

EXHIBIT A



**U.S. Department of Justice
Federal Bureau of Prisons
USP Lewisburg Health Services
2400 Robert Miller Dr.
Lewisburg, PA 17837**

Date: April 28, 2022

MEMORANDUM:

TO: STEPHEN SPAULDING, WARDEN

THRU: NICOLE MORSE, ASSOCIATE WARDEN

FROM: ANDREW EDINGER, MD, CLINICAL DIRECTOR

SUBJECT: Update on the Medical Condition of Inmate Ryan Samsel, #28332-509

On April 21, 2022, I submitted a memorandum regarding the medical status of Inmate Ryan Samsel. After this memorandum was submitted, I was provided copies of Inmate Samsel's prior medical records. These records were informative and prompted me to revise my assessment.

Inmate Samsel's verbal statements to me regarding his health status were misleading in some areas and outright falsehood in other areas. The specifics of which I will attempt to detail below.

First, he does have a problem with bilateral venous obstructions to his subclavian veins. He led me to believe that this was a problem that had recently developed within the past 1-2 years. However, the records indicate that this problem had its onset as far back as 2012. Vascular studies in 2018 confirmed bilateral subclavian vein obstructions which were chronic at that time. He had an attempted balloon venoplasty in 2018 which was unsuccessful. He had follow up ultrasounds in November of 2018 and May of 2019 which continued to show the chronicity of this problem. According to records from the University of Pennsylvania, he was last seen for this problem in 2019, however, he had continued follow up at that institution for other medical problems well into 2020. If this problem was contributing to ongoing symptoms or if further treatment was considered, there was no documentation that follow up occurred.

Second, Inmate Samsel led me to believe that he had Hodgkin's lymphoma diagnosed on lymph node biopsy. This condition would warrant extensive treatment and consideration when dealing with his vascular compromise. There is no comments to this in the records provided. Instead, there is reference to a resolved problem of lymphadenopathy which occurred in 2015.

Third, I specifically asked Inmate Samsel if he had been taking androgenic steroids for which he denied. However, the medical records indicate that he was seen and treated for a problem with low testosterone. In the documents provided to me, he reports to the treating physician that he was purchasing testosterone off the internet and self-administering the injections. This was an obvious lie on his part.

When I put all of this information together with my previous assessment, I come to an entirely different set of conclusions:

1. There is no history for Hodgkin's Lymphoma. That means that he does not have an underlying hypercoagulable condition associated with malignancy. Thus, my fear of the formation of additional blood clots is reduced. Also, the prior history of malignancy could alter decision-making regarding future surgeries. This is no longer a problem because he does not have this history.
2. The chronicity of his venous occlusions have provided him enough time to adequately form collateral circulation. This means that he does not require an urgent vascular procedure at this time. This would also explain why he does not have pronounced edema and discoloration to his lower arms.
3. The problem of forming bilateral breast lumps is probably closely linked if not caused by the use of supplemental androgens.
4. I still believe that he will have an ongoing problem with lymphatic drainage in the left axilla. This could result in problems with his left breast region. However, I do not believe that this condition warrants surgery at this time. The decision on surgery could safely be delayed for years if necessary based upon symptom progression. I am concerned that performing surgery on his left breast problem could result in complications of a post-operative seroma and redevelopment of the same problem elsewhere in the breast area. The decision to proceed with surgery in this area must be done cautiously. I stand by my recommendation that this be done at a tertiary center with expertise in this area. I told Inmate Samsel at my encounter with him that he has the potential to exchange this minor problem of breast swelling and discomfort for a much bigger and recurrent problem.

Based upon this new information provided to me, I no longer worried that we cannot provide medical care for him here. There are certain precautions with blood pressures and venipunctures that I will utilize for him. These precautions are similar to people who have dialysis fistulas in place. His problem is not an acute problem requiring urgent intervention. Rather, this is a chronic problem which is years in duration. At this time, I believe that this is a very safe option for him to wait on surgery.