------------------|

**COMMUNITY SUPERVISION:** Send completed copies of this form directly to: Grievance Program Manager, Offender Grievance Program, Department of Corrections, P.O. Box 41129, Olympia WA 98504-1129.

|                                     |             |          |           |
|-------------------------------------|-------------|----------|-----------|
| MAILING ADDRESS: STREET OR P.O. BOX | CITY, STATE | ZIP CODE | TELEPHONE |
|-------------------------------------|-------------|----------|-----------|


**COMPLAINT:** Denial of medical treatment, review of PA, NGO medical decision on 5-3-16 when seeing the PA. At my window it became clear that he was not going to prescribe care for my complaint of dry skin due to parasite infection when ask if he could a blood test with the other to determine if test positive for such illness he said that he would not because they normally don't treat such illnesses unless they are severe... According to policy this is the only way I can resolve the grievance.

**SUGGESTED REMEDY:**

Mandatory  5.4.16  
Signature Date

|   |   |                                |
|---|---|--------------------------------|
| <b>GRIEVANCE COORDINATOR'S RESPONSE</b><br>Your complaint is being returned because:<br><input type="checkbox"/> It is not a grievable issue.<br><input type="checkbox"/> You requested to withdraw the complaint.<br><input type="checkbox"/> You failed to respond to callout (sheet) on _____.<br><input type="checkbox"/> Administratively Withdrawn _____.<br><input checked="" type="checkbox"/> The formal grievance/appeal paperwork is being prepared. | Facility/Office<br><i>MCC IMU</i>   | Date Received<br><i>5/6/16</i> |
|   | <input type="checkbox"/> The complaint was resolved informally.<br><input type="checkbox"/> Additional information and/or rewriting needed. (See below.)<br>Return within 5 working days or by: _____<br><input type="checkbox"/> No rewrite received _____<br><input type="checkbox"/> Sent to _____ (facility) on _____ (date). |                                |

**EXPLANATION:** *Accepted Level I*

Coordinator's Name (print) *B. Blair* Coordinator's Signature  Date *5/10/16*





LOG I.D. NUMBER  
16610072

OFFENDER COMPLAINT

CHECK ONE:  Initial  Emergency  Appeal  Rewrite

**RESIDENTIAL FACILITIES:** Send completed form to the Grievance Coordinator. Explain what happened, when, where, and who was involved or which policy/procedure is being grieved. Be as brief as possible, but include the necessary facts. Use only one complaint form. A formal grievance begins on the date the typed grievance forms are signed by the Coordinator. Contact a Department employee to report an emergency situation or to initiate an emergency complaint. Please attempt to resolve all complaints through the appropriate Department employee(s) before pursuing a grievance.

**NOTE:** Complaints must be filed within 20 working days of the incident. Appeals must be filed within 5 working days of receiving the response. Include log ID # on rewrite or response being appealed.

|  |                   |             |                      |                        |                   |
|--|-------------------|-------------|----------------------|------------------------|-------------------|
| Last Name<br>Phipps  | First<br>Linziell | Middle<br>J | DOC Number<br>718276 | Facility/Office<br>MCC | Unit/Cell<br>M229 |
| <b>COMMUNITY SUPERVISION:</b> Send completed copies of this form directly to: Grievance Program Manager, Offender Grievance Program, Department of Corrections, P.O. Box 41129, Olympia WA 98504-1129. |                   |             |                      |                        |                   |
| MAILING ADDRESS: STREET OR P.O. BOX  |                   | CITY, STATE |                      | ZIP CODE               | TELEPHONE         |

**COMPLAINT:** <sup>Recheck my med. filed.</sup> THIS ~~is~~ <sup>should be</sup> corrected, as of 5-24-16. It's my ~~prayer~~ <sup>hope</sup> that P.A. PR. NGO indicated the physical sign that he seen at the 5-24-16 physical examination which will justify a cut scan, xray or blood test to further an affirmed diagnosis of the issue. Their for my medical file ~~can~~ will show a clinical indication of parasite infection. But this is the problem, if the P.A. OR medical provider refuse to truthfully indicate in the medical file what was seen at a physical examination then how am I to have the condition clinically indicated in my medical file. If I'm unable to have any test done to give a medical diagnosis for parasite infection then again how will it be clinically indicated in my file. The lotion product is not ~~of~~ the hypo-dermis or sensitive skin. I'll also need dandruff shampoo, mouth wash, as well, which is the reason why I sign up for STK eat to get a HSR. But was refused.

Mandatory Signature: *[Signature]* Date: 5-27-16

|   |  |   |                          |
|---|--|---|--------------------------|
| <b>GRIEVANCE COORDINATOR'S RESPONSE</b><br>Your complaint is being returned because:  |  | Facility/Office<br>MCC 1MU  | Date Received<br>5/31/16 |
| <input type="checkbox"/> It is not a grievable issue.<br><input type="checkbox"/> You requested to withdraw the complaint.<br><input type="checkbox"/> You failed to respond to callout (sheet) on _____<br><input type="checkbox"/> Administratively Withdrawn _____<br><input checked="" type="checkbox"/> The formal grievance/appeal paperwork is being prepared. |  | <input type="checkbox"/> The complaint was resolved informally.<br><input type="checkbox"/> Additional information and/or rewriting needed. (See below.)<br>Return within 5 working days or by: _____<br><input type="checkbox"/> No rewrite received _____<br><input type="checkbox"/> Sent to _____ (facility) on _____ (date). |                          |

**EXPLANATION:** Accepted Level II - on same as Level I issue, treatment of dry skin.

|  |   |                |
|--|---|----------------|
| Coordinator's Name (print)<br>B. Blair | Coordinator's Signature<br><i>[Signature]</i> | Date<br>6/1/16 |
|--|---|----------------|




**LEVEL I - INITIAL GRIEVANCE**  
**NIVEL 1 - QUEJA INICIAL**

|   |                  |                         |   |                          |                              |                           |
|---|------------------|-------------------------|---|--------------------------|------------------------------|---------------------------|
| Name:<br>NOMBRE:  | Last<br>APELLIDO | First<br>PRIMERO NOMBRE | Middle<br>2DO NOMBRE                    | DOC Number<br>NUMERO DOC | Facility/Office<br>FACILIDAD | Unit/Cell<br>UNIDAD/CELDA |
|   | Phipps           | Linniell                |   | 718276                   | MCC/IMU                      | I 229                     |
| PART A - INITIAL GRIEVANCE/PARTE A - QUEJA INICIAL  |                  |                         |   | Date Typed 4/11/16       | Date Due 4/25/16             |                           |
| <p><b>I WANT TO GRIEVE / QUIERO QUEJARME DE:</b> On 3/16/16 and 3/18/16 One nurse stop at the cell and ask if I wanted to due a blood draw..that was schedule that day... No P. A. or doctor saw me, so it was impossible to resolve the issue at that time for it was'nt the correct process. The department offical step for requesting an second opinion is to file a grievance complaint requesting a second opinion please see page 14 of the offender health plan. As I said the medical interview was initially about refilling an vasiline medication. At no time did I request a blood draw. I repeat their is no other step that I can take for requesting an second opinion beside the process for which is established. I never ask to do a blood draw...this is a request for a second opinion in regards to med Pr. P.A. Ngo request for a blood draw off of him making it as a retaliator or angry response when I would not come to the door when he demanded and me saying, I can hear you. When I went to the door because of his action then the events took place. As explain in the original grievance.</p> <p><b>SUGGESTED REMEDY / REMEDIO SUGERIDO:</b></p> |                  |                         |   |                          |                              |                           |
| <del>Brandi Blair</del>   |                  | 4/11/16                 | Linniell Phipps                         |                          | 4/11/16                      |                           |
| Grievance Coordinator Signature<br>FIRMA DE COORDINADOR DE QUEJAS   |                  | Date<br>FECHA           | Grievant Signature<br>FIRMA DE QUEJANTE |                          | Date<br>FECHA                |                           |

## PART B - LEVEL I RESPONSE / PARTE B RESPUESTA PRIMER NIVEL

 Grievance Coordinator Signature  
 COORDINADOR DE QUEJAS

 Date  
 FECHA

You may appeal this response by submitting a written appeal to the Coordinator within five (5) working days from date this response was received.  
 Ud. puede apelar esta respuesta al someter una apelación por escrito al coordinador dentro de cinco (5) días de trabajo de la fecha en que esta respuesta fue recibida.





OFFENDER'S KITE

PAPELETA DE PETICIÓN DEL INTERNO

|  |  |                       |
|--|--|-----------------------|
| OFFENDER NAME (PRINT) NOMBRE DEL INTERNO (LETRA DE MOLDE)<br>PHIPPS Lionnell                   |  |                       |
| DOC NUMBER/NÚMERO DOC<br>718276  | FACILITY, UNIT, CELL/FACILITY IS<br>INSTALACIÓN UNIDAD, CELDA<br>MCC - I - 204 | DATE/FECHA<br>2-27-16 |
| DESIRE INTERVIEW WITH OR ANSWER FROM/DESEA ENTREVISTA CON O RESPUESTA DE<br>Counselor SWANDERS |  |                       |

Interpreter needed for \_\_\_\_\_ (language).  
 Necesito intérprete para \_\_\_\_\_ (idioma).

REASON/QUESTION  
RAZÓN/PREGUNTA

How much funds IS on  
my spendable Balance

SIGNATURE/FIRMA

DAYS OFF/DÍAS LIBRES



2-27-16

RESPONSE  
RESPUESTA

RESPONDER/PERSONA QUE RESPONDE

DATE/FECHA

Distribution: **WHITE/YELLOW**-Responder, **YELLOW**-Return to Offender with Response, **PINK**-Offender keeps  
 Distribución: **BLANCA/AMARILLA**-Persona que responde, **AMARILLA**-Devuelva al interno con respuesta,  
**ROSA**-Interno