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FOR IMMEDIATE RELEASE

FROM:

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David E. Moore represents Amber Johnson on an ongoing criminal grand jury investigation in Freestone County, Texas. Mark Weitz represents The Luxe Medspa by Amber Johnson on board related matters regarding the untimely death of Ms. Jennifer Cleveland, formerly known as Jennifer Jo Williams, after receiving treatment at the Luxe Medspa in Wortham, Texas.

While there has been much publicized about the incident, we want to take this opportunity to respond to the press and all the social media pundits and simply lay out the facts and what the actual evidence shows happened. Jennifer Cleveland was not only a client at the Medspa, she was also considered a friend to Ms. Johnson. Ms. Cleveland even promoted the business through her social media accounts. It is regretful that this incident happened, but there is simply no criminal liability that can or should be attributed to Amber Johnson.

Amber Johnson has cooperated fully and completely with the ongoing grand jury process, including providing a written statement, recovering evidence, providing surveillance camera video from inside the Medspa showing the events as they happened and as they were recorded via motion detector cameras, securing the IV bag and locking Ms. Cleveland's personal effects in a secure locked cabinet until the police were able to pick up the items.

The following is a timeline of events:

June 22, 2023 Ms. Cleveland signed a Dermal Fillers Consent form outlining the procedures and possible risks associated with dermal filler injections;

June 22, 2023 Ms. Cleveland completed an Intake and Health History where she indicated she was not on any medications, did not have any chronic medical conditions, was not currently under the care of a physician, had not taken Accutane within the past year, was not taking any vitamins or supplements, and had not previously had Botox, and did not have any medical conditions that staff should be aware of.

June 22, 2023 Ms. Cleveland received Filler Botox and a Spray Tan;

June 28, 2023 Ms. Cleveland received Luxe IV without incident along with a Spray Tan;

June 29, 2023 Ms. Cleveland initialed and signed an Intravenous Therapy Consent form acknowledging she understood and agreed to each statement contained therein. This form outlined the procures and risks involved and releases the Service Provider and all staff from all liabilities for any complications or damages associated with IV Infusion Therapy.

July 5, 2023 Ms. Cleveland received a Spray Tan;

July 7, 2023 Ms. Cleveland received a Spray Tan.

July 10, 2023 Events

10:55 a.m. Ms. Cleveland was a walk-in client who had no appointment but wanted an IV treatment. There were no other customers at that time so she was admitted for the procedure.

10:57 a.m. Ms. Cleveland stated she had a "high volume of cash inside her vehicle" so she walked back outside to lock it since Amber Johnson was going to be able to do the procedure. When she returned she appeared to have papers with her.

11:04 a.m. Ms. Cleveland was placed in the IV treatment room and prior to starting the IV, Amber Johnson walked outside to her vehicle and returned where the IV treatment was set up and administration of the fluids began.

11:26 a.m. Amber Johnson walked out of the treatment room when the phone rang.

11:31 a.m. Amber Johnson walked back to the treatment room and the IV bag still had solution inside so she waited on completion of the therapy. Ms. Cleveland said she wasn't feeling well and was having trouble breathing and her chest was tight. Amber Johnson sat Ms. Cleveland up to a sitting position and told her to take some deep breaths. Ms. Cleveland lost consciousness and no pulse could be found. Amber Johnson started CPR.

Upon beginning CPR Amber Johnson felt a hard object in Ms. Cleveland's bra and she located a "Vape Pen" hidden inside the bra. CPR was continued and

breathing was restored momentarily. Ms. Cleveland again became unresponsive. Amber Johnson ran to the front counter to call 911 two times but the line was busy and not answered. Amber Johnson again continued with CPR and called 911 from her cell phone and continued CPR until help arrived.

No law enforcement agency ever responded to the 911 call even though the Wortham Police Department is within eyesight and approximately one block away from the back entrance to the Medspa. A city of Wortham Water Department official arrived and took over CPR from Amber Johnson. Another Wortham resident and Amber Johnson waved down the fire department personnel and later the City of Mexia EMS arrived and started automatic CPR and left with Ms. Cleveland.

Amber bagged the blanket, sheet, Ms. Cleveland's personal items, the vape pen found in the bra, the IV bag, IV tubing and catheter and placed them in a locked cabinet until the police responded to the scene

The Luxe Medspa by Amber Johnson was closed immediately and Amber called Dr. Michael Gallagher to notify him of the incident. Dr. Gallagher was not at the scene on the day of the incident, nor did he come to the scene that day, as has been publicly reported in some outlets.

At approximately 5:22 p.m. Chief of Police Butler contacted Amber and requested patient records and consent forms and wanted to take pictures to send to the emergency room at Parkview Regional Hospital in Mexia.

All Board matters with the Texas Department of Licensing and Regulation have been settled and there are no pending board actions regarding this incident other than the Texas Medical Board involving Michael Gallagher, M.D. whose license was suspended without hearing and prior to obtaining the final autopsy and toxicology report.

We have requested the Vape Pen concealed in Ms. Cleveland's bra to be tested for controlled substances and have also requested the IV bag and related material be tested by the Texas Department of Public Safety Lab as well. It is our understanding that is being done to rule out any further questions surrounding this tragedy. We have also requested the Freestone County Grand Jury subpoena the City of Mexia EMS run sheets to see what, if any, substances were administered by them enroute to the hospital. It is our understanding this also is being done.

The final autopsy report indicated Sudden Cardiac death of uncertain etiology as well as the Postmortem toxicology being significant for Tramadol and Trazodone, neither of which were administered by Amber Johnson. Furthermore there was no definitive anatomical or toxicological cause of death identified. The report further states tht Cardiomegaly was identified and may be associated with cardiac arrhythmias and sudden cardiac death. Sudden cardiac death may also be related to certain cardiac arrhythmias, which may be asymptomatic and include such entities as long QT

syndrome, Wolff-Parkinson-White syndrome or other potentially lethal heritable cardiac channelopathies associated with structurally normal hearts. Generally, no abnormality is detected at autopsy to definitively diagnose these conditions.

Thus, the manner of death is Undetermined.

The Toxicology Results on Ms. Cleveland's autopsy revealed the following:

Caffeine	Presump Pos	mcg/mL	001 - Femoral Blood
Cotinine	Presump Pos	ng/mL	001 - Femoral Blood
Naloxone	Presump Pos	ng/mL	001 - Femoral Blood
Tramadol	290	ng/mL	001 - Femoral Blood
O-Desmethyltramadol	81	ng/mL	001 - Femoral Blood
Trazodone	0.25	mcg/mL	001 - Femoral Blood
Creatinine (Vitreous Fluid)	0.786	mg/dL	003 - Vitreous Fluid
Sodium (Vitreous Fluid)	145	mmol/L	003 - Vitreous Fluid
Potassium (Vitreous Fluid)	10.1	mmol/L	003 - Vitreous Fluid
Chloride (Vitreous Fluid)	122	mmol/L	003 - Vitreous Fluid
Urea Nitrogen (Vitreous Fluid)	13.6	mg/dL	003 - Vitreous Fluid

Detailed Findings are as follows:

Analysis and Comments	Result	Units	Limit	Specimen Source	Analysis By
Caffeine	Presump Pos	mcg/mL	0.20	001 - Femoral Blood	LC/TOF-MS
This test is an unconfirmed screen. Confirmation by a more definitive technique such as GC/MS is recommended.					
Cotinine	Presump Pos	ng/mL	200	001 - Femoral Blood	LC/TOF-MS
This test is an unconfirmed screen. Confirmation by a more definitive technique such as GC/MS is recommended.					
Naloxone	Presump Pos	ng/mL	1.0	001 - Femoral Blood	LC/TOF-MS
This test is an unconfirmed screen. Confirmation by a more definitive technique such as GC/MS is recommended.					
Tramadol	290	ng/mL	20	001 - Femoral Blood	LC-MS/MS
O-Desmethyltramadol	81	ng/mL	20	001 - Femoral Blood	LC-MS/MS
Trazodone	0.25	mcg/mL	0.050	001 - Femoral Blood	LC-MS/MS
Creatinine (Vitreous Fluid)	0.786	mg/dL	0.500	003 - Vitreous Fluid	Chemistry Analyzer
Sodium (Vitreous Fluid)	145	mmol/L	50.0	003 - Vitreous Fluid	Chemistry Analyzer
Potassium (Vitreous Fluid)	10.1	mmol/L	1.00	003 - Vitreous Fluid	Chemistry Analyzer
Chloride (Vitreous Fluid)	122	mmol/L	50.0	003 - Vitreous Fluid	Chemistry Analyzer
Glucose (Vitreous Fluid)	None Detected	mg/dL	10.0	003 - Vitreous Fluid	Chemistry Analyzer
Urea Nitrogen (Vitreous Fluid)	13.6	mg/dL	2.00	003 - Vitreous Fluid	Chemistry Analyzer

Reference Comments:

1. Chloride (Vitreous Fluid) (Cl-) -
Vitreous Fluid: Normal: 105 -
135 mmol/L

2. Creatinine (Vitreous Fluid) -
Vitreous Fluid: Normal: 0.6
- 1.3 mg/dL
3. Glucose (Vitreous Fluid) (C₆H₁₂O₆; D-glucose (biologically active); Dextrose; L-glucose) -
Vitreous Fluid: Normal: <200 mg/dL

Postmortem vitreous glucose concentrations >200 mg/dL are associated with hyperglycemia.

Since postmortem vitreous glucose concentrations decline rapidly after death both in vivo and in vitro, care should be taken in the interpretation of results. Stability of vitreous glucose for up to 30 days has been noted by NMS Labs when specimens are maintained frozen (-20C).

4. O-Desmethyltramadol (Tramadol Metabolite) - Femoral Blood:

Tramadol is a synthetic opioid receptor agonist used for the management of moderate to moderately severe pain. O-Desmethyltramadol is a tramadol metabolite. It has been reported as being present in some 'Legal High' or 'Bath Salts' products, often in combination with mitragynine.

Peak plasma concentration for O-Desmethyltramadol following a single 100 mg oral dose: 35-75 ng/mL. Steady-state plasma concentration following a 100 mg 4 times daily regimen: 80-140 ng/mL. The presence of O-desmethyltramadol in the absence of tramadol should be interpreted with caution. O-desmethyltramadol is currently not scheduled in the United States.

Blood O-desmethyltramadol concentrations, in deaths related to designer drug use, ranged from 0.4-4.3 mcg/g (420-4500 ng/mL) .

The ratio of whole blood concentration to serum or plasma concentration is unknown for this analyte.

5. Potassium (Vitreous Fluid) (K⁺) -
Vitreous Fluid: Normal: <15
mol/L
Quantitative results for Potassium will be affected if performed on gray top tubes since these collection tubes contain potassium oxalate.
6. Sodium (Vitreous Fluid) (Na⁺) -
Vitreous Fluid: Normal: 135 -
150 mmol/L
Quantitative results for sodium will be affected if performed on gray top tubes since these collection tubes contain sodium fluoride.
7. Tramadol (Ultram®; Ultrax®) - Femoral Blood:

Tramadol is a synthetic opioid receptor agonist used for the management of moderate to moderately severe pain. Peak plasma levels of tramadol following a single 100 mg oral dose range from 230-380 ng/mL and peak levels of the active metabolite, O-desmethyltramadol, range from 35-75 ng/mL. Steady-state plasma levels following an oral dosage regimen of 100 mg of tramadol administered 4 times a day range from 420-770 ng/mL. The elimination half-lives of tramadol and O-desmethyltramadol are 5 to 8 hrs and 6 to 9 hrs, respectively.

Common adverse reactions to tramadol include sedation, dizziness, headache, and constipation. Higher doses may elicit agitation, tachycardia, hypertension and seizures. The mean postmortem femoral blood concentration of tramadol in 5 individuals who died due to tramadol overdose was reported as 6100 ng/mL.
8. Trazodone (Trazamine®) - Femoral Blood:

Trazodone is a structurally atypical antidepressant agent. It is prescribed for the treatment of major depression. There is a wide range of trazodone dose requirements; however, total daily oral dosages should not exceed 400 mg for outpatients and 600 mg for hospitalized patients.

Steady-state plasma concentrations following daily oral doses of 300 mg immediate release trazodone ranged from 0.8 +/- 0.3 mcg/mL at trough to 3.1 +/- 0.8 mcg/mL at peak. In older patients the range may be extended to 5.0 mcg/mL. The blood to plasma ratio is approximately 0.6.

Trazodone causes an increased risk of suicidal ideation and behavior, especially in children and young adults. It may also cause QT prolongation, serotonin syndrome, abnormal bleeding, and orthostatic hypotension. The CNS-depressant effects of trazodone are at least additive with other CNS-depressants, e.g., barbiturates, benzodiazepines and alcohol. The principal effects of trazodone overdose include drowsiness and lethargy. The CNS-depressant effects of trazodone are at least additive with other CNS-depressants, e.g., barbiturates, benzodiazepines and alcohol.

Three reported fatalities related to trazodone overdose had blood concentrations of the drug that averaged 18 mcg/mL (range 15 to 23 mcg/mL). Three reported fatalities related to trazodone overdose had blood concentrations of the drug that averaged 18 mcg/mL (range 15 to 23 mcg/mL).

9. Urea Nitrogen (Vitreous Fluid) (Carbamide; carbonyl diamide; carbonyldiamine) - Vitreous Fluid:
Normal: 8 - 20 mg/dL

Analysis Summary and Reporting Limits:

All of the following tests were performed for this case. For each test, the compounds listed were included in the scope. The Reporting Limit listed for each compound represents the lowest concentration of the compound that will be reported as being positive. If the compound is listed as None Detected, it is not present above the Reporting Limit. Please refer to the Positive Findings section of the report for those compounds that were identified as being present.

Test 1919FL - Electrolytes and Glucose Panel (Vitreous), Fluid (Forensic) - Vitreous Fluid

-Analysis by Chemistry Analyzer for:

<u>Analyte</u>	<u>Rpt. Limit</u>
<u>Analyte</u>	
<u>Rpt. Limit</u>	
Chloride (Vitreous Fluid)	50.0 mmol/L
Creatinine (Vitreous Fluid)	0.500 mg/dL
Glucose (Vitreous Fluid)	10.0 mg/dL
Potassium (Vitreous Fluid)	1.00 mmol/L
Sodium (Vitreous Fluid)	50.0 mmol/L
Urea Nitrogen (Vitreous Fluid)	2.00 mg/dL

Test 52128B - Tramadol and Metabolite Confirmation, Blood - Femoral Blood

-Analysis by High Performance Liquid Chromatography/ Tandem Mass Spectrometry (LC-MS/MS) for:

<u>Analyte</u>	<u>Rpt. Limit</u>
<u>Analyte</u>	
<u>Rpt. Limit</u>	

O-Desmethyltramadol 20 ng/mL Tramadol

20 ng/mL Test 52295B - Trazodone and mCPP Confirmation, Blood - Femoral Blood

-Analysis by High Performance Liquid Chromatography/ Tandem Mass Spectrometry (LC-MS/MS) for:

Analyte Rpt. Limit

Analyte

Rpt. Limit

Trazodone 0.050 mcg/mL mCPP

0.050 mcg/mL Test 8042B - Postmortem, Expanded w/Vitreous Alcohol Confirmation, Blood (Forensic) -
Femoral Blood

-Analysis by Enzyme-Linked Immunosorbent Assay (ELISA) for: Analyte Rpt.

Limit

Analyte

Rpt. Limit

Barbiturates 0.040 mcg/mL
Cannabinoids 10 ng/mL
Gabapentin 5.0 mcg/mL
Salicylates 120 mcg/mL

-Analysis by Headspace Gas Chromatography (GC) for: Analyte Rpt. Limit

Analyte

Rpt. Limit

Acetone 5.0 mg/dL
Ethanol 10 mg/dL
Isopropanol 5.0 mg/dL
Methanol 10 mg/dL

A close review of the toxicology report shows that Ms. Cleveland had lethal quantities of Tramadol, Trazadone, as well as other prescription medications in her system. The literature strongly advises against mixing Tramadol and Trazadone because of the potential lethal effects. The high potassium levels reflect the tramadol abuse. What is most significant is the presence of the O-tramadol. Mixing Tramadol with O-tramadol is also something she should not have been doing. The side effects are heart related and can result in death. Ms. Cleveland's toxicology report indicates that all of these drugs were found in her body. It is also appears Ms. Cleveland may have been abusing designer drugs on the day she presented at Luxe. It appears that through her own social media postings, Ms. Cleveland had a battle with drug use and maintaining sobriety. Many families suffer the same battle, oftentimes with the same tragic results.

Even a cursory review of publicly available documents indicate Ms. Cleveland's repeated drug related incidents. Those include the following charges and dispositions under the name of Jennifer Jo Williams who is the same person:

1. Cause No. 2015-DA-003206 Indictment in Galveston County for Possession of Methamphetamine that was reduced to a Misdemeanor and 90 days residency for rehabilitation. A judgment was entered on August 17, 2018 sentencing her to 180 days in Galveston County Jail.
2. Cause No. 11-157CR Indictment in Freestone County dated September 28, 2011
Count I: Possessing Methamphetamine placing a child in imminent danger of death, bodily injury or physical or mental impairment;
Count II: Possessing Methamphetamine placing a second child in imminent danger of death, bodily injury or physical or mental impairment;
Count III: Possessing Methamphetamine placing a third child in imminent danger of death, bodily injury or physical or mental impairment.
A judgment of 5 years probation on all three counts was entered June 4, 2012;
3. Cause No. 11-158CR Indictment in Freestone County dated September 28, 2011 for Tampering with physical evidence.
An Order of 10 years deferred probation was entered on June 4, 2012.
4. Cause No. 11-159CR Indictment in Freestone County dated September 28, 2011 for Possession with Intent to Deliver Methamphetamine more than 4 grams less than 200 grams
An Order placing her on Deferred Probation for 10 years was entered on June 4, 2012.

There will be no further comments in the media about this incident until after the complete investigation is done and this case is over. However, that does not mean that the slanderous and libelous statements being made about Amber Johnson will be overlooked or tolerated. There will be no posting on Facebook, Instagram, X, Twitter or any other social media website on behalf of our client. Instead there will be court filings where people asserting claims have the right to be tried in a fair and balanced setting where credible evidence can be weighed. Until such time, we suggest everyone take a deep breath and wait on all the testing to be concluded before reaching an uninformed conclusion.



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