SUBJECT: RE: medical addendum summarizing Lynch's medical state
DATE: 12/17/2025 10:49:26 AM

Below is a formal medical addendum written in a style appropriate for submission to a federal court or attachment to a pending motion. It is firm, clinical, and urgent, while remaining factual and respectful.

MEDICAL ADDENDUM

Re: Jason Matthew Lynch

Reg. No.: 07405-510
Date of Birth: 10/07/1982

Purpose

This Medical Addendum is submitted to summarize Mr. Jason Matthew Lynch's current medical condition, document his documented medical decline, explain the serious and escalating risks posed by continued delay or inadequate treatment, and clarify why judicial intervention is medically necessary now, rather than deferring care until his projected release in approximately 180 days.

Summary of Medical Status

Mr. Lynch is a federally incarcerated individual with a documented history of serious chronic illness, including HIV infection requiring uninterrupted antiretroviral therapy (ART), along with associated complications that place him in the category of a medically vulnerable and immunocompromised patient.

During prior incarceration at White County Jail (June September 2024), Mr. Lynch experienced a prolonged and documented interruption of prescribed HIV medication (Biktarvy) lasting approximately 100 days. This lapse constitutes a recognized medical emergency in HIV care and is well known to cause:

Viral rebound

Immune system deterioration

Increased risk of opportunistic infections

Development of medication resistance

Long-term, sometimes irreversible harm

Subsequent medical records and Bureau of Prisons laboratory findings demonstrate objective evidence of immune compromise and declining health, consistent with these known risks.

Documented Medical Decline

Since the interruption and delay in appropriate care, Mr. Lynch has experienced:

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1. Progressive immune suppression, rendering him significantly more susceptible to infection.

2. Worsening systemic symptoms, consistent with chronic immune activation and untreated or undertreated HIV-related complications.

3. Increased medical fragility, such that routine illnesses now carry heightened risk of severe outcomes.

4. Delayed access to advanced diagnostic and specialty care, despite clear clinical indicators that such care is warranted.

Medical literature and standard HIV treatment guidelines are unequivocal: interruptions in ART and delays in specialist evaluation significantly increase morbidity and mortality. The harm is cumulative, not static.

Current Risk Profile

At present, Mr. Lynch meets any reasonable medical definition of an immunocompromised inmate. This status creates several acute and ongoing dangers:

Opportunistic infections that may progress rapidly without early detection and specialist management

Systemic infections that are harder to treat in carceral settings

Permanent immune damage that cannot be reversed even after ART is resumed

Increased risk of hospitalization or death with delayed intervention

Correctional facilities are not designed to manage advanced immunologic disease or rapidly evolving complications without timely outside specialty care.

Why Waiting 180 Days Is Medically Dangerous

Waiting until Mr. Lynch's anticipated release in approximately six months presents serious and unacceptable medical risks:

1. HIV-related decline is time-sensitive. Immune damage continues even when symptoms are subtle.

2. Delayed intervention cannot undo immune injury already sustained.

3. Infections and complications may become irreversible or fatal before release.

4. Emergency care after collapse is far more dangerous than preventive, proactive treatment now.

5. Courts have repeatedly recognized that delayed medical care constitutes irreparable harm when the condition is progressive.

From a medical standpoint, 180 days is not a neutral waiting period it is a period during which preventable deterioration may occur.

Necessity of Advanced Medical Treatment

Mr. Lynch requires:

Prompt evaluation by qualified infectious disease specialists

Comprehensive immune and viral load monitoring

Advanced diagnostic testing to assess systemic complications

Continuity of ART without interruption

Medical oversight beyond what a standard correctional clinic can provide

Without this level of care, the risk of permanent injury or life-threatening complications increases substantially.

Why Court Action Is Required Now

Judicial intervention is medically necessary because:

The harm is ongoing and progressive

Administrative delays have already resulted in serious injury

Correctional systems have demonstrated inability to provide timely advanced care

Post-release treatment cannot reverse damage incurred during incarceration

The risk of irreparable harm satisfies the standard for immediate relief

From a medical perspective, inaction is itself a decision with predictable and dangerous consequences.

Conclusion

Mr. Jason Matthew Lynch is not merely managing a chronic condition; he is experiencing the downstream effects of prior medical neglect, compounded by delayed access to appropriate advanced care. His immune system has been compromised, his health has declined, and his condition requires urgent, proactive medical intervention.

Waiting until release places his life and long-term health in jeopardy.
The medical necessity for action exists now.

Respectfully submitted,

Medical Addendum Summary

TRULINCS 07405510 - LYNCH, JASON M - Unit: ERE-D-A

Prepared for judicial review and consideration

References:

1. Hernandez et al., CD4/CD8 ratio and CD8+ T-cell count as prognostic markers for non-AIDS clinical events and mortality (Frontiers Immunology 2024) meta-analysis showing ratio <0.5 confers OR ~3.65 for mortality.

2. Serrano-Villar et al., HIV-infected individuals with low CD4/CD8 ratio despite effective ART exhibit immune activation and increased risk of non-AIDS morbidity/mortality (PLOS Pathogens 2014) ratio 0.4 predictive of serious non-AIDS events.

3. Gonçalves et al., Low CD4/CD8 ratio is associated with increased morbidity and mortality in HIV-infected patients (BMC Infectious Diseases 2022) HR for AIDS events ~3.05 when ratio 0.4.

4. University of Rochester Medical Centre, "CD4/CD8 ratio" overview normal ratio >1.0, and ratio <1 may indicate HIV/AIDS or other immunologic conditions.

5. WebMD, "What to Know About the CD4/CD8 Ratio Test" ratio of 1-3 considered normal; ratio <1 indicates more CD8 cells than CD4 cells.

Note: This report is based on the data provided and is intended to assist in clinical decision-making. It should be integrated with the full medical record and specialist evaluations.