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RE: JENNIFER EMMI ID# 2175327 Fluvanna Correctional Center for Women
TO WHOM IT MAY CONCERN:

SUBJECT MATTER EXPERT BACKGROUND

I, Charles Howard, MD, MMM am retired from the Federal Bureau of Prisons (BOP) having served- 20 years as a Medical Officer. From November 2002 to December 2016 I worked at the Federal Medical Center, Devens, (FMC Devens) in Ayer, Massachusetts, as a staff Physician. I also served as the National Ophthalmology consultant to the Federal Bureau of Prisons for the past 20 years. From December 2016 until December 2022 I have been the Medical Director at the Federal Detention Center, Miami (FDC Miami). I was responsible for examining, evaluating, treating, and coordinating all Medical Care for all inmates in the facility. There are approximately 20,000-30,000 inmates seen at this institution annually. I am Board Certified in Quality Assurance and Utilization Review, a Fellow of the American Institute of Health Care Quality Management, and a Senior Analyst and Diplomate of the American Board of Disability Analysts. In 2005, I earned a Master's Degree in Medical Management (MMM) from HJ Heinz School of Public Policy and Management at Carnegie Mellon University, Pittsburgh, PA.

FMC Devens is an administrative facility that houses convicted Federal Offenders who require all levels of specialized or long term medical and/or mental health care. It is one of six (6) Federal Medical Centers Nationwide operated by the BOP. FDC Miami is also an administrative facility that houses Detainees who are Pre-Trial, Pre-Sentenced, and Sentenced inmates. As Administrative Facilities, both house individuals of minimal to maximum security levels. Both facilities also house low and medium security level inmates who do not require specialized medical or mental health care. They are fully accredited by several Accrediting Agencies and have passed the American Correctional Association and BOP Program Review Accreditation processes repeatedly.

SCOPE OF REPORT

I was contacted by Ms. Emmi's mother as a Subject Matter Expert to provide appropriate, accurate Medical Information based upon an extensive and comprehensive review of provided Medical Records. The intention is to assist Ms. Emmi in obtaining proper, appropriate medical care while incarcerated.

The information contained in this preliminary report is predicated on an initial review of immediately available documents as well as written and verbal communication with the patient's mother.

MEDICAL SUMMARY

Ms. Emmi is a 45 yo woman who has a longstanding diagnosis of LUPUS and ANTIPHOSPHILIPID syndrome. Both of these conditions are autoimmune conditions which are very serious if not treated timely and appropriately. An autoimmune condition causes a person's own immune system to generate antibodies against his or her own body, treating it as foreign, causing a myriad of symptoms frequently mistaken for other less serious conditions, or medication reactions and/or interactions.

Ms. Emmi had an intravenous Port implanted in her upper chest wall many years ago so she could receive regular access for treatment with Intravenous Immunoglobulin (IVIG) on a regular basis. This intravenous infusion product is the only treatment that helps mitigate the body's autoimmune response. This allows patients to have much fewer complications due to these conditions. She was receiving IVIG on a frequent and regular basis until her incarceration. She has not received it since, and has NOT received management of the port so it has not stayed patent (open and functional), but has occluded and is no longer useable.

The only correctional facilities equipped, funded and staffed to identify, manage, and treat these conditions are the five Medical Centers operated by the Federal Bureau of Prisons. Jails, and all other Federal Prisons are NOT equipped, funded, nor staffed to identify, manage, and treat these conditions. Any attempt to do so is clearly beyond the scope of practice of the professionals at those institutions.

TYPICAL PRISON OPERATIONS

Medical areas in jails and prisons function solely as outpatient clinics with minimal capabilities. If and when an individual is acutely ill, or requiring around the clock medical attention, they are typically transferred to a local hospital and admitted if ill enough.

PRISON LIFE ENVIRONMENT

Inmates live in a densely populated setting where spread of infectious disease has always been a concern, even prior to COVID-19. These infections are sometimes the result of inmates sharing items such as soap, towels, or clothing, because they are not always readily available. Much of the responsibility for controlling infections falls to inmate's diligence about cleansing and disinfecting areas. As might be expected, inmates frequently fall short on cleansing and disinfecting, creating additional problems. A patient with autoimmune disease is already compromised immunologically and is much less likely to be diligent about cleanliness and disinfecting, when not feeling well.

The "high touch" areas where contagion of disease is a concern are toilets, showers, telephones (shared by multiple inmates each day) and computer terminals. During my career, I witnessed many infectious disease outbreaks including Methicillin Resistant Staph Aureus (MRSA), and Pseudomonas. Both are difficult to treat, and frequently require long term intravenous medication in a hospital setting. For healthy inmates, the risks are not as troubling as for an immunocompromised individual for whom any infection could be life-threatening.

SUMMARY

Recent information I received about Ms. Emmi's medical condition include:

1. Severe weight loss. She was reportedly only 87 pounds, but has been able to gain some of it back. Being severely underweight, (cachectic like a terminal cancer patient) makes it difficult if not impossible for her body to handle these conditions.
2. Urinary retention. Inability to urinate. This causes hydronephrosis, a backup of fluid into the kidneys and Acute and Chronic renal failure. This can readily lead to Complete renal failure, Nephrotic Syndrome and death if not treated timely. If caught in time, she would require life long Hemodialysis four (4) hours per day three days each week for the rest of her life. Jails and prisons do not provide this life saving service.
3. Severe nausea and vomiting. This causes dehydration, and the need for Intravenous Fluids.
4. Fever. Fever in patients with this myriad of symptoms frequently is the result of Sepsis, an infection in the blood that can readily lead to death if untreated or not appropriately treated rapidly.
5. Several strokes, and mini strokes, causing weakness, inability to ambulate without a wheelchair, and Blindness, in one eye and blurry vision in the other eye. Continuing IVIG therapy likely could have prevented these.
6. As a result of all these VERY SERIOUS LIFE THREATENING CONDITIONS she is unable to perform typical activities of daily living herself such as dressing, feeding and toileting.
7. She is reported to be Tachycardic while at rest. This means rapid heart rate, indicating significant stress on the heart and an effort by the heart to correct metabolic and physiological compromise. This is a very dangerous condition if left untreated for too long and could cause mortality as well.

CONCLUSIONS

It is clear from the Medical Records I have reviewed to date, that Ms. Emmi belongs in an inpatient hospital, where she can receive the necessary Medical Care for her multitude of severe Medical conditions. These services are NOT available in a Jail, nor in most Federal Prison facilities.

In my professional Medical Opinion, of over 46 years Medical Experience and extensive Federal Prison Professional Medical experience, MS. EMMI MEDICALLY REQUIRES IMMEDIATE TRANSFER TO A MAJOR TERTIARY MEDICAL CENTER. This is the only type facility with resources needed to treat her.

Thank you for your consideration.

Charles Howard, MD

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