

March 20<sup>TH</sup>, 2009 C.M.A.  
~~March 17, 2008~~  
HJ-48

State of Connecticut  
General Assembly  
300 Capitol Ave.  
Hartford, CT 06106

Re: File #20210. Claim of Christopher Santos

Dear Members of the State of CT General Assembly:

The Claimant(s) herewith files additional argument in favor of the claimant (s).

Pursuant to C.G.S. Sec. 4-159, the claimant claims that the issue of liability of the state for the injuries of the claimant is a question of law and fact and the claimant hereby requests permission from the General Assembly to bring suit against the state in federal or state court for the injuries sustained by the claimant while incarcerated at Northern Correctional Facility.

The Claimant(s) claim that on December 19, 2006, the State of Connecticut Claims Commissioner James R. Smith held a hearing on the issue of liability of the State of Connecticut and Northern correctional supervisor, Lieutenant Wayne Dumas. For the respondents, Lieutenant Dumas testified, a State of Connecticut Department of Corrections Clinical Director testified, and Correctional Officer Paul Barsileu. For the Claimant, Christopher Santos testified and his mother who is Legal Conservator of his Estate and Person also testified. The hearing was tape recorded by the Honorable Claims Commissioner James R. Smith and it was held between 9:30a.m.-11:30 a.m. on December 19, 2006.

Christopher Santos also testified at the hearing and claimed that he told Lieutenant Dumas not to put inmate, Jose Arzuaga in the cell with him on the morning of August 30, 2003 because he felt Jose Arzuaga was a threat to him. Lieutenant Dumas testified that he denied that Jose Arzuaga had any issues with Christopher Santos, and proceeded to place Jose Arzuaga in the cell with the Claimant Jose Arzuaga on August 30, 2003.

Christopher Santos testified at the hearing that once Jose Arzuaga was in the cell with Mr. Santos and the cell door was locked, while Mr. Santos was handcuffed behind the back, Lieutenant Dumas proceeded to take the handcuffs off of Jose Arzuaga through the cell door food slot and then Jose Arzuaga proceeded to beat and cause numerous injuries to Christopher Santos. Marty Calderon, the claimant's mother and legal conservator testified that in July and August of 2004, she witnessed a large bump on Mr. Christopher Santos head and wrote a letter to Warden Wayne Choinski regarding concerns Marty

Calderon had for her son, Christopher Santos.

The Claimant submitted several exhibits at the hearing, including a State of Connecticut police report of the incident, Northern Correctional incident reports and medical reports, excerpts from the Northern Correctional inmate manual, clinical report from Mr. Santos current treating physician at Norwalk Hospital that he is disabled and on several medications including Naproxen (pain killer), and a letter from Warden Wayne Choinski to the Claimant's mother and legal conservator, Marty Calderon, stating to Marty Calderon basically that he would notify Dr. Carson Wright at Northern Correctional Facility about the claimant's injuries and her concerns about Christopher Santos.

It clearly states in the Northern Correctional manuals that the Northern Correctional staff are responsible for keeping inmates safe.

Therefore, the claimant claims that the Northern Correctional staff is responsible for the safety of inmates. In that Mr. Santos apprised Lieutenant Dumas on the morning of August 30, 2003, that he did not want Lieutenant Dumas to place inmate Jose Arzuaga in the cell with him, the claimant claims that Lieutenant Dumas was indifferent deliberately to his safety concerns, which ended up being correct in that as soon as Jose Arzuaga's handcuffs were removed, he proceeded to inflict serious bodily injury to Mr. Santos of which he still retains scarring, back pain, migraine headaches, chipped teeth that have been medically treated.

At the hearing, Correctional Officer Paul Barsileu also testified that the words that were exchanged between Mr. Santos and inmate Jose Arzuaga were negative statements prior to securing Jose Arzuaga in cell #121 at 1West, at the time inmate Jose Arzuaga was being placed in his cell with Mr. Santos on August 30, 2003.

At the hearing, Lieutenant Dumas also stated that the prison was full when he placed inmate, Jose Arzuaga in the cell with Mr. Santos, indicating that the prison was overcrowded and there was no other place to put, Jose Arzuaga despite Mr. Santos request that he not be placed in the cell with him. Christopher Santos' legal argument is that inmate Jose Arzuaga did not have to be placed in his cell on August 30, 2003. However, Lieutenant Dumas claimed the prison was full that day.

At the hearing, Marty Calderon, Mr. Santos Legal Conservator of his estate and person, requested that the claims commissioner authorize the claimant to sue in federal and/or state court in that the damages from the

personal injuries sustained by Mr. Santos on August 30, 2003 are in excess of \$7,500.00.

According to Berry v. City of Muskogee, 900 F.2<sup>nd</sup>. 1489, 1496 (10<sup>th</sup> circuit 1990), a disregard of a known and obvious risk very likely to result in a violation of civil rights is actionable. In Farmers v. Brennan, 511 U.S. 825 (1994), the Supreme Court defined a deliberate indifference to a prisoners rights according to the U.S. Constitution 8<sup>th</sup> Amendment as 1) a state official is aware of facts from which an inference could be drawn that a substantial risk of harm exists, 2) the state actor draws the inference, and 3)and the state actor nevertheless disregards the risk to the inmates health or safety.

In Whittrack v. Douglas County, 16 f.3d. 954 (8<sup>th</sup> circuit 1994) governs a detainee's conditions of confinement.

In Cantu v. Jones, 293 F.3d. 839 (5<sup>th</sup> circuit 2002), the court upheld a judgment for the prisoner plaintiff where the jury found the defendant officials essentially orchestrated the attack on the plaintiff by a fellow prisoner and the defendant officials were not protected by qualified immunity.

In Pavlick v. Muffin, 90F.3d. 205, (7<sup>th</sup> circuit 1996), the court ruled for the plaintiff where the prison guard opened the plaintiff's prisoner's cell door while he was sleeping, allowing other inmates to enter and attack him.

In Gibbs v. Franklin, 49 F.3d. 1206, (7<sup>th</sup> circuit), the court ruled that the district court did not err in instructing the jury that it could infer that a guard acted with deliberate indifference if the guard had actual knowledge of the impending injury from the attack and that the injury was readily preventable.

The claimant claims that double celling according to the U.S. Supreme Court and federal law pursuant to 42 U.S.C. Sec. 1983, U.S. Constitution 14<sup>th</sup> and 8<sup>th</sup> Amendment (cruel and unusual punishment), is illegal and deliberately indifferent to an inmate needs when the double celling causes an unreasonable risk of harm and injury to the inmate. In Mr. Santos case, obviously placing Jose Arzuaga in Mr. Santos cell on the morning of August 30, 2003 was deliberately indifferent to the safety needs of Mr. Santos to be free from harm, because immediatley when Jose Arzuaga was placed in the cell with Mr. Santos he proceeded to inflict bodily injury on Mr. Santos and no correctional officer in the vicinity intervened to stop the inmate Jose Arzuaga from assaulting Mr. Santos until Mr. Santos was already seriously injured and bleeding profusely from head trauma and laceration.

In Mr. Santos case, in that according to Lieutenant Dumas testimony at the December 19, 2006 hearing, Northern Correctional Facility was full, Mr. Santos claims that the double celling of him with Jose Arzuaga was deliberately indifferent to his safety needs to be alone and away from violent inmates.

In Rollie v. Keman, 124 Fed. Appx. 471 (8<sup>th</sup> Cir. 2005), state inmates allegations that prison officials knew of assaults caused by double celling of maximum security prisoners with other prisoners and yet did nothing but falsify reports to cover up unauthorized double celling was sufficient to state a U.S. Constitution 8<sup>th</sup> Amendment failure to protect claim against the correctional officers. Northern Correctional Facility is a maximum security facility and the claimant claims that double celling him with a dangerous inmate Jose Arzuaga was deliberately indifferent to his safety needs.

The U.S. Constitution 8<sup>th</sup> Amendment requires prison officials to take reasonable measures to guarantee the safety of inmates in their custody. Prison officials have constitutional duty to act reasonably to ensure a safe environment for a prisoner when they are aware that there is a significant risk of serious injury to that prisoner. Heisler v. Kralik, 981 F.Supp. 830, 837 (1997).

Double celling has also been held to be unconstitutional in several federal jurisdictions. Palmigiano v. Ganaby, 639 F.Supp. 244 (1986), Hutchings v. Corum, 501 F.Supp. 1276, (1980).

The claimant also claims that inadequate staffing to insure inmate safety when double celling, and double celling in cells up to 50-75 square feet violates the U.S. Constitutional 8<sup>th</sup> Amendment. Mitchell v. Antreiner, 421 F.Supp. 886 (1976). Cody v. Hillard, 700 F.2d. 447 (1986). Burks v. Walsh, 461 F.Supp. 454 (1978). Toussaint v. Yockey, 722 F.2d. 1490 (1984). Balla v. Board of Corrections, 656 F.Supp. 1108, (1987). Balla v. Board of Corrections, 656 F.Supp. 1108. French v. Owens, 777 F.2d. 1250 (1985).

The Claimant claims that the test of whether Lieutenant Dumas violated Mr. Santos U.S. Constitutional 8<sup>th</sup> Amendment rights to be free from harm from other inmates, is whether a reasonable person knowing that Jose Arzuaga was dangerous and dangerous to Mr. Santos, would have still placed Jose Arzuaga in the cell with Mr. Santos.

According to the Farmer court:

“the question of whether a prison official had the requisite knowledge of a

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substantial risk is a question of fact subject to demonstration in the usual ways, including inference from circumstantial evidence, and a fact finder may conclude that a prison official knew of a substantial risk from the very fact that the risk was obvious.”

In El Tabech v. Gunter, 922 F.Supp. 244 (Neb. 1996), the lower court certified the case to the United States court of appeals for the Eight Circuit in that the Defendants failed to properly use a classification system to double cell inmates that could have predicted inmate compatibility, and that the Defendants knew of violence in double celling and the fact that it poses a substantial risk to the inmates.

In addition, the claimant maintains that it is a factual issue for trial whether the respondent, Lieutenant Wayne Dumas was notified by the claimant that Jose Arzuaga was a danger to him and he requested that he not be housed with him. In Carter v. Hecht, NO. 02-cv-1015-DRH (S.D. Ill. 2006) the court refused to grant summary judgment to the Plaintiff, claiming that it is a material fact for trial whether the Defendant was made aware of a threat posed by the fellow inmate prior to being placed in the cell.

The claimant therefore claims that the respondents are liable for the personal injuries the claimant suffered due to the deliberate indifference of the respondent(s) when placing Jose Arzuaga in the cell with Mr. Santos and by allowing Mr. Santos to be severely injured by same inmate before coming to his aid.

Sincerely,



Christopher M. Santos  
P.O. Box 359  
Verplanck, NY 10596

March 20<sup>TH</sup>, 2009

**ADMINISTRATIVE  
DIRECTIVE**

SUPERSEDES

Code of Penal Discipline - 1/12/98

APPROVED BY

TITLE

Code of Penal Discipline

1. **Policy.** Inmates shall be held to the same level of individual responsibility as a member of the free public. As such, all privileges shall be earned and retained through positive performance and respect for rules, order and authority. Consistent with this policy, the Department of Correction shall provide for the orderly conduct of inmates by establishing rules of conduct and procedures to address misconduct. The Code of Penal Discipline shall establish acts of misconduct, the process for judging allegations of misconduct, and sanctions for violations. Disciplinary action shall be based on credible evidence of misconduct, and shall be ~~proportionate~~ and consistent. Sanctions shall be proportionate to the seriousness of the offense and the inmate's disciplinary record, and the disciplinary action shall serve to teach the offender the consequence of the misconduct and to enforce staff authority.

2. **Authority and Reference.**

- A. Connecticut General Statutes, Sections 18-7, 18-7a, 18-81, 18-98b through 18-98d.
- B. American Correctional Association Standards for the Administration of Correctional Agencies, June 1979, Standard 35.
- C. American Correctional Association, Standards for the Administration of Adult Correctional Institutions, Third Edition, January 1990, Standards 3-4214 through 3-4236, 3-4240 and 3-4243.
- D. American Correctional Association, Standards for Adult Local Detention Facilities, Third Edition, March 1991, Standards 3-ALDF-3C-01 through 3-ALDF-3C-22.
- E. Administrative Directives 1.3, Administrative Directives, Manuals, Forms Management and Post Orders; 6.6, Reporting of Incidents; 6.14, Security Risk Groups; and 9.4, Restrictive Status.

3. **Definitions.** For the purposes stated herein, the following definitions apply:

- A. **Accessory.** Assisting a person to commit an act prohibited under this Code.
- B. **Attempt.** Conduct which is likely to result in an act prohibited by this Code.
- C. **Conspiracy.** Agreeing with one or more persons to participate in an act prohibited by this Code and any one of those persons acts in furtherance of the conspiracy.
- D. **Continuance.** Adjournment of a hearing until another time.
- E. **Contraband.** Anything not authorized to be in an inmate's possession or anything used in an unauthorized or prohibited manner.
- F. **Dangerous Instrument.** A weapon, or any other unauthorized object or substance, which may cause physical injury or death, under the circumstances in which it is possessed, used or attempted or threatened to be used, or is capable of being used.

## TITLE

## Code of Penal Discipline

- G. Deferred Prosecution. Deferral of the prosecution of a Disciplinary Report for a specific period of time.
- H. Possess. Having physical possession or exercising control over an object.
- I. Privilege. A benefit bestowed upon an individual to which a person has no right or legal entitlement.
- J. Responsibility. An individual's personal obligation or accountability for performance.
- K. Security Risk Group. A group of inmates, specifically designated by the Commissioner, which poses a threat to the safety of staff, the unit or other inmates.
- L. Self Defense. Protection of oneself from an unprovoked attack which cannot be avoided.
- M. Serious Physical Injury. Any injury which requires the individual to receive immediate medical treatment by a health care professional before the individual can continue normal activity.
- N. Suspended Sentence. The postponement of a disciplinary sentence for a specified period of time.

4. Notification. This Code shall be disseminated as specified below. The Code shall be published in English and Spanish.

- A. Employees. Each direct contact employee shall receive a copy of the Code. Direct contact employees shall receive instruction on the Code during pre-service orientation training.
- B. Inmates. Each newly admitted inmate shall receive a copy of the Code and instruction on the Code within two (2) weeks of admission to the Department of Correction. Each inmate shall acknowledge receipt of the Code by signing a receipt which shall be placed in the inmate's file. Unit Directives shall provide a process to provide information about the Code to any inmate who is illiterate, impaired, handicapped or does not speak English or Spanish.

5. General Provisions. All privileges must be earned. Each inmate shall be responsible to follow all rules, policies, staff direction, and satisfactorily comply with all work and program requirements to earn access to available privileges. Access to any privilege with limited admission shall be offered to inmates who have maintained positive behavior and obedience to rules, regulations and staff direction. Each facility shall develop a list of privileges available to inmates in general population. The type of privileges available shall be based on a facility's security level and shall be authorized subject to the joint approval of the Deputy Commissioner of Programs and the Deputy Commissioner of Operations.

6. Access to Privileges.

- A. Newly Admitted Inmates. Upon admission, an inmate may be afforded access to all privileges available at the admitting facility, contingent upon conformity with institutional rules and staff direction.
- B. Restrictive Status Inmates. Inmates placed on a restrictive status or in a close monitoring unit shall lose access to



# STATE OF CONNECTICUT

OFFICE OF PROTECTION AND ADVOCACY FOR  
PERSONS WITH DISABILITIES

60B WESTON STREET, HARTFORD, CT 06120-1551

Dear Friends:

We are pleased to inform you that we have reached a settlement in OPA v. Choinski. This is the case brought by the Office of Protection and Advocacy along with the ACLU National Prison Project and the Connecticut Civil Liberties Union challenging the treatment of prisoners with mental illness at Northern and Garner Correctional Institutions. The purpose of this letter is to let you know when you can expect to begin to see the implementation of the agreement and to explain some of the terms of the agreement. We have also included a copy of the agreement with this letter so you may become familiar with all the terms.

We signed the agreement in March, and the state legislature approved it on April 30. The parties and their experts are now working on how to implement the agreement. The next step is that the expert consultants for both sides must draft an "audit instrument," the document the experts will use to assure that DOC is in compliance with the agreement. Next, there is one issue that the two sides could not agree upon that the court must decide. Finally, when everything else is done, the court must enter the agreement as an order of the court. We cannot give you a precise date when all this will be done, but it will not be immediate.

Once the agreement become effective, the first provision that will be implemented is the removal of prisoners with serious mental illness from Northern Correctional Institution. The decision as to who should be moved will be made after a comprehensive evaluation that will be conducted by a team from the Department of Mental Health and Addiction Services. The term "serious mental illness" is defined in Appendix A of the agreement, and is very specific. Appendix A of the agreement also specifies who will be evaluated under this provision.

There are additional provisions in the agreement regarding the transfer of prisoners to the administrative segregation program at Northern that will require a prisoner to receive an evaluation before he can be moved. This is a different evaluation process than the one that current prisoners at Northern will receive. Prisoners who are transferred to or remain at the administrative segregation program at Northern will receive an evaluation at least every 90 days. There are some exceptions, but the general rule is that prisoners with serious mental illness will not be kept at or sent to the administrative segregation program at Northern.

Additionally, prisoners at Northern and Garner may not have their psychotropic medications changed, started or stopped without a private, face-to-face interview with a psychiatrist or an APRN unless there are exigent circumstances or unless the prisoner refuses such an interview. There will be no more cell-front interviews with mental health staff, unless the prisoner refuses to exit his cell. Prisoners will be seen in a location that provides audio privacy. Prior to a planned use of force at either a designated housing unit for the mentally ill at Garner or in the observation unit at Northern, a mental health professional will be required to attempt to verbally counsel the prisoner and attempt to persuade him to cease the behavior that led to the planned use of force.

No prisoner at either a designated housing unit for the mentally ill at Garner or Northern will receive a "ticket" for verbally reporting to appropriate DOC staff feelings or intentions of self-harm or suicide. Additionally, before a "ticket" can be delivered to a prisoner at a designated housing unit for the mentally ill at Garner or the observation unit at Northern a mental health professional must determine whether the behavior for which the ticket is given is a result of the prisoner's mental illness and whether being disciplined would aggravate the mental illness. If the answer to either question is "yes" then the ticket will not be delivered and there will be no discipline unless the Warden determines otherwise.

Other changes include the fact that prisoners who remain in Observation at Northern for more than 72 hours will be transferred to Garner. The length of time a prisoner will be required to go to rec or to visits in restraints is limited unless a facility classification review demonstrates a legitimate reason for continuing restraints. Programming will be available to all prisoners at Northern, including those prisoners in Phase I of the Administrative Segregation program. The length of time a prisoner will remain in Phase I of the Administrative Segregation program will be a minimum of 120 days and a maximum of 180 days unless a facility classification review demonstrates a legitimate reason for remaining in Phase I. Finally, DOC will not be able to take away as discipline visiting and telephone calls at the same time. You may lose each privilege for a total of 45 days on a rotating basis. Mail will not be reduced or eliminated as discipline, except for mail related misconduct.

There are also significant provisions that apply to the designated housing units for the mentally ill at Garner. These provisions include increased out of cell time and increased programming. The amount of out of cell time can be limited based upon a prisoner's assaultiveness, recent disciplinary reports, mental status or other exigent circumstances. As you may have heard, DOC is consolidating all mental health services at Garner. This is not a part of our settlement agreement. Nevertheless, the terms of our agreement will apply to all aspects of the mental health treatment at Garner.

We realize that this is a lot of information for you to take in. The experts we will be working with to assure compliance with the agreement will be touring Northern and Garner every six months for the three years the agreement is in effect. We can't promise that each of you will have an opportunity to speak with them but if you have concerns about the implementation of the agreement you may contact the Office of Protection and Advocacy.

Very truly yours,



Nancy B. Alisberg

Office of Protection and Advocacy

David C. Fathi

ACLU National Prison Project

Ben A. Solnit

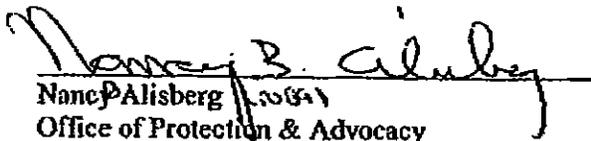
Tyler Cooper and Alcorn

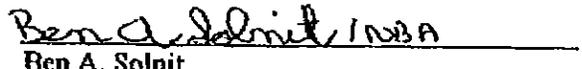
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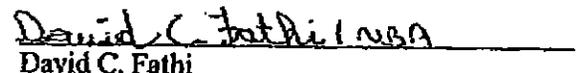
Connecticut Civil Liberties Union

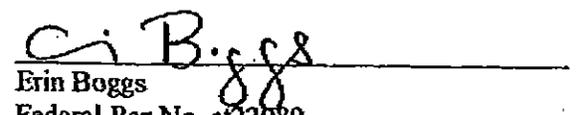
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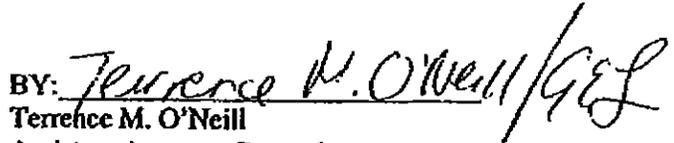
  
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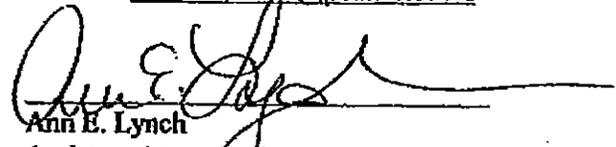
  
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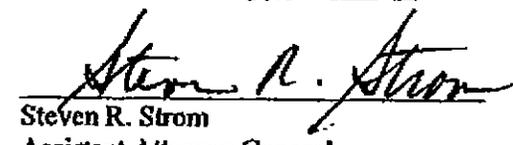
DEFENDANTS,  
Wayne Choinski, et al.

  
Theresa C. Lantz  
Commissioner of Correction

RICHARD BLUMENTHAL  
ATTORNEY GENERAL

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Andrew J. Spano  
County Executive

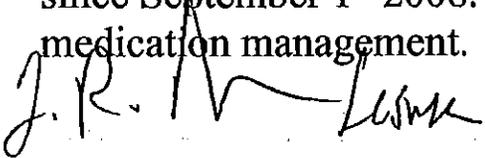
Department of Community Mental Health

Jennifer Schaffer Ph.D.  
Commissioner

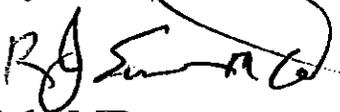
3/11/09

To Whom It May Concern,

Mr. Christopher Santos has been a client in our clinic continuously since September 1<sup>st</sup> 2008. He receives individual counseling and medication management.



J.R. Lombardo, LCSWR  
Senior Psychiatric Social Worker



Jayare Suh, MD  
Medical Director



**SEROQUEL 200 MG TABLET ZEN**

ASTRAZENECA LP

**TAKE 1 TABLET EVERY MORNING AND TAKE 2 TABLETS AT BEDTIME**

This is a WHITE, ROUND-shaped, TABLET imprinted with SEROQUEL 200 on the front.

**QUETIAPINE - ORAL** (kweh-TIE-ah-peen)

**COMMON BRAND NAME(S):** Seroquel

**WARNING:** There may be a slightly increased risk of serious, possibly fatal side effects (e.g., stroke, heart failure) when this medication is used in elderly patients with dementia. This medication is not approved for the treatment of dementia-related behavior problems. Discuss the risks and benefits of this medication, as well as other effective and possibly safer treatments for dementia-related behavior problems, with the doctor.

**USES:** This medication is used with or without other medications to treat certain mental/mood conditions (e.g., bipolar disorder, schizophrenia). Quetiapine is known as an anti-psychotic drug (atypical type). It works by helping to restore the balance of certain natural chemicals (neurotransmitters) in the brain. This medication can decrease hallucinations and improve your concentration. It helps you to think more clearly and positively about yourself, feel less nervous, and take a more active part in everyday life. Quetiapine can help prevent severe mood swings or decrease how often mood swings occur.

**HOW TO USE:** Read the Medication Guide available from your pharmacist before you start using quetiapine and each time you get a refill. If you have any questions, consult your doctor or pharmacist. Take this medication by mouth with or without food, usually 2 or 3 times daily or as directed by your doctor. Dosage is based on your medical condition and response to therapy. Your doctor will start you at a low dose and gradually increase the dose to reduce the dizziness and lightheadedness that may occur when you first start to take this drug. It may take several weeks to notice the full benefit of this drug. Use this medication regularly in order to get the most benefit from it. To help you remember, use it at the same times each day. If you stop taking quetiapine for more than one week, notify your doctor. If you restart the drug, you may need to start at a low dose and gradually increase the dose again. Continue taking this medication exactly as prescribed, even if you are feeling better and thinking more clearly. Do not stop taking this medication without first consulting your doctor. Some conditions may become worse when the drug is suddenly stopped. This medication may cause dependence, especially if it has been used regularly for an extended time or if it has been used in high doses. In such cases, withdrawal reactions (such as trouble sleeping, nausea, diarrhea, irritability) may occur if you suddenly stop this drug. To prevent withdrawal when stopping extended/regular treatment with this drug, gradually reduce the dosage as directed. Consult your doctor or pharmacist for more details, and report any withdrawal reactions immediately. Limit the amount of grapefruit or grapefruit juice you may eat or drink while being treated with this medication unless your doctor directs you otherwise. Grapefruit may increase the amount of certain medications in your blood stream. Consult your doctor or pharmacist for more details. Inform your doctor if your condition persists or worsens.

**SIDE EFFECTS:** Constipation, drowsiness, dizziness, headache, stomach pain/ upset, tiredness, weight gain, nasal congestion, or dry mouth may occur. If any of these side effects persist or worsen, notify your doctor. Remember that your doctor has prescribed this medication because he or she has judged that the benefit to you is greater than the risk of side effects. Many people using this medication do not have serious side effects. Tell your doctor immediately if any of these unlikely but serious side effects occur: fainting, unusually fast/irregular heartbeat, signs of infection (e.g., fever, persistent sore throat), mental/mood changes (e.g., increased anxiety, depression, suicidal thoughts), difficulty swallowing, weakness, swelling arms/legs/feet. Tell your doctor immediately if any of these rare but very serious side effects occur: seizures, vision changes. Quetiapine may rarely cause a condition known as tardive dyskinesia. In some cases, this condition may be permanent. Tell your doctor immediately if you develop any unusual/uncontrolled movements (especially of the face, lips, mouth, tongue, arms or legs). For males, in the very unlikely event you have a painful or prolonged erection (lasting more than 4 hours), stop using this drug and seek immediate medical attention, or permanent problems could occur. This drug may infrequently cause a serious (rarely fatal) nervous system disorder (neuroleptic malignant syndrome). Seek immediate medical attention if you notice any of the following rare but very serious side effects: muscle stiffness, high fever, increased sweating, fast heartbeat, mental/mood changes, change in the amount of urine. A very serious allergic reaction to this drug is unlikely, but seek immediate medical attention if it occurs. Symptoms of a serious allergic reaction may include: rash, itching/swelling (especially of the face/tongue/throat), severe dizziness, trouble breathing. This is not a complete list of possible side effects. If you notice other effects not listed above, contact your doctor or pharmacist. Call your doctor for medical advice about side effects. In the US, you may report side effects to the Food and Drug Administration (FDA) at 1-800-FDA-1088. In Canada, you may report side effects to Health Canada at 1-866-234-2345.

**PRECAUTIONS:** Before taking quetiapine, tell your doctor or pharmacist if you are allergic to it; or if you have any other allergies. Before using this medication, tell your doctor or pharmacist your medical history, especially of: Alzheimer's disease, low blood pressure, disease of the blood vessels in the brain (e.g., stroke), blood disorders (e.g., leukopenia, neutropenia), a severe loss of body water (dehydration), certain eye problems (cataracts), liver disease, seizures, trouble swallowing, thyroid problems. Also tell your doctor or pharmacist if you or a family member has a history of the following: alcohol/drug abuse, diabetes, heart disease (e.g., ischemic heart disease, heart failure, heart rhythm problems), high blood cholesterol/triglyceride levels, high blood pressure, obesity. Get up slowly when rising from a sitting or lying position to avoid dizziness and lightheadedness. This is more likely to occur in the first few days after starting/restarting the drug or after your dose increases. This drug may make you dizzy or drowsy; use caution engaging in activities requiring alertness such as driving or using machinery. Avoid alcoholic beverages. This drug may also cause significant weight gain and a rise in your blood cholesterol (or triglyceride) levels. These effects may increase your risk for developing heart disease, especially if you also have diabetes. Discuss the risks and benefits of treatment with your doctor. (See also Notes section.) This drug may infrequently make your blood sugar level rise, causing or worsening diabetes. This high blood sugar can rarely cause serious conditions such as diabetic coma. Tell your doctor immediately if you develop symptoms of high blood sugar such as unusual increased thirst/urination or vision changes. If you already have diabetes, be sure to check your blood sugar level regularly. This drug can make you more likely to get heat stroke. Avoid activities that may cause you to overheat (e.g., strenuous work, exercising in hot weather, using hot tubs). Drink plenty of fluids, dress lightly, and stay in cool/air-conditioned areas when the weather is hot. Caution is advised when using this drug in the elderly because they may be more sensitive to its effects, especially dizziness. This medication should be used only when clearly needed during pregnancy. Discuss the risks and benefits with your doctor. It is not known whether this drug passes into breast milk. Because of the possible risk to the infant, breast-feeding while using this drug is not recommended. Consult your doctor before breast-feeding.

**DRUG INTERACTIONS:** Your healthcare professionals (e.g., doctor or pharmacist) may already be aware of any possible drug interactions and may be monitoring you for it. Do not start, stop or change the dosage of any medicine before checking with them first. This drug should not be used with the following medication because very serious interactions may occur: sibutramine. If you are currently using this medication, tell your doctor or pharmacist before starting quetiapine. Before using this medication, tell your doctor or pharmacist of all prescription and nonprescription/herbal products

IMPORTANT DISCLAIMER: The side effects listed above are not all of the possible risks that could be caused by this

**TEGRETOL 100 MG TABLET CHEWNOV**  
MYLANTE  
**TAKE 2 TABLETS 3 TIMES A DAY**

This is a PINK, ROUND-shaped, CHEWABLE TABLET imprinted with TEGRETOL on the front and 52 52 on the back.

**CARBAMAZEPINE CHEWABLE TABLET - ORAL** (kar-bam-AZZ-eh-peen)

**COMMON BRAND NAME(S):** Tegretol

**WARNING:** Carbamazepine may rarely cause very serious (possibly fatal) skin reactions. Certain ethnic groups (including people of Asian/South Asian descent) are at greater risk. Your doctor may order a blood test (HLA-B 1502) to measure your risk before prescribing this medication. If the blood test shows you are at greater risk, discuss the risks and benefits of carbamazepine and other treatment choices with your doctor. Such skin reactions have developed mostly within the first few months of treatment. Seek immediate medical attention if you develop any of the following symptoms: skin rash/blisters/peeling, itching, or swelling. Ask your doctor or pharmacist for more details. This drug has rarely caused a severe decrease in bone marrow function (aplastic anemia, agranulocytosis). Your doctor will monitor your blood counts to minimize the chance of this side effect. Keep all medical and laboratory appointments. Tell your doctor immediately if any of these rare but very serious side effects occur: signs of infection (e.g., fever, persistent sore throat), unusual weakness or fatigue, or easy bleeding/bruising.

**USES:** Carbamazepine is used to prevent and control seizures. It is known as an anticonvulsant or anti-epileptic drug. It is also used to relieve one type of nerve pain (trigeminal neuralgia). This medication works by reducing excessive nerve signals in the brain and restoring the normal balance of nerve activity.

**OTHER USES:** This section contains uses of this drug that are not listed in the approved professional labeling for the drug but that may be prescribed by your health care professional. Use this drug for a condition that is listed in this section only if it has been so prescribed by your health care professional. This drug may also be used to treat certain mental/mood conditions (e.g., bipolar disorder, schizophrenia) and other types of nerve pain.

**HOW TO USE:** Chew this medication thoroughly before swallowing. Take it with meals or as directed by your doctor. Dosage is based on your medical condition and response to therapy. Your doctor may gradually increase your dose. Follow these directions carefully. For the treatment of trigeminal nerve pain, do not take more than 1,200 milligrams per day. Avoid eating grapefruit or drinking grapefruit juice while being treated with this medication unless your doctor instructs you otherwise. Grapefruit juice can increase the amount of certain medications in your bloodstream. Consult your doctor or pharmacist for more details. Take this medication regularly at evenly spaced intervals in order to get the most benefit from it. Remember to use it at the same times each day to keep the amount of medicine in your body at a constant level. Do not take more of this medicine than prescribed or stop taking it without consulting your doctor. Some conditions (e.g., seizures) may become worse when the drug is suddenly stopped. Your dose may need to be gradually decreased. Inform your doctor if your condition does not improve or worsens.

**SIDE EFFECTS:** See also the Warning section. Nausea, vomiting, dizziness, drowsiness, or unsteadiness may occur as your body adjusts to this medication. If any of these effects persist or worsen, notify your doctor or pharmacist promptly. Remember that your doctor has prescribed this medication because he or she has judged that the benefit to you is greater than the risk of side effects. Many people using this medication do not have serious side effects. Tell your doctor immediately if any of these unlikely but serious side effects occur: swelling of the ankles/feet, fatigue, fast/slow/irregular heartbeat, persistent or severe headache, fainting, trouble urinating, change in the amount of urine, decreased sexual ability, unusual eye movements (nystagmus), vision changes, hearing problems, mental/mood changes, pain/redness/swelling of the arms or legs, numbness/tingling of the hands/feet, sun sensitivity, joint pain, hair loss. This medication rarely may cause mood or behavior changes, such as anxiety, agitation, hostility, pressured/rapid speech, or thoughts of suicide. Tell your doctor immediately if you develop unusual (possibly sudden) mood changes. Tell your doctor immediately if any of these rare but very serious side effects occur: persistent nausea or vomiting, severe stomach/abdominal pain, yellowing eyes and skin, dark urine, swollen glands, persistent mouth sores. Seek immediate medical attention if any of these rare but very serious side effects occur: chest pain, trouble breathing. A very serious allergic reaction to this drug is unlikely, but seek immediate medical attention if it occurs. Symptoms of a serious allergic reaction may include: rash, itching/swelling (especially of the face/tongue/throat), severe dizziness, trouble breathing. This is not a complete list of possible side effects. If you notice other effects not listed above, contact your doctor or pharmacist. Call your doctor for medical advice about side effects. In the US, you may report side effects to the Food and Drug Administration (FDA) at 1-800-FDA-1088. In Canada, you may report side effects to Health Canada at 1-866-234-2345.

**PRECAUTIONS:** Before taking carbamazepine, tell your doctor or pharmacist if you are allergic to it; or to other anti-seizure medications (e.g., phenobarbital, phenytoin) or tricyclic antidepressants (e.g., amitriptyline, desipramine); or if you have any other allergies. This medication should not be used if you have certain medical conditions. Before using this medicine, consult your doctor or pharmacist if you have: decreased bone marrow function (bone marrow depression), a certain blood disorder (acute intermittent porphyria). Before using this medication, tell your doctor or pharmacist your medical history, especially of: high blood pressure, blood clots, blood vessel disease, heart disease (e.g., coronary artery disease, congestive heart failure, heart rhythm or conduction disorders), kidney disease, liver disease, glaucoma, mental/mood disorders, certain types of seizures (atypical absence seizures), history of decreased bone marrow function due to other drugs. This drug may make you dizzy or drowsy; use caution engaging in activities requiring alertness such as driving or using machinery. Limit alcoholic beverages. This medication may make you more sensitive to the sun. Avoid prolonged sun exposure, tanning booths or sunlamps. Use a sunscreen and wear protective clothing when outdoors. During pregnancy, this medication should be used only when clearly needed. It may harm an unborn baby. Discuss the benefits and risks of using this medication during pregnancy with your doctor. Since untreated seizures is a serious condition, do not stop taking this medication unless directed by your doctor. If you are planning pregnancy, become pregnant, or think you may be pregnant, immediately consult your doctor. If you are pregnant, prenatal care that includes tests for defects is recommended. This medication passes into breast milk but is unlikely to harm a nursing infant. Consult your doctor before breast-feeding.

**DRUG INTERACTIONS:** See also the How to Use section. Your healthcare professionals (e.g., doctor or pharmacist) may already be aware of any possible drug interactions and may be monitoring you for it. Do not start, stop or change the dosage of any medicine before checking with them first. Avoid taking MAO inhibitors (e.g., furazolidone, isocarboxazid, linezolid, moclobemide, phenelzine, procarbazine, rasagiline, selegiline, tranylcypromine) within 2 weeks before or after treatment with this medication. In some cases a serious, possibly fatal, drug interaction may occur. This drug should not be used with the following medications because very serious interactions may occur: darunavir, delavirdine, atavirine, nefazodone, telithromycin, voriconazole. Before using this medication, tell your doctor or pharmacist of all prescription and nonprescription/herbal products you may use, especially of: other anti-seizure medications (e.g., felbamate, valproic acid), lithium, SSRI antidepressants (e.g., fluoxetine), tramadol, drugs affecting liver enzymes that remove carbamazepine from your body (such as azole antifungals including itraconazole, macrolide antibiotics including erythromycin, cimetidine, rifamycins including rifabutin, St John's wort, propoxyphene, danazol, calcium channel blockers including verapamil). Carbamazepine can cause certain liver enzymes to speed up the removal of other drugs from your body, possibly decreasing their effectiveness. These affected drugs include (this is not a complete list): certain cancer drugs

IMPORTANT DISCLAIMER: The side effects listed above are not all of the possible risks that could be caused by this



## Traumatic brain Injury

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According to reliable sources, traumatic brain injury or TBI is one of the most common causes of death among children and adolescents. No one knows exactly how many fatal cases there are, but conservative estimates put the total number of traumatic brain injuries at around two million per year in the United States, with half a million severe enough to require hospitalization. In Britain, around a million people are treated for head injuries each year, with almost 12,000 of these being severe. One in ten people die

### What is traumatic brain injury?

In a severe injury to the skull or brain, brain tissue and blood vessels are seriously damaged by some external violent attack.

### How does traumatic brain injury happen?

A traumatic brain injury is usually the result of a heavy blow or punch to the head. According to one US study, 80 percent of severe or moderately severe brain injuries are caused by traffic accidents. Around 15 percent happen in the home, followed by acts of violence, and accidents at work or playing sport.

### How can you recognize a traumatic brain injury?

Through very careful and precise examination. This includes measuring the person's blood pressure, oxygen levels in the blood and temperature, X-rays, MRI scan of the head (possibly including the chest, stomach and spine), conventional X-rays of the chest, stomach and spine, ultrasound scans, blood test, electrocardiography (ECG), electroencephalography (EEG).

### What are the signs of a traumatic brain injury?

One of the main signs is loss of consciousness. There are three levels of gravity in traumatic brain injury: brief unconsciousness (less than 5 minutes), unconsciousness lasting more than 5 minutes, and persistent unconsciousness. These conditions are often caused by bleeding in the brain, which can appear immediately after the injury or up to 48 hours following the accident. Bedside monitoring is essential.

### What are the symptoms or after-effects of a traumatic brain injury?

TBI can cause long-lasting damage to brain function, which can vary depending on which region of the brain was damaged. Symptoms or effects can include headaches of increasing severity, clouding or loss of consciousness, clear or watery bloody liquid running from the nose and ears, bruising under the eyes, differently enlarged pupils, a strong, slow pulse, breathing difficulties, vomiting, headache, fainting, paralysis, impaired speech, coordination problems, problems with regulating body temperature, brain function problems, perception problems. In contrast to a slight brain injury, or moderately severe TBI, whose symptoms disappear after a few days or months, with severe trauma the damage can last a lifetime.

### What are the prospects of a cure?

Permanent damage is likely if the brain injury is traumatic. The effects can range from slight changes in personality or impaired memory capacity through to severe conditions like persistent vegetative syndrome (PVS). Intensive and early rehabilitation (with occupational therapy) improves the prognosis.

Source: *alf*

### Further information

Headway Ireland

## Head Injuries Can Be Fatal, Even Without Immediate Symptoms

**Natasha Richardson's death raises awareness of 'silent' trauma.**

Posted by Coell Carr on Wednesday, March 18, 2009 8:16 AM



After a serious accident, victims often experience overt pain or immobility that leads them to seek immediate medical attention. But what if you injure your head and feel okay afterward? What should you do?

Actress Natasha Richardson, who was critically injured Monday after she fell during a private skiing lesson, reportedly did not show any apparent sign of injury, and she even walked after the incident. It wasn't until about an hour later that she reportedly complained of an extreme headache and was taken to a hospital. (UPDATE 5:16 PM: Natasha Richardson has died from the brain injury she sustained during a skiing accident. Our thoughts are with her family.)

When you experience serious trauma to your head, you can be at risk, even if you feel fine and have no symptoms, says James J. McCarthy, M.D., assistant professor of emergency medicine at University of Texas Medical School at Houston.

"You've got confined space inside the skull, and blood from the injured blood vessels flows into the same space that the brain occupies," says McCarthy. "This growing clot of blood starts taking up more and more space, and puts pressure on and decreases the flow of oxygen to the brain." The brain can literally be squeezed to death, he says.

McCarthy says you may not have symptoms until you get a headache, which can be a sign of ongoing hemorrhage or bleeding around the brain. "This pressure [that's] built up makes the head hurt," he says. However, you can be free of symptoms for some time. McCarthy has seen people with head injuries who came to the hospital four or five days after their initial incident. In those cases, the clot inside the skull grew slowly, and pressure on the brain built up gradually.

If the injury to a blood vessel or vessels is small and your body's blood-clotting ability is normal, the bleeding may stop, says McCarthy. This would likely prevent a larger clot from forming, and pressure from building up. For more serious bleeding, surgery is often required to alleviate pressure on the brain, he says. People who are on blood thinning medication, such as Plavix, are also more at risk, because it's more difficult to stop the bleeding resulting from the trauma.

### **After head trauma, when do you need to seek medical care?**

McCarthy advises getting evaluated at a hospital, if you become unconscious even briefly as a result of a head injury and even if you feel fine afterward. "Going unconscious raises your risk significantly," he says. If you feel fine, then watch for symptoms (or have a companion watch for signs), such as headaches, weakness or balance problems. If you experience these symptoms, seek medical attention immediately.

You also need to be medically evaluated if you experience nausea or vomiting, says Jeff Kalina, M.D., associate medical director of emergency medicine at The Methodist Hospital in Houston. Pressure on the brain stimulates the vomit reflex, he says. And while a torn artery inside the head will cause the blood clot to form quickly, says Kalina, injuries to smaller blood vessels mean the clot may take longer to create pressure on the brain, potentially leaving the person symptom-free for a longer time.

People older than 65 also may not show symptoms for a length of time, says Kalina. With these conditions, the brain is likely to have atrophied somewhat, which means less space is taken up in the skull. It therefore takes a

longer time for collected blood to exert pressure around the brain, he says.

To help protect your head from trauma, wear a helmet when participating in sports, or when you're exposed to traffic while riding a bicycle, says McCarthy. Reports noted that Natasha Richardson was not wearing a helmet during her accident.

"The likelihood of a serious problem is very small if, after a head trauma, you've got no external signs of injury and you feel okay," says McCarthy. "But your risk is never zero."

[Search for more information on head trauma.](#)

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## SURGERY PROPOSAL

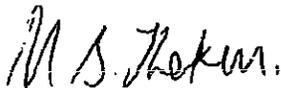
Christopher Santos  
P.O. Box 359  
Verplanck, NY 10596

March 19, 2009

This is an estimate for your anticipated surgical procedure. Please review this carefully.

<u>Procedure</u>	<u>Practice Fees</u>
Scar Revision	\$ 1,000.00
One hour OR HVHC	\$ 1,600.00
Anesthesia	\$ 450.00
<hr/>	
Total \$ 3,050.00	

We accept Credit Cards and/or cash for the surgery. The outside fee if there is one, must be paid directly to the facility or provider where the procedure will be undertaken. If you have any questions please call the office.



Mrudangi S. Thakur

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