

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

UNITED STATES OF AMERICA

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v.

Case No: 21-CR-292 RCL

CHRISTOPHER WORRELL,

Defendant.

**RESPONSE TO DEFENDANT’S SUPPLEMENT TO DEFENDANT’S REQUEST TO
REVOKE THE ORDER OF DETENTION**

The government respectfully submits this response to the defendant Christopher Worrell’s Supplement, filed yesterday, to his Request to Revoke the Order of Detention, which was filed on August 11, 2021.

As an initial matter, and to clarify for the Court, because Mr. Worrell’s recent filing merely supplements Mr. Worrell’s prior filing through prior counsel, most of the supplement is copied nearly verbatim from that prior filing. *See* Dkt. 81 (prior filing); Dkt. 119 at 8 n.6 (“The undersigned would advise that substantial portions of the facts and legal arguments were from John Pierce, Esquire [sic], prior submissions.”). Thus, much of the filing restates claims to which the government has already responded or that the government has already debunked. For example, the filing repeats the claim that Dr. Wilson told Mr. Worrell in June “that due to the jail’s delay the hand will require surgery rather than being reset in Dr. Wilson’s office.” Dkt. 119 at 39. That assertion, the government has previously explained, was specifically denied by Dr. Wilson, who explained that it “makes no sense”; it is also not reflected in any notes. Dkt. 118 at 7-8. As another example, the alleged medical history on pages 4-5 of the supplement appears to be the same as that listed in the August 11, 2021 filing, to which the government already responded. *See* Dkt. 81 at 3-6.

In this filing, the government responds only to those issues raised for the first time in the supplement. The government begins this response with the same caveats it has previously expressed. First, the government is not present for Mr. Worrell's care and can only relay the professional opinions of those doctors and medical staff who are treating Mr. Worrell, and tender what appear to the government to be reasonable conclusions that one could draw from those records and opinions. Second, the government takes both Mr. Worrell's significant ailments and the medical care afforded to pretrial detainees generally extremely seriously. Mr. Worrell has a serious condition; the government does not dispute as much. The problem is that the medical records and interviews the government has conducted have produced a picture quite different than that articulated by Mr. Worrell. As explained below, the most reasonable interpretation of the records in the possession of the government and defense counsel is that Mr. Worrell is receiving or has already received medical treatment and care for the ailments he lists, and that Mr. Worrell himself has been the cause of significant delay in receiving cancer diagnostic care in particular.

Finally, because Mr. Worrell's supplement submits conditions of release that Mr. Worrell believes are appropriate to reasonably ensure that Mr. Worrell will not represent a danger to the community, the government includes below new evidence of Mr. Worrell's offense and of his disingenuousness, the latter of which the government believes is relevant to Mr. Worrell's willingness to comply with conditions of release set by this Court. The government submits that Mr. Worrell remains a danger to the community and should remain in custody.

A. Mr. Worrell's medical issues.

The government limits its discussion of Mr. Worrell's medical issues to updates since its last filing (Dkt. 118) and responses to the claims made by Mr. Worrell in his supplement (Dkt. 119).

Fifth metacarpal fracture. The government need not spend much more time on Mr. Worrell’s hand injury. As previously explained, Dr. Wilson and DOC medical staff report that his injury has healed with no functional limitations and mild, intermittent discomfort, that it did not need surgery and that it was treated, according to those same doctors, in a typical way. *See* Dkt. 118 at 5-9. The government is unable to discern whether the photographs submitted by Mr. Worrell showing his hands actually show any kind of deformity—Dr. Wilson noted an “angulation” on the right hand that he referred to as a typical outcome for this type of injury—but the photographs also depict Mr. Worrell closing his previously injured hand into a fist without difficulty.

After Dr. Wilson reluctantly agreed to pursue surgery at Mr. Worrell’s request and it was scheduled for October 25, 2021, Mr. Worrell then declined the surgery and asked for a second opinion. *See* Dkt. 118 at 8. But the U.S. Marshals medical staff, who also interviewed Dr. Wilson (with undersigned counsel), came to the conclusion that a second opinion on Mr. Worrell’s hand fracture was not necessary because “[s]econd opinions are generally only authorized . . . if there are serious questions about a prisoner’s current medical or surgical management, for example, if the management is not consistent with current accepted standards of medical or surgical practice,” and based on the “reviewed medical documentation and verbal communication with the treating orthopedic surgeon,” there was no need for a second opinion here. *See* Ex. 7 at 1. The government has no reason to dispute this finding.

Cancer treatment. Mr. Worrell’s doctors have recommended chemotherapy. The government has been informed that Mr. Worrell can start his chemotherapy imminently, as it has been authorized by DOC and the U.S. Marshals’ medical team. Mr. Worrell raises two issues relating to diagnostic biopsies, but on further examination, neither indicates any deficiencies in

treatment.

Second, the government previously explained at length, with ample supporting documentation, that Mr. Worrell refused to attend *two* crucial diagnostic biopsies in July 2021, claiming he did not want to go because of, *inter alia*, “court dates,” even though this Court held no hearings on this case that month. Dkt. 85 at 8-9; Ex. 7 at 5. Those biopsies were then rescheduled for the first week of September 2021, and both occurred. Dkt. 95 at 1. Now, Mr. Worrell complains that the lymph node biopsy he received was a needle aspiration biopsy, when he believes an excisional biopsy was recommended by Dr. Ali, the oncologist, in May 2019. Dkt. 119 at 10 n.9. Mr. Worrell states in his filing that his Exhibit E states: “Report signed by Dr. Crenshaw on June 16, 2021, indicating Dr. Ali request ENT (ear, nose, throat) for an excisional biopsy.” *Id.* Mr. Worrell goes so far as to claim that DOC officials should be held in “contempt for misrepresentations to this Court about who is really causing” the delay in Mr. Worrell receiving certain biopsies. *Id.*

Upon reviewing that assertion, undersigned counsel contacted defense counsel, concerned that there had been a misunderstanding on Mr. Worrell’s part. Specifically, Exhibit E, attached to Mr. Worrell’s motion, actually states: “spoke with Dr. Ali . . . he recommends referral to ENT *for eval for* excisional biopsy.” Dkt. 119 at 17 (emphasis added). In other words, Exhibit E does *not* state that Dr. Ali recommended an excisional biopsy. It (and other references in the medical notes, *see* Dkt. 85-1 at 33, 39, 41) state that Dr. Ali referred Mr. Worrell to another specialist (Ear, Nose, and Throat specialist) for an *evaluation* of that procedure. When the ENT specialist at Georgetown University Hospital then evaluated Mr. Worrell, the specialist recommended the needle aspiration biopsy that Mr. Worrell then received, *id.* at 27 (“referred to IR for . . . ultrasound guided FNA” biopsy), and *not* an excisional biopsy, *id.* (“hold on excisional biopsy for now”); *see also* Ex. 7 at

7 (the ENT specialist's original handwritten notes stating the same). The ENT specialist's records were introduced into the public record by the government back in August. *See id.*

Defense counsel confirmed, and the government agrees, that Mr. Worrell's misstatement on this issue was the result of an oversight: counsel had simply not seen the ENT specialist's recommendations during his review of the medical records. The government thus believes this alleged issue is resolved and thus not a dispute before the Court. The excisional biopsy was recommended by Mr. Worrell's oncologist at the end of September, not in May.

Second, last week, the government stated in a public filing that Mr. Worrell was scheduled for the excisional lymph node biopsy on November 1, 2021. Dkt. 118 at 10. But in his supplemental filing yesterday, Mr. Worrell expressed uncertainty about what this appointment was for, Dkt. 119 at 6 ("It is unclear what the nature of the appointment is for . . ."), and asserted its timing was "convenient," even though it has been discussed in the notes for weeks, *id.* Perhaps unsurprisingly at this point, Mr. Worrell then declined to go to the biopsy on November 1, 2021, the *third time* he has declined to attend a necessary diagnostic biopsy. Again, the government submits that a defendant cannot fairly accuse DOC of declining to timely provide him care when he is repeatedly declining necessary diagnostic services that are, in some instances, prerequisites to determining the appropriate type of treatment. The defendant cannot leverage his own delay into a due process violation.

Other issues. Mr. Worrell refers to a litany of medical issues he has had while in custody, but those have all been treated, as noted below. None of these are new issues since August, and many have not even been the subject of discussion in the medical records in months:

1. Mild blepharitis (inflammation of the eyelids): This was treated. Mr. Worrell has seen an ophthalmologist three times in the last four months, and has seen medical

staff for eyedrops and his prescription glasses on several other occasions. *See* Ex. 7 at 8-9, 10-11, 12-14 (detailing ophthalmology appointments).

2. Pain left shoulder: Mr. Worrell attended three physical therapy sessions for this injury before deciding to cease treatment. *See* Dkt. 95 at 2; Dkt. 101-1 at 2.
3. Epidermoid cyst: The recurrent cyst was drained and treated in May 2021, *see* Dkt. 71-1 at 5, and the last apparent reference to it in the medical records was in July 2021.
4. Urinary hesitancy, lower back pain, prediabetes: The medical records show these to be pre-existing conditions for Mr. Worrell that the jail has continued to manage. *See, e.g.*, Ex. 7 at 16-17, 19, 20, 21-22. The government has not found any unaddressed complaints relating to these.
5. Squamous cell carcinoma of the head, neck and base of tongue: The medical records note there is no recurrence of this carcinoma. Ex. 7 at 7, 23 (“no [evidence of] recurrence in recent scans”).
6. History (Hx) of COVID symptoms: Mr. Worrell did have COVID-19. He has since repeatedly declined a COVID vaccine.
7. Hypertension: This is another pre-existing condition for Mr. Worrell, *see* Ex. 7 at 24, and his “[blood pressure] and [heart rate] continue to be well controlled off of medication.” Ex. 7 at 25.
8. Dental—cracked molar: Mr. Worrell asserts in his supplement that he “maintains a cracked tooth.” Dkt. 119 at 5. But Mr. Worrell has a cracked tooth because he has consistently declined treatment for it, as the government has previously explained. Dkt. 85 at 9-10 (quoting medical records from dentist indicating he refused

extraction of tooth); Ex. 7 at 26-27 (the records). Indeed, just a few days ago, after specifically requesting another evaluation because the tooth was painful, *see* Ex. 7 at 28, Mr. Worrell *again* refused to have the tooth treated in any way, *see* Ex. 7 at 29-30 (noting that referral was for “increased pain in tooth #19” but that “Patient states that although he can feel the fx. tooth with his tongue he does not want to have anything done on that tooth. . . . Only wants to get his teeth cleaned.”).

Although the government recognizes that Mr. Worrell’s cancer is quite serious, and that he has a litany of other medical complaints, it is difficult to discern—on this record—exactly what errors medical staff are alleged to have made with respect to these other medical issues. Rather, the overall picture is that of an individual who is being appropriately treated by medical professionals.

B. Mr. Worrell’s Dangerousness and Disingenuousness.

The government previously catalogued some of the many instances in which claims of mistreatment were made by Mr. Worrell that were not substantiated by later medical records. Mr. Worrell’s supplement includes new potential conditions of release, raising the question whether Mr. Worrell would comply with those conditions in the first place. The government thus supplements the record with other instances in which Mr. Worrell either misrepresented the truth or insisted that FBI agents had lied about what he said. The updates below are also relevant to the strength of the government’s evidence under 18 U.S.C. § 3142(g)(2), one of the factors this Court must consider in evaluating pretrial release.

First, when Mr. Worrell was originally interviewed by the FBI in this case on January 18, 2021, he stated that “he did nothing illegal,” that he “did not go onto Capit[o]l grounds,” and that he “didn’t witness any crimes or violence towards Law Enforcement.” Ex. 7 at 31. These claims

were false, as Mr. Worrell knew then. Mr. Worrell is captured on many videos and photographs on Capitol grounds. Indeed, Mr. Worrell himself took approximately a dozen videos using his phone while on Capitol grounds. And even according to Mr. Worrell's account, he engaged in at least two further illegal acts: carrying pepper spray gel onto Capitol grounds, and pepper spraying at least *some* individual on Capitol grounds. Immediately after this initial interview, Mr. Worrell posted threatening messages on Facebook toward the person he believed had "ratted" him out to the FBI. *See* Dkt. 71-1 at 11-12.

Second, when Mr. Worrell was arrested two months later, the FBI agent who spoke with him stated that he refused to turn himself in at the closest FBI resident agency and instead insisted on driving all the way back to his house, a lengthy period of time during which he had uninhibited access to his phone. *See* Dkt. 13 at 7. When he arrived, the FBI agent also overheard Mr. Worrell make two statements that could easily be construed as threats to potential witnesses. *Id.* Yet Mr. Worrell, through counsel, remarkably claimed that the FBI agent was not telling the truth—that Worrell had not made the threats toward other witnesses, *see* Dkt. 51-1 at 47-48 ("THE COURT: You just deny that those words were said? MR. PIERCE: As of right now I'm denying that those words were said."). On Mr. Worrell's phone, however, the government recently found text message exchanges in which Mr. Worrell, during the time he was driving to meet the FBI to turn himself in, appears to agree to delete evidence from his phone¹:

¹ The messages in green are from the user of Mr. Worrell's phone.

From: [REDACTED]
To: [REDACTED] 4860 (owner)

Turn your location off on your phone

Participant	Delivered	Read	Played
[REDACTED]		3/12/2021 7:08:39 AM(UTC-5)	

Status: Read
3/12/2021 7:05:24 AM(UTC-5)

Source Extraction:

Advanced Logical

Source Info:

CHRIS's iPhone/mobile/Library/SMS/sms.db : 0x59D93A

(Table: message, handle, chat, Size: 8335360 bytes)

From: [REDACTED] 4860 (owner)
To: [REDACTED]

Done Gonna zap it

Participant	Delivered	Read	Played
[REDACTED]			

Status: Sent
3/12/2021 7:10:38 AM(UTC-5)

From: [REDACTED]
To: [REDACTED]-4860 (owner)
Turn location off

Participant	Delivered	Read	Played
[REDACTED]		3/12/2021 7:15:10 AM(UTC-5)	

Status: Read
3/12/2021 7:14:58 AM(UTC-5)

Source Extraction:

Advanced Logical

Source Info:

CHRIS's iPhone/mobile/Library/SMS/sms.db : 0x59D2FC
(Table: message, handle, chat, Size: 8335360 bytes)

From: [REDACTED]
To: [REDACTED]-4860 (owner)
What did the feds say on your latest call

Participant	Delivered	Read	Played
[REDACTED]		3/12/2021 8:57:29 AM(UTC-5)	

Status: Read
3/12/2021 8:46:38 AM(UTC-5)

From another individual:

From: [REDACTED]
To: [REDACTED]-4860 (owner)
Make sure to clear the phone

Participant	Delivered	Read	Played
[REDACTED]		3/12/2021 7:10:41 AM(UTC-5)	

Status: Read
3/12/2021 6:49:56 AM(UTC-5)

Third, Mr. Worrell previously told Chief Judge Howell, through counsel, that he “did not

encourage the ‘taking’ of the Capitol or interference with Capitol Police as they attempted to control the crowd,” and “did not confront the Capitol Police, threaten them, or make any attempt to interfere with their carrying out their duties.” Dkt. 16-1 at 13-14. In support, Mr. Worrell submitted a short clip of a several videos spliced together. *See id.* Ex. D. Mr. Worrell’s prior counsel stated at the ensuing detention hearing that he did not know the origin of the video, but that it was not edited, because “[t]here is no reason to edit or redact or withhold anything[] that would be inculpatory to him because he didn’t do anything wrong.” Dkt. 49, Ex. 1 at 34-35.

All of these claims have been shown to be false by videos the defendant himself recorded, making Mr. Worrell’s duplicity all the more confusing. In the last few weeks, the government has reviewed videos from Mr. Worrell’s phone and Facebook account, including the videos from which clips were apparently taken and submitted to the Court in March. These videos have all been turned over to Mr. Worrell through discovery. Those videos show:

- Later that day, Mr. Worrell films himself telling U.S. Capitol officers who are putting on riot gear just outside the U.S. Capitol: “Honor your oaths! On your knees! . . . We are on your side, don’t make us go against you! These are our streets!”
- Later, Mr. Worrell films himself at roughly the location of his later assault on the lower west terrace. He zooms in on the U.S. Capitol Police officers in front of the crowd and states: “Look at the commies with the guns.”
- In another video, Mr. Worrell raises his hand in the “okay” symbol used by the Proud Boys to encircle a group of U.S. Capitol officers arresting a rioter. Mr. Worrell yells: “He didn’t do nothing!” Earlier in this video, Mr. Worrell states: “We are here in peace!” That is the only edited portion of this video that Mr.

Worrell submitted to the Court in March in what his then-counsel represented was an unedited video. A screenshot of his hand symbol is below:



- Another three videos taken shortly thereafter capture Mr. Worrell repeatedly yelling “Fuck you” around a dozen times while filming the U.S. Capitol Police. In one video, he says “Fuck you n*****!” He then holds up his middle finger while filming the U.S. Capitol Police; a cropped screenshot is below:

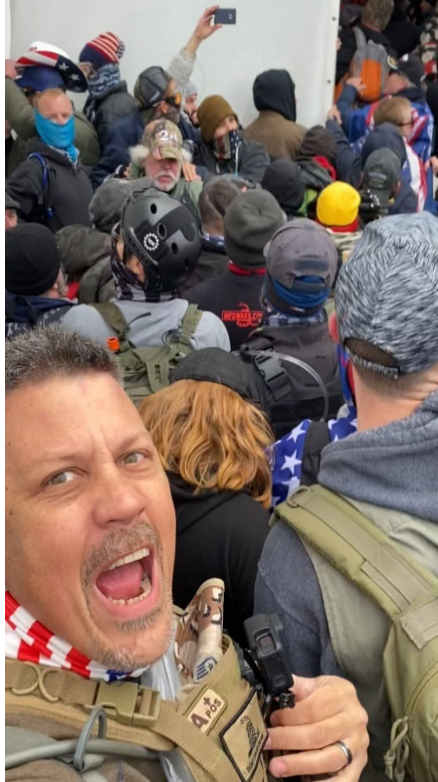


- In a later video, from which Mr. Worrell also clipped a small portion and submitted

only that edited portion to Chief Judge Howell, Mr. Worrell moves U.S. Capitol Police barriers at the very point in the police line shortly thereafter breached by Daniel Scott, another Proud Boy member.² In a portion of the video Mr. Worrell edited out of his submission to Chief Judge Howell, he yells at the officers behind the barriers: “You’re a fucking piece of shit! Yeah, you can’t look at me, huh? . . . You’re a piece of shit! Triple C P!” The latter is apparently a reference to the Soviet Union (“CCCP”).

- In a later video, Mr. Worrell films the crowd breaching the stairs under the scaffolding of the northwest corner of the lower west terrace. A companion of Mr. Worrell’s (who appears in multiple prior videos taken by Mr. Worrell that day) says to Mr. Worrell, as the crowd is surging up the stairs: “You film it? We did it man!” Daniel Scott, having just initiated the breach, yells to Mr. Worrell while facing the camera: “Proud of your fucking boy!” Mr. Worrell then yells: “Yeah!” He then turns the camera on himself and says: “Yeah! Taking the Capitol!”

² This breach, under the scaffolding on the northern end of the lower west terrace, occurred just minutes after Mr. Worrell’s and Mr. Scott’s interaction. Mr. Scott appears in many, if not most, of the videos taken by Mr. Worrell on January 6, 2021, and poses with Mr. Worrell on several occasions. The breach referenced here is what ultimately led to the collapse of the police line on the entire west front, and to rioters entering the U.S. Capitol through the Senate Wing Door.



During these videos, the crowd or individuals near Mr. Worrell are yelling things like “Stand down! Stand down!” and “You want a war?!” and, at one point prior to the breach, “Take the stairs!”

Thus, Mr. Worrell *filmed himself* doing the very things he previously denied in filings in this case: encouraging others to “take the Capitol” using those exact words, and confronting and threatening the Capitol Police officers.

Fourth, on August 26, 2021, after the government’s opposition to Mr. Worrell’s August 11, 2021 Motion was filed, Mr. Worrell called in to the show “Greg Kelly Reports” on Newsmax TV.³ During that interview, Mr. Worrell was asked whether he “regret[ted]” any of his conduct from January 6, 2021. He responded: “Nobody I knew, talking to during or after, had any idea that anything like that was gonna occur on that day. None of us had any tendencies for anything

³ The interview is publicly available here: https://www.youtube.com/watch?v=Y7-e6OI_w4U.

other than to preach our First Amendment rights and protest . . . of our tyrannical government, it seems like. They're just worried about their own political agenda.” He later states that the charge that he assaulted a line of police officers with pepper spray gel is “completely false and fabricated” and is a “crime that they have no evidence of.”

That bold claim is contradicted by the evidence. The government has previously provided a clear photograph of Mr. Worrell on U.S. Capitol grounds, within feet of the line of law enforcement officers, discharging a can of pepper spray gel. *See* Dkt. 24 at 4. That much appears to be undisputed at this point. The Complaint also includes photographs of the police line and screenshots from video taken from other angles of that time. *See id.* at 4-5. In a video another rioter took that is publicly available, Mr. Worrell walks up to Daniel Scott and states, while laughing: “I just deployed a whole can.”⁴ While saying this, his hand moves to the location on his body armor where he previously had a canister of pepper spray gel. And in another video that Mr. Worrell himself filmed, he is standing some 50 yards or so from the ongoing melee on the lower west terrace, well after his assault. Upon hearing sound and seeing smoke rising from the area, Mr. Worrell states to someone off-screen: “That’s flash bangs and tear gas, bro. . . . We were fucking handing it to them. I had two cans of fucking” Mr. Worrell abruptly ends the recording at that moment.

In sum, it is not just Mr. Worrell’s conduct on January 6, 2021, or his criminal history, or his association with the Proud Boys, or his threats against witnesses after January 6, 2021, that should concern this Court. It is his willingness to repeatedly make or induce his prior counsel to make claims he presumably knew were untrue, misleading, or unsubstantiated: to the FBI agents who interviewed him, to Chief Judge Howell, to the Newsmax anchor who interviewed him on

⁴ This video is accessible here: <https://jan6attack.com/videos/7/7K705Sx4NEy7/>.

August 26, 2021, and (as the government has previously outlined), apparently to this Court regarding his ongoing, and well documented, medical care.

This Court can only release a defendant if there exist a combination of conditions that will reasonably assure the safety of the community. The government submits that no such conditions exist.

Respectfully submitted,

CHANNING D. PHILLIPS
Acting United States Attorney
D.C. Bar No. 415793

/s/ William Dreher

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D.C. Bar No. 1033828
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Exhibit 7



PRISONER DETAILS

Name	USMS #	Date of Birth	Facility Name
WORRELL, CHRISTOPHER	[REDACTED]	[REDACTED]	DC DOC-CENTRAL TREATMENT FACILITY

POINT OF CONTACT

Title	Name	Type of Contact	Phone Number	Ext.	Email Address
	Samuels, [REDACTED]	Medical	[REDACTED]		[REDACTED]

SUBMISSION INFORMATION

Specialty	Service	Other Service Requested
Orthopedics	Consultation, after documented exam by appropriate health care provider, with documentation	5th metacarpal fracture - patient interested in 2nd opinion

DISPOSITION

Disposition

Denied

Notes

The prisoner request for a second opinion regarding surgery for right hand metacarpal malunion is not authorized. See comment below for an explanation of this denial. Comment: Second opinions are generally only authorized by the USMS Medical Management Branch (MMB) if there are serious questions about a prisoner's current medical or surgical management, for example, if the management is not consistent with current accepted standards of medical or surgical practice. Based upon the reviewed medical documentation, and verbal communication with the treating orthopedic surgeon, during a teleconference on 10/21/2021, the surgeon opined that injuries of the type sustained by the prisoner are usually treated conservatively and that surgical intervention is not a medical necessity. In addition, the orthopedic surgeon has also consistently documented that the prisoner has not had significant right- hand pain due to the injury (the jail physician reports the prisoner c/o occasion pain but has no functional deficits). Please notify the USMS MMB if there are additional clinical concerns that warrant reconsideration of this request.



U.S. Department of Justice
United States Marshals
Service

Central Cell Block

600 Indiana Avenue, N.W. Washington, DC 20003
2027276182 Fax:

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Clinical Lists Update

CHRISTOPHER WORRELL

Male DOB: [REDACTED]/1971

377183

Home: 377183

Electronically Signed by Tamela Clinkscale on 09/17/2021 at 10:18 AM

08/04/2021 - Chronic Care Clinic: f/u cutaneous lymphoma

Provider: Margaret Crenshaw - MD

Location of Care: Correctional Treatment Facility

Chronic Care

Current Medications: METOPROLOL TARTRATE 25 MG ORAL TABLET (METOPROLOL TARTRATE)
Take 1 tab P.o bid.

ASPIRIN 81 MG TAB (ASPIRIN) Take one tab po Qdaily.

ANALGESIC BALM OINT (LINIMENTS OINT) AAA bid prn.x10 dys First dose now; Route: EXTERNAL
IBUPROFEN 600 MG ORAL TABLET (IBUPROFEN) Take one tab po TID as needed for pain. take
medication with food to avoid GI upset; Route: ORAL

LIDOCAINE HCL 2 % EXTERNAL GEL (LIDOCAINE HCL) apply to affected area bid prn for pain; Route:
EXTERNAL

ARTIFICIAL TEARS SOLN (HYDROXYPROPYL METHYLCELLULOSE SOLN) 1 drop each eye every 4-
6 hours disp. 15cc bottle

HPI

Current Problems:

DX: MILD BLEPHARITIS - OU PER OPHTHO. (ICD-373.00) (ICD10-H01.003)

PAIN IN LEFT SHOULDER (ICD-719.41) (ICD10-M25.512)

FRACTURE OF FIFTH METACARPAL BONE, RIGHT HAND (ICD-815.09) (ICD10-S62.306A)

EPIDERMOID CYST (ICD-706.2) (ICD10-L72.0)

URINARY HESITANCY (ICD-788.64) (ICD10-R39.11)

LOWER BACK PAIN (ICD-724.2) (ICD10-M54.5)

PREDIABETES (ICD-790.29) (ICD10-R73.03)

FOLLICULAR B CELL LYMPHOMA WITH RECURRENCE (ICD-204.80) (ICD10-C85.10)

SQUAMOUS CELL CARCINOMA OF THE HEAD, NECK AND BASE OF TONGUE, 2007 (ICD-199.1)
(ICD10-C80.1)

HX OF COVID-19 (ICD10-U07.1)

HYPERTENSION (ICD-401.9) (ICD10-I10)

Current Medications:

METOPROLOL TARTRATE 25 MG ORAL TABLET (METOPROLOL TARTRATE) Take 1 tab P.o bid.

ASPIRIN 81 MG TAB (ASPIRIN) Take one tab po Qdaily.

ANALGESIC BALM OINT (LINIMENTS OINT) AAA bid prn.x10 dys First dose now; Route: EXTERNAL
IBUPROFEN 600 MG ORAL TABLET (IBUPROFEN) Take one tab po TID as needed for pain. take
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CHRISTOPHER WORRELL

Male DOB: [REDACTED]/1971

377183

Home: 377183

LIDOCAINE HCL 2 % EXTERNAL GEL (LIDOCAINE HCL) apply to affected area bid prn for pain; Route: EXTERNAL
ARTIFICIAL TEARS SOLN (HYDROXYPROPYL METHYLCELLULOSE SOLN) 1 drop each eye every 4-6 hours disp. 15cc bottle

Current Allergies:

* PERCO CET: HIVES (Critical)

HPI

#. Primary cutaneous follicular b cell lymphoma

-recurrent, with lesions now on face, neck, and upper chest

-following with HUH oncology with recommendation for: repeat skin bx, bone marrow bx and PET/CT for interim staging

---**skin bx** is pending (derm eval was scheduled but PT REFUSED visit, this has been rescheduled and is pending)

---**bone marrow biopsy** was completed 6/2021 and is WNL

---**PET/CT** scans done 6/2021 and significant for new "mildly active" submandibular and cervical lymphnodes c/f possible lymphomatous/tumor involvement

---given PET findings, seen by ENT with rec for **US-guided FNA** with interventional radiology which was scheduled last week but PT REFUSED to go out for visit

-pt reports no changes today other than continued persistent itching

[--additional history--]

-initially dx 2007 and tx w rituximab with subsequent recurrence and repeat tx w rituximab c/b development of an allergic vs infusion reaction

-recurrence dx again in 2019 with recommendation from onc at that time for repeat chemotherapy which the patient declined

-opted instead for treatment with an alternative medicine provider who prescribed topical rapamycin and naltrexone

-this regimen has not been continued as it is not evidence based and pt was instead referred to HUH oncology as above

#. R 5th metacarpal neck fracture

-seen by Dr. Wilson (ortho hand) and rec'd for surgical repair

-awaiting OR date

#. HTN, h/o tachycardia

-on metoprolol h/o HTN and tachycardia

-BP and HR WNL

#. L shoulder pain

-awaiting PT eval which is pending

Review of Systems

ROS reviewed. No changes.

Vital Signs

Central Cell Block

600 Indiana Avenue, N.W. Washington, DC 20003
2027276182 Fax:

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Clinical Lists Update

CHRISTOPHER WORRELL

Male DOB: [REDACTED]/1971

377183

Home: 377183

Height: **75** in.
Weight: **260** lbs.
BMI: **32.62**
Temperature: **97.1** degrees F
Temp Site: **Oral**
Respirations: **16**
Pulse Rate: **78**
Rhythm: **Regular**
Blood Pressure: **114/82** mm Hg
(mm Hg)
Pulse Ox: 100%

Physical Exam

General Appearance

Comfortable, NAD

Respiratory

Effort: Normal

Musculoskeletal

Gait & Station: Normal

Skin

Inspection: scattered erythematous patches w some induration most noticable posterior to and below the right earlobe, along the hairline over his left eyebrow, and below his left earlobe

Mental Status and Exam

Mood & Affect: Normal

Assessment and Plan

Assessment/Plan:

FOLLICULAR B CELL LYMPHOMA WITH RECURRENCE.

- following with oncology and awaiting additional studies to determine treatment options
- currently awaiting derm eval for skin biopsy as well as IR guided lymph node biopsy
- patient has refused to go out for both of these as scheduled
- long conversation again with patient today about the importance of keeping these appointments as we needed this information to determine hist treatment plan
- pt states he will go to the visits if they do not interfere with his court dates
- will try and reschedule these around his upcoming court visits if possible
- also, given persistent itching, options reviewed with patient who agrees with trial of hydroxyzine, risks and benefits reviewed

Risks, benefits, and alternatives to treatment plan discussed.

Follow-up: in 2 weeks.

Problems reviewed today.

Medications reviewed today.

Allergies reviewed today.

Directives reviewed today.

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CHRISTOPHER WORRELL

Male DOB: [REDACTED] 1971

377183

Home: 377183

Electronically Signed by Margaret Crenshaw - MD on 08/04/2021 at 1:29 PM

**07/31/2021 - Sick Call: Initial Visit Renewal of Artificial Tears -Mild Blepharitis. res
Provider: Ella Robertson-Strother - PA
Location of Care: Correctional Treatment Facility**

Sick Call Provider

Referral Source: Self

Chief Complaint: requests Artifical Tears/ refill

Reason for Visit: Initial Visit

HPI: 50 yo m with SCC head and neck requests artificial tears . Pt gives h/o rx refill being ordered 7/21/21. not received. Pharm alerted. Pt denies any ha / fever/ cough/ chills. tremor/ vision changes/ syncope/ cp/sob/ doe/ diaphoresis/ palpitations/ n/v/d/c/abd pain/dysuria. no other complaints. Pt reports" otherwise I am fine."

Vitals not clinically indicated.

Review of Systems

General: see hpi

Physical Exam

General Appearance

Comfortable, NAD AAOx4 verbally appropriate

Head

Inspection: Inspection: NC/AT, Palpation: no masses or tenderness of occipital, parietal, frontal bones

Eyes

External: no visible eye discharge, no redness noted.- Improved

Pupils: equal, round, reactive to light

Ophthalmoscopic: ne

Ears/Nose/Throat

Hearing: grossly intact

Respiratory

Auscultation: ctab

Cardiovascular

Auscultation: apical systolic murmur, nsr

1) DOU request
 2) 10/11/21
 3) 10/11/21
 4) 10/11/21
 5) 10/11/21

6/25/21

AJAP

Unity Health Care Consultation Request	
Referring Provider Signature <i>[Signature]</i>	Date 10/11/21
Referring Provider Name M. O'Connell, MD	pager/phone #
(Stamp or print clinic name, address, telephone # and fax below.)	
George town ENT	

PATIENT NAME (LAST, FIRST) Worsell, Christopher	
<input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE	ID NUMBER
DATE OF BIRTH	SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ADDRESS (STREET, CITY, APT)	
STATE, ZIP	
SOCIAL SECURITY #	MEDICAL RECORD #

SPECIALIST NAME ENT	AUTHORIZATION #	NUMBER OF VISITS AUTHORIZED <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
SPECIALIST ADDRESS	PHONE 202-444-XXXX	
DIAGNOSIS 1. follicular cutaneous lymphoma	<input checked="" type="checkbox"/> INITIAL CONSULTATION	<input type="checkbox"/> FOLLOW-UP EVALUATION
2. C85.10	APPOINTMENT DATE 6/23/21	APPOINTMENT TIME 7:30 AM / PM

REASON FOR REFERRAL
 49 y/o M c primary cutaneous follicular b cell lymphoma initially tx with rituximab in 2007, now relapse dx in 2019. Currently undergoing work-up for treatment planning. WHC PET/CT done c mildly active @ submandibular & (L) upper cervical lymph nodes c/ malignancy. Please keep for excision/bx

CONSULTANT'S REPORT
 (of note also c bx of head/neck. See slip re: surgery.)

① No evidence of head & neck cancer recurrence

② (A) Cutaneous rash c/w known cutaneous lymphoma

③ Baseline current exam. - referral to IR for US guided FNA, hold on exc. Bx for rel

④ Gmc eval for cutaneous lymphoma

CONSULTANT SIGNATURE <i>[Signature]</i>	PROVIDER #	DATE 6/23/21
FOR OFFICE USE ONLY		
<input type="checkbox"/> Mail Referral to Pt. <input type="checkbox"/> Call Pt. to Pick Up Referral <input type="checkbox"/> Fax Referral to Consultant <input type="checkbox"/> Pt. Waiting _____ <input type="checkbox"/> Patient Will Pick Up Referral on (date) Other:		

NOTE: Consultant, please mail all correspondence/findings to the address listed above for the Health Center. Thank You!



6501
White Copy - Consultant

All-4 Form 117 MR R04/02
Yellow Copy - Unity Chart

Jason G
 444-

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CHRISTOPHER WORRELL

Male DOB: [REDACTED] 1971

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General health and wellness, including healthy diet and aerobic exercise during recreational time, reviewed with the patient. Health hazards of tobacco, illicit drug use, and excessive alcohol intake discussed and patient advised to quit if using, or not to initiate if not already using.

Assessment/Plan:

IMPINGEMENT SYNDROME OF LEFT SHOULDER - Unchanged. Patient consented to subacromion bursa injection. Consent form signed. Area cleaned with alcohol x2. 4ml lidocaine 1% (LOT 6124070 EXP 4/24) and 1ml kenalog 40mg/ml (LOT ABX3656 EXP 2/23) was injected into his left subacromion bursa via the posterior lateral approach. Patient tolerated procedure well. To follow up with CCC provider for this problem PRN. Advised to continue with stretches and range of motion.

Follow-up: prn.

Problems reviewed today.

Medications reviewed today.

Allergies reviewed today.

Directives reviewed today.

Electronically Signed by Terry Nguyen - DO on 10/25/2021 at 2:49 PM

10/21/2021 - Ophthalmology: Follow-Up Exam

Provider: Jualenda Boschulte - MD

Location of Care: Correctional Treatment Facility

Ophthalmology Exam

Follow-Up Exam

Chief Complaint: " I brought my glasses . "

HPI: Follow up

Aided Acuities

OD:

DVA: 20/30

NVA: 20/25

OS:

DVA: 20/20-

NVA: 20/25

Manifest

Comments: W -.25 +.50 x 180 / -.25 +.25 x 180 add + 2.50

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CHRISTOPHER WORRELL

Male DOB: [REDACTED]/1971

377183

Home: 377183

Final Spectacle Rx

Comments: W -.25 +.50 x 180 / -.25 +.25 x 180 add + 2.50

a/p Refractive error , sees wellk out of specs at distance and near . He prefers the readers he believes are +3.00 , not with him today . I have encouraged him to wear his specs 2-3 hours daily intially to get used to them . He can use his separate reades as he like . Hehas dry eyes and shoul use lubricants liberally every hour if necessary and avoid rubbiung his eyes .
I refill his lubricants . f/u 1/13/21

Electronically Signed by Jualenda Boschulte - MD on 10/21/2021 at 11:18 AM

10/20/2021 - External Correspondence: Court Order Med Rec Request

Provider: Lourdes Encinas - Med Rec

Location of Care: Central Detention Facility

This document contains external references

Eric Glover General Counsel DC-DOC request has been processed copied 281 pgs. Mr. Eric Glover, G C. has been called and email for pick up the package. Court Order has been filed in chart.

Electronically Signed by Lourdes Encinas - Med Rec on 10/20/2021 at 9:13 PM

10/20/2021 - Internal Other: Appointment No Show

Provider: Doctor Unity

Location of Care: DC JAIL MMHS

Status: UNSIGNED DOCUMENT

Appointment status changed to no show by
Mary M. Brown on 10/20/2021 3:29 PM.

No Show Comments

Pt did not show for dental hygiene appt.

Appointment Information

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CHRISTOPHER WORRELL

Male DOB: [REDACTED] 1971

377183

Home: 377183

Allergies: * PERCOCET: HIVES (Critical)

Medications:

CVS DRY EYE RELIEF 0.2-0.2-1 % OPHTHALMIC SOLUTION (GLYCERIN-HYPROMELLOSE-PEG 400) Instill one drop on each eye every 6 hours Qdialy. #1 x 0

Route:OPHTHALMIC

Entered and Authorized by: Joyce Oppong - NP

Signed by: Joyce Oppong - NP on 10/10/2021

Method used: Printed then faxed to ...

Note to Pharmacy: Route: OPHTHALMIC;

RxID: 1949508072015670

Electronically Signed by Joyce Oppong - NP on 10/10/2021 at 6:06 PM

10/07/2021 - TextNote: Communication with HUH Ortho

Provider: Eleni O'Donovan - MD

Location of Care: Central Detention Facility

I spoke with Dr. Wilson who saw the patient this summer. Per Dr. Wilson, Mr. Worrell's injury is often treated conservatively and he had not thought patient needed surgery when he evaluated him in June. When I explained that the documentation sent by HUH indicated that we should be setting up surgery, he scheduled the patient for a follow-up visit next week to re-evaluate and determine the next step. Per referral coordinator appt currently is 10/14/21.

Electronically Signed by Eleni O'Donovan - MD on 10/08/2021 at 3:37 PM

10/07/2021 - Ophthalmology: Follow-Up Exam

Provider: Jualenda Boschulte - MD

Location of Care: Correctional Treatment Facility

Ophthalmology Exam

Follow-Up Exam

Chief Complaint: " I can't read with the glasses on . I prefer the cheap readers . The glasses are on the unit "

a/p CO stated it is not possible to do round tripfor specs . I have rescheduled the patient for two

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Male DOB: [REDACTED]/1971

377183

Home: 377183

weeks 10/21/21 . I asked him to bring the glasses with him on 10/21/21

Electronically Signed by Jualenda Boschulte - MD on 10/07/2021 at 10:40 AM

10/06/2021 - Chronic Care Clinic: f/u cutaneous lymphoma, L shoulder pain, etc

Provider: Margaret Crenshaw - MD

Location of Care: Correctional Treatment Facility

Chronic Care

Current Medications: ACETAMINOPHEN 500 MG ORAL TABLET (ACETAMINOPHEN) Take 2 tabs po BID as needed for pain; Route: ORAL

HPI

Current Problems:

- BACK PAIN (ICD-724.5) (ICD10-M54.9)
- RIGHT 5TH METACARPAL NECK FRACTURE (ICD-V54.12) (ICD10-S62.336D)
- EPIDERMOID CYST (ICD-706.2) (ICD10-L72.0)
- PREDIABETES (ICD-790.29) (ICD10-R73.03)
- FOLLICULAR B CELL LYMPHOMA WITH RECURRENCE (ICD-204.80) (ICD10-C85.10)
- SQUAMOUS CELL CARCINOMA OF THE HEAD, NECK AND BASE OF TONGUE, 2007 (ICD-199.1) (ICD10-C80.1)
- HX OF COVID-19 (ICD10-U07.1)
- HYPERTENSION (ICD-401.9) (ICD10-I10)

Current Medications:

ACETAMINOPHEN 500 MG ORAL TABLET (ACETAMINOPHEN) Take 2 tabs po BID as needed for pain; Route: ORAL

Current Allergies:

* PERCOET: HIVES (Critical)

Other HPI

- #. Left shoulder pain
- with a fall in 5/2021
- imaging at the time without any e/o bony pathology
- pain had been stable and pt was referred to PT for management
- he completed three sessions but then at his fourth session c/o increased pain and stated he was not able to tolerate additional PT or modalities
- today he states that the pain is persistent
- it fluctuates and is worse with certain movements
- feels like APAP helps somewhat but pain returns

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CHRISTOPHER WORRELL

Male DOB: [REDACTED] 1971

377183

Home: 377183

to the hospital.

Electronically Signed by Joyce Oppong - NP on 07/06/2021 at 3:50 PM

07/01/2021 - Internal Correspondence: Handout Printed - Ophthalmology Rx
Provider: Jualenda Boschulte - MD
Location of Care: Correctional Treatment Facility

Printed Handout: Ophthalmology Rx

Electronically Signed by Jualenda Boschulte - MD on 07/01/2021 at 10:40 AM

07/01/2021 - Ophthalmology: Initial Exam
Provider: Jualenda Boschulte - MD
Location of Care: Correctional Treatment Facility

Ophthalmology Exam

Initial Exam

Chief Complaint: " i can't read with the current readers . Crusting in both eyes for several months . Hx of head and neck radiation . "

HPI: Routine eye exam .

Exam

Adnexa OD

External: normal

Optic Nerve OD

Color: pink and healthy

Cup/Disc: 0.1

Pupil OD

Reactivity: reactive to light

Anterior Chamber OD

Cells: quiescent

Cataracts OD

none

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Conjunctiva OD

Conjunctiva: discharge

Comments: mucus in inferior fornix, trace injection

Cornea OD

Epithelium: SPK

Comments: mid / inferior

Adnexa OS

External: normal

Anterior Chamber OS

Cells: quiescent

Cataracts OS

none

Conjunctiva OS

Conjunctiva: unremarkable

Cornea OS

Epithelium: SPK

Comments: mid/inferior

Optic Nerve OS

Color: pink and healthy

Cup/Disc: 0.1

Pupil OS

Reactivity: reactive to light

Unaided Acuities

OD:

DVA: 20/60

NVA: 20/50

OS:

DVA: 20/60-

NVA: 20/50

Manifest

OD:

SPH: -.25

CYL: +.50

AXIS: 165

ADD: +2.50

DVA: 20/20

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NVA: 20/20

OS:

SPH: -.25
CYL: +.25
AXIS: 180
ADD: +2.50
DVA: 20/25
NVA: 20/20

Comments: pd 60 , 54 gents , 22

Final Spectacle Rx

OD:

SPH: -.25
CYL: +.50
AXIS: 165
ADD: +2.50
DVA: 20/20
NVA: 20/20

OS:

SPH: -.25
CYL: +.25
AXIS: 180
ADD: +2.50
DVA: 20/25
NVA: 20/20

Comments: pd 60 , 54 gents , 22

a/p Mild blepharitis with midline spk both eyes , scant mucus right eye - Lid hygiene four times daily with Artificial Tears 4-6 times daily
Refractive error rx for specs requested

f/u 3 months prn 10/7/21

Electronically Signed by Jualenda Boschulte - MD on 07/01/2021 at 10:55 AM

06/30/2021 - Dental Procedure: Observation

Provider: Donna Ray - DDS

Location of Care: Correctional Treatment Facility

Exam Comments: Temp 96.0

S: Patient presents to dental for restorative tooth #19.

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CHRISTOPHER WORRELL

Male DOB: [REDACTED] 1971

377183

Home: 377183

05/12/2021 - Chronic Care Clinic: f/u cutaneous lymphoma; epidermoid cyst I+D
Provider: Margaret Crenshaw - MD
Location of Care: Correctional Treatment Facility

Chronic Care

Current Medications: METOPROLOL TARTRATE 25 MG ORAL TABLET (METOPROLOL TARTRATE)
Take 1 tab P.o bid. First dose now; KOP
ASPIRIN 81 MG TAB (ASPIRIN) Take one tab po Qdaily. First dose now; KOP
ANALGESIC BALM OINT (LINIMENTS OINT) AAA bid prn.x10 dys First dose now; Route: EXTERNAL
CVS DRY EYE RELIEF 0.2-0.2-1 % OPHTHALMIC SOLUTION (GLYCERIN-HYPROMELLOSE-PEG
400) 1-2 gtt in eyes prn; Route: OPHTHALMIC

HPI

Current Problems:

DRY EYES (ICD-375.15) (ICD10-H04.129)
URINARY HESITANCY (ICD-788.64) (ICD10-R39.11)
CELLULITIS, BACK (ICD-682.2) (ICD10-L03.312)
LOWER BACK PAIN (ICD-724.2) (ICD10-M54.5)
PREDIABETES (ICD-790.29) (ICD10-R73.03)
FOLLICULAR B CELL LYMPHOMA WITH RECURRENCE (ICD-204.80) (ICD10-C85.10)
SQUAMOUS CELL CARCINOMA OF THE HEAD, NECK AND BASE OF TONGUE, 2007 (ICD-199.1)
(ICD10-C80.1)
REPORTED HX OF LYMPHOMA (ICD-202.80) (ICD10-C85.90)
HX OF COVID-19 (ICD10-U07.1)
HYPERTENSION (ICD-401.9) (ICD10-I10)

Current Medications:

METOPROLOL TARTRATE 25 MG ORAL TABLET (METOPROLOL TARTRATE) Take 1 tab P.o bid.
First dose now; KOP
ASPIRIN 81 MG TAB (ASPIRIN) Take one tab po Qdaily. First dose now; KOP
ANALGESIC BALM OINT (LINIMENTS OINT) AAA bid prn.x10 dys First dose now; Route: EXTERNAL
CVS DRY EYE RELIEF 0.2-0.2-1 % OPHTHALMIC SOLUTION (GLYCERIN-HYPROMELLOSE-PEG
400) 1-2 gtt in eyes prn; Route: OPHTHALMIC

Current Allergies:

* PERCO CET: HIVES (Critical)

Other HPI

#. Primary cutaneous follicular b cell lymphoma
-treated initially with rituximab but with subsequent recurrence
-has prev reported a reaction to rituximab so on eval after recurrence, oncology recommended an
alternative chemo regimen as well as a repeat PET and bone marrow biopsy, however, the pt declined

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Home: 377183

this treatment strategy

- most recently he was being followed by an alternative medicine provider who was trained as a urologist and who had prescribed topical rapamycin and naltrexone
- no recent imaging/staging
- this regimen has not been re-started here as it is non-evidence based and was not recommended by an oncologist
- the pt is awaiting local oncology evaluation which is scheduled and pending

#. SCC of head/neck, base of tongue

- treated with surgery, chemo, and XRT in 2007
- no recent surveillance imaging

#. Result review

- recent labs significant for:
- mildly elev A1c at 5.9
- now normal WBC and diff
- normal uric acid and LDH
- normal PSA
- very mildly elevated LDL with 10-year ASCVD risk of 2.9%
- no evidence of immunity to hepatitis A and B
- these and all other normal lab results were reviewed with the patient

#. Urinary hesitancy

- pt c/o this at last visit
- today reports no change or new sx
- PSA WNL , no urine results yet
- pt to submit sample today

#. Skin lesion on back

- prev treated for cellulitis
- lesion is persistent --c/w epidermoid cyst
- no e/o inflammation or infection today
- pt requesting to have this drained due to mild discomfort esp when lying flat

#. HTN, h/o tachycardia

- pt is taking metoprolol for a reported h/o HTN and tachycardia
- BP and HR are WNL today

Review of Systems

General: Patient denies chills, fatigue, malaise, sweats.

Cardiovascular: Patient denies chest pain, dyspnea on exertion.

Respiratory: Patient denies cough, excessive sputum.

Gastrointestinal: Patient denies abdominal pain.

Vital Signs

Height: 75 in.

Weight: 253 lbs.

BMI: 31.74

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Temperature: **96.9** degrees F
Temp Site: **Tympanic**
Respirations: **16**
Pulse Rate: **87**
Rhythm: **Regular**
Blood Pressure: **109/68** mm Hg
(mm Hg)
Pulse Ox: 100%

Physical Exam

General Appearance

Comfortable, NAD

Respiratory

Effort: Normal

Musculoskeletal

Gait & Station: Normal

Skin

Inspection: back with 2cm area of swelling, soft, mobile, non-tender, with central punctum, no overlying warmth or erythema

Mental Status and Exam

Mood & Affect: Normal

Assessment and Plan

Assessment/Plan:

EPIDERMOID CYST.

- lesion on back c/w epidermoid cyst, not inflamed or infected
- reviewed options with patient including watchful waiting
- reviewed that large excision with removal of sac is not possible today, but I+D could be done to reduce swelling and discomfort although there are some risks including recurrence
- RAB reviewed, pt requests I+D today
- consent form reviewed and signed
- see below for details of procedure , debris expressed c/w dx, not c/f infection
- post procedure dressing applied with self-wound care recs

URINARY HESITANCY - Unchanged.

-PSA WNL

-awaiting urine studies

PREDIABETES.

-A1c = 5.9

-result reviewed w pt

-encouraged lifestyle modifications as able

-pt requesting special vegetable based diet

-reviewed w pt that he is NOT a candidate for a medical diet but can d/w chaplain if he wants a vegetarian or religious tray

HYPERTENSION.

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CHRISTOPHER WORRELL

Male DOB: [REDACTED] 1971

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Home: 377183

Requested date-time:
Receipt date-time: 05/05/2021 00:00
Reported date-time: 05/06/2021 11:35
Referring Physician:
Ordering Physician: M Crenshaw (mcrenshaw)
Specimen Source:
Source: 1100
Filler Order Number: 12518423140 LAB
Lab site: Performed At: BN, LabCorp Burlington 1447 York Court Burlington,
NC 272153361 Sanjai Nagendra MD Phone: 8007624344

The following results were not dispersed to the flowsheet:

HCV Ab, <0.1 s/co ratio, (F)
Interpretation:, Negative..., (F)

Electronically Signed by Marlon Mitchell - MD on 05/06/2021 at 12:10 PM

**05/05/2021 - Chronic Care Clinic: intial ccc appt
Provider: Marlon Mitchell - MD
Location of Care: Correctional Treatment Facility**

Chronic Care

Current Medications: METOPROLOL TARTRATE 25 MG ORAL TABLET (METOPROLOL TARTRATE)
Take 1 tab P.o bid. First dose now; KOP
ASPIRIN 81 MG TAB (ASPIRIN) Take one tab po Qdaily. First dose now; KOP
ANALGESIC BALM OINT (LINIMENTS OINT) AAA bid prn.x10 dys First dose now; Route: EXTERNAL
CEPHALEXIN 500 MG ORAL CAPSULE (CEPHALEXIN) take 1 tab p.o. bid (first dose given on medical
floor); Route: ORAL

HPI

Current Problems:

CELLULITIS, BACK (ICD-682.2) (ICD10-L03.312)
LOWER BACK PAIN (ICD-724.2) (ICD10-M54.5)
PREDIABETES (ICD-790.29) (ICD10-R73.03)
FOLLICULAR B CELL LYMPHOMA WITH RECURRENCE (ICD-204.80) (ICD10-C85.10)
SQUAMOUS CELL CARCINOMA OF THE HEAD, NECK AND BASE OF TONGUE, 2007 (ICD-199.1)
(ICD10-C80.1)
REPORTED HX OF LYMPHOMA (ICD-202.80) (ICD10-C85.90)
COVID-19 (ICD10-U07.1)
HYPERTENSION (ICD-401.9) (ICD10-I10)

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CHRISTOPHER WORRELL

Male DOB: [REDACTED] 1971

377183

Home: 377183

Current Medications:

METOPROLOL TARTRATE 25 MG ORAL TABLET (METOPROLOL TARTRATE) Take 1 tab P.o bid.
First dose now; KOP
ASPIRIN 81 MG TAB (ASPIRIN) Take one tab po Qdaily. First dose now; KOP
ANALGESIC BALM OINT (LINIMENTS OINT) AAA bid prn.x10 dys First dose now; Route: EXTERNAL
CEPHALEXIN 500 MG ORAL CAPSULE (CEPHALEXIN) take 1 tab p.o. bid (first dose given on medical floor); Route: ORAL

Current Allergies:

* PERCOCET: HIVES (Critical)

Hypertension HPI

Onset: > 5 years
Historical Details: takes medications
Care: followed by PCP, takes meds regularly
Risk Factors: obese/inactive

Other HPI

##cancer

-diagnosed in 2007 with squamous cell carcinoma of the head/neck and base of tongue, T2N1 at diagnosis
-underwent partial glossectomy, R tonsillectomy, and R radical neck dissection in 3/2007
-also treated with XRT and carboplatin at that time
-with initial diagnosis, also underwent biopsy of skin lesions that showed primary cutaneous follicular B cell lymphoma, stage T3a at dx
-treated with rituximab
-from 2008 -2010 he was undergoing maintenance therapy with rituximab
-in 2016 he had recurrent disease in the skin and received rituximab again but had a bad reaction and tx was discontinued prior to completing course of therapy
-in 2019 he was found again to have recurrence of the follicular B cell lymphoma
-he underwent PET in 3/2019 which showed increased uptake in the nasal cavity but biopsy was not c/w lymphoma or malignancy
-he transferred care to a new oncology group in 8/2020
-at this time, it was recommended that the patient undergo repeat PET and bone marrow bx for staging and to eval for possible systemic disease
-therapy options were discussed including repeating rituximab which the pt was unwilling to try again
-other first line option recommendation was gazyva/bendamustine
-however, it seems at that time, the patient did not want to pursue systemic treatment and was seen by an alternative provider who offered a topical/cutaneous clinic
-pt reports seeing Dr. Bino Rucker (urology) and starting topical tx + naltrexone for ~30d
-seems unaware that Dr Rucker is not an oncologist but maintains he has many "diplomas on his wall"
-more info in 04/29/21 text note summary

##aspirin

-no hx of a fib, clotting or bleeding disorders

##? spider bite

-taking keflex w/out issue

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CHRISTOPHER WORRELL

Male DOB: [REDACTED] 1971

377183

Home: 377183

##post covid-19

- "I'm fine"

-no cp, difficulty breathing etc

-declines covid vaccination

##urinary hesitancy

-random, inconsistent, usually at nighttime

-feels it started after chemotherapy

-not taking anything for it

-no inc water intake

##health maintenance

CRC - reports colonoscopy in ~2016, decennial f/u

mammogram (F40-75; after 1yr)-n/a

PAP (F21-65)- n/a

Dexa (F65+)- n/a

abd U/S (M65+)- n/a

LDCT (55-80, 30 pack year, 15yr)- n/a

FLP-none yet, obtaining now; calcium scoring of 0 in 2020

Tdap- <10yrs UTD

Pneumonia (PPSV23, PCV13)- n/a

Zoster (RSV >50 x2, VZL >60 x1)- n/a

Flu- out of season

COVID-19 vaccination - refused, refusal obtained

Hep a/b- unknown

HIV- awaiting from intake

RPR-awaiting from intake

GC/chlam/tric/hep-awaiting from intake

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Clinical Lists Update

CHRISTOPHER WORRELL

Male DOB: [REDACTED] 1971

377183

Home: 377183

Electronically Signed by Tamela Clinkscale on 04/30/2021 at 8:31 AM

04/29/2021 - TextNote: Temperature Check - Infrared Thermometer
Provider: Alice Atiemo - LPN
Location of Care: Correctional Treatment Facility

Vital Signs

Height: **75** in.
Temperature: **97.5** degrees F
(mm Hg)
No signs/symptoms of Covid.

Electronically Signed by Alice Atiemo - LPN on 04/29/2021 at 10:29 PM

04/29/2021 - Office Visit: review of oncology care, care planning follow-up
Provider: Marlon Mitchell - MD
Location of Care: Correctional Treatment Facility

Christopher Worrell is a 49 y/o m with HTN, prediabetes (A1c 5.7 on 01/17/20) and recently recovered COVID-19 (04/2021) who has a complex cancer history with multiple recurrences.

Using a problem list from recent oncologist (Dr. Newman, Florida Cancer Specialists, 03/12/19), second opinion from Moffitt Cancer Center (08/31/2020; pg 47/50 of their contribution) and available primary care physician information, the following history can be provided;

Christopher Worrell presented in 2007 with **T2N1 (with 1/33 positive lymph nodes) squamous cell carcinoma of the head, neck and base of tongue in 2017**, underwent partial glossectomy, right tonsillectomy, right radical neck dissection in 03/2007, carboplatin and radiation therapy. At that time he was also noted to have skin lesions that were biopsied. The biopsy was positive for **T3a cutaneous follicular B cell lymphoma**. He was treated with weekly rituximab x4 followed by maintenance from 2008-2010. He had recurrent disease in the skin in 2016 for which he had more rituximab infusions with poor tolerance ("allergies"); the medication was discontinued before his course was completed. He was then found to have disease recurrence (follicular center cell B-cell lymphoma) confirmed with biopsy of the skin in 2019 with PET scan done in 03/09/2019 showing increased uptake in the nasal cavity. Biopsy of the concerning areas on PET did not show evidence of lymphoma or a malignancy. Per his PCP's note on 01/16/2020 (Dr Ruth Dupont, Millennium Group), Mr Worrell opted not to follow-up with Dr Newman. Instead he sought a second opinion from Moffit Cancer Center in 08/2020 who noted that he continued to "experience flareups of his facial lesions...[with] increasing severity."

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CHRISTOPHER WORRELL

Male DOB: [REDACTED] 1971

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Home: 377183

Physical Exam

General Appearance

well developed, well nourished, well hydrated, in no acute distress

Eyes

External: conjunctivae and lids normal

Respiratory

Effort: no intercostal retractions or use of accessory muscles

Auscultation: no rales, rhonchi, or wheezes

Cardiovascular

Auscultation: RRR S1/S2-normal

Musculoskeletal

Gait & Station: Normal

Assessment and Plan

General health and wellness, including healthy diet and aerobic exercise during recreational time, reviewed with the patient. Health hazards of tobacco, illicit drug use, and excessive alcohol intake discussed and patient advised to quit if using, or not to initiate if not already using.

Assessment/Plan:

COVID-19 - Improved.

Improved symptoms.

Counselled him today about the COVID transmission and symptoms.

Symptomatic treatment only. Push fluids to maintain good hydration. Please let the officers or providers know if he has any concerns.

Continue daily rounding.

Vitals stable, see nursing note for full vitals.

REPORTED HX OF LYMPHOMA - Comment Only.

Will check with M82 resarding records. Plan f.u in CC post discharge from isolation.

BACK PAIN - Comment Only.

Medications: Analgesic balm oint AAA bid prn.x10 dys First dose now.

HYPERTENSION - Comment Only.

Medications: Metoprolol tartrate 25 mg oral tablet Take 1 tab P.o bid. First dose now, KOP.

Stable, Atypical monotherapy for HTN. Plan f.u in CC for med and hx review.

Risks, benefits, and alternatives to treatment plan discussed.

Problems reviewed today.

Medications reviewed today.

Allergies reviewed today.

Directives reviewed today.

Electronically Signed by Anju Menon - MD on 04/22/2021 at 10:20 AM

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CHRISTOPHER WORRELL

Male DOB: [REDACTED] 1971

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Home: 377183

- PET/CT done with new mildly active right submandibular and left upper cervical lymphnodes c/f possible tumor involvement
- after patient visit, case was discussed with Dr. Ali (pt's oncologist at HUH) and he recommended further eval of these lymph nodes by ENT for possible excisional biopsy
- still awaiting skin biopsy with derm
- treatment plan to be determined based on the results of these biopsies
- ENT referral generated, will schedule ASAP; will review plan with pt next visit

SQUAMOUS CELL CARCINOMA OF THE HEAD, NECK AND BASE OF TONGUE, 2007.

- no e/o recurrence in recent scans

FRACTURE OF FIFTH METACARPAL BONE, RIGHT HAND.

- awaiting OR date

HYPERTENSION.

- BP at goal today
- c/w current regimen

Risks, benefits, and alternatives to treatment plan discussed.

Follow-up: 2 days.

Problems reviewed today.

Medications reviewed today.

Allergies reviewed today.

Directives reviewed today.

Electronically Signed by Margaret Crenshaw - MD on 06/16/2021 at 2:28 PM

06/14/2021 - TextNote: Communication with Dr. Ali (Onc)

Provider: Margaret Crenshaw - MD

Location of Care: Correctional Treatment Facility

6/14/21

-Called and spoke with pt's oncologist Dr. Ali on 6/14/21. Dr. Ali had not had a chance to review the recent bone marrow and PET/CT results. These were faxed to Dr. Ali who states he will call back with recommendation for next steps.

6/15/21

-have not yet heard back from Dr. Ali regarding an updated POC, called the number on file for his MA, no answer
-will try again tomorrow

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CHRISTOPHER WORRELL

Male DOB: [REDACTED]/1971

377183

Home: 377183

medication with food to avoid GI upset; Route: ORAL

Current Allergies:

* PERCO CET: HIVES (Critical)

Hypertension HPI

Onset: > 5 years

Historical Details: -taking meds w/out issue

-feels he "almost" had a fib or at least had an increased heart rate and thus started taking a bblocker

-no hx of hf

-had possible syncopal episode 5/30/21

-->describes getting up to ? urinate but cannot recall any other events

-->unclear if there was actual LOC

-->eval during MERT did not show any gross abnl, neurologic deficits or hypotension

-->pt was d/c'd w/out issue

Care: followed by PCP, takes meds regularly

Risk Factors: obese/inactive

Other HPI

##aspirin

-reasserts no hx of a fib, no hx of cvd (esp given recent calcium score)

-started w/ previous

-no bleeding, bruising, hematuria, hematemesis, black+tarry stools/melena

##b cell follicular lymphoma

-stable, has upcoming imaging appt for re-staging

##labs

-reviewed, wnl

Medications:

ASPIRIN 81 MG TAB (ASPIRIN) Take one tab po Qdaily. #90 x 0

Entered and Authorized by: Marlon Mitchell - MD

Signed by: Marlon Mitchell - MD on 06/02/2021

Method used: Printed then faxed to ...

Unity @ DC Dept of Corrections (retail)

Washington, DC 20003 USA

Ph: [REDACTED]

Fax:

RxID: 1938258478919290

NPO FROM 6/3/21 11:59PM NPO from 6/3/21 11:59pm for upcoming procedure #1 x 0

Entered and Authorized by: Marlon Mitchell - MD

Signed by: Marlon Mitchell - MD on 06/02/2021

Method used: Printed then faxed to ...

RxID: 1938258079901120

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Clinical Lists Update

CHRISTOPHER WORRELL

Male DOB: [REDACTED] 1971

377183

Home: 377183

General Appearance

Comfortable, NAD

Ears/Nose/Throat

Lips/Teeth/Gums: #19 with decay, no palpable fluid collection or abscess, no drainage

Respiratory

Effort: Normal

Musculoskeletal

Gait & Station: Normal

Spine, Ribs, & Pelvis: No spinal TTP. Mild TTP along low back paraspinal muscles on the right

Extremities

LUE: Left shoulder: no deformity or step-offs, no bony TTP. TTP along trap. and supraspinatus with some TTP at lateral and anterior humeral head. Normal strength testing throughout. ROM is limited with vertical active abduction and flexion 2/2 pain. Adduction intact. No pain or issue with internal/external rotation or horizontal abduction/adduction

Skin

Inspection: Normal

Mental Status and Exam

Mood & Affect: Normal

Assessment and Plan

Assessment/Plan:

FOLLICULAR B CELL LYMPHOMA WITH RECURRENCE.

- recommended for treatment with gazyva and bendamustine given symptoms of refractory puritis
- per onc, would also like excisional lymph node biopsy and rad onc consultation (referred)
- will clarify if onc would like these done prior to starting first cycle of chemo

PAIN IN LEFT SHOULDER.

- likely 2/2 rotator cuff tendinopathy without c/f tear on exam and prev xray without e/o bony abnormalities
- was prev referred to PT and completed 3 sessions but was not able to continue due to pain
- may benefit from subacromial glucocorticoid injection and return to PT if pain improves such that he can tolerate
- scheduled for eval for this

BACK PAIN.

- mild back pain with radiation into right leg c/w pt's report of prev diagnosed sciatica
- will start naproxen , precautions reviewed
- encouraged stretching, strengthening as able
- f/u in 2 weeks for re-eval or sooner as needed

HYPERTENSION.

- BP and HR continue to be well controlled off of medication
- will continue to monitor

RIGHT 5TH METACARPAL NECK FRACTURE.

- awaiting OR date

OTHER SPECIFIED DISORDERS OF TEETH AND SUPPORTING STRUCTURES - Unchanged.

- no e/o abscess

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CHRISTOPHER WORRELL

Male DOB: [REDACTED] 1971

377183

Home: 377183

NVA: 20/20

OS:

SPH: -.25
CYL: +.25
AXIS: 180
ADD: +2.50
DVA: 20/25
NVA: 20/20

Comments: pd 60 , 54 gents , 22

Final Spectacle Rx

OD:

SPH: -.25
CYL: +.50
AXIS: 165
ADD: +2.50
DVA: 20/20
NVA: 20/20

OS:

SPH: -.25
CYL: +.25
AXIS: 180
ADD: +2.50
DVA: 20/25
NVA: 20/20

Comments: pd 60 , 54 gents , 22

a/p Mld blepharitis with midline spk both eyes , scant mucus right eye - Lid hygiene four times daily with Artificial Tears 4-6 times daily
Refractive error rx for specs requested

f/u 3 months prn 10/7/21

Electronically Signed by Jualenda Boschulte - MD on 07/01/2021 at 10:55 AM

06/30/2021 - Dental Procedure: Observation

Provider: Donna Ray - DDS

Location of Care: Correctional Treatment Facility

Exam Comments: Temp 96.0

S: Patient presents to dental for restorative tooth #19.

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CHRISTOPHER WORRELL

Male DOB: [REDACTED] 1971

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O: Upon Xray tooth Has large DO lesion that extends to the nerve area or will after decay is removed which will turn into a root canal or extraction.

A: Patient in need of extraction #19.

P: Med history reviewed. Annual reviewed. EOIOE reviewed. Explained treatment/treatment options to patient. Patient says that he figured that thats what the problem was and says he doesnt want the tooth taken out at this time. Would like to try and save it. Oral Hygiene discussed with patient. Patient understands. Nutrition and dietary counseling provided. Patient dismissed stable.

NV. restorative lower anterior

Electronically Signed by Donna Ray - DDS on 06/30/2021 at 11:34 AM

06/30/2021 - Chronic Care Clinic: f/u cutaneous lymphoma

Provider: Margaret Crenshaw - MD

Location of Care: Correctional Treatment Facility

Chronic Care

Current Medications: METOPROLOL TARTRATE 25 MG ORAL TABLET (METOPROLOL TARTRATE)

Take 1 tab P.o bid.

ASPIRIN 81 MG TAB (ASPIRIN) Take one tab po Qdaily.

ANALGESIC BALM OINT (LINIMENTS OINT) AAA bid prn.x10 dys First dose now; Route: EXTERNAL

CVS DRY EYE RELIEF 0.2-0.2-1 % OPHTHALMIC SOLUTION (GLYCERIN-HYPROMELLOSE-PEG

400) 1-2 gtt in eyes prn; Route: OPHTHALMIC

IBUPROFEN 600 MG ORAL TABLET (IBUPROFEN) Take one tab po TID as needed for pain. take

medication with food to avoid GI upset; Route: ORAL

LIDOCAINE HCL 2 % EXTERNAL GEL (LIDOCAINE HCL) apply to affected area bid prn for pain; Route: EXTERNAL

HPI

Current Problems:

PAIN IN LEFT SHOULDER (ICD-719.41) (ICD10-M25.512)

FRACTURE OF FIFTH METACARPAL BONE, RIGHT HAND (ICD-815.09) (ICD10-S62.306A)

EPIDERMOID CYST (ICD-706.2) (ICD10-L72.0)

URINARY HESITANCY (ICD-788.64) (ICD10-R39.11)

LOWER BACK PAIN (ICD-724.2) (ICD10-M54.5)

PREDIABETES (ICD-790.29) (ICD10-R73.03)

FOLLICULAR B CELL LYMPHOMA WITH RECURRENCE (ICD-204.80) (ICD10-C85.10)

SQUAMOUS CELL CARCINOMA OF THE HEAD, NECK AND BASE OF TONGUE, 2007 (ICD-199.1) (ICD10-C80.1)

HX OF COVID-19 (ICD10-U07.1)

HYPERTENSION (ICD-401.9) (ICD10-I10)

Current Medications:

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Clinical Lists Update

CHRISTOPHER WORRELL

Male DOB: [REDACTED] 1971

377183

Home: 377183

#. R leg pain

- pt reports that his "sciatica is acting up"
- reports left lower back pain with radiation into the left buttocks and left leg
- pt reports a h/o similar smpyomts but that it hasn't flared up in "years"
- in the past, he was seeing pain management and was on gabpentin for a short time

#. Left lower tooth pain

- reports the tooth is broken and has been increasingly painful
- was prev seen by dental and recommended for an extraction but refused at the time
- now states he would like to return for a re-eval

#. Primary cutaneous follicular b cell lymphoma

- recurrent, with lesions now on face, neck, and upper chest
- only sympom is persistent itching which did not improve with prior trial of antihistamine
- following with HUH oncology with recommednation for: repeat skin bx, bone marrow bx and PET/CT for interim staging --these have all been completed
- skin bx completed, path shows superficial and deep atypical lymphoid infiltrate consistent with B cell lymphoma, c/w recurrence of B cell lymphoma, follicular center cellt ype
- bone marrow biopsy was completed 6/2021 and is WNL
- PET/CT scans done 6/2021 and significant for new "mildly active" submandibular and cervical lymphnodes c/f possible lymphamatus/tumor involvement
- US-guided FNA done of active lyhphnodes, pathology reviewed with no evidence of metastatic cancer
- since our last visit, **pt had a follow up with oncology:**
- recommended for treatment given refractory pruitis with plan for gazyva/bendamustine
- per oncology, would have preferred excisional biopsy of the lymphnodes given h/o lymphoma, pt has been referred back to ENT
- also recommended for eval with rad onc to determine if XRT is indicated in management, referral written

#. HTN, h/o tachycardia

- prev on metoprolol reported h/o HTN and tachycardia
- BP and HR are again WNL off of metoprolol
- pt continues to be asymptomatic

ROS: Denies fever, chills, CP, SOB, DOE, nausea, vomiting, and diarrhea

Vital Signs

Height: **75** in.
 Weight: **262** lbs.
 BMI: **32.87**
 Temperature: **97.2** degrees F
 Temp Site: **Oral**
 Respirations: **16**
 Pulse Rate: **86**
 Rhythm: **Regular**
 Blood Pressure: **126/87** mm Hg
 (mm Hg)
 Pulse Ox: 98%

Physical Exam

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Clinical Lists Update

CHRISTOPHER WORRELL

Male DOB: [REDACTED] 1971

377183

Home: 377183

Electronically Signed by Traci Outlaw on 10/28/2021 at 3:08 PM

10/26/2021 - Dental Procedure: Dental Hygiene x 8
Provider: Mary M. Brown
Location of Care: Correctional Treatment Facility

Chief Complaint: Teeth cleaning

Oral Exam

Nodes: WNL

TMJ sounds: WNL

TMJ motion: WNL

Lips: WNL

Gingiva: moderately inflamed

Buccal Mucosa: WNL

Tongue: WNL

Floor of Mouth: WNL

Palate: WNL

Pharynx: WNL

Tonsils: WNL

Occlusion:

Left Molar: Class 1

Right Molar: Class 1

Left Cuspid: Class 1

Right Cuspid: Class 1

Oral Hygiene

Plaque: 2. plaque covering up to cervical 2/3 of teeth.

Stain: 2. moderate stain.

Calculus: 2. moderate supra / sub-gingival calculus on 4 or more teeth. **Comment:** Pre-procedural rinse given. Prophy completed. OHI's and dietary counseling given.

Bleeding: Medium. **Comment:** Hemostasis normal on dismissal. FI2 applied

Gingival Case Type: Early periodontal disease

Oral cancer screening done.

Exam Comments: Temp 96.0

Are dentures required? No

Was dental/medical history form completed? Yes

PMH reviewed. Allergic to Percocet

N.v. sick call

Electronically Signed by Mary M. Brown on 10/27/2021 at 3:11 PM

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Clinical Lists Update

CHRISTOPHER WORRELL

Male DOB: [REDACTED]/1971

377183

Home: 377183

10/26/2021 - Dental Procedure: Limited Exam X 6
Provider: William J. Bowles - DDS
Location of Care: Correctional Treatment Facility

S- "I thought that I was coming here to get my teeth cleaned."
O- Ref. received for patient complaining of increased pain in tooth #19 and also points to tooth #31 that has distal decay. Patient states that although he can feel the fx. tooth with his tongue he does not want to have anything done on that tooth. States that it is the radiation that is causing his teeth to deteriorate. Only wants to get his teeth cleaned.
A- Dental caries #31.
P- PMH Reviewed; OCS (-); Patient will be set up for hygiene. No other treatment at this time.

Electronically Signed by William J. Bowles - DDS on 10/26/2021 at 11:18 AM

10/26/2021 - Clinical Lists Update: FEDERAL DENIAL FOR HUH ORTHOPEDIC SURGREY
Provider: Margaret Crenshaw - MD
Location of Care: Central Detention Facility
Status: UNSIGNED DOCUMENT
This document contains external references

FEDERAL DENIAL FOR HUH ORTHOPEDIC SURGREY

Imported By: Erin Ellis 10/26/2021 11:02:45 AM

External Attachment:

Type: Image
Comment: External Document

10/25/2021 - TextNote: consent
Provider: Tamela Clinkscale
Location of Care: DC JAIL MMHS
This document contains external references

Electronically Signed by Tamela Clinkscale on 10/27/2021 at 3:02 PM

UNCLASSIFIED//FOUO
FEDERAL BUREAU OF INVESTIGATION

Date of entry 01/19/2021

Christopher John Worrell, [REDACTED], was interviewed at [REDACTED] Florida 34104 After being advised of the identity of the interviewing Agent and the nature of the interview, WORRELL provided the following information:

On January 18, 2021 at approximately 1200 hours, TFO Alex Grandy (Tampa Division / Fort Myers RA) along with Collier County Sheriff's Office Detective Brian Clervoix [REDACTED] made contact with Chris Worrell. Contact was made at his home address, [REDACTED]. WORRELL was very upset upon first making contact with him, he demanded to know why the FBI was at his house when he hasn't done anything wrong. He wanted to know why the FBI is going after anyone that was at the January 6th, 2021 Protest in Washington DC, but they haven't done anything about BLM and Antifa burning down businesses and homes over the summer.

Eventually through conversation WORRELL admitted to being in Washington DC protest on 01/06/2021. WORRELL stated he did nothing illegal and used his First Amendment right to peacefully protest. WORRELL advised that he did not go onto Capital grounds. He said he didn't witness any crimes or violence towards Law Enforcement. WORRELL continued to state that "the Patriots didn't storm the Capital, that it was BLM, Antifa, and paid actors.

WORRELL really became upset when Proud Boys was brought up, he said that the Proud Boys were not a racist white supremacist group like the media tries portray. He said the Proud Boys are made up of all kinds of races and are people that love their country. He believes the FBI is going to try and categorize the Proud Boys as a Domestic Terrorist Group.

WORRELL was very emotional during this interview, at one time he was visually shaking and almost starting to cry, as he said "I took an oath to defend this county against all enemies both foreign and domestic and they

UNCLASSIFIED//FOUO

Investigation on 01/18/2021 at Naples, Florida, United States (In Person)

File # [REDACTED] Date drafted 01/19/2021

by GRANDY ALEXANDER LEE

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UNCLASSIFIED//FOUO[REDACTED]
(U//FOUO) Interview of Christopher JohnContinuation of FD-302 of Worrell [REDACTED], On 01/18/2021, Page 2 of 2

are trying to steal it." WORRELL believes that the majority of the Federal Government backs the liberal / socialist agenda.

WORRELL advised he is not traveling to Washington DC for the Presidential Inauguration.

UNCLASSIFIED//FOUO