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7 UNITED STATES DISTRICT COURT
8 SOUTHERN DISTRICT OF CALIFORNIA

9 UNITED STATES OF AMERICA,

10 Plaintiff,

11 v.

12 ERICA GAYLE LYNCH,

13 Defendant.
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Case No.: 18-cr-851-GPC

Motion to modify sentence,
18 U.S.C. §3582(c)(1)(A)(i)

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17 At the time of Erica Lynch's arrest for importing a controlled substance, she was
18 pregnant. She remained in custody throughout her case, pleaded guilty, and the Court
19 imposed a 36-month sentence, recommending MINT or the Residential Pregnancy
20 Program, and, to address her drug problem, RDAP. The BOP did not honor the Court's
21 request for a pregnancy program, but instead, based on her serious medical issues,
22 designated her to a Federal Medical Center. There, she delivered her daughter Gracelynn,
23 who is now in her parents' temporary custody.
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1 Ms. Lynch completed a substantial portion of RDAP, but the program has frozen
2 nationwide because of the pandemic. In fact, but for the pandemic, she would likely
3 already be in a halfway house or home confinement with a well-earned sentencing
4 reduction, or close to it.
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6 Unless the Court grants this motion, she will remain in prison until her release date
7 in March, 2021 (minus several months of expected halfway house time at the end of her
8 sentence). Remaining in custody, however, carries significant dangers. Ms. Lynch suffers
9 from a blood disorder, obesity, heart-valve issues, and a weakened immune system –
10 comorbidities that render COVID-19 especially lethal. (APP):12-23.¹ Worse still, she is
11 confined within a prison with *over ninety* active COVID-19 cases, and the numbers there
12 have been growing quickly – doubling in less than a week. APP:11. For Ms. Lynch, the
13 danger is real. She does not deserve to die in prison or become gravely ill from COVID-
14 19. And it constitutes extraordinary and compelling reasons for relief.
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19 Thus, pursuant to 18 U.S.C. § 3582(c), Ms. Lynch moves the Court to modify her
20 sentence such that her remaining term be served in home confinement as a condition of
21 supervised release. According to the BOP, she is scheduled for release on March 14, 2021.
22 APP:3. But she is eligible for halfway house and/or home confinement within the last
23 121-150 days of her sentence. APP:4. The upshot is that, Ms. Lynch seeks a reduction of
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28 ¹ Relevant medical records are attached to this motion.

1 just a few months to help protect her from COVID-19 exposure as it accelerates in the
2 coming weeks, and a predictably bad outcome.

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4 **Government’s position**

5 Prior to filing, the defense provided a draft of the motion to the government. The
6 government indicated it would oppose the request.

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8 **Discussion**

9 The First Step Act (FSA) recently amended 18 U.S.C. § 3582 to allow defendants
10 seeking a sentencing modification to petition the district court directly:

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12 the court . . . upon motion of the defendant after the defendant has fully exhausted
13 all administrative rights to appeal a failure of the Bureau of Prisons to bring a
14 motion on the defendant’s behalf or the lapse of 30 days from the receipt of such a
15 request by the warden of the defendant’s facility, whichever is earlier, may reduce
16 the term of imprisonment (and may impose a term of probation or supervised release
17 with or without conditions that does not exceed the unserved portion of the original
18 term of imprisonment), after considering the factors set forth in section 3553(a) to
19 the extent that they are applicable, if it finds that . . . extraordinary and compelling
20 reasons warrant such a reduction . . . and that such a reduction is consistent with
21 applicable policy statements issued by the Sentencing Commission[.]

19 18 U.S.C. § 3582(c)(1)(A)(i).

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21 In short, to obtain relief, the defendant must first satisfy the exhaustion / time-lapse
22 requirement. Second, she must demonstrate that “extraordinary and compelling reasons,”
23 consistent with the applicable policy statement, warrant a modification. Ms. Lynch
24 addresses these requirements in turn.
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1 **A. Exhaustion / Time Lapse.**

2 On June 17, 2020, Ms. Lynch requested compassionate release/reduction in
3 sentencing through the Warden at FMC Carswell. The next day, on June 18, 2020, the
4 Warden denied the request. APP:1. The letter included no specific reasoning. *Id.*

6 Counsel for the BOP has confirmed the Warden’s denial constitutes exhaustion:
7 “The letter from the Warden denying reduction in sentence, compassionate release, means
8 the client got the Warden’s review. The client doesn’t need to file a BP-9, Request for
9 Admin Remedy. *The Court may find that you have exhausted and can review the*
10 *compassionate release on the merits.”* APP:2 (emphasis added). Accordingly, Ms. Lynch
11 has met this first requirement. APP:1.²

14 **B. The merits.**

15 Moving to the merits, a court may modify a previously imposed sentence if it finds:
16 (1) “extraordinary and compelling reasons” warrant the modification, (2) it would be
17 “consistent with any applicable policy statements issued by the Sentencing Commission,”
18 and (3) the sentencing factors in section 3553(a) support the modification. *See United*
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22 ² Ms. Lynch notes that if the Court finds the Warden’s denial insufficient, the 30-day
23 period would end on July 17, 2020. Rather than go through an exercise of dismissing and
24 then having her refile in just a few days, Ms. Lynch would urge the Court to accept her
25 motion and set a motion hearing date on or after July 17, 2020. Alternatively, as this Court
26 has noted, it can waive the exhaustion requirement. *See United States v. Padilla*, No. 19-
27 cr-03331-GPC, 2020 U.S. Dist. LEXIS 102483, at *16 (S.D. Cal. June 11, 2020); *see also*
28 *United States v. Perez*, 17-cr-513-AT, Dckt. 98 at 2-6 (S.D.N.Y. Apr. 1, 2020)
 (“exhaustion of the administrative process can be waived in light of the extraordinary
 threat posed – in [her] unique circumstances – by the COVID-19 pandemic.”).

1 *States v. Rodriguez*, No. 2:03-cr-371-AB, Dckt. 135 at 2-3 (quoting 18 U.S.C. §
2 3582(c)(1)(A)). Ms. Lynch’s requested modification satisfies these requirements.

3 1. Extraordinary and compelling reasons to grant relief.

4 a. *Ms. Lynch’s health conditions make her especially vulnerable.*

5 Ms. Lynch has significant medical issues that render her particularly vulnerable to
6 COVID-19. She suffers from a blood disorder, obesity, a weakened immune system, and
7 cardiac issues.³

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10 Beginning with her blood disorder, Ms. Lynch has a **Qualitative Platelet Defect**, a
11 rare genetic defect that causes excessive bleeding. APP:12, 20. She has had a life-long
12 history of excessive bleeding, “even to the point of requiring blood transfusions.” APP:20.
13 Currently, she takes Aminocaproic Acid (Amicar), 500 mg., to help control the bleeding.
14 APP:15, 19. However, Ms. Lynch reported to undersigned counsel that she is still
15 experiencing excessive bleeding since giving birth to her daughter in October, 2019. As
16 stated above, due to her blood disorder, the BOP designated her to a Federal Medical
17 Center. APP:24.

18 Ms. Lynch also suffers from **obesity**. APP:13, 15. She is 5’7” and weighs
19 approximately 192 pounds. APP:13, PSR:2. As such, her Body Mass Index (BMI) is over
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26 ³ Initial medical records indicated a history of diabetes. Moreover, Ms. Lynch reported
27 having diabetes in 2015, and was taking metformin, a diabetic medication. A review of
28 Ms. Lynch’s current medical records, however, show her blood levels are normal and that
she is not diabetic.

1 30.⁴ And as the CDC highlights, “having obesity, defined as a [BMI] of 30 or above,
2 increases your risk of severe illness from COVID-19.”⁵ In fact, studies have suggested
3 that obesity is one of the top three comorbidities for COVID-19 patients.⁶
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5 Dr. David Kass, a Johns Hopkins cardiologist, emphasizes “obesity [is] a notable
6 risk factor for COVID-19—and often the primary risk factor for younger patients.”⁷
7 Indeed, Dr. Kass’s message is clear: “you need to treat obesity seriously as a pre-existing
8 condition that increases your risks for COVID-19....if you’re obese and you’re 25, or 35,
9 or 45, you have a risk factor and you should be appropriately careful.” And the sedentary
10 nature of constant COVID-19 lockdown has not helped Ms. Lynch manage her weight.
11 She actually weighs more now than she did two months after delivering her child (and is
12 20 pounds heavier than the 170 she was at the time of the PSR).
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16 The same is true of her other medical conditions, which have taken a collective toll.
17 As stated, Ms. Lynch has undergone **blood transfusions** due to her blood disorder.
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20 ⁴<https://www.cdc.gov/obesity/adult/defining.html> (BMI definitions);
21 https://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/english_bmi_calculator/bmi_calculator.html (BMI Calculator).

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23 ⁵ <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html#obesity>.

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25 ⁶ Safiya Richardson et al., *Presenting Characteristics, Comorbidities, and Outcomes Among 5700 Patients Hospitalized with COVID-19 in the New York City Area*, JAMA (Apr. 22, 2020), <https://jamanetwork.com/journals/jama/fullarticle/2765184>.

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27 ⁷ “*Obesity a Major Risk Factor for COVID-19 Hospitalization*” Johns Hopkins University (June 1, 2020), <https://hub.jhu.edu/2020/06/01/david-kass-obesity-covid-19/>.
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1 APP:23. Moreover, she has a history of **precancerous cells** in her cervix. Since 2007,
2 she underwent Loop Electrosurgical Excision Procedures (LEEP) and 10 laparoscopic
3 surgical procedures to remove **ovarian cysts** and precancerous cells. PSR:16; APP:12,
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5 25 (cone biopsy and cryosurgery procedures remove abnormal tissue.) Moreover, in 2015,
6 Ms. Lynch had her **gallbladder removed** (cholecystectomy). APP:12; PSR:16. As a
7
8 result of these conditions, her **immune system is weakened**. And as the CDC has
9
10 recognized, “Having a weakened immune system may increase your risk of severe illness
11 from COVID-19.”⁸

12 Additionally, she is a **former smoker**. APP:12, 19. Per the CDC, “being a current
13 or former cigarette smoker may increase your risk of severe illness from COVID-19.”⁹

14 Further cause for concern are her **heart issues**. Currently, she suffers from mild to
15 moderate Mitral Regurgitation (MR) and mild to moderate Tricuspid Regurgitation (TR).
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21 ⁸ [https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-
22 medical-
23 conditions.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fgroups-at-higher-
24 risk.html#immunocompromised-state](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fgroups-at-higher-risk.html#immunocompromised-state).

25 ⁹ [https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-
26 medical-
27 conditions.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fgroups-at-higher-risk.html#smoking](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fgroups-at-higher-risk.html#smoking).
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1 APP:12, 16-17. This is commonly known as a “leaky heart-valve.” APP:12. This means
2 her valve does not close properly, allowing blood to flow backwards in her heart.¹⁰

3 Ms. Lynch’s significant medical issues raise substantial concern for her survival
4 should she contract COVID-19; comorbidities are a serious concern. According to the
5 CDC, “[t]he more underlying medical conditions someone has, the greater their risk is for
6 severe illness from COVID-19.”¹¹
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9 b. *The Courts are regularly granting relief.*

10 Even at what appears to be an early stage of the pandemic, numerous courts have
11 granted COVID-19-based sentencing modification motions based on similar conditions.
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13 While every case is unique, the following list is illustrative:

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- 15 • *United States v. Dawson*, No. 18-40085-HLT, 2020 U.S. Dist. LEXIS 64383 (D.
16 Kan. Apr. 9, 2020) (granting release based on obesity alone: “He has a medical
17 condition (obesity) that the CDC recognizes puts him at an increased risk of
developing serious illness if he were to become infected with COVID-19.”).
 - 18 • *United States v. Williams*, No. 19-cr-134-PWG, 2020 U.S. Dist. LEXIS 101054, at
19 *13-14 (D. Md. June 10, 2020) (granting release to obese defendant “due to
20 contracting COVID-19, the uncertainty whether Mr. Williams will experience
21 further complications related to COVID-19, his obesity as a risk factor for
22 complications from COVID-19, the current conditions at CTF, and finding that Mr.

23 ¹⁰ [https://www.mayoclinic.org/diseases-conditions/mitral-valve-regurgitation/symptoms-](https://www.mayoclinic.org/diseases-conditions/mitral-valve-regurgitation/symptoms-causes/syc-20350178)
24 [causes/syc-20350178](https://www.mayoclinic.org/diseases-conditions/mitral-valve-regurgitation/symptoms-causes/syc-20350178) (MR); [https://www.mayoclinic.org/diseases-conditions/tricuspid-](https://www.mayoclinic.org/diseases-conditions/tricuspid-valve-regurgitation/symptoms-causes/syc-20350168)
25 [valve-regurgitation/symptoms-causes/syc-20350168](https://www.mayoclinic.org/diseases-conditions/tricuspid-valve-regurgitation/symptoms-causes/syc-20350168) (TR).

26 ¹¹ [https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fgroups-at-higher-risk.html#)
27 [medical-](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fgroups-at-higher-risk.html#)
28 [conditions.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fgroups-at-higher-risk.html#](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fgroups-at-higher-risk.html#).

1 Williams is not a danger to the community...if returned to it approximately seven
2 months earlier than the termination of his custodial sentence.”).

- 3 • *United States v. Jepsen*, No. 3:19-cv-00073(VLB), 2020 U.S. Dist. LEXIS 57007,
4 at *9 (D. Conn. Apr. 1, 2020) (granting compassionate release for
5 immunocompromised defendant with “three of the chronic conditions considered
6 by the CDC to be risk factors for severe complications.”).
- 7 • *United States v. Campagna*, No. 16-cr-78-01-LGS, 2020 U.S. Dist. LEXIS 54401
8 (S.D.N.Y. Mar. 27, 2020) (granting motion to substitute the remaining four months
9 of incarceration at a RRC to home confinement because “Defendant’s compromised
10 immune system, taken in concert with the COVID-19 public health crisis, constitutes
11 an extraordinary and compelling reason to modify to Defendant’s sentence[.]”).
- 12 • *United States v. Delgado*, No. 3:18cr17(VAB), 2020 U.S. Dist. LEXIS 84469 (D.
13 Conn. Apr. 30, 2020) (granting release to defendant who has “demonstrated that his
14 obesity and sleep apnea place him at greater risk from COVID-19, and that he is
15 unable to properly guard against infection while incarcerated.”).
- 16 • *United States v. Gross*, No. 15-cr-769-AJN, 2020 U.S. Dist. LEXIS 60554, at *1, 3
17 (S.D.N.Y. Apr. 6, 2020) (granting compassionate release to an incarcerated person
18 with several underlying conditions, including being “severely overweight” finding
19 that “the combination of [his] health conditions and his incarceration compounds
20 the risk COVID-19 poses to him, placing him in particularly grave danger”)
21 (internal citation and quotation marks omitted).

22 The government has not opposed every motion. Indeed, “the Department of Justice
23 [has now officially] adopted the position that any inmates who suffers from the chronic
24 conditions associated with severe illness from COVID-19 are eligible for compassionate
25 release.” *Wise v. United States*, No. CR ELH-18-72, 2020 WL 2614816, at *7 (D. Md.
26 May 22, 2020); *see also United States v. Wright*, No. CR TDC-17-0388, 2020 WL
27 2571198, at *3 (D. Md. May 21, 2020) (“The Government now agrees, based on recent
28 Department of Justice guidance, that [defendant’s] condition, and perhaps other medical

1 conditions she presently has, could constitute “extraordinary and compelling reasons”
2 under the circumstances of the COVID-19 pandemic.”).

3 c. *Ms. Lynch cannot adequately protect herself against COVID-19 at FMC*
4 *Carswell.*

5 i. The BOP’s COVID-19 crisis.
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7 These decisions – and government concessions – reflect the undeniable reality that,
8 for those with medical conditions like Ms. Lynch, prison is an extraordinarily dangerous
9 place during this pandemic. Indeed, “courts throughout the country have noted the
10 ‘obvious shortcomings’ in the BOP’s COVID-19 Action Plan.” *United States v. Atkinson*,
11 No. 19-cr-0005-JCM-CWH, Dckt. 39 at 4 (D. Nev. Apr. 17, 2020) (granting motion to
12 modify sentence). And the numbers speak for themselves. In the last three months, over
13 **7,800** inmates have tested positive for COVID-19. APP:10. These statistics confirm
14 what we already know: “Prisons are tinderboxes for infectious disease. The question
15 whether the government can protect inmates from COVID-19 is being answered every
16 day, as outbreaks appear in new facilities.” *Rodriguez*, at Dckt. 135 at 2.
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21 ii. FMC Carswell is not immune from the pandemic.

22 The pressing need for relief is reflected in the ongoing outbreak at Ms. Lynch’s
23 facility, FMC Carswell. As of July 10, 2020, 91 inmates have tested positive, three staff
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1 members are positive, one inmate has died (a woman who had just given birth),¹² and only
2 two inmates have recovered. APP:9-11. If the brief history of COVID-19 in the BOP has
3 taught us anything, it is that once the virus truly hits a facility, the infection rate explodes.
4
5 FMC Carswell is no exception.

6 Even with these alarming numbers, we don't know the full picture. According to
7 the BOP's webpage, as of July 4, 2020, there were 276 completed tests out of 1,390 total
8 inmates.¹³ Now, as of July 10, 2020, there have been 454 completed tests, with 652 tests
9 pending. APP:11. At Terminal Island, for example, BOP was reporting less than 7% of
10 inmates testing positive (73¹⁴ out of 1072¹⁵); once universal testing was implemented,
11 within five days it was reporting over 55% testing positive (600¹⁶ out of 1072).
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14 Indeed, this Court has recognized this is the reality at FMC Carswell: “[I]t is
15 apparent that cases of COVID-19 have spread rapidly through the federal prison system,
16 including FMC-Carswell where the defendant is located, despite the BOP's commendable
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20 ¹² [https://www.cbsnews.com/news/coronavirus-us-inmate-andrea-circle-bear-dies-giving-](https://www.cbsnews.com/news/coronavirus-us-inmate-andrea-circle-bear-dies-giving-birth-while-on-ventilator/)
21 [birth-while-on-ventilator/](https://www.cbsnews.com/news/coronavirus-us-inmate-andrea-circle-bear-dies-giving-birth-while-on-ventilator/) (Andrea Circle Bear died of COVID-19 shortly after giving birth
22 while on a ventilator.)

23 ¹³ See <https://www.bop.gov/coronavirus/> (visited July 4, 2020).

24 ¹⁴ See <https://www.bop.gov/coronavirus/> (visited April 25, 2020).

25 ¹⁵ See https://www.bop.gov/mobile/about/population_statistics.jsp#pop_totals (visited
26 April 25, 2020).

27 ¹⁶ See <https://www.bop.gov/coronavirus/> (visited April 30, 2020).
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1 efforts to stop the virus from spreading.” *United States v. Padilla*, No. 19-cr-03331-GPC,
2 2020 U.S. Dist. LEXIS 102483, at *11 (S.D. Cal. June 11, 2020) (citing *United States v.*
3 *Castillo*, No. CR H-08-146-01, 2020 U.S. Dist. LEXIS 94611 (S.D. Tex. May 29, 2020);
4 see also *Pimentel-Estrada v. Barr*, No. C20-495 RSM-BAT, 2020 U.S. Dist. LEXIS
5 78319 at *29-30 (W.D. Wash. Apr. 28, 2020) (rejecting the government’s argument that
6 an especially vulnerable detainee’s fear of future injury was merely hypothetical and
7 therefore warranted no redress, noting that “[c]ourts have recognized that unsafe
8 conditions in a prison or detention center in and of themselves constitute a concrete injury,
9 even if further resulting harm has not yet occurred.).

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13 Accordingly, “[a]ny incarcerated person with one of the underlying conditions
14 identified by the CDC is unlikely to be able to provide self-care within the environment
15 of a correctional facility to avoid contracting COVID-19.” *Padilla*, 2020 U.S. Dist.
16 LEXIS 102483 at *10 (citation and quotations omitted).

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19 Moreover, society as a whole is safer with the release of inmates like Ms. Lynch,
20 where she can safely quarantine and practice social distance in her home, vice in prison.
21 *See United States v. Burrill*, No. 17-cr-00491-RS-1, 2020 WL 1846788, at *4 (N.D. Cal.,
22 April 10, 2020) (releasing inmate from FCI Duluth, where BOP reported no cases: “Prison
23 conditions mean incarcerated individuals, as well as society as a whole, are safer the more
24 defendants are released”). Say, for instance, Ms. Lynch either contracted COVID-19, or
25 is sent to a nearby hospital to treat one of her underlying conditions. She also poses a risk
26 of contracting the disease from a nearby hospital in the Dallas/Fort Worth area, which is
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1 seeing a surge in cases,¹⁷ and bringing that disease back into the prison community.¹⁸ Not
2 to mention the high likelihood of prison staff contracting the disease in the community
3 and bringing it into the institution. We already know three staff members have tested
4 positive. APP:9. This is not a hypothetical “what if,” this is the reality for Ms. Lynch.

6 2. Granting the requested modification is consistent with the applicable policy
7 statement.

8 The next question is whether Ms. Lynch’s circumstances are consistent with the
9 applicable policy statement in U.S.S.G. § 1B1.13. *See* 18 U.S.C. § 3582(c).
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11 As Judge Bencivengo concluded, following the First Step Act, “there is no
12 applicable policy statement.” *United States v. Owens*, 2020 U.S. Dist. LEXIS 61460, at
13 *9-10 (S.D. Cal. Mar. 20, 2020) (internal citation and quotation omitted). As such, “a
14 reduction in [Ms. Lynch’s] sentence would not be inconsistent with any applicable policy
15 statements from the Sentencing Commission.” *Id.* at *10.
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18 Moreover, even if the prior policy statement remained binding, Ms. Lynch’s request
19 would fit squarely within its terms. As relevant, section 1B1.13 provides, “extraordinary
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22 ¹⁷ Tarrant County, where FMC Carswell is, has issued a declaration of local disaster and
23 rates its community spread level as “substantial” as of July 10, 2020.
24 [https://www.tarrantcounty.com/en/public-health/disease-control---
prevention/coronaviruas.html](https://www.tarrantcounty.com/en/public-health/disease-control---prevention/coronaviruas.html).

25 ¹⁸ This is exactly what occurred already at Carswell. Andrea Circle Bear was sent to a
26 nearby hospital and then returned to Carswell the same day. Three days later she exhibited
27 COVID-19 symptoms. She delivered her baby while ventilated, and died several weeks
28 later. [https://www.nytimes.com/2020/04/29/us/coronavirus-inmate-death-andrea-circle-
bear.html](https://www.nytimes.com/2020/04/29/us/coronavirus-inmate-death-andrea-circle-bear.html).

1 and compelling reasons [for granting relief] exist” when “the defendant is . . . suffering
2 from a serious physical or medical condition . . . that substantially diminishes the ability
3 of the defendant to provide self-care within the environment of a correctional facility and
4 from which he or she is not expected to recover.” U.S.S.G. § 1B1.13 cmt. n.1(A)(ii)(I).

6 Additionally, the policy statement contains a catchall provision entitled “Other
7 Reasons,” which provides for relief when “there exists in the defendant’s case an
8 extraordinary and compelling reason other than, or in combination with” any other
9 enumerated circumstance. *Id.* cmt. n.1(D).

11 Here, Ms. Lynch qualifies under subsection 1(A). She is “unable to provide self-
12 care within [FMC Carswell’s] environment” in light of the ongoing and growing COVID-
13 19 pandemic because she is unable to practice effective social distancing and hygiene to
14 minimize her risk of exposure, and if she is infected, she is more likely to develop severe
15 complications with only restricted access to medical care.¹⁹ *Id.* cmt. n.1(A)(ii)(I).

18 Her circumstances also qualify under subsection 1(D), the policy statement’s “other
19 reasons” for finding an extraordinary and compelling basis to grant relief under 18 U.S.C.
20 § 3582(c)(1)(A). The COVID-19 pandemic and Ms. Lynch’s vulnerability certainly
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26 ¹⁹ “*For Women at a Federal Prison Hospital in Texas, Fear that Coronavirus Will Spread*
27 *‘Like Wildfire’* The Appeal (Apr. 21, 2020), [https://theappeal.org/for-women-at-a-federal-](https://theappeal.org/for-women-at-a-federal-prison-hospital-in-texas-fear-that-coronavirus-will-spread-like-wildfire/)
28 [prison-hospital-in-texas-fear-that-coronavirus-will-spread-like-wildfire/](https://theappeal.org/for-women-at-a-federal-prison-hospital-in-texas-fear-that-coronavirus-will-spread-like-wildfire/) (Carswell is at
“more than 130 percent capacity,” “300 women to a unit,” and with limited medical
supplies, including one box of masks for 300 women).

1 constitute “other reasons.” *See United States v. Gonzalez*, 18-cr-232-TOR, Dckt. 834 at 6,
2 (E.D. Wa. Mar. 31, 2020).

3 Finally, the policy statement suggests granting relief only if “[t]he defendant is not
4 a danger to the safety of any other person or to the community, as provided in 18 U.S.C.
5 § 3142(g).” U.S.S.G. § 1B1.13(2). At sentencing, the Court recommended “the BOP find
6 her eligible for minimum custody by finding the severity of the offense is less than ‘high’
7 or granting her a waiver with respect to severity of the offense, the Court finds that Ms.
8 Lynch was not told or aware of the type and amount of drug involved.” Dckt. 32
9 (Judgment and Commitment Order). Moreover, Ms. Lynch has no violent crimes on her
10 record. PSR:8-11. She has no detainers, no disciplinary history, nor is she a management
11 concern. APP:3-4.

12 Thus, in both the context of her offense and generally, her release would not place
13 the public at risk. *See also United States v. Williams*, No. 19-cr-134-PWG, 2020 U.S.
14 Dist. LEXIS 101054, at *13 (D. Md. June 10, 2020) (granting release to obese defendant
15 who “has one prior firearms conviction and many controlled substance convictions, he has
16 no history of conviction of a crime of violence, and with sufficient conditions of
17 supervision, he will not be a danger to the community if returned to it approximately seven
18 months earlier than the termination of his custodial sentence.”).

1 3. The relevant factors under section 3553(a) further support this request.

2 Having established extraordinary and compelling reasons for relief, the only
3 remaining issue is the Court’s consideration of “the factors set forth in section 3553(a) to
4 the extent that they are applicable[.]” 18 U.S.C. § 3582(c)(1)(A).
5

6 Like many offenders, Ms. Lynch presented with both mitigating and aggravating
7 factors. She has a record that reflects her long-term issue with controlled substance use.
8 That issue, however, appears to have been a reaction to the loss of her three-year old
9 daughter, while in the care of her ex-husband and his new girlfriend. (Her ex was acquitted
10 of murder; the girlfriend’s charges appear to still be pending.) She is educated, has worked
11 as a drug counselor and in other jobs. She also has family support.
12
13

14 Ms. Lynch wants to emphasize she is *not* seeking to avoid just punishment. The
15 Court determined 36 months satisfied all the relevant factors. Ms. Lynch simply asks that,
16 given the COVID-19 crisis, the Court allow her to serve the remainder of that sentence in
17 home detention, where she is immeasurably safer than in prison.
18
19

20 To this end, Ms. Lynch has served approximately 16 months, gave birth while in
21 custody, and spent the last few months with the added stress of near-constant lockdown
22 due to the pandemic. Despite these stressors, she has been a model inmate. APP:3-4, 28-
23 37. She completed the Threshold Program, “demonstrat[ing] a high level of commitment
24 to spiritual growth and personal transformation.” APP:28. Ms. Lynch has also completed
25 courses in trauma, anger management, bible studies, religious services programs, and a
26
27
28

1 variety of art classes. APP:29-37. And she was on track to complete additional courses
2 in May and June, but those have been canceled. APP:4.

3
4 Of great significance is the fact that Ms. Lynch has been unable to be seen by a
5 hematologist to address her excessive bleeding, which has been consistent since the birth
6 of her daughter in October 2019. APP:27. Specifically, Ms. Lynch notes “I never had a
7 follow up with the hematologist. I was ordered to follow-up with hematologist with in 6
8 months of having the baby in order to be medically cleared[.]” APP:27. Further, Ms.
9 Lynch reports she has not been given her normal dosage of medication due to not seeing
10 a hematologist. APP:26. While medical staff at Carswell has consulted with hematology
11 on various occasions in the last few months, Ms. Lynch has not seen a hematologist to
12 address her current concerns. As such, Ms. Lynch is unable to receive the proper “medical
13 care...in the most effective manner.” 18 U.S.C. § 3553(a)(2)(D).
14
15
16

17 Indeed, this Court found another defendant, Ms. Padilla, was similarly unable to
18 receive the necessary medical care at FMC Carswell in the midst of the pandemic. *See*
19 *Padilla*, 2020 U.S. Dist. LEXIS 102483 at *12 (defendant “unable to see doctor at FMC
20 Carswell and witnesses other individuals at FMC Carswell dying due to untreated
21 infections and their inability to obtain treatment.”).
22
23

24 Perhaps most importantly, Ms. Lynch immediately enrolled in RDAP, and is
25 currently in phase two of the Dual Diagnosis RDAP program. APP:4. Unfortunately, due
26 to COVID-19, the RDAP program has stopped, and there is no indication of when it will
27
28

1 resume again. This is significant for a few reasons. First, it is clear Ms. Lynch benefits
2 immensely from drug rehabilitation and treatment, given her history of drug abuse.

3 Second, her inability to complete drug treatment (as well as other vocational classes),
4 prevents her from receiving treatment in the “most effective manner.” *See* 18 U.S.C. §
5 3553(a)(2)(D) (the Court shall consider “the need for the sentence imposed ...to provide
6 the defendant with needed educational or vocational training, medical care, or other
7 correctional treatment in the most effective manner”). And finally, and significantly, she
8 will not be able to receive the sentencing reduction of up to 12 months for completing the
9 RDAP.
10
11
12

13 While the prison can no longer offer the necessary treatment, if released to home
14 confinement, Ms. Lynch will be living with her aunt and uncle in Florida who can offer
15 her the treatment she needs. Her uncle, Jim Lynch, is the CEO of Inmate Encounter, a
16 nonprofit prison ministry, focusing on inmate reentry. APP:7. He tells the Court: “I want
17 to be active in her transition back to society... Erica will be able to take advantage of drug
18 counselors and mentors and work side-by-side with some of our amazing public speakers
19 who conquered addiction and incarceration but are respected members of society.”
20 APP:7.
21
22
23

24 Moreover, Ms. Lynch enjoys added support from her parents, Rhonda and Eric
25 Lynch, who will be moving to Florida this winter so she can be surrounded by her entire
26 family. APP:6. They have noticed a remarkable change in Ms. Lynch, telling the Court
27
28

1 “As parents her father and I are feeling positive that real change has taken place.” APP:6.
2 They too will be able to provide emotional and financial support. APP:6.

3 Finally, Ms. Lynch will be reunited with her daughter, Gracelynn, who was taken
4 from her immediately after her birth. Gracelynn is a light in Ms. Lynch’s life, and provides
5 added motivation for her to remain sober and a productive member of society.
6

7 Lastly, as stated above, Ms. Lynch has release plans set in place. Upon her release,
8 she will live with her aunt and uncle in Ormond Beach, Florida. There, she can self-
9 quarantine for 14 days upon release, and practice social distancing within the home.
10

11 As noted, Ms. Lynch’s anticipated release date is March 14, 2021. According to her
12 Individualized Release Plan, she is eligible for halfway house or home confinement
13 placement “in a range between 121-150 days” before final release. APP:4. Thus, with
14 only 8 months left on her sentence, she is eligible for some form of release within the next
15 few months. As such, she is simply asking the Court to exercise its discretion and modify
16 her sentence so she may be released to home confinement 2 to 3 months earlier than she
17 already would be released. Surely the fact that granting the motion will only slightly
18 accelerate her release date reflects that the 3553(a) factors are not significantly impacted.
19

20 Accordingly, pursuant to section 3582(c)(1)(A), she asks the Court to modify her
21 sentence to time-served and impose a term of probation or supervised release with home
22 confinement that does not exceed the unserved portion of the original term of
23 imprisonment. In other words, she seeks a modified sentence that would simply substitute
24
25
26
27
28

1 home detention until March 14, 2021 (as a condition of supervised release) for the
2 remainder of Ms. Lynch’s anticipated prison term.

3 This is in line with what other district courts have been doing in similar cases. For
4 instance, in *Atkinson*, the court granted a sentencing modification to “credit for time
5 served” and further ordered that the defendant “serve the remaining portion of the original
6 term of imprisonment (as calculated by the BOP) as supervised release with the special
7 condition that he shall be subject to home incarceration without the requirement of
8 electronic monitoring for the time being.” Dckt. 39 at 6-7.

9 In *Zukerman*, the court noted that, although the defendant’s criminal “misconduct
10 was egregious,” “[w]hen the Court sentenced [him], the Court did not intend for that
11 sentence to ‘include incurring a great and unforeseen risk of severe illness or death’
12 brought on by a global pandemic.” 2020 U.S. Dist. LEXIS 59588 at 15-16 (S.D.N.Y. Apr.
13 3, 2020) (citation omitted). It ordered the sentence “modified such that his remaining term
14 of imprisonment is replaced by an equal period of home incarceration, without electronic
15 monitoring and on such conditions as the Probation Department deems necessary, to be
16 followed by the term of supervised release previously imposed by the Court.” *Id.*

17 In accordance with this authority, and because it is the right thing to do, Ms. Lynch
18 asks the Court to grant this motion under 18 U.S.C. § 3582(c)(1)(A)(i) and issue an order:
19 (1) modifying her sentence to time-served, with a term of supervised release (or probation)
20 including a condition that she remain in home confinement until March 14, 2021, and (2)
21 directing her immediate release from FMC Carswell to live with her family in Florida.

Conclusion

Ms. Lynch thanks the Court for its consideration, and respectfully requests the Court modify her sentence.

Respectfully submitted,

Dated: July 10, 2020

/s/ Jeremy Warren
Jeremy Warren

APPENDIX



U. S. Department of Justice

Federal Bureau of Prisons

Federal Medical Center, Carswell

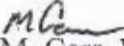
*P.O. Box 27066, J Street, Bldg 3000
Fort Worth, Texas 76127*

June 18, 2020

MEMORANDUM FOR LYNCH, ERICA GAYLE

Reg. No. 83558-298

FROM:


M. Carr, Warden

SUBJECT:

Compassionate Release/Reduction In Sentence (RIS)

You requested a reduction in sentence (RIS) based on concerns about COVID-19. After careful consideration, your request is denied.

Title 18 of the United States Code, section 3582(c)(1)(A), allows a sentencing court, on motion of the Director of the BOP, to reduce a term of imprisonment for extraordinary or compelling reasons. BOP Program Statement No. 5050.50, Compassionate Release/Reduction in Sentence: Procedures for Implementation of 18 U.S.C. §§ 3582(c)(1)(A) and 4205(g), provides guidance on the types of circumstances that present extraordinary or compelling reasons, such as the inmate's terminal medical condition; debilitated medical condition; status as a "new law" elderly inmate, an elderly inmate with medical conditions, or an "other elderly inmate"; the death or incapacitation of the family member caregiver of the inmate's child; or the incapacitation of the inmate's spouse or registered partner. Your request has been evaluated consistent with this general guidance.

The BOP is taking extraordinary measures to contain the spread of COVID-19 and treat any affected inmates. We recognize that you, like all of us, have legitimate concerns and fears about the spread and effects of the virus. However, your concern about being potentially exposed to, or possibly contracting, COVID-19 does not currently warrant an early release from your sentence. Accordingly, your RIS request is denied at this time.

If you are not satisfied with this response to your request, you may commence an appeal of this decision via the administrative remedy process by submitting your concerns on the appropriate form (BP-9) within 20 days of the receipt of this response.



Fwd: 3582 - covid appeal question...

----- Forwarded message -----

From: **Theresa Talplacido** [REDACTED]@bop.gov>

Date: Mon, May 18, 2020 at 8:13 PM

Subject: Re: 3582 - covid appeal question...

To: Jeremy Warren <jw@wabulaw.com>

Jeremy,

The letter from the Warden denying reduction in sentence, compassionate release, means the client got the Warden's review. The client doesn't need to file a BP-9, Request for Admin Remedy.

The Court may find that you have exhausted and can review the compassionate release on the merits. Just double check the Warden's letter to make sure it says compassionate release and not Home Confinement. These are two different requests. Home Confinement is solely under the BOP's discretion and cannot be appealed in Court.

Thanks,
Theresa

Theresa T. Talplacido
Senior Attorney
MCC San Diego
808 Union Street
[REDACTED] 101-6078

For Special Legal Visits:
SDC/Visiting~@bop.gov

>>> Jeremy Warren <jw@wabulaw.com> 5/18/2020 3:37 PM >>>

Hi Theresa, i'm hoping you have a suggestion for me. I received a letter from a BOP warden denying my request for compassionate release based on COVID-19. Under the law (18 USC 3582), before I can take it to the court, my client has to exhaust administrative remedies. Can you point me in the right direction for this?

I'd appreciate any guidance!

thanks. jeremy

--
Jeremy Warren
Office: (619) 234-4433
[REDACTED]

Warren & Burstein
501 West Broadway, Suite 240
San Diego, CA 92101
wabulaw.com



Individualized Reentry Plan - Program Review (File copy)

SEQUENCE: 02176335

Dept. of Justice / Federal Bureau of Prisons

Team Date: 03-17-2020

Plan is for inmate: LYNCH, ERICA GAYLE 83558-298



Facility: CRW CARSWELL FMC
 Name: LYNCH, ERICA GAYLE
 Register No.: 83558-298
 Age: 32
 Date of Birth: 09-24-1987
 Proj. Rel. Date: 03-14-2021
 Proj. Rel. Method: 3621E COND
 DNA Status: CRW08897 / 08-23-2019
 CIMS Status: NO
 CIMS Reconciled: N/A

Contact Information

Emergency contact #1
 Rhonda Lynch, MOTHER
 555 Dyer Brook Rd., Dyer Brook, ME 04757 US
 phone (mobile) : 957-240-9212

Inmate is subject to 18 U.S.C. 4042(B) Notification: Yes
 CURRENT CONVICTION FOR A DRUG TRAFFICKING OFFENSE

Inmate is subject to 18 U.S.C. 4042(C) Notification and Registration: N/A

Offense Sentences

Charge	Terms In Effect
21-952, 960; IMPORTATION OF METHAMPHETAMINE	36 MONTHS

Detainers

Detaining Agency	Remarks
NO DETAINER	

Pending Charges

Possible pending charges for various charges.

Current CMA Assignments

Assignment	Description	Start
BIR CERT N	BIRTH CERTIFICATE - NO	09-14-2019
DEPEND Y	DEPENDENTS UNDER 21 - YES	03-24-2020
PHOTO ID N	PHOTO ID - NO	09-14-2019
RPP NEEDS	RELEASE PREP PGM NEEDS	09-14-2019
SSN CARD N	SOCIAL SECURITY CARD - NO	09-14-2019
THR PART	THRESHOLD PARTICIPANT	01-27-2020
VET P/S Y	PARENT/SPOUSE VETERAN - YES	03-24-2020
VETERAN N	VETERAN - NO	09-14-2019
V94 CDA913	V94 CURR DRG TRAF ON/AFT 91394	09-14-2019
WA NO HIST	NO WALSH ACT OFFENSE HISTORY	07-30-2019

09-14-2019

Current Work Assignments

Fac	Assignment	Description	Start
CRW	U1S ORD AM	UNIT 1 SOUTH ORDERLY AM	02-13-2020

Current Education Information

Fac	Assignment	Description	Start
CRW	GED UNK	GED STATUS UNKNOWN	08-22-2019

Education Courses

SubFac	Action	Description	Start	Stop
CRW	C	ACE MAIN: EX-OFFENDER JOB HUNT	11-21-2019	01-15-2020
CRW MS	C	FUN CRAFT CLASS RECREATION	11-02-2019	11-26-2019
CRW MS	C	PARENT MAIN: TURNING POINTS 4	09-26-2019	10-31-2019
CRW MS	C	ART CLASS HOSPITAL	10-04-2019	10-25-2019
CRW MS	C	BEGINNING CROCHET/ HOSPITAL	10-01-2019	10-22-2019

Discipline History (Last 6 months)



Individualized Reentry Plan - Program Review (File copy)

SEQUENCE: 02176335

Dept. of Justice / Federal Bureau of Prisons

Team Date: 03-17-2020

Plan is for inmate: LYNCH, ERICA GAYLE 83558-298

Hearing Date	Prohibited Acts
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****NO INCIDENT REPORTS FOUND IN LAST 6 MONTHS****

ARS Assignments

FacI	Assignment	Reason	Start	Stop
CRW RDAP	A-DES	TRANSFER RECEIVED	10-20-2019	CURRENT
CRW MS	A-DES	OTHER AUTH ABSENCE RETURN	10-02-2019	10-13-2019
CRW MS	A-DES	TRANSFER RECEIVED	08-22-2019	10-02-2019

Current Care Assignments

Assignment	Description	Start
CARE2	STABLE, CHRONIC CARE	12-30-2019
CARE2-MH	CARE2-MENTAL HEALTH	08-30-2019

Current Medical Duty Status Assignments

Assignment	Description	Start
LOWER BUNK	LOWER BUNK REQUIRED	01-30-2020
MINTRPPDCL	MINT/RES PARENT I/M DECLINED	08-29-2019
MRNOTIFIED	MINT/RES PARENT NOTIFIED OF	08-29-2019
REG DUTY W	REGULAR DUTY W/MED RESTRICTION	10-22-2019
YES F/S	CLEARED FOR FOOD SERVICE	10-22-2019

Current PTP Assignments

Assignment	Description	Start
RP1 TEST	RESOLVE PHASE ONE SCREENING	03-06-2020
RSW COMP	RESOLVE WORKSHOP COMPLETED	03-06-2020

Current Drug Assignments

Assignment	Description	Start
DAP PART D	RES DRUG TRMT DUAL DIAG PART	11-14-2019
ED EXEM	DRUG EDUCATION EXEMPT	02-04-2020
ELIGIBLE	18 USC 3621 RELEASE ELIGIBLE	12-19-2019

FRP Details

Most Recent Payment Plan

**** NO FRP DETAILS ****

Progress since last review

Ms. Lynch is currently housed on Unit 1 South and is assigned to the Unit 1 South Orderly work detail. Ms. Lynch did manage to meet the recommended goals that were set from her last Program Review, of completing a Parenting and ACE class. To date, she has not acquired any incident reports and does not seem to be a management concern. Ms. Lynch is in Phase 2 of the Dual Diagnosis RDAP Program.

Next Program Review Goals

GOAL: Enroll and complete an ACE class, of your choice, by May 30, 2020.

Long Term Goals

GOAL: GOAL: Enroll and complete the Smart Money class, via the Education Department, by June 21, 2020.
GOAL: Maintain clear conduct and steady job history.

RRC/HC Placement

Recommended Placement in a range between 121-150 days.
Consideration has been given for Five Factor Review (Second Chance Act):
- Facility Resources
- Offense
- Prisoner
- Court Statement
- Sentencing Commission

Comments



Individualized Reentry Plan - Program Review (File copy)

SEQUENCE: 02176335

Dept. of Justice / Federal Bureau of Prisons

Team Date: 03-17-2020

Plan is for inmate: LYNCH, ERICA GAYLE 83558-298

407/408 reviewed and current.

Judicial Recommendations: Yes, Western Region-Washington State Parenting program or MINT, minimum custody, medical attention.
Ms. Lynch is in the 2ND Phase of the Dual Diagnosis RDAP.

June 30, 2020

Honorable Judge Curiel,

I am writing this letter in support of my daughter Erica Lynch. Since arriving at FMC Carswell, Erica has taken a very proactive stance on her time in prison. She is taking her drug counseling and therapy very seriously. I truly enjoy hearing about her "hard moments" of having to take stock of herself and realize that what is being shown and taught to her is essential to her being a positive role model and parent to her daughter when she gets released from prison. As parents her father and I are feeling positive that real change has taken place.

We asked Erica to change her place of residence to Florida as we are going to be spending the upcoming winter there. My husband has a work opportunity and the winters are hard on him with his immune system disorder. If released early, arrangements have been made for her to stay with her Aunt and Uncle in Ormond Beach. They are receptive and excited to have her with them. Her Uncle is the CEO for Inmate Encounters in Florida and has found his life's work in helping incarcerated individuals find their way back to productive citizens. Erica will have emotional and financial support from us as well as from the extended family. We will be following sometime between September and October.

We are also looking forward to reuniting Erica with her baby. Gracelynn is a joy and a very happy and healthy baby. At every opportunity Erica sets up the video visits so she can interact with her. Gracelynn will have a positive impact on Erica as she has had on us.

Erica does have several health conditions that cause us concern for her safety in a prison setting during the pandemic. She has a platelet disorder, a heart condition and a breathing issue. Alone these would not be a huge concern, (except for the bleeding), but with Covid-19, it does bring to surface that these could prove to be deadly for her if she were to get infected.

We appreciate your time and thank you for reading this letter.

Eric and Rhonda Lynch



Photos of Gracelynn, 8 months old



June 29, 2020

Dear Judge Curiel,

I am writing to you on behalf of Erica Lynch, whom I understand may be eligible for early release very soon. I am Jim Lynch, Erica's uncle. I currently serve as the full-time CEO for an organization called Inmate Encounter, Inc., a non-profit 501(c)(3) prison ministry founded over forty years ago with the assistance of the Billy Graham Ministry. As you can discern, we are a faith-based ministry in Central Florida, comprised of active members from across the United States.

I bring this information forward because I am intimately familiar with the importance of re-entry support in the first days, weeks, and months following release when the risk of reoffending is the highest. From years of working with transitioning inmates, I understand that community supervised strategies help improve outcomes. They also hold individuals accountable for their behaviors and advance public safety objectives. The focus on recidivism reduction drives my passion for aligning former inmates with God, reducing crime rates, reducing tax burdens, and increasing our communities' safety.

As our organization works fervently in 2020 to open our first 100-person men's and women's faith-based transition facility in Central Florida called the GPS-House, I humbly am reminded that no family is exempt from the pain of failures – or the joy of victory over them, including mine. I ask the court to allow Erica to relocate to live with my wife Marcy and me in Ormond Beach, Florida, where we will come together with Erica's parents Rhonda and Eric and provide the love and support she requires as she transitions. I want to be active in her transition back to society and offer her the opportunity to work beside me as we build a place that other transitioning inmates can call home. Our organization helps with drug-related offenders leaving incarceration. Erica will be able to take advantage of drug counselors and mentors and work side-by-side with some of our amazing public speakers who conquered addiction and incarceration but are respected members of society. Erica has served in this capacity before, and I feel she is ready again to move forward with her daughter, Gracelyn, and build a bright future while helping others overcome the same struggles.

I invite you to learn more about our mission at www.inmateencounter.com, and I am happy to provide you with any additional information. I am also more than willing to meet with you via Zoom or teleconference if you feel it is necessary. I can be reached by telephone 386-265-4619 opt. 2 or email address Jim@InmateEncounter.com.

I am grateful for your consideration.

Blessings,

Jim Lynch
CEO

Home	About Us	Inmates	Locations	Careers	Business	Resources	Contact Us
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All visiting at this facility has been suspended until further notice.

FMC CARSWELL

An administrative security federal medical center with an adjacent minimum security satellite camp.

NAVAL AIR STATION
J ST BLDG 3000
FORT WORTH, TX 76127

Email: CRW/ExecAssistant@bop.gov
Phone: 817-782-4000
Fax: 817-782-4875

Inmate Gender: Female Offenders
 Population: **1,373 Total Inmates**
 1,133 Inmates at the FMC
 240 Inmates at the Camp

Judicial District: Northern Texas
 County: TARRANT
 BOP Region: [South Central Region](#)

- [Visiting Information](#)
- [How to send things here](#)
- [Resources for sentenced inmates](#)
- [Driving Directions](#)
- [Job Vacancies](#)

Visiting Information

Visiting Overview

How to visit an inmate. This covers the basic fundamentals that apply to all of our facilities.

Visiting Regulations

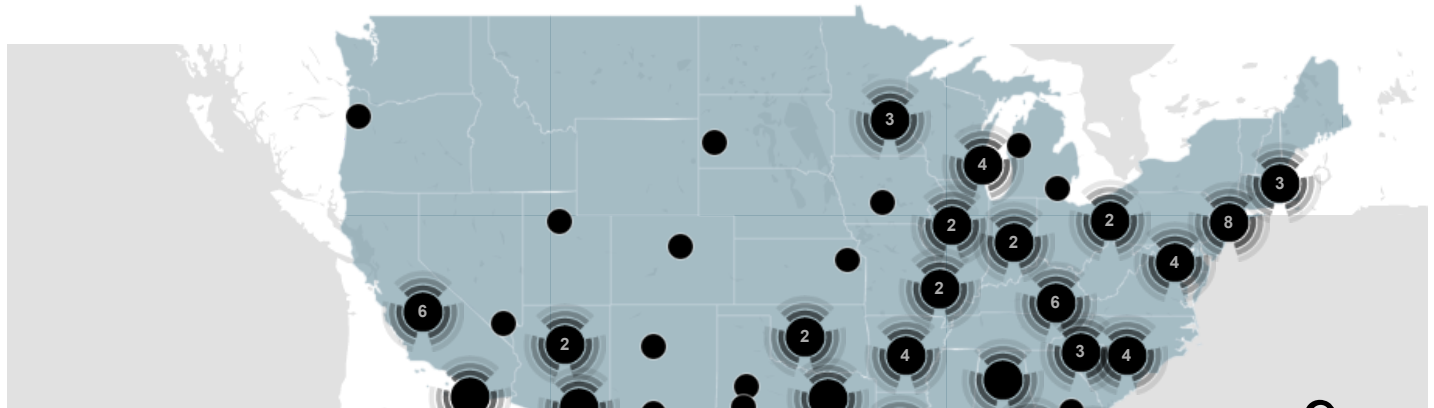
Official policy at FMC Carswell that outlines the specific regulations and procedures for visiting an inmate at this facility.

All visiting at this facility has been suspended until further notice.

The inmate totals listed do not include inmates participating in the Federal Location Monitoring program, inmates supervised under the USPO, or being held in privately managed prisons. Additionally, the reference to the FCI Butner Low below refers to an isolation unit that is physically separated from the rest of the LSCI.

<u>Facility</u>	<u>Inmates Positive</u>	<u>Staff Positive</u>	<u>Inmate Deaths</u>	<u>Staff Deaths</u>	<u>Inmates Recovered</u>	<u>Staff Recovered</u>	<u>City</u>	<u>State</u>
Seagoville FCI	668	10	0	0	0	0	Seagoville	TX
Butner Low FCI	550	4	16	1	115	12	Butner	NC
Elkton FCI	366	3	9	0	584	50	Lisbon	OH
Beaumont Low FCI	227	1	0	0	3	0	Beaumont	TX
Fairton FCI	99	1	0	0	5	6	Fairton	NJ
Carswell FMC	89	3	1	0	2	0	Fort Worth	TX
Coleman Medium FCI	85	8	0	0	1	0	Sumterville	FL
Victorville USP	46	3	0	0	0	0	Victorville	CA
							Oklahoma	

Confirmed active cases at 92 BOP facilities and 40 RRCs





[Mouseover facility markers for more information. Zoom in to densely clustered marker areas to see additional locations.]

COVID-19 Inmate Test Information

Completed Tests
26,958

Number of inmates who have completed testing.

Pending Tests
4,991

Number of inmates with pending tests and no previous completed test.

Positive Tests
7,802

Number of inmates that have ever had a positive test.

About the Data

These data are compiled from a variety of sources and reviewed by BOP Health Services staff before documented for reporting. **Not all tests are conducted by and/or reported to BOP.** The number of positive tests at a facility is not equal to the number of cases, as one person may be tested more than once. The number of tests recorded per site reflects the number of persons at the specific facility who have been tested, whether at that site or at a prior facility.

Facility Name ▲	No. of Inmates with Completed Tests	No. of Inmates with Pending Tests	No. of Inmates with Positive Tests
ALDERSON FPC	37	26	0
ALICEVILLE FCI	120	7	10
ALLENWOOD LOW FCI	59	0	0
ALLENWOOD MEDIUM FCI	50	1	0
ALLENWOOD USP	11	0	0
ASHLAND FCI	40	0	0

Facility Name ▲	No. of Inmates with Completed Tests	No. of Inmates with Pending Tests	No. of Inmates with Positive Tests
ATLANTA USP	112	33	15
ATWATER USP	54	13	0
AVALON AUSTIN CORECIVIC (RRC)	4	1	2
BANNUM INC (RRC)	1	0	0
BASTROP FCI	148	0	0
BEAUMONT LOW FCI	207	460	230
BEAUMONT MEDIUM FCI	63	102	3
BEAUMONT USP	60	92	1
BECKLEY FCI	74	9	0
BENNETTSVILLE FCI	50	23	7
BERLIN FCI	45	1	0
BIG SANDY USP	89	6	3
BIG SPRING FCI	51	15	0
BRAWLEY RRC (RRC)	9	0	9
BRONX CCC (RRC)	1	0	1
BROOKLYN HOUSE (RRC)	6	0	6
BROOKLYN MDC	252	34	12
BRYAN FPC	22	0	1
BSSW-RRC PHX (RRC)	1	0	1
BUTNER FMC	313	2	14
BUTNER LOW FCI	1119	1	635
BUTNER MEDIUM I FCI	298	2	216
BUTNER MEDIUM II FCI	53	2	3
CANAAN USP	79	1	0
CARSWELL FMC	454	652	91
CASPER REENTRY CENTER ACC (RRC)	1	0	0
CASS COUNTY JAIL (RRC)	1	0	1
CENTRAL AZ DETENTION CENTER (RRC)	1	0	1
CHASE CENTER (RRC)	1	0	1
CHERRY STREET SERVICES INC (RRC)	1	0	1
CHERRY STREET SERVICES INC. (RRC)	7	0	7
CHICAGO MCC	551	19	128
CITY FAITH LITTLE ROCK AR (RRC)	2	0	2
COLEMAN I USP	31	4	0
COLEMAN II USP	94	21	80
COLEMAN LOW FCI	63	130	2
COLEMAN MEDIUM FCI	131	35	5
COMMUNITY EDUCATION CENTERS IN (RRC)	1	0	1
COMMUNITY EXTENDED NUCLEAR TRA (RRC)	1	0	1
COMMUNITY SOLUTIONS INC (RRC)	2	0	1
COOLIDGE HOUSE (RRC)	12	0	8
CORRECTIONAL ALTERNATIVES INC. (RRC)	4	0	2
CROSSPOINT SAN ANTONIO (RRC)	5	2	5
CSC-DISMAS CHARITIES INC (RRC)	8	0	8
CUMBERLAND FCI	51	0	5
DANBURY FCI	800	0	92
DEVENS FMC	918	0	52

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: LYNCH, ERICA GAYLE	Sex: F Race: WHITE	Reg #: 83558-298
Date of Birth: 09/24/1987	Provider: Shackelford, Janet M.D.	Facility: CRW
Encounter Date: 05/27/2020 10:25		Unit: H03

Physician - Follow up Visit encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Shackelford, Janet M.D.

Chief Complaint: OB/GYN

Subjective: 32 y/o G4 P2 L1, s/p svd 10/18/2019

PLATELET QUALITATIVE DEFECT -- HEMATOLOGY RECOMMENDED POST PARTUM AMICAR, and currently on medication

G1 2005 spontaneous miscarriage
 G2 6/8/2008 40 weeks labor 5-6 hr female 8 lbs epidural , heavy post partum bleeding no transfusion
 G3 2012 elective Ab
 G4 10/18/2019 svd

PMH:

--Leaky heart valve, asymptomatic echo done 9/26/19 results pending.
 --depression both sides of family, no suicidal thoughts but anxious since incarcerated
 --Transfusions/heavy bleeding after procedures

PSH:

--Cone biopsy , cryosurgery x2 or more. Colposcopy. Laparoscopy x 2 for benign ovarian cysts
 --2015 Cholecystectomy

SOCIAL:

Used heroin/methamphetamine stopped around 2/2019. h/o smoking
ALLERGIES: iodine, silver nitrate, fish (unsure type occ rash occ throat feels tight) dilaudid
 S/p svd on 10/18/2019 given Amicar IV prior to delivery and s/p of delivery
 Recommendations for Amicar 4000 mg by mouth every 30 days with onset of menses due to bleeding disorder

LABS:

1/2017 CMP WNL
 8/27/19 pap NILM HPV neg
 10/2019 echo EF 55% mild/mod TR and MR
 3/2020 declined mammogram. Per patient technician told her axillae not evaluated.
 4/8/2020 hgb 13.0

Pain:

Not Applicable

COMPLAINT 2 **Provider:** Shackelford, Janet M.D.

Chief Complaint: OB/GYN

Subjective: 5/27/20

LMP 1 week ago. menses come month x 7-8 days x heavy. Intermenstrual spotting between periods. Per patient this bleeding pattern has occurred her entire life. On the outside she took Amicar 500 mg daily not for 8 days during a menses. Without amicar she has intermenstrual spotting/light bleeding and first few days of menses are very heavy. With 500mg Amicar daily, no intermenstrual bleeding and menses lighter. Now she takes the Amicar 500 mg x 8 days during menses and helps but takes a few days to work. Will check with hematologist to see if can take amicar daily.

Tried depo provera and with amicar still have heavy irregular bleeding. Tried a triphasil bcp which worked better and since IUDs not available at bop she would like to start the bcp again. Risks of stroke, MI, clots, liver tumor and gallstones reviewed.

Inmate Name: LYNCH, ERICA GAYLE Reg #: 83558-298
 Date of Birth: 09/24/1987 Sex: F Race: WHITE Facility: CRW
 Encounter Date: 05/27/2020 10:25 Provider: Shackelford, Janet M.D. Unit: H03

Patient states has had a nodule in her right axillae for a few years , even before this last pregnancy. It may have grown a little. Outside provide thought it was a vein. Today exam no breast nodules. A soft smooth mobile area about .5 x 2 cm palpable in axillary area. Likely prominent LN. Will order breast and axillary u/s to evaluate. Has an aunt with breast cancer.

Pain: Not Applicable

OBJECTIVE:

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
05/27/2020	09:57 CRW	98.0	36.7		McNeely, Sheri LPN

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
05/27/2020	09:57	77			McNeely, Sheri LPN

Respirations:

Date	Time	Rate Per Minute	Provider
05/27/2020	09:57	CRW	17 McNeely, Sheri LPN

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
05/27/2020	09:57	CRW 127/78				McNeely, Sheri LPN

SaO2:

Date	Time	Value(%)	Air	Provider
05/27/2020	09:57	CRW 98	Room Air	McNeely, Sheri LPN

Weight:

Date	Time	Lbs	Kg	Waist Circum.	Provider
05/27/2020	09:57	CRW 192.5	87.3		McNeely, Sheri LPN

Exam:

General

Affect

Yes: Pleasant, Cooperative

Appearance

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed

Musculoskeletal

Tibia / Fibula

No: Edema

Breast

Breast Tissue

Yes: Normal Exam, Nodules, Axillary Lymphadenopathy

Nipple

Yes: Normal Exam

ASSESSMENT:

Inmate Name: LYNCH, ERICA GAYLE Reg #: 83558-298
 Date of Birth: 09/24/1987 Sex: F Race: WHITE Facility: CRW
 Encounter Date: 05/27/2020 10:25 Provider: Shackelford, Janet M.D. Unit: H03

Abnormal uterine and vaginal bleeding, unspecified, N939 - Current
 Benign neoplasm of unspecified breast, D249 - Current
 Disease of blood and blood-forming organs, unspecified, D759 - Current

PLAN:

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	Norethindrone/Ethinyl estra + Fe 1/20 Tab	05/27/2020 10:25
	Prescriber Order: one tablet Orally - daily x 360 day(s)	
	Indication: Abnormal uterine and vaginal bleeding, unspecified	

New Laboratory Requests:

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Lab Tests - Short List-General-CBC w/diff	One Time	09/08/2020 00:00	Routine
Lab Tests - Short List-General-Ferritin			

New Radiology Request Orders:

<u>Details</u>	<u>Frequency</u>	<u>End Date</u>	<u>Due Date</u>	<u>Priority</u>
Ultrasound-Breast-General [Bi]	One Time		07/01/2020	Routine

Specific reason(s) for request (Complaints and findings):

32 y/o female with nodule about .5 x 2 cm in right axillary area for few years.
 check if lymph node or cyst.

Disposition:

Follow-up at Sick Call as Needed
 Will Be Placed on Callout

Other:

start bcp with next menses

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
05/27/2020	Counseling	Plan of Care	Shackelford, Janet	Verbalizes Understanding

Copay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Completed by Shackelford, Janet M.D. on 05/27/2020 10:46

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	LYNCH, ERICA GAYLE	Reg #:	83558-298
Date of Birth:	09/24/1987	Sex:	F Race: WHITE
Note Date:	05/26/2020 12:51	Provider:	Shackelford, Janet M.D.
		Facility:	CRW
		Unit:	H03

Admin Note - Chart Review encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Shackelford, Janet M.D.

Patient c/o irregular vaginal bleeding for months.

Taking Amicar for qualitative platelet disorder.

Checked with hematology and no contraindication

to oral/IM birth control or oral provera and possible tranexamic acid

may be helpful with Amicar with menses. But was morbidly obese last weight check.

Will put on call out to better clarify menses.

4/8/20 hgb 13.0

and order f/u CBC.

New Laboratory Requests:

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Lab Tests - Short List-General-CBC w/diff	One Time	06/03/2020 00:00	Routine

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Shackelford, Janet M.D. on 05/26/2020 13:10

Echocardiogram

Patient: ERICA LYNCH
Patient ID: 83558-298
Birth Date: 9/24/1987
Age: 32
Gender: F
Indication: Murmur

Study Date: 9/26/2019
Technologist: DHS Fort Worth Tech
Reading: Kline, Geoffrey D., DO., Ph.D.
Referring: Carswell, Referral
Ordering: Dr. Shackelford

CPT Codes:

93306

Measurements (Normal Range in parenthesis)

Measurement	Value	Measurement	Value	Measurement	Value
2D					
IVSd	1.10cm (0.6-1.1)	LVIDd	4.42cm	LVPWd	1.07cm (0.6-1.1)
IVSs	1.16cm	LVIDs	3.30cm	LVPWs	1.67cm
LVOT diam	1.78cm	RVIDd	2.39cm (<2.7)	LV FS	25.44% (>30%)
M Mode					
EPSS	0.46cm (<0.6)	EF (Teich)	50% (55-75)	Ao root diam	2.93cm (2.0-3.7)
LA dimension	3.09cm (1.9-4.0)				
AV Doppler					
LVOT Vmean	65.12cm/s	AoV VTI	28.50cm	LVOT VTI	18.37cm
AoV Vmax	169.06cm/s (<170)	Ao max PG	11.43mmHg	Ao mean PG	5.80mmHg
LVOT Vmax	91.13cm/s (<100)				
MV Doppler					
MV pk E vel	84.70cm/s (60-130)	MV PHT	42ms	MV area (PHT)	5.24cm ²
MV pk A vel	64.17cm/s				
PV Doppler					
PV Vmax	121.51cm/s	PV AT	114ms	PV pk grad	5.91mmHg
PR Vmax	137.36cm/s	PR end PG	2.51mmHg		
TV Doppler					
TR pk grad	19.69mmHg	RVSP	29.69mmHg	TR pk vel	221.89cm/s
Diastolic Function					
MV decel time	180ms (160-300)	P Vein S/D Ratio	.82	MV E/A	1.32 (>1.0)
IVRT	60ms (70-90)				

Findings**Technical Quality**

This is a technically good quality echocardiogram.

Left Ventricular Structure

The left ventricle is normal in size and wall thickness.

Left Ventricular Function

The left ventricular ejection fraction is estimated at 55-60%.
The overall left ventricular systolic function is normal.

LV Diastolic Function

The left ventricular diastolic function is normal.

RV Structure & Function

The right ventricular size and function are normal.

LA Structure

The left atrium is normal in size.

RA Structure

The right atrium is normal in size.

Interatrial Septum Structure

The interatrial septum is normal.

MV Structure & Function

There is mild -moderate mitral regurgitation.

The mitral valve is normal in structure. No stenosis.

10/23/19
J. Shackelford, M.D.
Staff Physician
Hospital DEA # BF-3924102-050
FMC-Carswell, Fort Worth, TX

gms

AV Structure & Function

The aortic valve is normal without regurgitation or stenosis.

TV Structure & Function

There is mild - moderate tricuspid regurgitation.

The tricuspid valve is normal in structure.

PV Structure & Function

There is trace pulmonic regurgitation.

The pulmonic valve is normal

Aorta Structure

The aortic root is normal.

Pericardium

There is no pericardial effusion.

Conclusion(s)

Normal LV size and function, EF >55%

Mild-moderate MR and TR

This report was electronically signed by:

Geoffrey D. Kline, DO., Ph.D.
Completed Time: 10/21/2019 15:46:44 PM

John R Wilkinson, M.D.
Hematology Oncology Diplomat
5555 Reservoir Drive #207
San Diego, CA 92120

Office: (619) 255-1754

Fax: (619)286-4355

CONFIDENTIAL MEDICAL RECORDS

PATIENT: Erica Lynch	DOB: 09/24/1987
ADDRESS: Geo Secure Services San Diego, CA 92101	AGE: 31
COVERAGE:	SEN:
PROVIDER:	HOME:
	CELL:
	MRN: 2435

PREPARER: John R. Wilkinson, M.D.	DATE: 08/01/2019
John R. Wilkinson, MD 5555 Reservoir Drive #207 San Diego, CA 92120	TIME: 01:31 PM
	PHONE: 619-255-1754
	FAX: 619-286-4355

MESSAGE:

PLAN:

- repeat von Willebrand disease panel
"von Willebrand Comprehensive Panel 2" Quest Diagnostics Test Code 15540
Includes
Partial Thromboplastin Time, Activated
Factor VIII Activity, Clotting
von Willebrand Factor Antigen
Ristocetin Cofactor
von Willebrand Factor Collagen Binding Assay
von Willebrand Antigen, Multimeric Analysis
- Order epsilon aminocaproic acid (Amicar) LIQUID Amicar (1.25 grams/5ml) give 20 ml = 5 grams po q 6 hrs x 24-48 hrs post delivery.
- Follow up in 2 weeks on August 13, 2019 at 0800.

S. Ghayouri, MD
408 727 7419
Medical Director

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Erica Lynch [09/24/1987] [AGE: 31] [RN: 2435]
 John R. Wilkinson, MD

Problem List

Chronic Problems

*Indicates an approximate date

DESCRIPTION	DIAGNOSIS	ONSET DATE
Qualitative platelet defects	D69.1	UNKNOWN

Medication List / Allergy Information

Medication List / Allergy Information

MEDICATION	SIG	START DATE
Acetaminophen 325 mg [tablet] [Substitutions Permitted] -	2 p.o. t.i.d. p.r.n. pain	08/01/2019
diphenhydrAMINE 25 mg [capsule] [Substitutions Permitted] -	1-2 po q 4 hrs prn insomnia or restless legs	08/01/2019
Amicar 1.25 g/5 mL [syrup] [Substitutions Permitted] -	LIQUID Amicar (1.25 grams/5ml) give 20 ml = 5 grams po q 6 hrs x 24-48 hrs post delivery.	08/01/2019

Recorded Allergies

ALLERGEN	REACTION
Iodine Mild	UNKNOWN
silver nitrate topical	UNKNOWN
Dilaudid	UNKNOWN

Patient History

Social History

CATEGORY	RECORDED	DESCRIPTION / STATUS
Alcohol Use		
	08/01/2019	None
Smoking Status		
	08/01/2019	Former smoker [Comment: 1/2 pack per day, none now]
	08/01/2019	(68535-4) Have you used tobacco in the last 30D [Comment: No]
	08/01/2019	(68536-2) Have you used smokeless tobacco product in the last 30D [Comment: No]
Recreational Drug Use		
	08/01/2019	Intravenous Drug Use [Comment: none now]

S. Chertov, MD
 AUG 01 2019
 Medical Director

Erica Lynch [09/24/1987] [AGE: 31] [RN: 2435]
 John R. Wilkinson, MD

Page 3 of 6

Dictation and Reports

OV Level 4

08/01/2019

Patient Name: Lynch, Erica	Type: Established Patient
DOB: 09/24/1987 AGE: 31	Opened: 08/01/2019 12:17
Provider: John R. Wilkinson, M.D.	By: John R. Wilkinson, M.D.
Date of Service: 08/01/19	Close: 08/01/2019 13:30
Type of Service: Office Visit	By: John R. Wilkinson, M.D.
Note Type: OV Level 4	History Source: Patient

CHIEF COMPLAINT:

D69.1 Qualitative platelet defect

HISTORY:

D69.1 Qualitative platelet defect

Patient presents with 27 week pregnancy as of 08/01/2019.

She has a life long history of menorrhagia and gum bleeding, shared with females on her mothers side. This has been evaluated at UCLA Hematology in the past and was felt not to be von Willebrand disease, but a true platelet qualitative defect. She has had excessive bleeding with gyn procedures in the past, even to the point of requiring blood transfusions.

UCLA had recommended epsilon aminocaproic acid (Amicar), she took this prophylactically in the past with good result. It is either a huge horse sized pill that must be taken every 2-4 hours or a very, very sweet liquid. She states she has done better with the liquid in the past. This agent works to stabilize clots and slow fibrinolysis. It is frequently used in a large number of bleeding disorders such as hemophilia, von Willebrand disease, and others.

von Willebrand disease can be difficult to diagnose in a single test, as vWD multimers are acute phase reactants and can significantly increase in a variety of situations. One normal test would not rule out von Willebrand disease, but one low result can confirm the diagnosis. Despite my supreme confidence in UCLA hematology, would recommend repeating vWD panel now. Expect results to be 175-300% of normal. If lower end of normal, will suggest repeat after delivery.

With no bleeding now, elevated coagulation factors with pregnancy and risk of leg stasis, would not recommend use of epsilon aminocaproic acid (Amicar) pre-delivery. Would support empiric use after delivery for 24-48 hrs.

Would offer LIQUID Amicar (1.25 grams/5ml) give 20 ml = 5 grams po q 6 hrs x 24-48 hrs post delivery.

140 pages of records reviewed and case discussed with Dr. Brad Dolinsky, MD by phone.

PLAN:

- 1) repeat von Willebrand disease panel
 "von Willebrand Comprehensive Panel 2" Quest Diagnostics Test Code 15540
 Includes
 Partial Thromboplastin Time, Activated
 Factor VIII Activity, Clotting
 von Willebrand Factor Antigen
 Ristocetin Cofactor
 von Willebrand Factor Collagen Binding Assay
 von Willebrand Antigen, Multimeric Analysis
- 2) Order epsilon aminocaproic acid (Amicar) LIQUID Amicar (1.25 grams/5ml) give 20 ml = 5

[This report is continued on the following page]

Erica Lynch [09/24/1987] [AGE: 31] [MRN: 2435]

08/01/2019 01:31 PM

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Erica Lynch [09/24/1987] [AGE: 31] [RN: 2435]
John R. Wilkinson, MD

Dictation and Reports [Continued]

OV Level 4 [Continued]

08/01/2019

grams po q 6 hrs x 24-48 hrs post delivery.

3) Follow up in 2 weeks on August 13, 2019 at 0800.

ROS:

Constitutional: Patient denies chills, difficulty falling asleep, easy fatigability, fever and malaise.

Eyes: Patient denies cataracts, change in acuity, glaucoma and recent eye exam.

ENT: Patient denies change in hearing, hearing loss, nasal congestion, nasal discharge, tinnitus and vertigo.

Cardiovascular: Patient denies change in exercise capacity, edema, exertional chest pressure, exertional chest tightness, lightheadedness, orthostatic hypotension, palpitations and regular exercise.

Respiratory: Patient denies cigar smoking, cigarette smoking, cigarette smoking-previously, cough, history of TB exposure and shortness of breath.

Gastrointestinal: Patient denies abdominal pain, anorexia, change in bowel habits, heartburn, hematochezia and vomiting.

Genitourinary: Patient reports menses-heavy; denies diminished libido, dysuria, urinary dribbling, urinary frequency, urinary incontinence and weak urinary stream.

Musculoskeletal: Patient denies joint pain, joint stiffness, joint swelling and low back pain.

Skin: Patient denies new or unusual skin lesions.

Skin: Patient reports breast self-examination-monthly.

Neurology: Patient denies headache, migraine headaches, new or unusual headaches, sinus headaches, tension headaches, unusual numbness or tingling and weakness.

Endocrinology: Patient denies cold intolerance, heat intolerance, unexplained weight gain and unexplained weight loss.

MEDS/ALLERGIES:

MEDICATIONS:

diphenhydramine 25 mg capsule 1-2 po q 4 hrs prn insomnia or restless legs

Acetaminophen 325 mg tablet 2 p.o. t.i.d. p.r.n. pain

ALLERGIES:

Iodine Mild -- UNKNOWN

silver nitrate topical -- UNKNOWN

Dilaudid -- UNKNOWN

nbsp

VITALS:

08-01-2019 12:01 Weight: 185 lbs

BMI: 29.4

Pulse: 88 BPM

BP: 104 / 54 [arm - sit]

Temp: 98.5 F° [tymp]

Resp: 16 / min [unlab]

Oximetry: 96% [RA]

Height: 66.5 in

EXAM:

GENERAL APPEARANCE - well nourished-well-developed and in no distress.

PUPILES-IRISES - equal-round-reactive to light.

CONJUNCTIVA-LIDS - pink.

FUNDISCOPIC - examination reveals sharp discs and normal vessels.

EXTERNAL EARS-NOSE - external ears normal bilaterally.

[This report is continued on the following page]

Dictation and Reports [Continued]

OV Level 4 [Continued]

08/01/2019

OTOSCOPIC - ear canals clear- tympanic membranes pearly.
 HEARING - grossly normal.
 NASAL MUCOSA-SEPTUM-TURBINATES - pink normal appearing mucosa. Clear secretions.
 LIPS-TEETH-GUMS - well-hydrated and without lesions. Dentition good. Gums appear healthy.
 OROPHARYNX - well hydrated. No lesions.
 NECK - supple. Trachea midline.
 THYROID - symmetric and without nodules tenderness or enlargement.
 RESPIRATORY EFFORT - respirations unlabored.
 CHEST AUSCULTATION - clear to auscultation-without rales ronchi or wheezes.
 CHEST PALPATION - no chest wall tenderness. Symmetric tactile fremitus.
 CHEST PERCUSSION - no abnormal dullness noted.
 HEART PALPATION - normal size palpable in the left 5th ICS at the left midclavicular line.
 HEART AUSCULTATION - reveals a regular rhythm with no murmurs-gallops-or rubs.
 CAROTID ARTERIES - 2+ bilaterally and without bruits.
 ABDOMINAL AORTA - not palpably enlarged and not tender.
 FEMORAL ARTERIES - 2+ bilaterally and without bruits.
 PEDAL PULSES - 2+ dorsalis pedis and posterior tibial pulses.
 EDEMA-VARICOSITIES - no pedal-ankle-or leg edema.
 BREAST INSPECTION - symmetric size and shape. No skin or nipple abnormality.
 BREAST PALPATION - no mass or tenderness.
 ABDOMEN - 27 weeks pregnant-soft and nontender.
 LIVER-SPLEEN - no hepatosplenomegaly.
 HERNIAS - none noted.
 CRANIAL NERVES - II-XI# are grossly intact.
 DEEP TENDON REFLEXES - 2+ and symmetric.
 SENSATION - intact to light touch and pinprick.
 LYMPHATICS - No adenopathy in anterior or posterior cervical chains, supraclavicular, axillary or inguinal areas.

ASSESSMENT:

D69.1

Qualitative platelet defects

New Problem

PLAN:**MEDICATION MANAGEMENT:**

START: Amicar 1.25 g/5 mL oral [syrup] LIQUID Amicar (1.25 grams/5ml) give 20 ml = 5 grams po q 6 hrs x 24-48 hrs post delivery. (Disp# 1 Bottle Refills - 4) PRINTED

The importance of an appropriate diet, regular exercise and adequate sleep was reviewed with the patient.

Medication list was updated and reviewed.

Patient to return sooner or call me immediately for significant change in condition or new problems.

Plan Comments:**PLAN:**

1) repeat von Willebrand disease panel
 "von Willebrand Comprehensive Panel 2" Quest Diagnostics Test Code 15540
 Includes
 Partial Thromboplastin Time, Activated
 Factor VIII Activity, Clotting
 von Willebrand Factor Antigen
 Ristocetin Cofactor
 von Willebrand Factor Collagen Binding Assay
 von Willebrand Antigen, Multimeric Analysis

[This report is continued on the following page]

Erica Lynch [09/24/1987] [AGE: 31] [MRN: 2435]
John R. Wilkinson, MD

Dictation and Reports [Continued]

OV Level 4 [Continued]

08/01/2019

2) Order epsilon aminocaproic acid (Amicar) LIQUID Amicar (1.25 grams/5ml) give 20 ml = 5 grams po q 6 hrs x 24-48 hrs post delivery.

3) Follow up in 2 weeks on August 13, 2019 at 0800.

Signed off by: John R. Wilkinson, M.D. On: 08/01/19 at 13:30

Author: John R. Wilkinson, M.D.

DATE 05/20/2019 12:23 PM
 NAME Erica Lynch DOB 09/24/1987
 ID # 873672 INT HOSP OF DELIVERY _____ INT DELIVERY PROV _____
 NEWBORN'S PHYSICIAN _____ REFERRED BY _____
 PRIMARY CARE PROVIDER _____
 ADDRESS Gelen R Del Rosario, MD Inc, 502 S Euclid Ave Suite 300, National City, CA 91950

BIRTH DATE	09/24/1987	AGE	31	RACE		MARITAL STATUS	
ADDRESS	220 W C Street, San Diego, CA 92101						
OCCUPATION		PHONE (H)	(619) 232-9221				
EDUCATION		PHONE (O)					
LANGUAGE	ENGLISH	PHONE (M)					
ETHNICITY							
HUSBAND/DOMESTIC PARTNER		PHONE					
FATHER OF BABY		PHONE					
EMERGENCY CONTACT		PHONE					
INSURANCE CARRIER/MEDICAID #	US Marshalls	POLICY #	83558298				

KEY CLINICAL INFORMATION

31 YO G 4 P 1-0-2-0 FINAL EDD: 11/01/2019

TOTAL PREG	FULL TERM	PREMATURE	AB INDUCED	AB SPONT.	ECTOPICS	MULT. BIRTHS	LIVING
4	1	0	1	1	0	0	0

IS BLOOD TRANSFUSION ACCEPTABLE:	UNK	ANTEPARTUM ANESTHESIA CONSULT PLANNED:	UNK	LATEX ALLERGY:	UNK
----------------------------------	-----	--	-----	----------------	-----

ALLERGIES

Iodine SOLN
Dilaudid
Silver Nitrate Applicator MISC

PROBLEMS - NONE LISTED

HIGH RISK PREGNANCY

GDR 04/26/2019 11:18 AM	blood dyscrasia, h/o drug use
-------------------------	-------------------------------

MEDICATION LIST - NONE LISTED

EDD CONFIRMATION

Date	Comments	EDD	Final
05/20/2019	LMP 12/01/2018	09/07/2019	
05/20/2019	Ultrasound 04/15/2019 12-1	10/27/2019	
05/20/2019	Ultrasound 03/09/2019 7-0	10/26/2019	
04/26/2019	Ultrasound 04/26/2019 13-0	11/01/2019	X

IMMUNIZATIONS

IMMUNIZATION	PRENATAL SNAPSHOT	LAST ADMIN	ADMIN POSTPARTUM
INFLUENZA			
TDAP			
MMR			

Continued on next page

Inmate Name: LYNCH, ERICA GAYLE Reg #: 83558-298
 Date of Birth: 09/24/1987 Sex: F Race: WHITE Facility: CRW
 Encounter Date: 08/27/2019 14:47 Provider: Shackelford, Janet M.D. Unit: F04

Outside records:
 u/s notes but no reports. (requested outside records)
 u/s 3/9/19 EDD 10/26/19
 u/s 4/15/19 EDD 10/27/19

PLATELET QUALITATIVE DEFECT -- HEMATOLOGY RECOMMENDED POST PARTUM AMICAR

G1 2005 spontaneous miscarriage
 G2 6/8/2008 40 weeks labor 5-6 hr female 8 lbs epidural , heavy post partum bleeding no transfusion
 G3 2012 elective Ab.

PMH:
 --Leaky heart valve, asymptomatic
 --depression both sides of family, no suicidal thoughts but anxious since incarcerated
 --Transfusions/heavy bleeding after procedures

PSH:
 --Cone biopsy , cryosurgery x2 or more. Colposcopy. Laparoscopy x 2 for benign ovarian cysts.
 --2015 Cholecystectomy

SOCIAL:
 Used heroin/methamphetamine stopped around 2/2019. h/o smoking.
 ALLERGIES: iodine, silver nitrate, fish (unsure type occ rash occ throat feels tight) dilaudid
 LABS:
 Pending, per patient 2 weeks ago 1 hr GT WNI. (requested report)

Provisional Diagnosis:

Pregnant third trimester
 h/o at least 1-2 cryosurgerys, leeps in the past
 Qualitative platelet defect

Diet Orders:

<u>Start Date</u>		<u>Expiration Date</u>
08/27/2019	Snack - 3 x day, Other - fish allergy	08/26/2020

Disposition:

Follow-up at Sick Call as Needed
 Will Be Placed on Callout

Other:

NSt today, no contractions nicely reactive strip

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
08/27/2019	Counseling	Plan of Care	Shackelford, Janet	Verbalizes Understanding

Copay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Completed by Shackelford, Janet M.D. on 08/27/2019 15:40



Inbox

From: ERICA GAYLE LYNCH (83558298)

Date: 6/17/2020 6:19:21 PM

Subject: RE: RE: CARES ACT

Message: My medications are:

Prozac 20 mg 1x daily

Aminocaphoric Acid 500 mg. tab (They only give me 8 tablets a month for onset of menses, they have not given me my normal dosage due to not seeing a hematologist yet. I went to sick-call a few weeks ago complaining about the bleeding and Dr. Shackelford said she would try to get in contact with the hematologist and in the meantime she prescribed me birth control hoping that would lighten the amount I'm bleeding daily).

Loestrin Fe 1/20 1x daily (Birth Control)

-----Jenkins, Katie on 6/17/2020 3:21 PM wrote:

>


Also, can you let me know what medications (if any) you are currently on.

Guidance to REMOVE yourself from this specific prisoner's contact list or REFUSE all federal prisoner's requests for message exchanges is provided within CorrLinks.

By utilizing CorrLinks to send or receive messages you consent to have Bureau of Prisons staff monitor the informational content of all electronic messages exchanged and to comply with all Program rules and procedures.

Your messages may not exceed 13,000 characters and no attachments will be accepted.

For additional information related to the program, please visit the http://www.bop.gov/inmate_programs/trulincs_faq.jsp

In order to print a message, you need to have  Adobe Acrobat installed. Click [here](#) to download it for free.

Print

Reply

Delete

Close



From: ERICA GAYLE LYNCH (83558298)

Date: 6/18/2020 6:20:28 PM

Subject: RE: RE: CARES ACT

Message:

ERICA GAYLE LYNCH on 6/18/2020 8:50:55 AM wrote
I have never had a follow up with the hematologist. I was ordered to follow-up with hematologist with in 6 months of having the baby in order to be medically cleared however they medically cleared me without me following up with hematologist.

I will let my mom know you are going to be calling and she may have records of the platelet diagnosis. I know that I don't have Von Willebrand because when I was seeing the Dr. at UCLA he tested for that. It was hard for them to find diagnosis because my body makes enough blood it just struggles keeping it...But, this facility has not done further investigation into helping me with my platelet disorder.

Enjoy your weekend, I appreciate your help.

Guidance to REMOVE yourself from this specific prisoner's contact list or REFUSE all federal prisoner's requests for message exchanges is provided within CorrLinks.

By utilizing CorrLinks to send or receive messages you consent to have Bureau of Prisons staff monitor the informational content of all electronic messages exchanged and to comply with all Program rules and procedures.

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In order to print a message, you need to have  Adobe Acrobat installed. Click [here](#) to download it for free.

This is to certify that

Erica Lynch

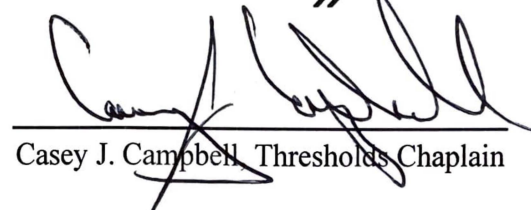
has completed all of the requirements for the

Thresholds Program

at FMC Carswell, and has demonstrated a high level of
commitment to spiritual growth and personal transformation.

*In witness whereof, the signatures of the Religious Services
department head and the program facilitator are hereunto affixed.*


J. Clark, Supervisory Chaplain


Casey J. Campbell, Thresholds Chaplain



CERTIFICATE OF
COMPLETION

Erica Lynch

***Trauma in Life Workshop
Federal Medical Center Carswell***

March 5, 2020



***D. Kim, Ph.D.
Chief Psychologist***



Corrections & Detention
WESTERN REGION DETENTION FACILITY
San Diego, Ca

THIS CERTIFIES THAT


ERICA LYNCH

Has successfully completed the Anger Management Course offered in this Institution

And is therefore awarded this

CERTIFICATE OF COMPLETION

Given this 13th day of June, 2019

A. RODARTE 

Recreational Specialist

A. Rodarte

Course Facilitator



Amazing Facts Bible School

this Certifies that

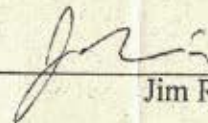
Erica Lynch

*Has satisfactorily completed the Basic Course of study prescribed by the
Amazing Facts Bible School and is hereby awarded this*

Diploma

April 10, 2019

Date



Jim Rickabaugh, Chaplain





**Certificate of
Completion**

This is to certify that
Lynch 83558-298
participated in and successfully
completed a three month iteration
of the Religious Services program:
“ENCOUNTERS”
(January- March, 2019)



**Certificate of
Completion**

This is to certify that
Lynch 83558-298
participated in and successfully
completed a three month
Religious Services program:
“Staying Positively Aware”
(October-December, 2019)

Certificate of
Achievement

Awarded to

LYNCH, ERICA

for superior achievement and excellence in

CROCHET CLASS

this 22ND day of OCTOBER

in the year 2019

Signed



D. HARRIS RECREATION SPECIALIST



Certificate of
Achievement

Awarded to

LYNCH, ERICA

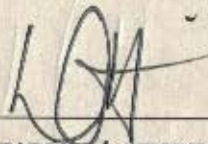
for superior achievement and excellence in

ART/ COLORING

this 25TH *day of* OCTOBER

in the year 2019

Signed



D. HARRIS/ RECREATION SPECIALIST



Certificate of
Achievement

Awarded to

LYNCH, ERICA

for superior achievement and excellence in

PLASTIC CANVAS

this 23RD *day of* SEPTEMBER

in the year 2019

Signed



D. HARRIS, RECREATION SPECIALIST



Certificate of
Achievement

Awarded to

LYNCH, ERICA

for superior achievement and excellence in

BEADING

this 24TH *day of* SEPTEMBER

in the year 2019

Signed



D. HARRIS, RECREATION SPECIALIST



Certificate of
Achievement

Awarded to

LYNCH, ERICA

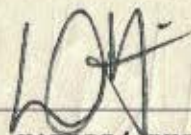
for superior achievement and excellence in

CROCHET

this 24TH day of SEPTEMBER

in the year 2019.

Signed



D. HARRIS/ RECREATION SPECIALIST

