I have lost track of how many phthisical eyes I have seen following events such as this. I have also lost track of how many of these eyes I have ultimately had to remove because they became blind and painful.

In conclusion, it is my opinion to a reasonable degree of medical probability that if prompt identification and referral to a higher level of care had been performed at the time of injury, we would have most likely had a much more favorable outcome. Likewise, is someone with my level of expertise had looked at this case before statute of limitation had expired, remedy for the inmate would have been obtained from the state.

On 7/6/2017 traumatic aphasia was recorded on the right eye with no description of the optic nerve. Again, prompt referral should have been made to a higher level of care to manage any complications that result for traumatic dislocation of the lens.

On 7/12/2018 visual acuity on the right eye has dropped to 20/200 which was not improved. Again, no detail was given of the optic nerve.

On 1/16/2019 glaucoma drops were to be administered but they were not administered as prescribed.

On 6/14/2019 visual activity was recorded as light perception on the right with a diagnosis of traumatic glaucoma and a pressure of 32 mm of Hg.

On 6/17/2019 they were admitted o Ohio State for dislocated lens; however, they were sent back to the prison with recommendation for treatment of glaucoma. Unfortunately, the glaucoma drops were not sent back to the prison and the staff at the prison unilaterally decided to wait to start glaucoma drops until the next follow-up visit presumably at Ohio State.

On 9/10/2019 the patient underwent a vitrectomy with removal of the dislocated lens. At that time, they were noted to have central retinal vein occlusion.

On 9/19/2019 the patient was noted to have intraocular pressures ranging from 38-49, which was the first mention of visual field loss. Corneal decompensation was also noted with collapse of the anterior chamber with the iris touching the endothelium of the cord.

On 9/25/2019 glaucoma procedure was undertaken.

On 10/11/2019 the visual acuity was recorded as count fingers on the right. Additionally, the description was consistent with phthisis of the globe.

On 12/6/2019 optic nerve was described as severely pale with attenuated vessels.

On 12/19/2019 the intraocular pressure was measured at 2 mm and the visual acuity was count fingers on the right.

On 2/15/2020 patient was advised that permanent visual loss was secondary to optic nerve ischemia.

There are numerous injuries such as this over the years, with early intervention has seen many with recovery of vision. However, the egregious delay in identifying and treating the issues resulted in permanent vision loss that cannot be recovered. Unfortunately, I see this as a pattern in correctional medicine as it pertains to the ophthalmologic needs of the inmates.

# From the Desk of

Dr. Donald C. Faucett, MD
42 Wintergreen Drive
Madison, MS 39110

RE: Garko Communication

To: Robert McNamara/Matthew Fortado

Privileged communication regarding Garko Case.

The observations below are based on a reasonable degree of medical probability. I have practices ophthalmology and orbital surgery both in the university setting, and in practice for over 30 years. Additionally, I have practiced correctional medicine and I am currently starting my second year in correctional medicine. However, in my position as a disability examiner for the state of Mississippi, I have seen numerous applications for disability secondary to vision that have come out of the prison system, in which I am now in my 9th year. Therefore, I have a unique understanding of this case in the regards to the lack of meeting basic medical standards of care, as well as implementing timely intervention. As a result, this patient suffered damages that we irreversible with a few days of injury. Specifics will be outlined below.

The injury to the forehead occurred around 2/14/2017. On 2/15/2017 it was noted that the patient had anisocoria, which we previously been evaluated in 2016 and was reported as a normal on the MRI. Therefore, it was decided that no current examination of the brain and orbits would be indicated. The was an egregious mistake, and could have identified future problems that occurred early on that could have set about a series of events in which would have significantly mitigated the damages that the patient ended up having. Any first-year resident would identify the need for an MRI or CT scan of the brain and orbits to access a new head trauma. Additionally, no complete neurologic work-up was performed in which would have included a detailed examination of the eye and optic nerve. If this had been done at the time the arrangements could have been made that would result in a better outcome and prompt referral to a higher level of care i.e. ophthalmology. If there were findings consistent with optic nerve trauma, then a decision could have been made about instituting treatment verses observation. One has little time to institute treatment for optic nerve trauma. In fact, the best way to treat the trauma. If you do not see improvement after 24 to 48 hours, then the treatment is discontinued. Likewise, if the dislocated lens has been identified then close attention could have been paid to the development of pupillary block glaucoma, or phacomorphic glaucoma.

All of this should have been carried out at a higher level of care i.e. at Ohio State University.

## Authenticity of report

Vanarsdall, Greg <Greg.Vanarsdall@odrc.state.oh.us>
Wed 4/12/2023 11:39 AM
To: donald.faucett@msdh.ms.gov <donald.faucett@msdh.ms.gov>

2 attachments (1 MB)
DOC032223-03222023101341.pdf; Garko Release to Faucett.pdf;

Dear Dr. Faucett,

As a Psychologist working in a correctional facility, I work with an individual by the name of Teri Garko, DOB 3/20/1975, inmate #W084180. She keeps me apprised of her legal pursuits as she has initiated a civil case against the department. From her attorneys she has received a copy of an expert witness report bearing your name (see attached).

Ms. Garko has expressed to me her doubts about this report, thinking that it may have been authored by an attorney. Ms. Garko however does struggle with paranoid thinking at times. Can you please confirm for her and I that you in fact authored this attached report?

Thank you for your time and response.

Sincerely,

Greg M. VanArsdall, Psy.D.
Psychologist
Dayton Correctional Institution

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**From:** do.not.reply@odrc.state.oh.us <do.not.reply@odrc.state.oh.us>
**Sent:** Wednesday, March 22, 2023 10:13 AM
**To:** Vanarsdall, Greg <Greg.Vanarsdall@odrc.state.oh.us>
**Subject:** Scan From Toshiba Scanner 03/22/2023 10:13

Scanned from MFP14189769
Date:03/22/2023 10:13
Pages:4
Resolution:200x200 DPI

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DO NOT REPLY TO THIS MESSAGE!

## Re: Authenticity of report

Vanarsdall, Greg <Greg.Vanarsdall@odrc.state.oh.us>
Wed 4/12/2023 12:02 PM
To: donald.faucett@msdh.ms.gov <donald.faucett@msdh.ms.gov>

Dr. Faucett,

Thank you so much for your quick response. Ms. Garko will be glad to have heard from you.

Have a great afternoon.

Greg M. VanArsdall, Psy.D.
Psychologist
Dayton Correctional Institution

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**From:** donald.faucett@msdh.ms.gov <donald.faucett@msdh.ms.gov>
**Sent:** Wednesday, April 12, 2023 11:47 AM
**To:** Vanarsdall, Greg <Greg.Vanarsdall@odrc.state.oh.us>
**Subject:** RE: Authenticity of report

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--- Originally sent by greg.vanarsdall@odrc.state.oh.us on Apr 12, 2023 10:39 AM ---

I did review her case and did issue a report to her attorney some months ago
At that time I was the CMO for the department of Corrections for the State of Mississippi
I am also an Ophthalmologist with 40 years of experience
message was sent securely using

Zix
®

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Dear Dr. Faucett,