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**BOSTON**

EXERCISE CARE WITHOUT EXCEPTION

Mary Manning Petras  
Assistant Federal Public Defender  
625 Indiana Avenue, N.W.  
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Washington, D.C. 20004

October 4, 2012

Dear Attorney Petras,

Based on my evaluation of Mr. Tarek El-Sawah in March 2011 and March 2012, and my review of a limited number of medical records, it is my conclusion that Mr. El-Sawah is in poor health and requires timely medical evaluation and treatment for multiple serious medical conditions.

Mr. El-Sawah is in the extreme obesity category (BMI greater than 40) and is an increased risk of death from all causes, specifically including death from cardiovascular disease, diabetes, cancer, and respiratory disease. Mr. El-Sawah is already suffering from the complications of diabetes, hypertension, hyperlipidemia, and fatty liver. Medical practice guidelines (including those published by the NIH) dictate that Mr. El-Sawah should undergo evaluation and treatment from a physician with expertise in the treatment of obesity, and that he should be considered a candidate for bariatric surgery. Mr. El-Sawah is agreeable to this treatment recommendation.

Mr. El-Sawah has symptoms that raise particular concern in the setting of his extreme obesity. He complains of shortness of breath, difficulty breathing at night, chronic nasal congestion, and can only sleep in a full upright sitting position. This is very likely indicative of obstructive sleep apnea (OSA), a condition where the airway becomes obstructed by the excessive soft tissue in the neck. The best documented risk factor for OSA is obesity. A full evaluation with polysomnography (sleep study) is warranted, followed by appropriate treatment. Untreated severe sleep apnea has an increased risk of mortality, and OSA is associated with hypertension, cardiovascular disease, lung disease, and cerebrovascular disease. In my opinion, Mr. El-Sawah has impaired neurocognitive function, which can also occur with OSA. To my knowledge, Mr. El-Sawah has not received appropriate evaluation or treatment of his probable OSA, nor has he been evaluated for other potential contributing causes for his respiratory symptoms, including restrictive or other primary lung disease, and coronary artery disease with angina, and/or congestive heart failure.

Mr. El-Sawah is at very high risk for coronary artery disease (CAD) and congestive heart failure that to my knowledge have not been fully evaluated with appropriate cardiac stress imaging studies. He describes dyspnea on exertion and develops chest pain with minimal activity, symptoms that are almost diagnostic for cardiac disease given his multiple risk factors.



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Mr. El-Sawah's current medical condition and motivation to adhere to treatment is further complicated by symptoms of depression and hopelessness about the future.

In summary, Mr. El-Sawah has multiple serious medical co-morbidities, and as a result, his functional status is extremely limited. He is at significant increased risk of mortality.

Respectfully,

*Sondra Crosby M.D.*

Sondra S. Crosby, M.D.

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