

Miss Desiree

Some Avenue  
TinyTown, Ohio 44169

July 7, 2017

The Honorable Judge  
Counsel  
Prosecutor  
Municipal Court

Re: Case No. \_\_\_\_\_

My Medical Condition and Steady Recovery

Dear Judge,

To ensure an appropriate disposition of Case No. \_\_\_\_\_, and with the aim of securing a dismissal without the need of trial, I believe it is my duty to fully inform the Court and the Prosecutor's office of highly relevant medical facts bearing directly on the viability and appropriateness of charges pending against me in this case.

I am 47 years old and live in Cleveland, Ohio. I am a Type 1 diabetic and slowly recovering from Guillain-Barre Syndrome (GBS)—a very rare and debilitating medical condition.

GBS attacks peripheral nerves and causes the immune system to eat away the nerve covering, causing severe pain and paralysis. GBS is rare in the United States (1 in 200,000 persons per year). The Syndrome may be triggered by an acute bacterial or viral infection, or something as simple as a flu shot. The nature of the syndrome's attack on the body—nerve damage—is such that complete recovery is a protracted process, taking anywhere from 12 to 36 months.

By the time I was stopped by officer \_\_\_\_\_ on \_\_\_\_\_, I was on the tail end of a one-year period during which I was essentially medically incapacitated and in a slow recovery from the GBS medical disorder/syndrome. The impact of this condition played a direct role in my encounter with officer \_\_\_\_\_.

**Here's the relevant medical backstory:**

On March 11, 2016, a mysterious and alarming pain forced me to seek medical attention at Hospital's Emergency Department. After examination, I was released in the morning and given follow-up instructions and pain medicine.

One day later, March 12, 2016, intense pain continued and I was admitted as an inpatient to Hospital's Emergency Department.

For weeks, I was inpatient at Hospital. After seeing a string of doctors and specialists from endocrinology, neurology and internal medicine, no one could determine what was wrong with my body and find the source of my severe pain. After multiple weeks, when my medical insurance hit the end of “approved” stay, I was sent home, misdiagnosed, with follow-up instructions and more pain prescriptions. The pain, problems, and confusion remained. No solution.

**GBS Diagnosis** — During many follow-up visits (**time frame**) required by UH, I was *finally* diagnosed with Guillain-Barre Syndrome, or GBS.

Immediately following the GBS diagnosis, on April 4<sup>th</sup>, I landed at Hospital’s emergency department suffering the worst pain to date and was admitted *again* as an inpatient.

### **Guillain-Barre Syndrome’s Terrible Impact**

Because GBS is quite rare, I was “seen” by many doctors and specialists over weeks and months. Medical clarity was elusive. Attending medical experts were fractured specialists and inconsistently present. As a result, securing complete doctor opinions/statements concerning my condition is difficult.

GBS patients experience pain areas in the muscles and the muscles are weakened, with abnormal walking, problems with coordination, and arm and leg weakness. The whole body has fatigue. Other common problems are difficulty swallowing, *facial muscle weakness*, shortness of breath, *slow reflexes*, uncomfortable tingling and burning, urinary retention, *difficulty raising the foot*, or *impaired voice (many similar symptoms seen in police video)*.

I lost control of my body from the waist down, my chest cavity was in dangerous pain, and I lost most of my muscle control. My facial muscles fell completely on the right side, my lips were totally paralyzed, and I suffered partial paralysis in my eyes.

Numerous doctors and experts reviewed my problems and symptoms. I endured exhaustive tests and retests, as the many hospital doctors and specialists challenged my diagnosis because it is so rare. GBS requires ongoing medical intervention, and many lab tests. It resulted in many months of slow, painful physical rehabilitation.

### **Intense Rehabilitation Period**

From May 2016 through August 2016 I was placed in rehabilitation to rebuild my muscular functions. I was also placed on *full disability* and *temporarily placed out of work*. Rehabilitation started at Metro Rehabilitation Center (**time frame there**), but made only partial recovery progress there.

During this period, my pain was incredible and doctors frequently changed my pain-management regimen—a large list of pain killers, nerve blockers, and anti-depressants that

proved to impact nerve pain. My medicine cocktail changed weekly. In June 2016, I was totally bed-ridden and mainly used a wheelchair to move around the facility and bathroom activities.

I was then (need a date) transferred to Franklin Nursing Home for more rehabilitation, physical, occupational, and speech therapies. I arrived there unable to move around in a wheelchair without assistance. The day I arrived, Franklin's staff added Morphine to my medicine cocktail list. Rehabilitation was intense, with 10+ hours per day of muscular rebuild exercises.

Due to the consistent physical therapy, I eventually moved from bed-ridden to using a hand-walker. Slow but steady progress.

### **Return to Full Time Work in January 2017**

As I gained strength, I was able (permitted) to return to work in September 2016 with medical restrictions—no driving, long standing, long sitting, or lifting—and frequent breaks.

In January 2017, I returned to work full time. I had many friends transporting me and I used Uber a lot. Eventually, as I got stronger and my coordination improved I started driving with my doctor's permission.

### **Ongoing Recovery**

My recovery process has been hampered/slowed/complicated by medical providers pushing me through the process too quickly or ending processes too early—to serve insurance, administrative, and financial imperatives—or just due to medical administration limitations. My recovery progress was disrupted any number of times because providers kept moving me around.

While I get a little better every day, full recovery will take more time (how much time). I am still wobbly, my face and eyes and voice are still strange. The cocktail of medicine I was required to continue ingesting when I left the Franklin rehabilitation program makes me fuzzy—it's hard for me to concentrate and sometimes understand. (For example, I recently gave the cable technician a rundown of the yard work I needed him to complete.)

It's been a long struggle, and "getting back to normal" continues on a long road. I need to keep my job and keep my healthcare, so I'm working hard to return to a normal, functioning member of the community. My primary-care doctor and I are working on an elimination strategy to phase out the mix of prescriptions I've been taking.

### **The Driving Incident**

The police video in this case reveals my "ongoing" recovery from Guillain-Barre Syndrome. I did not "blow" due to my complicated medical treatment and diabetic condition, and the required prescription cocktail, which I feared could produce unreliable results. I was afraid, confused,

and concerned about my health. Struggling with my medical condition, I just didn't know what to do and shut down.

I started my recovery process taking 25 different drugs. By the time of the incident, I had succeeded in reducing this to only four drugs. The sense of progress was palpable. And my doctor said I was ok to drive. I felt capable of driving safely, and had no reason to think I couldn't, especially being attentive and careful. Yet, my recovery was still underway, and my condition still manifested in ways similar to drunkenness (face drooping, lack of balance when standing).

The State Trooper impounded my vehicle (by Cleveland Police), but later took me home given my condition and my medical bracelet indicating my fragile medical state. I believe his decision to take me home instead of to jail reveals his justifiable "doubt" about my condition—he wasn't "sure" what was causing my condition as shown on the video.

### **Two-Year Suspension is Inappropriate and Unfair**

In these circumstances, my medical condition—not drunkenness—was clearly the cause of my driving incident and my condition depicted in the on-scene video. My condition was further complicated by a medically necessary prescription-drug regimen, and my diabetes. Because of these unusual medical facts, and the absence of drunkenness, I believe applying the two-year automatic license suspension is inappropriate, grossly unfair, and harmful in this case.

If the court has any discretion to waive, set aside, or make an exception to the statutory two-year suspension—even if through a grant of work or medically related driving privileges—this is that rare case in which doing so is the right outcome. Not being able to drive could derail my ongoing recovery and put me at unnecessary risk to my health and well-being.

After my long period of medical suffering and a tough (continuing) struggle to recover, a two-year suspension without the ability to get to work or my medical providers:

- Creates a terrible hardship, and will prolong my suffering and severely undermine my ability to fully recover from my medical nightmare and regain my career and life footing.
- Is a stinging and unnecessarily punitive outcome since the underlying charge/stop/request to blow, was mistaken, or based on erroneous assumptions.
- Is unfair, inapplicable, and a highly inappropriate outcome that fails to serve the cause of justice in these circumstances.
- Portends unnecessary medical risk.

## **Conditional Medical Suspension is Appropriate, Fair and a Just Solution**

Also, since the parties have voluntarily and with prosecutor consent already implemented a medical suspension in this case, a two-year suspension is superfluous and should be dismissed, or modified appropriately. The medical suspension is appropriate in these circumstance, and should supplant any suspension for refusing to blow, even though at the time, my doctor had authorized me to drive, albeit carefully. No one knew how the pharmacology would impact impairment or fitness to drive.

Moreover, the agreed medical suspension should not last for an arbitrary time frame as a means of punishing the “offender” (there is no “offender” in this case, given my medical condition), but should be conditional—lasting only as long as necessary to serve the public interest of ensuring public safety. I should be allowed to drive on written certification by my doctor that I am medically fit to drive safely without medically related or pharmacologically related impairment. On satisfaction of this condition, the court should then authorize the DMV to restore my driving privileges.

I should not be punished for my medical condition, which is and was beyond my control. The court should ensure that I am capable of driving safely before restoring my driving privileges by verifying my medical certification of fitness to drive. In this way, when I’m capable, I can drive, regain my career momentum, tend appropriately to my ongoing recovery needs, and begin overcoming many months of suffering through a debilitating medical trauma.

## **Mobility is Essential to my Medical Recovery**

I must be able to drive as soon as I am medically able to have any hope of regaining economic stability and security, and tending to my ongoing long-term medical recovery. I have lost so much already through this unusual medical ordeal and justly fear that two years without a driver’s license will burden and complicate my medical recovery process by preventing me from promptly tending to essential matters as needs arises and increasing the burden of doing the simplest things daily life requires.

Paying others to drive me (e.g., Uber) now consumes most of my earnings, is a prescription for bankruptcy, and creates a real risk of losing my job. I must be able to get to work and tend to my ongoing medical circumstances to ensure a complete and successful long-term recovery.

I have suffered terribly through this long medical ordeal, and any long-term suspension of my driver’s license will only punish me without purpose, hamper my recovery, and prevent me from properly managing my medical condition and my essential economic affairs. To compound my medical suffering and the economic costs of my medical condition by denying me the driving rights necessary to regain normalcy in my life and rebuild my career and sustain myself is an unjust, punitive, and unnecessary outcome.

**Conclusion**

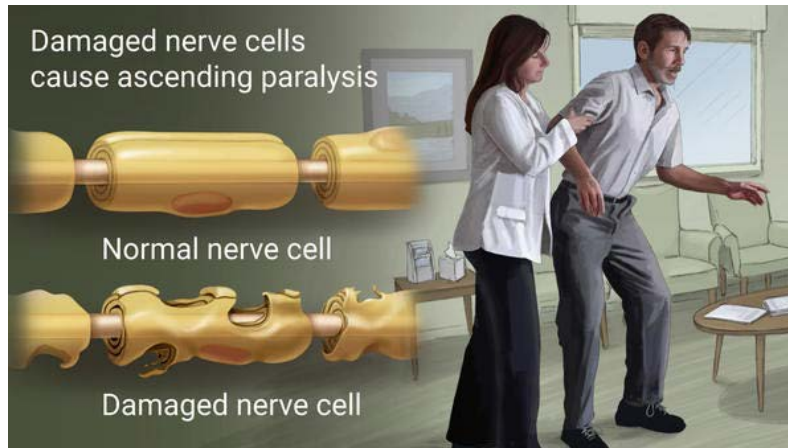
Given these circumstances, and the medical facts, this is a unique case that warrants a unique outcome that accommodates the facts appropriately. I respectfully request that all charges be fully dismissed—including the two-year suspension—and that my medical suspension should continue only until my doctor certifies I am fit to drive, whereupon my driving privileges should be restored.

Respectfully,

Miss Desiree

## Attachment A Guillain-Barré Syndrome

Also called: GBS



A condition in which the immune system attacks the nerves.

### **Very rare**

Fewer than 20,000 US cases per year

Treatable by a medical professional

Requires a medical diagnosis

Lab tests or imaging often required

Medium-term: resolves within months

The condition may be triggered by an acute bacterial or viral infection.

Symptoms start as weakness and tingling in the feet and legs that spread to the upper body. Paralysis can occur.

Special blood treatments (plasma exchange and immunoglobulin therapy) can relieve symptoms.

Physical therapy is needed.

### **Symptoms**

#### **Requires a medical diagnosis**

Symptoms start as weakness and tingling in the feet and legs that spread to the upper body. Paralysis can occur.

#### **People may experience:**

**Pain areas:** in the muscles

**Muscular:** muscle weakness, abnormality walking, problems with coordination, or weakness of the arms and legs

**Whole body:** fatigue or high blood pressure

**Heart:** abnormal heart rhythm or fast heart rate

**Also common:** difficulty swallowing, facial muscle weakness, shortness of breath, slow reflexes, uncomfortable tingling and burning, urinary retention, difficulty raising the foot, or impaired voice

#### **Medications**

**Blood transfusion:** Blood components that are added to replace deficiencies within the bloodstream.

Plasmapheresis

#### **Supportive care**

**Mechanical ventilation:** Using a machine to move air in and out of the lungs when a person cannot breathe on their own.

**Intubation:** Inserting a tube into the lungs to protect or open the airway.

#### **Therapies**

**Physical therapy:** Restores muscle strength and function through exercise.

#### **Specialists**

**Neurologist:** Treats nervous system disorders.

**Critical care doctor:** Monitors and treats those in intensive care.

**Pulmonologist:** Treats respiratory tract diseases.

**Physical medicine and rehabilitation:** Restores function and quality of life to those with physical disabilities.

**Pediatrician:** Provides medical care for infants, children, and teenagers.

**Primary care provider (PCP):** Prevents, diagnoses, and treats diseases.

**Critical:** consult a doctor for medical advice

## Attachment B

### Nurse's GBS Education and my 6 month disability timeframe



Source: NursesEducation



- Took time to for doctors to discover problem
- Long bed-ridden time – up to 6 months
- Extensive 10+ hour a days' of rehabilitation
- Wheel-chair confined period
- Walker-usage period
- Slow but steady recovery

DATE	ACTION	FACILITY	COMMENTS
3/10/2016	VISIT	GYN - AB PAIN	ABDOMINAL PAIN
3/11/2016	ENTER	HOSPITAL HOSPITAL	SEVERE ABDOMINAL AND LEG PAIN
3/13/2016	ADMIT-INPATIENT	UNIVERSITY HOSPITAL	AFTER ELONGATED WAIT - ENTER HOSPITAL
3/30/2016	DIAGNOSIS	DR HANNA	GUILLIAN BARRE
4/2/2016	GUARDIAN INSURANCE	START DISABILITY	
4/4/2016	ADMISSION	METRO ACUTE REHAB THERAPY	
4/8/2016	MMO	METRO ACUTE REHAB PHYS THERAPY	ALLOWS ENTRE TO METRO ACUTE CARE
4/8/2016	PROCEDURE	SPINAL TAP	PROCEDURE TO TRY TO MINIMIZE GBS
4/28/2016	ADMISSION	FRANKLIN CENTER	INSURANCE MANDATE - PATIENT NOT READY FOR PROGRESSIVE, MANDATED TRANSFER
4/28/2016	DISCHARGE	METRO ACUTE REHAB PHYS THERAPY	INSURANCE MANDATE - PATIENT NOT READY FOR PROGRESSIVE, MANDATED TRANSFER
4/28/2016	MMO	INSURANCE	STOPS METRO ACUTE CARE DESPITE CLEAR MEDICAL NEED FOR ACUTE CARE
5/18/2016	EXAM	HOSPITAL EYE CLINIC	VISION DRAMATICALLY DROPPED. DR SITED DT1, BUT NO EXPLANATION FOR DROP - STILL RECOVERING
6/1/2016	MMO	INSURANCE	CUT OFF ACUTE PHYSICAL REHAB AT METRO
7/9/2016	DISCHARGE	FRANKLIN CENTER	SEND HOME
7/9/2016	MEDS	FRANKLIN CENTER	SEE ATTACHMENT
8/15/2016	END DISABILITY	GUARDIAN INSURANCE	
8/17/2016	REGAIN	EMPLOYMENT WITH RESTRICTIONS	Return to work with restrictions. No driving. No sitting/standing for long periods. No sitting or standing for prolonged periods. No lifting. Frequent breaks. No significant walking. No stairs. Minimum full time 4 days/week.
1/1/2017	REGAIN	FULL EMPLOYMENT	Return to work full time, 5 days/week