

TRULINCS 48860039 - FATA, FARID - Unit: WIL-A-B

FROM: 48860039  
TO:  
SUBJECT: RENEWED MOTION FOR SENTENCE REDUCTION-PART I  
DATE: 06/27/2024 08:12:07 AM

CASE No. 2:13-cr-20600

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF MICHIGAN  
SOUTHERN DIVISION

100  
**RECEIVED**

JUL 09 2024

PAUL D. BORMAN  
U.S. DISTRICT JUDGE

UNITED STATES OF AMERICA,

Plaintiff,

v.

Hon. Paul D. Borman

FARID FATA,

Defendant.

**F I L E D**  
JUL 09 2024  
CLERK'S OFFICE  
DETROIT

RENEWED MOTION FOR COMPASSIONATE RELEASE OR SENTENCE REDUCTION PURSUANT TO  
18 U.S.C. 3582(C)(1)(A)

Defendant Farid Fata ("Fata"), respectfully submits this Renewed Motion for Sentence Reduction  
under 3582(C)(1)(A). In support, Fata offers the following.

**A - FACTUAL BACKGROUND :**

Fata pleaded guilty to 13 counts of health-care fraud, one count of conspiring to pay and receive kickbacks, and two counts of money laundering. This Court sentenced him to an aggregate prison term of 540 months. In early 2020, Fata moved for compassionate release based on his age, health problems and the risk from Covid-19. On July 10, 2020, this Court denied the motion, concluding that Fata did not establish an extraordinary and compelling reason for release, and that the 3553(a) factors weighed against release (RE 284). Fata appealed, and the Sixth Circuit dismissed his appeal as untimely. Fata filed a motion for reconsideration 5 days after the dismissal of his appeal based on new grounds after Fata contracted Covid-19 and post-Covid recurrent infections. This court denied Fata's motion in June 2023 as untimely, and did not assess the merits of the motion as to the changes of the circumstances and changes in facts and in law in the Sixth Circuit, upon which Fata has filed an appeal in the Sixth Circuit that affirmed this Court Order on April 19, 2024, stating on page 3: "the district court's treatment of Fata's filings did not prejudice him because it had no impact on his ability to seek compassionate release in a renewed motion based on current circumstances" (unpublished opinion). Accordingly, Fata is filing his Renewed Motion for Compassionate Release after he exhausted his administrative remedies.

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B - EXHAUSTION OF ADMINISTRATIVE REMEDIES : (EXHIBIT A)

On May 22, 2024, Fata petitioned his warden at FCI Williamsburg for compassionate release or sentence reduction after he obtained a medical expert opinion from Dr. Charles Howard, MD. Fata's petition raised the following grounds based on the 2023 U.S. Sentencing Commission Amendment 814 to USSG 1B1.13 that added two new subcategories to the medical conditions that are deemed extraordinary and compelling that warrant sentence reduction. For Fata is receiving inadequate medical care that falls below the standard of care established in the field that resulted in physical injury and further infectious harm, and as Fata's long sentence may be considered "greater than necessary" in light of his deteriorating medical conditions deemed extraordinary and compelling given the intervening 2023 U.S. Sentencing Commission Policy Statement. As of this date, more than 30 days have passed and Fata's petition has not been granted. Accordingly, Fata has exhausted his administrative remedies per statute.

LEGAL FRAMEWORK

C - GROUNDS FOR EXTRAORDINARY AND COMPELLING REASONS FOR SENTENCE REDUCTION :

C -1- FATA'S MEDICAL CONDITIONS UNDER THE 2023 U.S. SENTENCING COMMISSION'S AMENDMENT 814: NEW FACTS OF FATA'S MEDICAL CARE SINCE AFTER JULY 2020 (EXHIBIT B)

- 1 - Fata contracted Covid-19 in prison and tested positive on December 18, 2020. Fata was sick with deep cough, headaches and muscle pain.
- 2 - On March 27, 2021, Fata was diagnosed with long Covid.
- 3 - On April 27, 2021, Fata developed left arm staph skin infection treated with antibiotics.
- 4 - On July 9, 2021, Fata developed yeast or fungal skin infection.
- 5 - On October 8, 2021, Fata developed prostatitis. Fata asked the Bureau medical provider for urology and hematology referrals in light of his painful prostatitis causing hematuria (blood in the urine), with persistent neutropenia. The provider told Fata that he will execute the referrals ASAP.
- 6 - On November 17, 2021, Health Services Administrator (HSA) Nolte did verify that Fata was scheduled to see outside specialists.
- 7 - On November 30, 2021, Fata continued to experience leukopenia (low white blood cell count), hematuria (blood in the urine) and proteinuria (protein wasting in the urine), requiring "urgent" referral to urology.
- 8 - On December 17, 2021, Fata developed recurrent prostatitis-UTI.
- 9 - On February 11, 2022, Dr. Hoey (Clinical Director) assured Fata that he will see the specialists which is simply untrue because the hematology consult was not entered until February 24, 2024. Dr. Hoey

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failed to adopt the standard hematology recommendation to obtain weekly CBC for 6 weeks to confirm the diagnosis of cyclic neutropenia. And the urology consultation was not written as "URGENT" as specified by the bureau provider until February 24, 2022.

10 - Fata received no medical care the entire months of March, April and May 2022.

11 - On April 26, 2022, Fata developed Staph Blepharitis treated with antibiotics.

12 - On May 25, 2022, Fata emailed his complaint to Dr. Hoey whether it is ethical for an "urgent" outside consultation to be delayed more than six months till May 25, 2022, subjecting Fata for a serious risk of infectious harm as he continues to experience persistent hematuria and pelvic pain.

13 - On June 5, 2022, Fata emailed HSA Nolte asking to execute his "urgent" urology referral, and asked Dr. Hoey to take steps to expedite the administrative process by personally calling the urologist for guidance in some way as directed by the urologist and hematologist before Fata's appointment, but Dr. Hoey did not intervene to coordinate Fata's delayed care.

14 - On June 8, 2022, Fata had a "sick call" as to his urological symptoms and excruciating pelvic pain. Fata was diagnosed with recurrent prostatitis and Providencia UTI. Fata was found with persistent neutropenia and Immunoglobulin M deficiency.

15 - Fata discovered for the first time, that the hematology consult was not requested until February 24, 2022. Had health officials referred Fata for hematology earlier before Fata had developed recurrent symptomatic UTI on June 8, 2022, Fata would have benefited from the hematologist's recommended NEUPOGEN therapy that would have altered Fata's medical care at the time. Accordingly, health officials referral delays have subjected Fata to further harm from prolonged pelvic pain and urological symptoms from relapsing prostatitis.

16 - On August 1, 2022, the urologist opined that the neutropenia is causative to Fata's history of recurrent infections, and the hematuria appeared to be related to the onset of Fata's recurrent prostatitis.

17 - On October 18, 2022, and after 11-month wait, the hematologist opined that Fata has chronic cyclic neutropenia. He recommended NEUPOGEN treatment as the neutropenia is causative to Fata's post-Covid recurrent infections. But NEUPOGEN is not available at FCI Williamsburg, as neutropenic infections carry a mortality > 36%. [https://www.accessdata.fda.gov/drugsatfda\\_docs/label/2015/103353s51841b1.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2015/103353s51841b1.pdf)

18 - Dr. Hoey failed to respond to Fata's emails to have access to NEUPOGEN at FCI Williamsburg as a recurrent infectious episode is imminent. On November 14, 2022, Fata developed the inevitable recurrent Urinary Tract Infection (UTI), he was prescribed antibiotics only, absent NEUPOGEN treatment. Fata also

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developed recurrent Staph Blepharitis requiring antibiotic treatment.

19 - On November 22, 2022, Dr. Hoey denied Fata NEUPOGEN treatment for non-medical reasons related to constraints in care level 2 and medical staffing shortage. Dr. Hoey told Fata: "Where do you think you are: are you at Harvard ?" I am one doctor for 1500 inmates ... they do not give us help. We are short of one full time medical doctor and one full time nurse practitioner". Fata's claim of denial of "urgent" medical treatment with NEUPOGEN did not accrue until November 22, 2022, when Dr. Hoey denied NEUPOGEN.

20 - From December 2022 to September 2023, Fata did not receive medical care in respect to his recurrent infections as Dr. Hoey failed to refer Fata to an infectious disease specialist as he had told him in November 2022.

21 - On September 28, 2023, Fata developed his ninth neutropenic recurrent infection manifested by his recurrent chronic prostatitis plus hematuria, absent NEUPOGEN therapy. Fata emailed his warden and Dr. Hoey for urgent timely access to NEUPOGEN at a care level 3 facility. The Bureau provider referred Fata to see the urologist for "urgent" consultation and treatment. Fata continued to experience intermittent hematuria, nocturia and pelvic pain.

22 - The CT Scan of the abdomen and pelvis on November 14, 2023, showed an enlarged prostate with median lobe hypertrophy, absent clear source of infections. Thus, pointing to Fata's chronic neutropenia and immunodeficiency as the proximate cause of his recurrent infections.

23 - Dr. Dominici failed to address Fata's urological symptoms and never discussed the CT Scan findings. and falsely estimated Fata's neutropenia by considering the white blood count instead of the neutrophil count.

24 - In February 2024, Fata was told that there is backlog to refer inmates for outside specialists for treatment due to staffing shortage. Fata wrote his warden and AHSA to expedite the process as he continues to have lower urological symptoms, but Fata never received an answer related to his injury.

25 - On March 8, 2024, Fata saw Dr. Dominici in the waiting room of health services rather than the exam room, to address Fata's urological symptoms. Dr. Dominici never requested urinalysis or urine culture or even possible urinary Catheter or call the urologist for some type of guidance before Fata's upcoming appointment with the urologist.

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FROM: 48860039

TO:

SUBJECT: RENEWED MOTION FOR SENTENCE REDUCTION-PART II

DATE: 06/27/2024 08:12:00 AM

CASE No. 2:13-cr-20600

26 - After a six month wait on an "urgent" urology consult, Fata saw the urologist on March 18, 2024, who recommended a cystoscopy and possible TURP. He also told Fata that cystoscopy should be performed soon, but acknowledged that the BOP may take "months" to get it scheduled. He noted: "I believe his hematuria is likely due to his history of frequent UTIs and acute on chronic prostatitis due to his history of neutropenia". And Fata's neutropenia causative of those infections is exactly what the BOP failed to treat. Which begs the question whether the BOP did exercise ordinary diligence under the circumstances to timely coordinate Fata's urological care in light of his immunocompromised status from cyclic neutropenia plus IgM deficiency that place Fata at serious risk of infectious harm.

27 - On May 29, 2024, Fata developed recurrent Staph Blepharitis treated with antibiotics. Under USSG 1B1.13 Amendment 814, the BOP medical practices fell below standard reasonable care, causing Fata imminent physical injuries and further infectious harm considered as extraordinary and compelling reason for early release:

C-2- MEDICAL EXPERT AFFIDAVIT: (EXHIBIT C)

Fata is filing the affidavit of Dr. Charles Howard, MD, MMM, former Medical Director at Miami Federal Detention Center Prison Medical Consultant, who has reviewed Fata's medical records and opined to the standard of care and its breach in Fata's medical care. In particular, the BOP's failure to timely refer Fata for "urgent" outside specialty consultations and denying him the standard urgent NEUPOGEN treatment. Dr. Howard has testified in several Federal Courts as an expert witness in Correctional Health Care. Cases have been for defendants as well as for the U.S. Government on separate occasions.

The BOP's medical staff apparently did nothing at all to determine the cause of delay in Fata's "urgent" care, much less to remedy it. During those long-intervening months when Fata was not receiving the medical care he needed, he has already developed painful recurrent infections that recurred on November 14, 2022 and September 28, 2023 with progressive urological symptoms of recurrent active prostatitis, absent NEUPOGEN therapy, and absent referral to infectious disease specialist, that can alter Fata's medical care in light of his "high risk immunocompromised status from chronic cyclic neutropenia plus IgM deficiency", that can result in irreparable infectious harm. Fata's communications with his warden and

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AHSA in February 2024, showed that the BOP failed again to timely refer him for "urgent" urology consult that took more than 6 months, while Fata continued to experience hematuria and pelvic pain. Thus, the BOP acted in violation of BOP Program Statement 6270.01 that states "urgent transfer to a MRC (Medical Referral Center) or community hospital for treatment must take place within 3 weeks because of the acuity of the medical care provided".

On November 22, 2022, Dr. Hoey, D.O. refused to submit approval of NEUPOGEN to Region to obtain the medication and have it available at FCI Williamsburg, after Fata developed a new recurrent UTI/Prostatitis on November 14, 2022 after he saw the hematologist. Dr. Hoey denied Fata access to NEUPOGEN due to non-medical reasons related to constraints in care level 2 and medical staffing shortage. And Dr. Hoey failed to request Region's approval to transfer Fata to care level 3 setting to provide Fata timely access to NEUPOGEN, and to refer Fata to an infectious disease specialist. In light of Fata's immunocompromised status, the question becomes not "IF" but "WHEN" would the next infection relapse. For the nature of FCI Williamsburg clinical director's acts knowing that further injury will result absent NEUPOGEN treatment of Fata's chronic cyclic neutropenia cannot be grounded in or be based on any BOP policy, because the BOP does not have any policy that limits or restricts the scope of use of NEUPOGEN in care level 2 facilities as Dr. Hoey claimed, nor does it restrict NEUPOGEN's indication prescribed for Fata by his treating hematologist as the BOP owes Fata a legal duty under 18 U.S.C. 4042(a)(2) to provide him the standard treatment that is widely available in the community to a lay person.

In fact, On September 28, 2023, Fata developed inevitable recurrent active prostatitis causing him further infectious harm with hematuria and pelvic pain, absent NEUPOGEN therapy. Thus, the BOP failed to exercise ordinary diligence under the circumstances when it moved with alacrity to approve Fata's requested "urgent" specialty consultations, but did nothing further to ensure that he timely received the NEUPOGEN treatment he needed "urgently" to treat his neutropenic infections, and timely received "urgent" urological care requiring cystoscopy. To this date, Fata has not undergone cystoscopy with 10-month delay from September 2023, nor seen an infectious disease specialist.

In sum, [a] court's refusal to reduce Fata's sentence could result in death as neutropenic sepsis is reported to have a mortality > 36%, as Fata's chronic immunodeficiency syndrome of chronic cyclic neutropenia plus Immunoglobulin M deficiency are the product of "unique" circumstances with convincing showing of special "urgency" where Fata was receiving inadequate medical care causing further infectious harm, all counseling in favor of immediate release. *United States v. Owens*, 996 F.3d 755 (6th Cir. 2021); see also *United states*

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v. Matthews, 2021 U.S. App. LEXIS 6944 at \*1 (6th Cir. 2021).

D - REHABILITATION: (EXHIBIT D)

Rehabilitation alone cannot be a basis for granting a sentence reduction. 28 U.S.C. 994(t) ("Rehabilitation of the defendant alone shall not be considered an extraordinary and compelling reason"). But it can be an element that the court considers in its "holistic review to determine whether the individualized circumstances, taken in the aggregate," present extraordinary and compelling reasons to grant a sentence reduction.

Fata's remarkable conduct in prison speaks for his effort to lead a law-abiding life when he joins the community after release. Fata has helped numerous inmates earn their GED, and has written numerous business plans for inmates who are released to begin a new lawful start and pay back to society. Fata has no disciplinary infraction over the past 11 years, and his Pattern Recidivism score is "minimum", Fata is "medical idle" as classified by the BOP. Thus, further incarceration has no deterrent effect.

Fata has completed numerous First Step Act EBRR (Evidence Based Recidivism Reduction) programs including Unicorn, the Non-Residential Drug Program, and the Threshold Program. Fata has also tutored numerous First Step Act classes or PA's (Productive Activities) including Mens' Health, Diabetes, and Living with Chronic Conditions. Fata's compliance with prison's rules and regulations to the safety of both other inmates and the correctional officers charged with managing them is exemplary. *Thornburgh v. Abbott*, 490 U.S. 401 (1989). Fata is 59 years old, and age is proven in numerous models to be inversely related to the risk of recidivism. Fata has no criminal history whatsoever, he has shown remorse to every soul affected by his crimes, as his past is no longer part of him. Fata's release plan is solid, Fata is employable and is offered a job by the christian community in Michigan, as this court is aware that many of Fata's former patients have signed a petition to the court asking this court to give Fata a second chance, supporting Fata's early release (RE 278, 281, Sealed) in light of his incurable chronic immunodeficiency syndrome.

In sum, Fata's remarkable post-sentencing rehabilitation, his conduct in prison, and his efforts to help other inmates before their release as a path to pay back to the community show that Fata is not a risk to the community, and those efforts may be highly relevant to several of the 3553(a) factors that Congress has expressly instructed courts to consider at sentencing. *Pepper v. United States*, 562 U.S. 476, 491 (2011).

E - ANALYSIS - 3553(a) FACTORS :



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In evaluating the 3553(a) factors, this Court is to consider "the most-up-to-date picture" of resentencing not as Fata was when he was first prosecuted 11 years ago. *Pepper v. United States*, 562 U.S. 476, 492 (2011)("[A] court's duty is always to sentence the defendant as he stands before the court on the day of sentencing"). As far as this Court can determine, no federal appeals court, and certainly not the Sixth Circuit, has limited sentence reduction relief under 3582(C)(1)(A) to cases where there is no mandatory sentence imposed.

(a) 3553(a)(1):

With respect to the "nature and circumstances of the offense and the history of the defendant", 18 U.S.C. 3553(a)(1), as Fata himself acknowledges, his crime was heinous and warranted him to accept responsibility for his actions as he addressed the court at sentencing. Fata credibly expressed genuine remorse for his actions and took full responsibility for it. For his freedom comes through "forgiveness" that sets things right between him and his victims, since we all serve a forgiving God. As to Fata's characteristics in prison, Fata's transformation - redemption deserves consideration. Fata today appears 180 degree different than Fata 11 years ago. Ultimately, Fata now approaching 60 years old, has served a sentence that reflects the seriousness of his crimes, as serving more time would not add a deterrence value, but would become "greater than necessary" in light of Fata's deteriorating medical conditions. Fata's transformation - redemption and maturity over the last 11 years while in prison, on balance, weigh in favor of relief. This Court should not ignore the numerous mitigating factors: Fata has demonstrated that he falls into the category of persons who have earned that opportunity, notwithstanding his offense conduct, as Fata has no criminal history, and proven with no disciplinary record in prison, with a Pattern recidivsn score of "minimum", and a BOP security points of 3 consistent with a camp security level.

Fata is now medical idle, but plans to reenter society. Fata has helped numerous inmates earn their GED, and re-enter society in a different angle, becoming employed after Fata has written numerous business plans to those inmates who started their life with no criminal thinking (Businesses ranging from Beauty salon, child day care, trucking business, restaurant business, music studio... etc). Amazing is the Grace of God that transforms criminals into law-abiding individuals as they join the community: First time offenders deserve a second chance to join the community as recognized in the First Step Act.



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FROM: 48860039  
TO:  
SUBJECT: RENEWED MOTION FOR SENTENCE REDUCTION-PART III  
DATE: 06/27/2024 08:11:52 AM

CASE No. 2:13-cr-20600

(b) 3553(a)(2):

This Court has broad discretion to balance Fata's 3553(a) factors and assess the facts allegedly establishing extraordinary and compelling reasons for release as they are relevant to the 3553(a) analysis. *United States v. Bradley*, Case No. 23-1223, U.S. App. LEXIS 8367 (10th Cir., Apr. 8, 2024). Fata's renewed motion is explicitly about the changes in circumstances that occurred over the past three years where this court should consider a new analysis of Fata's 3553(a) factors. If Fata is sentenced today, those Sentencing factors may render Fata's 45-year sentence "greater than necessary" and substantively unreasonable in light of his deteriorating medical conditions. 18 U.S.C. 3553(a)(2)(A). In *United States v. Chambliss*, 2022 U.S. App. LEXIS 5736 (6th Cir. 2022), the Sixth Circuit affirmed the district court's determination of the "changes of the 3553(a) factors" in its compassionate release ... as applied by the district court two months later".

Here, Fata asserts that he does not present a danger to the public as provided in 18 U.S.C. 3142(g). Fata will not pursue a health care profession upon release, his pattern score assessing his risk of recidivism is "minimum" and he is currently classified as "medical idle" by the BOP. 3553(a)(2)(C). Fata has no criminal history, and has no disciplinary infractions during incarceration over the past 11 years. Fata is 59 years old. Thus, additional time in custody is not necessary as a specific deterrent. 3553(a)(2)(B)-(C). Fata has served over 14 years counting his good conduct time credit and First Step Act one-year credit, as a reduction in Fata's sentence would adequately reflect the seriousness of the offense, and would serve the the 3553(a)'s purposes.

Further, given the intervening 2023 U.S. Sentencing Commission Amendment 814 that expand the list of medical circumstances to two new subcategories that apply to Fata's renewed motion for compassionate release - under USSG 1B1.13, this court does have the benefit of the new USSG and policy statements that are now effective and are relevant to the 3553(a) factors as to the need to "provide Fata with ... standard medical care". 18 U.S.C. 3553(A)(2)(D), as FCI Williamsburg failed to timely treat Fata's cyclic neutropenia with NEUPOGEN, prescribed by the BOP's own hematologist as Fata's lab. results indicated the need for it, and as NEUPOGEN is not available in prison, though widely available in the community, causing Fata further injury from recurrent chronic prostatitis, absent any referral made to infectious

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disease specialist. *Concepcion v. United States*, 142 S.Ct. 2389 (2022)("Congress expressly cabined district courts' discretion by requiring courts to abide by the Sentencing Commission's policy statements"). Importantly, the 2023 U.S. Sentencing Commission applicable policy statement also notes:

"Under S. Rep. No. 98-225, at 55 (1983), reprinted in 1984, U.S.C.C.A.N. 3182, 3238-39, "The Sentencing Committee believes that there may be unusual cases in which the reduction in the length of a term of imprisonment is justified by changed circumstances. These would include cases of "severe illness", cases in which other extraordinary and compelling circumstances justify a reduction of an unusually long sentence and some cases in which the Sentencing Guidelines for the offense of which the defender [sic] was convicted have been later amended to provide a short term of imprisonment".

See also 3582(C)(1)(A): "permitting district courts to grant compassionate release in certain circumstances if "such a reduction is consistent with applicable policy statements issued by the Sentencing Commission". *United States v. Sims*, 87 F.4th 917 (8th Cir. Dec. 7, 2023)(motions for compassionate release require an individualized inquiry, we see no indication that the district court considered Sims argument of inadequate medical care, that his health and medical needs were extraordinary and compelling).

(c) 3553(a)(3) TO 3553(a)(7):

Incarceration is not the only "kind [] of sentence available". 3553(a)(3). Non-custodial sentences also curtail "prized liberty interests" and defendant always faces the harsh consequences that await if he violates the conditions" attached to such a sentence. *United States v. Gall*, 374 F.Supp. 2d 758, 763 (S.D. Iowa, 2005), rev'd 446 F.3d 884 (8th Cir. 2006), rev'd, 552 U.S. 38 (2007). Such restrictions also promote respect for the law and do not constitute any endorsement of defendant's conduct. See *Id.*

And while the Sentencing Commission's Guidelines counseled in favor of a long sentence, it is not but one factor. See 3553(a)(4). Under *United States v. Booker*, 543 U.S. 220 (2005), this Court has discretion to consider a lesser sentence in light of Fata's age of 59 and his deteriorating medical conditions and the inadequate medical care he received in the BOP that caused him further physical injury and infectious harm. Thus, a sentence reduction is considered as "sufficient but not greater than necessary". 3553(a)(2)(A).

District Courts have held that the need for a lengthy prison sentence diminishes after the defendant has served a portion of it when the circumstances have changed, as age is inversely related to the risk of recidivism. It has been proven in numerous sentencing models, that [older] inmates who have served long sentences for more than 10 years and maintained remarkable conduct in prison with programming,

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have the lowest rate of recidivism. This Court has the benefit of considering all those factors for a reduction as Fata does not present a danger to the public.

Finally, the need to avoid unwarranted sentence disparities among defendants with similar conduct, 3553(a)(6), also cuts in favor of sentence reduction. Fata's search revealed numerous case law with sentence disparity when matched with Fata's case.

In *Macli v. United States*, case 11-cr-20587, Macli was convicted at trial in a series of counts for health care fraud in violation of 18 U.S.C. 1347, and 1349; Payments of kickbacks in connection with a federal health care program in violation of 18 U.S.C 371; and Money Laundering 18 U.S.C. 1956 and 1957. The scheme involved falsifying the diagnosis of mental health patients and providing unnecessary treatments with risk of bodily injury or death secondary to providing in-patient psychiatric hospitalization and billing for services never provided. The fraudulent scheme was extensive and involved a doctor, therapists, nurses, and social workers who implemented the fraud by admitting ineligible patients for in-patient psychiatric treatment from 2007 to 2011. The fraudulent proceeds involved \$57,689,700 in Medicare claims for treatment of mentally ill patients. Considering the nature of Macli's conduct as compared to Fata's case, Macli's sentence, in contrast, was much shorter. Jorge Macli was sentenced to only 300 months. *Macli v. United States*, 2018 U.S. Dist. LEXIS 189979 (S.D. Fla. Nov. 5, 2018).

In *United States v. Kushner*, Case No. 2011-cr-20587, (S.D. Fla.), Dr. Gary Kushner, MD, a psychiatrist and medical director of Biscayne Milieu Health Center, was indicted in connection with a large scale Medicare Fraud scheme during which claims exceeding \$50 million were submitted to Medicare. According to the Government's sentencing Memorandum, Dr. Kushner "certified patients as eligible for PHP treatment - either knowing they did not meet program requirement, or simply not caring". RE 1212, PID#2, he also "falsified scores of records to cover-up the joint criminal activity. He tailored admission documents to avoid alerting Medicare officials that he was admitting ineligible patients. He routinely pencil whipped patient progress notes, as well as regulatory certifications that falsely represented that he was overseeing billing practices. Beyond the fraudulent admission of patients, unlawful billing, and falsified records, Dr. Kushner exploited chronic and acute drug abusers in desperate need of substance abuse treatments, at which point Dr. Kushner again recruited them for treatment at the hospital. He was convicted at trial and was sentenced to only 12 years in prison followed by three years of supervised release.

In *United States v. Moon*, Case No. 05-cr-00003 (M.D. Tenn, 2005), *aff'd* 513 F.3d 527 (6th Cir. 2008),

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the defendant, a physician specializing in hematology Oncology, was charged and convicted at trial of health care fraud for under dosing patients receiving chemotherapy, many of whom were elderly, and billing Medicare for full doses. As in the case at bar, defendant's conduct involved the risk of bodily injury or death. Unlike Fata, defendant was convicted at trial and testified denying the allegations. 513 F.3d at 540-542. Defendant was sentenced to 188 months followed by two years of supervised release.

More cases, such as United States v. Sabit, 797 Fed. Appx. 218 (6th Cir. 2019), and United States v. Ana Alvarez, Case No. 1:08-cr-20270 (S.D. Fla.), with similar conduct to Fata's conviction have received much shorter sentences. See Judgment, RE 329, PID #2.

As to the need to pay restitution - 3553(a)(7), Fata has been satisfying his FRP (Financial Restitution Payments) as planned in the BOP.

CONCLUSIONS:

The most effective method to deliver standard medical care to Fata - at least for the foreseeable future - is outside FCI Williamsburg where he can receive needed monitoring and timely treatment of his neutropenic infections, and timely urological intervention for his recurrent hematuria and recurrent prostatitis, without facing a serious harm from recurrent infectious diseases.

Given FCI Williamsburg's inability to provide Fata timely access to standard health services and NEUPOGEN treatment and given the complexity of Fata's medical conditions, Fata's neutropenic infections carry a mortality >36%. As a result to the delays and denial of NEUPOGEN, Fata has suffered further physical injury with substantial pain and suffering. Thus, Fata urges this Court to unleash its discretion and release him to a safe environment at his release residence to mitigate his imminent risk of neutropenic recurrent infections that account for his "unique and rare" incurable chronic immunosuppression, simply because Fata has suffered meaningful punishment for his crimes, and the period of custody he has served in prison is long enough to achieve deterrence, as Fata is not a threat to the public.

Respectfully Submitted,

Farid Fata  
# 48860-039  
FCI Williamsburg  
P.O. Box 340  
Salters, SC 29590

*Farid Fata* 6-28-24

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FROM: 48860039

TO:

SUBJECT: CERTIFICATE OF SERVICE

DATE: 06/27/2024 08:12:35 AM

CASE No.

CERTIFICATE OF SERVICE

Plaintiff certifies that a copy of the following instrument has been forwarded to the  
below individual, via U.S. mail, delivered to the institution mailroom.

Respectfully Submitted 28<sup>th</sup> day of June 2024.

SERVED Sarah R. Cohen, AUSA

ISI Farid Fata

EXHIBIT A

TRULINCS 48860039 - FATA, FARID - Unit: WIL-A-B

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FROM: 48860039  
TO: Warden  
SUBJECT: \*\*\*Request to Staff\*\*\* FATA, FARID, Reg# 48860039, WIL-A-B  
DATE: 05/22/2024 06:32:25 PM

To: WARDEN  
Inmate Work Assignment: MEDICAL IDLE

Dear Warden,

I am requesting this petition for compassionate release, sentence reduction based on new grounds that have not been presented in the past. I was diagnosed by the BOP hematologist to have chronic cyclic neutropenia plus Immunoglobulin M deficiency, causing me to be immunocompromised as I have developed nine episodes of recurrent infections while at FCI Williamsburg: Covid-19 bronchitis, Staph skin infections, yeast or fungal skin infections, gingivitis, recurrent blepharitis, and Providencia UTI, and recurrent chronic prostatitis that caused me pelvic pain, and hematuria. The BOP hematologist recommended NEUPOGEN therapy but Dr. Hoey refused to submit approval to Region to have NEUPOGEN available. He stated to me: "Where do you think you are: are you at Harvard?; I am one doctor for 1500 inmates" (November 22, 2022). Dr Hoey denied me access to the standard of care NEUPOGEN that is available in the community in private medical practice to any private lay person with the same medical conditions. I have obtained an expert opinion from Dr. Charles Howard who has reviewed my medical records and opined of the medical malpractice of Dr. Hoey who denied me a standard referral to Infectious disease specialist in light of my neutropenic recurrent infections.

Dr. Howard opined that the medical care I received here at FCI Williamsburg falls below reasonable standard of care provided by a standard medical doctor as under South Carolina Law, Dr. Hoey failed his legal duty to provide me the standard of care that caused me further harm from recurrent chronic prostatitis as determined by the "Dawkins" caselaw holding from the South CAROLINA SUPREME COURT who ruled that a doctor should not knowingly imply further harm to his patient. Absent NEUPOGEN, the question becomes not "IF" but "WHEN" would the next infection recur.

Under the 2023 U.S. Sentencing Commission Policy Statement amendment 814, I qualify for sentence reduction as my medical conditions stated above where Dr. Hoey subjected me to further harm adding increased infectious risk and morbidity from my immunocompromised status, represent extraordinary and compelling reason for sentence reduction, absent necessary treatment that is unavailable in prison, in addition to the significant delays in providing me "urgent" medical care as noted by the Bureau provider causing further injury from recurrent infections.

I have been incarcerated for 11 years, accounting for 14 years counting the good conduct time credit plus



TRULINCS 48860039 - FATA, FARID - Unit: WIL-A-B

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the First Step Act time credit, and have an unusually long sentence that is now considered "greater than necessary" in light of my progressive medical conditions and care that cannot be met in prison.

My rehabilitation, conduct in prison, absent any criminal history, and absent any disciplinary infractions in prison, with my PATTERN recidivism score being "minimum" all combined serve as indicator that I am not a risk to the community, and sentence reduction reflects the seriousness of my crime. For further incarceration would not provide any additional deterrence in my case in light of my deteriorating medical conditions, factoring the 2023 U.S. sentencing Commission policy Statement, Amendment 814.

Please advise to this petition citing the extraordinary and compelling reasons stated above.

*Farid Fata*

EXHIBIT B

**Bureau of Prisons  
Health Services  
Clinical Encounter - Administrative Note**

Inmate Name: FATA, FARID		Reg #: 48860-039
Date of Birth: 04/09/1965	Sex: M Race: WHITE	Facility: WIL
Note Date: 12/18/2020 23:09	Provider: Davis, Christopher	Unit: A04

POC Note - Default encounter performed at Housing Unit.

**Administrative Notes:**

**ADMINISTRATIVE NOTE 1**

Provider: Davis, Christopher APRN/FNP-C

COVID-19 RNA point of care testing completed on FATA, FARID, register number 48860-039 at 12/18/2020 19:27

COVID-19 RNA: Positive

Reference Range: Negative

Critical Result: Positive

Unknown

Comments: rapid abbot pos 12/18/2020.

Went to SHU and educated inmate on COVID 19 results.

Reports that he has a 2 day cough. No other symptoms.

Alert and oriented. Ambulatory without assistance.

No resp distress.

Able to speak in full sentences.

No use of accessory muscles.

**ASSESSMENTS:**

Confirmed case COVID-19, U07.1 - Current

**New Radiology Request Orders:**

<u>Details</u>	<u>Frequency</u>	<u>End Date</u>	<u>Due Date</u>	<u>Priority</u>
General Radiology-Chest-PA/Lateral	One Time		01/18/2021	Routine
Specific reason(s) for request (Complaints and findings):				
hx covid 19 pos				

**Copay Required:** No

**Cosign Required:** No

**Telephone/Verbal Order:** No

Completed by Davis, Christopher APRN/FNP-C on 12/18/2020 23:10

**Bureau of Prisons  
Health Services  
Clinical Encounter**

Inmate Name: FATA, FARID	Sex: M Race: WHITE	Reg #: 48860-039
Date of Birth: 04/09/1965	Provider: Harrell, Holly PA-C	Facility: WIL
Encounter Date: 04/27/2021 14:30		Unit: A04

Mid Level Provider - Evaluation encounter performed at Health Services.

**SUBJECTIVE:**

COMPLAINT 1 Provider: Harrell, Holly PA-C

Chief Complaint: Skin Problem

Subjective: Inmate presents for complaints of a skin infection on his left upper arm. He reports it started a couple of weeks ago, but he has been putting antibiotic cream from commissary on it. He is on the second tube of abx ointment. He also states he "squeezed the pus out of it, so now it looks better."

He's concerned because he knows that "2 guys in my unit had MRSA infection, and I'm worried."

He denies current fever or chills.

Pain: Yes

**Pain Assessment**

Date: 04/27/2021 14:55  
 Location: Upper Arm-Left  
 Quality of Pain: Tender  
 Pain Scale: 7  
 Intervention: abx ointment  
 Trauma Date/Year:  
 Injury:  
 Mechanism:  
 Onset: 1-2 Weeks  
 Duration: 1-2 Weeks  
 Exacerbating Factors: none  
 Relieving Factors: none  
 Reason Not Done:  
 Comments:

**OBJECTIVE:**

**Temperature:**

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
04/27/2021	14:55 WIL	99.1	37.3		Harrell, Holly PA-C

**Pulse:**

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
04/27/2021	14:55 WIL	84			Harrell, Holly PA-C

**Blood Pressure:**

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
04/27/2021	14:55 WIL	133/80				Harrell, Holly PA-C

**Exam:**

Inmate Name: FATA, FARID

Date of Birth: 04/09/1965

Encounter Date: 04/27/2021 14:30

Sex: M Race: WHITE

Provider: Harrell, Holly PA-C

Reg #: 48860-039

Facility: WIL

Unit: A04

**General****Affect**

Yes: Pleasant, Cooperative

**Appearance**

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed

**Exam Comments**

Size of Lesion: 5 cm

Lesion Location: left upper arm

Lesion Appearance: red, swollen, minor induration; no current drainage or ulceration seen

Isolation Required: none

Antibiotics: Yes inmate was provided education on compliance and the importance of completing antibiotic regimen.  
Warm compresses to the affected area as directed.

Dressings provided: a couple of island dressings and large band-aids given to cover the area

Daily follow-up is not indicated at this time

Patient Education: Practice good hand hygiene, keep wound covered and clean at all times wound cleansing instructions provided take frequent showers and cleanse the affected area use caution to not infected other areas. Avoid sharing personal items.

**ASSESSMENT:**

Local infection of the skin and subcutaneous tissue, unsp, L089 - Current - *left upper arm*

**PLAN:****New Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	Acetaminophen 325 MG Tablet	04/27/2021 14:30
	<b><u>Prescriber Order:</u></b> 2 tablets Orally -four times a day x 7 day(s)	
	Indication: Local infection of the skin and subcutaneous tissue, unsp	
	Sulfamethoxazole/Trimeth DS 800-160 Mg Tablet	04/27/2021 14:30
	<b><u>Prescriber Order:</u></b> 1 tablet Orally - Two Times a Day x 10 day(s)	
	Indication: Local infection of the skin and subcutaneous tissue, unsp	

**Schedule:**

<u>Activity</u>	<u>Date Scheduled</u>	<u>Scheduled Provider</u>
Follow-up	06/29/2021 00:00	MLP 03
f/u skin infection on arm; still experiencing headaches and fatigue after covid		

**Other:**

Allergy list reviewed.

I will start him on an antibiotic and schedule a follow up visit with NP Davis. There is no signs of drainage in order to culture the area. Due to increased cases of staph infections, abx therapy will be initiated.

He can follow up with his reported covid symptoms at his next visit with NP Davis

Inmate Name: FATA, FARID  
 Date of Birth: 04/09/1965  
 Encounter Date: 04/27/2021 14:30

Sex: M Race: WHITE  
 Provider: Harrell, Holly PA-C

Reg #: 48860-039  
 Facility: WIL  
 Unit: A04

**Patient Education Topics:**

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
04/27/2021	Counseling	Compliance - Treatment	Harrell, Holly	Verbalizes Understanding
04/27/2021	Counseling	Plan of Care	Harrell, Holly	Verbalizes Understanding
04/27/2021	Counseling	Treatment Goals	Harrell, Holly	Verbalizes Understanding
04/27/2021	Counseling	Wound Care	Harrell, Holly	Verbalizes Understanding
04/27/2021	Counseling	Hand & Respiratory Hygiene	Harrell, Holly	Verbalizes Understanding
04/27/2021	Counseling	Infection Prevention	Harrell, Holly	Verbalizes Understanding

**Copay Required:** No**Cosign Required:** No**Telephone/Verbal Order:** No

Completed by Harrell, Holly PA-C on 04/27/2021 15:11

Requested to be reviewed by Davis, C. APRN/FNP-C.

Review documentation will be displayed on the following page.

**Bureau of Prisons  
Health Services  
Clinical Encounter**

Inmate Name: FATA, FARID	Sex: M Race: WHITE	Reg #: 48860-039
Date of Birth: 04/09/1965	Provider: Harrell, Holly PA-C	Facility: WIL
Encounter Date: 07/09/2021 11:53		Unit: A04

Mid Level Provider - Sick Call Note encounter performed at Health Services.

**SUBJECTIVE:**

COMPLAINT 1 Provider: Harrell, Holly PA-C

Chief Complaint: Skin Problem

Subjective: Inmate comes over to medical wanting to be seen for an "infection on my arm." He states he has been using the cream he was given for 2-3 weeks but it has not gotten better. It has helped the itching but it did not heal the area.

Pain: Yes

**Pain Assessment**

Date: 07/09/2021 11:55  
 Location: Upper Arm-Left  
 Quality of Pain: Tender  
 Pain Scale: 7  
 Intervention: abx; steroid cream  
 Trauma Date/Year:  
 Injury:  
 Mechanism:  
 Onset: 1 Month  
 Duration: 1 Month  
 Exacerbating Factors: none  
 Relieving Factors: none  
 Reason Not Done:  
 Comments:

**OBJECTIVE:**

**Temperature:**

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
07/09/2021	11:58 WIL	98.8	37.1		Harrell, Holly PA-C

**Pulse:**

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
07/09/2021	11:58 WIL	77			Harrell, Holly PA-C

**Blood Pressure:**

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
07/09/2021	11:58 WIL	130/70				Harrell, Holly PA-C

**Exam:**

**General**

**Affect**

Yes: Cooperative, Agitated

**Appearance**



Inmate Name: FATA, FARID	Sex: M	Race: WHITE	Reg #: 48860-039
Date of Birth: 04/09/1965	Provider: Harrell, Holly PA-C	Facility: WIL	Unit: A04
Encounter Date: 07/09/2021 11:53			

Yes: Appears Well, Appears Distressed, Alert and Oriented x 3

#### Exam Comments

Area of redness and excoriations on left upper arm; no induration, no drainage or pustules seen today

#### **ASSESSMENT:**

Rash and other nonspecific skin eruption, R21 - Current - *left upper arm*

Unspecified skin changes, R239 - Current

#### **PLAN:**

#### **New Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	Nystatin Cream 100,000 Unit/GM	07/09/2021 11:53
	<b><u>Prescriber Order:</u></b> 30 gram Topically - Two Times a Day x 30 day(s)	
	Indication: Rash and other nonspecific skin eruption	

#### **New Laboratory Requests:**

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Lab Tests-C-Culture, Aerobic & Anaerobic w/Gram Stain	One Time	07/13/2021 00:00	Routine
Additional Information: left upper arm			
Labs requested to be reviewed by:		Hoey, Stephen D.O./CD	

#### **Other:**

Allergy list reviewed.

This does not appear on physical exam to be cellulitis or an infection. Since he has had a rash on his head similar to this in the past, I will treat it as a yeast or fungal infection.

He is pending a follow up appointment with his provider already, so this skin issue can be addressed at that visit as well if it is not better by then.

#### **Patient Education Topics:**

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
07/09/2021	Counseling	Compliance - Treatment	Harrell, Holly	Verbalizes Understanding
07/09/2021	Counseling	Plan of Care	Harrell, Holly	Verbalizes Understanding
07/09/2021	Counseling	Treatment Goals	Harrell, Holly	Verbalizes Understanding
07/09/2021	Counseling	New Medication	Harrell, Holly	Verbalizes Understanding

**Copay Required:** No

**Cosign Required:** No

**Telephone/Verbal Order:** No

Completed by Harrell, Holly PA-C on 07/09/2021 12:11

Requested to be reviewed by Davis, C. APRN/FNP-C.

Review documentation will be displayed on the following page.

**Bureau of Prisons  
Health Services  
Clinical Encounter**

Inmate Name: FATA, FARID	Sex: M Race: WHITE	Reg #: 48860-039
Date of Birth: 04/09/1965	Provider: Dominici, Raymond MD	Facility: WIL
Encounter Date: 10/08/2021 10:54		Unit: A04

Chronic Care - Chronic Care Clinic encounter performed at Health Services.

**SUBJECTIVE:**

COMPLAINT 1 Provider: Dominici, Raymond MD

Chief Complaint: Chronic Care Clinic

Subjective: 56 year old male seen during COVID-19 RESTRICTIONS AND MODIFIED OPERATIONS PLAN.

He has a PMH of DMII and neuropathy of feet, hyperlipidemia, mild neutropenia and confirmed COVID-19 in 2020. For the past 3-4 weeks he reported that his urine has a bad odor and he has discomfort with sitting. He denied a h/o prostatitis or kidney stones, but he reported that he has had nocturia of approx 6x/night for the past 6 months. He reported that his neuropathy of his feet is worsening despite HgA1c less than 6 since 2016. He also reported that he has had several symptoms since he had COVID-19 in Dec 2020, including fatigue, daytime somnolence and poor memory. He reported that some days are worse than others. All chronic care clinic issues were discussed at length. Previous labs and records were reviewed. Patient appears to be doing fairly well clinically. Medications were reviewed and discussed. Patient reported compliance with medication. Plan of therapy was discussed with the patient. Appropriate counseling about medications, exercise/activity, diet and recommended follow-up were also given to the patient.

Pain: Yes

**Pain Assessment**

Date: 10/08/2021 11:30  
 Location: Scrotum  
 Quality of Pain: Aching  
 Pain Scale: 5  
 Intervention: antibiotic  
 Trauma Date/Year:  
 Injury:  
 Mechanism:  
 Onset: 3-4 Weeks  
 Duration: 12-24 Hours  
 Exacerbating Factors: sitting  
 Relieving Factors: standing  
 Reason Not Done:  
 Comments:

Seen for clinic(s): Diabetes, Endocrine/Lipid, Gastrointestinal, General, Orthopedic/Rheumatology

**ROS:**

**General**

**Constitutional Symptoms**

Yes: Fatigue

No: Chills, Fever, Unexplained Weight Loss

**HEENT**

**Head**

Inmate Name: FATA, FARID  
 Date of Birth: 04/09/1965  
 Encounter Date: 10/08/2021 10:54

Sex: M Race: WHITE  
 Provider: Dominici, Raymond MD

Facility: WIL  
 Unit: A04

No: Headaches

## Cardiovascular

### General

No: Angina, Edema, Exertional dyspnea, Orthopnea

## Pulmonary

### Respiratory System

No: Cough - Dry, Cough - Productive, Shortness of breath, Wheezing

## GI

### General

No: Abdominal Pain or Colic, Blood in Stools, Constipation, Nausea, Vomiting

## GU

### General

Yes: Dysuria, Hematuria (Duration: a few times over the last few days), Nocturia  
 No: Hx Kidney Stones, Urinary Retention

## Musculoskeletal

### General

No: Joint pain

## Neurological

### Cranial Nerves

Yes: Within Normal Limits

No: Difficulties in Speech/Swallowing/Taste

### Motor System

No: Weakness

### Sensory System

Yes: Paresthesia

## Endocrine

### General

No: Polydipsia

## Psychiatric

### General

Yes: Memory Impaired

No: Mood-Down, Anxious, Hallucinations-Auditory, Hallucinations-Visual, Suicide/Self-Harm Thoughts, Homicide/Other Harm Thoughts

## OBJECTIVE:

### Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
10/12/2021	00:29 WIL	97.9	36.6		Dominici, Raymond MD

### Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
10/12/2021	00:29 WIL	78		Regular	Dominici, Raymond MD

### Respirations:

Date	Time	Rate Per Minute	Provider
10/12/2021	00:29 WIL	14	Dominici, Raymond MD

Generated 10/12/2021 00:51 by Dominici, Raymond MD

Bureau of Prisons - WIL

Inmate Name: FATA, FARID  
 Date of Birth: 04/09/1965  
 Encounter Date: 10/08/2021 10:54

Sex: M Race: WHITE  
 Provider: Dominici, Raymond MD

Facility: WIL  
 Unit: A04

Date	Time	Rate Per Minute	Provider
<b>Blood Pressure:</b>			
Date	Time	Value	Location
10/12/2021	00:29 WIL	119/79	
Position	Cuff Size	Provider	
		Dominici, Raymond MD	

Date	Time	Value(%)	Air	Provider
10/12/2021	00:29 WIL	99		Dominici, Raymond MD

Date	Time	Lbs	Kg	Waist Circum.	Provider
10/12/2021	00:29 WIL	164.0	74.4		Dominici, Raymond MD

#### Exam:

##### General

##### Affect

Yes: Cooperative

##### Appearance

Yes: Appears Well, Alert and Oriented x 3

##### Head

##### General

Yes: Symmetry of Motor Function, Atraumatic/Normocephalic

##### Eyes

##### General

Yes: PERRLA, Extraocular Movements Intact

##### Pulmonary

##### Auscultation

Yes: Clear to Auscultation

No: Crackles, Rhonchi, Wheezing

##### Cardiovascular

##### Auscultation

Yes: Regular Rate and Rhythm (RRR), Normal S1 and S2

No: M/R/G

##### Vascular

Yes: Carotid Bruits

##### Peripheral Vascular

##### General

No: Pitting Edema

##### Abdomen

##### Auscultation

Yes: Normo-Active Bowel Sounds

##### Palpation

Yes: Soft

No: Tenderness on Palpation, Mass(es)

##### Neurologic

##### Cranial Nerves (CN)

Generated 10/12/2021 00:51 by Dominici, Raymond MD

Bureau of Prisons - WIL

Inmate Name: FATA, FARID  
 Date of Birth: 04/09/1965  
 Encounter Date: 10/08/2021 10:54

Sex: M Race: WHITE  
 Provider: Dominici, Raymond MD

Facility: WIL  
 Unit: A04

Yes: CN 2-12 Intact Grossly

### Motor System-Strength

No: Weakness

### Exam Comments

Musculoskeletal

Yes: Grossly normal, ambulating easily without assistance

### Comments

DUE TO COVID-19 Restrictions, Peak Flow testing was not performed.

### ASSESSMENT:

Diabetes mellitus, type II (adult-onset), 250.00 - Current  
 Other and unspecified hyperlipidemia, 272.4 - Current  
 Disorder of prostate, unspecified, N429 - Current - *prostatitis and bph*  
 Neuralgia and neuritis, unspecified, M792 - Current  
 Neutropenia, unspecified, D709 - Current  
 Rash and other nonspecific skin eruption, R21 - Resolved

### PLAN:

#### New Medication Orders:

Rx#

Medication

Tamsulosin HCl Capsule

Prescriber Order: 0.4mg Orally - daily x 365 day(s)

Indication: Disorder of prostate, unspecified

Order Date

10/08/2021 10:54

#### Renew Medication Orders:

Rx#

Medication

153412-WIL Atorvastatin 20 MG TAB

Prescriber Order: Take one tablet by mouth at bedtime for control of cholesterol x 365 day(s)  
 Indication: Other and unspecified hyperlipidemia

Order Date

10/08/2021 10:54

153413-WIL metFORMIN HCl 500 MG Tab

Prescriber Order: Take one tablet (500 MG) by mouth twice daily x 365 day(s)  
 Indication: Diabetes mellitus, type II (adult-onset)

10/08/2021 10:54

### Schedule:

Activity

Chronic Care Visit

DM, E/I, GI, Gen, O/R

Date Scheduled Scheduled Provider

10/07/2022 00:00 Physician 02

### Disposition:

Follow-up at Sick Call as Needed

### Other:

Follow up with Chronic Care Clinic(s) as instructed

### Patient Education Topics:

Date Initiated Format

Handout/Topic

Provider

Outcome

Generated 10/12/2021 00:51 by Dominici, Raymond MD

Bureau of Prisons - WIL

Inmate Name: FATA, FARID  
 Date of Birth: 04/09/1965  
 Encounter Date: 10/08/2021 10:54

Sex: M Race: WHITE  
 Provider: Dominici, Raymond MD

Facility: WIL  
 Unit: A04

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
10/12/2021	Counseling	Compliance - Treatment	Dominici, Raymond	Verbalizes Understanding
10/12/2021	Counseling	Compliance - Treatment	Dominici, Raymond	Verbalizes Understanding

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Dominici, Raymond MD on 10/12/2021 00:51

Reg. No. 48860-039  
Unit: 1B Lower  
Page 1

This is in response to your Request for an Informal Resolution received on November 15, 2021 in reference your prostatitis.

A thorough review of your medical file was completed on November 17, 2021. Upon review, Dr. Dominici did see you on October 8, 2021 and prescribed you 14 days only of Ciprofloxin and to follow up at Sick Call as needed. Your request to see an outside provider/specialist or second opinion was responded with you are scheduled to see a provider. I did verify that you are indeed scheduled to be seen by a provider.

You are receiving appropriate medical care in accordance with your clinical assessments. If your condition has changed or worsened, please report to sick-call to have your concerns appropriately addressed by your Primary Care Provider.

D. BROWN, AHSA  
FCI/SCP

*for DC Brown*  
K. Nolte, HSA  
FCI Williamsburg

*11/17/2021*  
Date



**Bureau of Prisons  
Health Services  
Clinical Encounter - Administrative Note**

Inmate Name: FATA, FARID		Reg #: 48860-039
Date of Birth: 04/09/1965	Sex: M Race: WHITE	Facility: WIL
Note Date: 11/30/2021 12:19	Provider: Dominici, Raymond MD	Unit: A04

Review Note - Report Review encounter performed at Health Services.

**Administrative Notes:**

ADMINISTRATIVE NOTE 1 Provider: Dominici, Raymond MD

UA report reviewed from 11/20/21.

3+ blood, consults will be ordered.

Continue current therapy and f/u in CCC's as scheduled.

**New Consultation Requests:**

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
Radiology	01/31/2022	01/31/2022	Urgent	No	

Subtype:

Onsite Exam

Reason for Request:

Consult for renal ultrasound due to 3+ blood on UA.

Urology

01/31/2022 01/31/2022

Urgent

No

Subtype:

Urologist Initial Consult

Reason for Request:

Consult to evaluate gross hematuria, 3 to 4+ blood on UA and s/p treatment for UTI/ prostatitis

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Dominici, Raymond MD on 11/30/2021 12:26

*Flagged!*

**Bureau of Prisons  
Health Services  
Urine Dipstick**

Begin Date: 04/06/2021

End Date: 07/06/2022

Reg #: 48860-039

Inmate Name: FATA, FARID

Reference Range - Refer to local policy

<u>Date</u>	<u>Color</u>	<u>Appearance</u>	<u>Glucose</u>	<u>Bilirubin</u>	<u>Ketones</u>	<u>Spec. Grav.</u>	<u>pH</u>	<u>Protein</u>	<u>Urobilinogen</u>	<u>Nitrite</u>	<u>Blood</u>	<u>Leukocyte Esterase</u>	<u>Provider</u>
06/08/2022 07:27 WIL	Straw	Cloudy	Negative	Negative	Negative	1.015		>= Negative	0.2		Negative 4+	Trace	Harrell, Holly PA-C
02/24/2022 12:24 WIL	Red	Clear	Negative	Negative	Negative	1.015		7.5 1+	0.2		Negative 4+	Negative	Knox, Rodneka
12/17/2021 08:52 WIL	Amber	Slightly	Negative	Negative	Negative	1.015		7.5 Trace	0.2		Negative 2+	1+	Mims, Nicole H. RN
11/30/2021 11:39 WIL	Red	Clear	Negative	Negative	Negative	1.025		7.5 Trace	0.2		Negative 3+	Negative	Knox, Rodneka
10/08/2021 10:42 WIL	Red	Clear	Negative	Negative	Negative	1.015		8.5 Negative	0.2		Negative 3+	1+	Knox, Rodneka
09/02/2021 08:54 WIL	Amber	Clear	Negative	Negative	Negative	1.005		7.0 Negative	0.2		Negative 4+	Negative	Truesdale, T. RN
Orig Entered: 09/02/2021 08:55 EST Truesdale, T. RN													
Total: 6													



**U.S. Medical Center for Federal Prisons**  
1900 W. Sunshine Street  
Springfield, MO 65807

\*\*\* Sensitive But Unclassified \*\*\*

<b>Name</b> FATA, FARID	<b>Facility</b> FCI Williamsburg	<b>Collected</b> 11/30/2021 10:39 EST
<b>Reg #</b> 48860-039	<b>Order Unit</b> A04-227L	<b>Received</b> 12/01/2021 12:53 EST
<b>DOB</b> 04/09/1965	<b>Provider</b> Christopher Davis, APRN/FNP-C	<b>Reported</b> 12/01/2021 16:30 EST
<b>Sex</b> M		<b>LIS ID</b> 272211137

**CHEMISTRY**

Sodium	140	136-145	mmol/L
Potassium	4.9	3.5-5.1	mmol/L
Chloride	100	98-107	mmol/L
Carbon Dioxide	28	22-29	mmol/L
Urea Nitrogen (BUN)	14	6-20	mg/dL
Creatinine	1.01	0.67-1.17	mg/dL
eGFR (IDMS)	>60		
GFR units measured as mL/min/1.73 m <sup>2</sup> . If African American multiply by 1.210. A calculated GFR <60 suggests chronic kidney disease if found over a 3 month period.			
Calcium	9.7	8.6-10.0	mg/dL
Glucose	98	74-106	mg/dL
Anion Gap	12.0	9.0-19.0	

**HEMATOLOGY**

White Blood Cell Count	L	3.8	4.3-11.1	K/uL
NRBC%		0.0		%
Red Blood Cell Count		4.70	4.46-5.78	M/uL
Hemoglobin		14.3	13.6-17.6	g/dL
Hematocrit		43.7	40.2-51.4	%
MCV		93.0	82.5-96.5	fL
MCH		30.4	27.1-34.9	pg
MCHC	L	32.7	33.0-37.0	g/dL
RDW-CV		13.0	12.0-14.0	%
Platelet Count		218	130-374	K/uL
MPV		10.4	6.9-10.5	fL
Neutrophils %		31.1		%
Therapeutic decision making should be based on absolute values, rather than percentages				
Lymphocytes %		49.6		%
Monocytes %		17.0		%
Eosinophils %		1.3		%
Basophils %		0.5		%
Immature Granulocytes %		0.5	0.0-5.0	%
Neutrophils #	L	1.2	1.9-6.7	K/uL
Lymphocytes #		1.9	1.3-3.7	K/uL
Monocytes #		0.6	0.3-1.1	K/uL
Eosinophils #		0.1	0.0-0.5	K/uL
Basophils #		0.0	0.0-0.1	K/uL
Immature Granulocytes #		0.02	0.00-0.50	10 <sup>3</sup> /uL

**FLAG LEGEND** L=Low LI=Low Critical H=High HI=High Critical A=Abnormal AI=Abnormal Critical

**Bureau of Prisons  
Health Services  
Clinical Encounter**

Inmate Name: FATA, FARID	Sex: M	Race: WHITE	Reg #: 48860-039
Date of Birth: 04/09/1965	Provider: Dominici, Raymond MD	Facility: WIL	Unit: A04
Encounter Date: 12/17/2021 10:22			

Physician - Sick Call Note encounter performed at Health Services.

**SUBJECTIVE:**

COMPLAINT 1      Provider: Dominici, Raymond MD

Chief Complaint: Urinary Problem

Subjective: Patient c/o continued prostate pain and cloudy urine. U/A positive for infection with clinical symptoms of prostatitis present. Start bactrim for prostatitis. see note for UA review

Pain: Yes

**Pain Assessment**

Date: 12/17/2021 10:58

Location: Other

Quality of Pain: Aching

Pain Scale: 8

Intervention: started antibiotics

Trauma Date/Year:

Injury:

Mechanism:

Onset: 1-2 Weeks

Duration: 1-2 Weeks

Exacerbating Factors: sitting for long periods

Relieving Factors: ibuprofen

Reason Not Done:

Comments:

**OBJECTIVE:**

**Exam:**

**General**

**Affect**

Yes: Cooperative

**Appearance**

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed

**Comments**

DUE TO COVID-19 Restrictions, Peak Flow testing was not performed.

**ASSESSMENT:**

Disorder of prostate, unspecified, N429 - Current

Inmate Name: FATA, FARID  
 Date of Birth: 04/09/1965  
 Encounter Date: 12/17/2021 10:22

Sex: M Race: WHITE  
 Provider: Dominici, Raymond MD

Reg #: 48860-039  
 Facility: WIL  
 Unit: A04

**PLAN:****New Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	Lisinopril Tablet	12/17/2021 10:22
	<u>Prescriber Order:</u> 2.5mg Orally - daily x 365 day(s)	
	Indication: Diabetes mellitus, type II (adult-onset)	

**Discontinued Laboratory Requests:**

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Lab Tests-C-Culture, Urine	One Time	12/17/2021 00:00	Today
Lab personnel verbally notified of a priority order of Today or Stat			

**Disposition:**

Follow-up at Sick Call as Needed

**Other:**

Counseled about starting new antibiotic. Counseled about starting low dose ACEI for proteinuria. Counseled about possible side effects including angioedema, dry cough, and orthostatic effects. He verbalized understanding.

**Patient Education Topics:**

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
12/17/2021	Counseling	Compliance - Treatment	Dominici, Raymond	Verbalizes Understanding
12/17/2021	Counseling	New Medication	Dominici, Raymond	Verbalizes Understanding
12/17/2021	Counseling	Plan of Care	Dominici, Raymond	Verbalizes Understanding

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Dominici, Raymond MD on 12/17/2021 11:21

**Bureau of Prisons  
Health Services  
Clinical Encounter - Administrative Note**

Inmate Name: FATA, FARID		Reg #: 48860-039
Date of Birth: 04/09/1965	Sex: M Race: WHITE	Facility: WIL
Note Date: 12/17/2021 09:58	Provider: Dominici, Raymond MD	Unit: A04

Review Note - Report Review encounter performed at Health Services.

**Administrative Notes:**

ADMINISTRATIVE NOTE 1      Provider: Dominici, Raymond MD

U/A results reviewed. Likely prostatitis. Due to risks of fluoroquinolone and patient age, will start Bactrim DS x 30 days and follow clinically. Per Up to Date, Bactrim is indicated for prostatitis/ Culture to be sent out.

**New Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	Sulfamethoxazole/Trimeth DS 800-160 Mg Tablet	12/17/2021 09:58
	<u>Prescriber Order:</u> 800-160 Orally - Two Times a Day x 30 day(s)	
	Indication: Disorder of prostate, unspecified	

**New Laboratory Requests:**

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Lab Tests-C-Culture, Urine	One Time	12/17/2021 00:00	Today
Lab personnel verbally notified of a priority order of Today or Stat			

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Dominici, Raymond MD on 12/17/2021 10:05

TRULINCS 48860039 - FATA, FARID - Unit: WIL-A-B

---

FROM: Goldberg, Jack  
TO: 48860039  
SUBJECT: RE: SECOND OPINION  
DATE: 01/27/2022 10:06:23 PM

I would recommend a full evalyation for immunodeficiency  
quantitative IgG and IgM and IgA levels and IgG subsets  
weekly CBC with ANC determinations performed for 6 consecutive weeks to rule out cyclic neutropenia

Jack Goldberg MD

FARID FATA on 1/27/2022 7:37:08 PM wrote  
Dear Dr. Goldberg, (important)

Hope this will find you well.

As you know I have mild (ANC 1.2) TO MODERATE Neutropenia (ANC 0.7), But have experienced recurrent infections of 6 episodes over one year since after I contracted COVID in December 2020. Those episodes affected multiple organs respiratory (COVID), skin (bacterial 4-27-2021, and fungal 7-9-2021), gingivitis, and prostatitis (10-8-2021 and 12-17-2021).

Am I considered as moderately to severely immunocompromised per CDC classification ?

or at least moderately immunocompromised as one time ANC was 0.7 and more importantly, the disease declared itself with more than 4 infectious episodes per year.

FYI: health services have denied me antibody testing that I have so far requested twice as recommended by the FDA/CDC as indicator after my COVID vaccination

Please advise

TRULINCS 48860039 - FATA, FARID - Unit: WIL-A-B

---

FROM: 48860039

TO: Health Services

SUBJECT: \*\*\*Request to Staff\*\*\* FATA, FARID, Reg# 48860039, WIL-A-B

DATE: 01/28/2022 07:05:45 AM

To: Mrs. Nolte

Inmate Work Assignment: unicor

Mrs. Nolte, (important !)

Please see Forwarded.

-----FATA, FARID on 1/28/2022 7:04 AM wrote:

>

Dr. Hoey, DO, Clinical Director (important and time sensitive !)

I have obtained a second opinion from Dr. Jack Goldberg, MD, FACP, Board certified hematologist and Professor of Medicine at the Rowan Medical School, who has reviewed my medical file in light of my persistent neutropenia with recurrent infections since after I contracted COVID-19 in December 2020 at FCI Williamsburg. Dr. Goldberg has recommended a full immunodeficiency work-up to rule out cyclic neutropenia. That includes Ig A, Ig G, Ig M with IgG subsets, weekly CBC with ANC determinations for 6 weeks.

I respectfully ask that you honor my constitutional medical needs per National Guidelines.

Please advise



TRULINCS 48860039 - FATA, FARID - Unit: WIL-A-B

---

FROM: Provider  
TO: 48860039  
SUBJECT: RE:\*\*\*Inmate to Staff Message\*\*\*  
DATE: 02/11/2022 12:07:04 PM

You will see urologist in regards to urinary complaint. Labs will be conducted per BOP guidelines

>>> ~^!"FATA, ~^!FARID" <48860039@inmatemessage.com> 1/28/2022 7:04 AM >>>  
To: Dr. Hoey, DO  
Inmate Work Assignment: UNICOR

Dr. Hoey, DO, Clinical Director (important and time sensitive !)

I have obtained a second opinion from Dr. Jack Goldberg, MD, FACP, Board certified hematologist and Professor of Medicine at the Rowan Medical School, who has reviewed my medical file in light of my persistent neutropenia with recurrent infections since after I contracted COVID-19 in December 2020 at FCI Williamsburg. Dr. Goldberg has recommended a full immunodeficiency work-up to rule out cyclic neutropenia. That includes Ig A, Ig G, Ig M with IgG subsets, weekly CBC with ANC determinations for 6 weeks.

I respectfully ask that you honor my constitutional medical needs per National Guidelines.

Please advise

**Bureau of Prisons  
Health Services  
Clinical Encounter - Administrative Note**

Inmate Name: FATA, FARID		Reg #: 48860-039
Date of Birth: 04/09/1965	Sex: M Race: WHITE	Facility: WIL
Note Date: 02/24/2022 13:26	Provider: Davis, C. APRN/FNP-C	Unit: A04

Review Note - Report Review encounter performed at Health Services.

**Administrative Notes:**

ADMINISTRATIVE NOTE 1

Provider: Davis, C. APRN/FNP-C

UA reviewed

Noted blood, protein, no leuk

**ASSESSMENTS:**

Hematuria, unspecified, R319 - Current

**Other:**

Pending urology to discuss hematuria. Written as urgent

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Davis, C. APRN/FNP-C on 02/24/2022 13:28

Requested to be cosigned by Dominici, Raymond MD.

Cosign documentation will be displayed on the following page.

*X*

*Flagged!*



# U.S. Medical Center for Federal Prisons

1900 W. Sunshine Street  
Springfield, MO 65807

\*\*\* Sensitive But Unclassified \*\*\*

<b>Name</b> FATA, FARID	<b>Facility</b> FCI Williamsburg	<b>Collected</b> 02/24/2022 10:55 EST
<b>Reg #</b> 48860-039	<b>Order Unit</b> A04-227L	<b>Received</b> 02/25/2022 14:45 EST
<b>DOB</b> 04/09/1965	<b>Provider</b> Christopher Davis, APRN/FNP-C	<b>Reported</b> 02/28/2022 13:54 EST
<b>Sex</b> M		<b>LIS ID</b> 337211549

## CHEMISTRY

Sodium	139	136-145	mmol/L
Potassium	4.6	3.5-5.1	mmol/L
Chloride	100	98-107	mmol/L
Carbon Dioxide	H 31	22-29	mmol/L
Urea Nitrogen (BUN)	12	6-20	mg/dL
Creatinine	0.92	0.67-1.17	mg/dL
eGFR (IDMS)	>60		

GFR units measured as mL/min/1.73 m<sup>2</sup>. If African American multiply by 1.210.

A calculated GFR <60 suggests chronic kidney disease if found over a 3 month period.

Calcium	9.8	8.6-10.0	mg/dL
Glucose	91	74-106	mg/dL
AST	29	10-40	U/L
ALT	34	8-41	U/L
Alkaline Phosphatase	86	40-129	U/L
Bilirubin, Total	0.6	<=1.2	mg/dL
Protein, Total	7.3	6.6-8.7	g/dL
Albumin	4.7	3.5-5.2	g/dL
Globulin	2.7	2.0-3.7	g/dL
Albumin/Globulin Ratio	1.75	1.00-2.30	
Anion Gap	L 8.0	9.0-19.0	
BUN/Creatinine Ratio	13.0	5.0-30.0	
Cholesterol, Total	126	<200	mg/dL
Triglycerides	57	<=150	mg/dL
HDL Cholesterol	46	40-60	mg/dL
LDL-Cholesterol	69	<=130	mg/dL
Chol/HDL Ratio	2.7	0.0-4.0	

## SPECIAL CHEMISTRY

PSA, Total	1.12	<=4.00	ng/mL
TSH	1.15	0.27-4.20	uIU/mL

## HEMATOLOGY

White Blood Cell Count	L 3.5	4.3-11.1	K/uL
NRBC%	0.0		%
Red Blood Cell Count	4.93	4.46-5.78	M/uL
Hemoglobin	14.6	13.6-17.6	g/dL
Hematocrit	46.2	40.2-51.4	%

**FLAG LEGEND** L=Low LI=Low Critical H=High HI=High Critical A=Abnormal AI=Abnormal Critical

Federal  
Bureau of  
Prisons

## U.S. Medical Center for Federal Prisons

1900 W. Sunshine Street  
Springfield, MO 65807

\*\*\* Sensitive But Unclassified \*\*\*

<b>Name</b> FATA, FARID	<b>Facility</b> FCI Williamsburg	<b>Collected</b> 02/24/2022 10:55 EST
<b>Reg #</b> 48860-039	<b>Order Unit</b> A04-227L	<b>Received</b> 02/25/2022 14:45 EST
<b>DOB</b> 04/09/1965	<b>Provider</b> Christopher Davis, APRN/FNP-C	<b>Reported</b> 02/28/2022 13:54 EST
<b>Sex</b> M		<b>LIS ID</b> 337211549

## HEMATOLOGY

MCV		93.7	82.5-96.5	fL
MCH		29.6	27.1-34.9	pg
MCHC	L	31.6	33.0-37.0	g/dL
RDW-CV		12.8	12.0-14.0	%
Platelet Count		222	130-374	K/uL
MPV		10.2	6.9-10.5	fL
Neutrophils %		31.7		%
Therapeutic decision making should be based on absolute values, rather than percentages				
Lymphocytes %		49.9		%
Monocytes %		15.8		%
Eosinophils %		1.7		%
Basophils %		0.6		%
Immature Granulocytes %		0.3	0.0-5.0	%
Neutrophils #	L	1.1	1.9-6.7	K/uL
Lymphocytes #		1.7	1.3-3.7	K/uL
Monocytes #		0.6	0.3-1.1	K/uL
Eosinophils #		0.1	0.0-0.5	K/uL
Basophils #		0.0	0.0-0.1	K/uL
Immature Granulocytes #		0.01	0.00-0.50	10 <sup>3</sup> /uL

## HEMOGLOBIN A1C

Hemoglobin A1C	H	5.9	<5.7	%
5.7 - 6.4 Increased Risk > 6.4 Diabetes				

## FLAG LEGEND

L=Low L!=Low Critical H=High H!=High Critical A=Abnormal A!=Abnormal Critical



Federal  
Bureau of  
Prisons

# U.S. Medical Center for Federal Prisons

1900 W. Sunshine Street  
Springfield, MO 65807

\*\*\* Sensitive But Unclassified \*\*\*

Name FATA, FARID  
Reg # 48860-039  
DOB 04/09/1965  
Sex M

Facility FCI Williamsburg  
Order Unit A04-228L  
Provider Christopher Davis, APRN/FNP-  
C

Collected 06/21/2021 10:26 EDT,  
06/22/2021 10:37 EDT  
Received 06/22/2021 11:24 EDT  
Reported 06/23/2021 13:26 EDT  
LIS ID 085211849

## CHEMISTRY, URINE

Albumin, Urine		1.3	<=2.0	mg/dL
Creatinine, Random Urine	L	17.7	40.0-278.0	mg/dL
Albumin/Creatinine Ratio, Random Urine	H	73	0-29	ug/mg Cr

Random mALB Creat ratio:

Category	Result
Normal	Less than 30
Microalbuminuria	30 - 299
Clinical albuminuria	Greater than 300

The ADA recommends that at least two of three specimens collected within a 3 - 6 month period be abnormal before considering a patient to be within a diagnostic category.  
ADA Diabetes Care, Vol. 34: S34, 2011 299ADA Diabetes Care V34 S34 2011e

**FLAG LEGEND** L=Low LI=Low Critical H=High HI=High Critical A=Abnormal AI=Abnormal Critical

Page 1 of 1

**Bureau of Prisons  
Health Services  
Clinical Encounter**

Inmate Name: FATA, FARID  
Date of Birth: 04/09/1965  
Encounter Date: 04/26/2022 09:02

Sex: M Race: WHITE  
Provider: Thomason, Jason OD

Reg #: 48860-039  
Facility: WIL  
Unit: A04

Optometry - Optometry Exam encounter performed at Health Services.

**SUBJECTIVE:**

COMPLAINT 1 Provider: Thomason, Jason OD

Chief Complaint: Eyes/Vision Problems

Subjective: T2DM  
Last A1c 5.9  
Last BG 90

Pt reports blur at distance and near without correction. OD=OS, constant, mild. Habitual specs help, seem slightly off at distance.

Pain: Pt also reports (+) itchiness, OU x 3 mos. Believes may be concurrent w/ skin infections.  
No

Vision Screen on 04/26/2022 09:12

**Blindness:**

Distance Vision: Right Eye: 20/20

Left Eye: 20/20

Both Eyes: 20/20

Near Vision: Right Eye:

Left Eye:

Both Eyes:

**With Corrective Lenses**

Distance Vision: Right Eye:

Left Eye:

Both Eyes:

Near Vision: Right Eye:

Left Eye:

Both Eyes:

**Present Glasses - Distance**

**Refraction - Distance**

	Sphere	Cylinder	Axis	Add
R:	-1.00	-0.25	2	+2
L:	-0.75	-0.75	20	+2

	Sphere	Cylinder	Axis	Add
R:				
L:				

**Color Test:**

Tonometry: L: R:

Comments: Habitual specs worn to encounter are from 2 years prior. Newest specs from last year in room.

**OBJECTIVE:**

**Exam:**

**Eyes**

**General**

Yes: PERRLA, Extraocular Movements Intact

**Eye Tests**

Yes: Cover-Uncover Test Normal, Swinging Flashlight Test Normal

**Visual Fields**

Yes: Normal Fields

**Slit Lamp**

Yes: Normal Exam

Inmate Name: FATA, FARID

Date of Birth: 04/09/1965

Encounter Date: 04/26/2022 09:02

Sex: M Race: WHITE  
Provider: Thomason, Jason OD

Reg #: 48860-039

Facility: WIL

Unit: A04

**Periorbital/Orbital/Lids**

Yes: Chalazion, Crusting/Collarettes

**Eyebrows**

Yes: Normal Appearing

**Conjunctiva and Sclera**

Yes: Within Normal Limits

**Cornea and Lens**

Yes: Normal Appearing, Cataract

**Iris**

Yes: Normal Appearing

**Pupils**

Yes: Normal Appearing

**Fundus Exam**

Yes: Grossly Normal Retina

**Exam Comments**

0.5% tropicamide @ 0924

(-) retinopathy

Mild anterior lenticular opacification OU, mild PCO OU; neither visually significant, monitor.

Mild debris all lids, staph bleph, possibly demodex. Debris appears typical w/ collarettes. Rx erythromycin ung OU Q.hs x 30 days. Ed pt to write another cop out if not resolved.

**ASSESSMENT:**

Diabetes mellitus, type II (adult-onset), 250.00 - Current

Blepharitis, H01009 - Current - *Staph bleph all lids, mild*

Myopia, H5210 - Current

Presbyopia, H524 - Current

**PLAN:****New Medication Orders:****Rx#**      **Medication**

Erythromycin Ophthalmic Ointment 5MG/GM

**Order Date**

04/26/2022 09:02

**Prescriber Order:** 1/4" strip along inner li In Affected Eye(s) Both Eyes at bedtime x 30 day(s)

Indication: Blepharitis

**New Consultation Requests:****Consultation/Procedure**

Optometry

**Target Date**    **Scheduled Target Date**    **Priority**  
04/26/2023    04/26/2023    Routine**Translator**    **Language**  
No

Subtype:

Onsite Optometry Appt

Reason for Request:

DFE d/t T2DM; (-) retinopathy April 2022

**Disposition:**

Follow-up at Sick Call as Needed

Inmate Name: FATA, FARID

Date of Birth: 04/09/1965

Encounter Date: 04/26/2022 09:02

Sex: M Race: WHITE  
Provider: Thomason, Jason OD

Reg #: 48860-039

Facility: WIL

Unit: A04

**Patient Education Topics:**

<u>Date Initiated</u>	<u>Format</u>
04/26/2022	Counseling

<u>Handout/Topic</u>
Access to Care

<u>Provider</u>
Thomason, Jason

<u>Outcome</u>
Verbalizes Understanding

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Thomason, Jason OD on 04/26/2022 11:30



TRULINCS 48860039 - FATA, FARID - Unit: WIL-A-B

---

FROM: 48860039

TO: Health Services

SUBJECT: \*\*\*Request to Staff\*\*\* FATA, FARID, Reg# 48860039, WIL-A-B

DATE: 05/25/2022 05:57:28 PM

To: Dr. S. Hoey, Mrs. K. Nolte

Inmate Work Assignment: UNICOR

SPECIFIC COMPLAINT AND REQUIRED RELIEF:

To Dr. S. Hoey (Clinical Director) and Mrs. K. Nolte (HSA) : Please refer to my BOP medical records

On November 30 2021, I was referred to see an offsite "urologist" for persistent hematuria (presence of blood in the urine) and proteinuria (protein wasting in the urine) and pelvic pain, after I was diagnosed with prostatitis on 10-8-2021. I later developed recurrent prostatitis with pelvic pain on December 17, 2021.

On February 24, 2022, I was found again to have persistent hematuria and proteinuria and my referral to see the urologist was written as "urgent". As I was experiencing neutropenic recurrent infections since after I contracted COVID-19 in December 2020, I was also referred to see a hematologist (blood specialist) to evaluate my persistent neutropenia that rendered me immunocompromised in light of the presence of [new and recurrent] skin and prostate infections, and as recently "Staph Blepharitis" diagnosed and treated with antibiotics on April 26, 2022.

As of this date, I have not seen the urologist nor the hematologist yet.

I respectfully ask whether it is "ethical and constitutional" for an "urgent" urology consultation to be delayed six months from November 30, 2021, to date as I continue to experience hematuria and proteinuria with pelvic pain.

"I am facing inevitable harm from the delay that you have failed to act upon, waiting 6 months to see a urologist for an urgent medical condition as noted by the Bureau provider, in light of my serious medical needs of recurrent infections of prostatitis and hematuria with pelvic pain, since after I contracted COVID, even knowing that I am immunocompromised with diabetes and neutropenia.

EFFORTS MADE BY INMATE TO RESOLVE GRIEVANCE :

My communications with FCI Williamsburg's providers on November 1, 2021; December 17, 2021; February 11, 2022; and on February 24, 2022 have lead to the same message: "you will be scheduled to see the urologist as soon as possible".

Of course, I understand that because of security reasons, I will not be a given a specific date, and my complaint is not about requesting to be given a date, rather, it is about meeting my serious medical needs within a reasonable period of time to match and act on the harm caused by the excessive delay waiting SIX MONTHS for an "urgent" medical / urological consultation as I continue to experience symptoms substantiated with the laboratory and urine testing results.

I ask that you intervene ASAP with the known remedy to be scheduled ASAP to see a urologist as noted by the Bureau provider.

TRULINCS 48860039 - FATA, FARID - Unit: WIL-A-B

---

FROM: Health Services  
TO: 48860039  
SUBJECT: RE:\*\*\*Inmate to Staff Message\*\*\*  
DATE: 06/08/2022 02:22:03 PM

We are currently processing your request.

---

From: ~^! FATA, ~^!FARID <48860039@inmatemessage.com>  
Sent: Sunday, June 5, 2022 2:53 PM  
To: WIL-InmateToHealthSvcs (BOP) >  
Subject: \*\*\*Request to Staff\*\*\* FATA, FARID, Reg# 48860039, WIL-A-B

To: Mrs. Nolte  
Inmate Work Assignment: unicolor

Mrs. Nolte, (important)

Please see below. Since 5-31-2022, I have not heard from "ANY" provider. I appreciate whether you can help to expedite the urology consult as I have been waiting 6 months to see the urologist

Please advise  
-----Provider on 5/31/2022 12:27 PM wrote:

>  
Your email was forwarded to the appropriate staff member

---

From: ~^! FATA, ~^!FARID <48860039@inmatemessage.com>  
Sent: Monday, May 30, 2022 4:41 PM  
To: WIL-InmatetoProvider-S (BOP) >  
Subject: \*\*\*Request to Staff\*\*\* FATA, FARID, Reg# 48860039, WIL-A-B

To: Dr. Hoey, Dr. Dominici  
Inmate Work Assignment: unicolor

Dr. Hoey and Dr. Dominici,

Since November 17, 2021, in light of my recurrent prostatitis and persistent hematuria, I was told that I am referred to see a urologist ASAP. On November 30, 2021, Dr. Dominici wrote the consult as "urgent", same as Mr. Davis, NP who wrote on 2-24-2022, refer to urologist "consult written as urgent". I am told that the consult was cancelled sometime in March 2022, but was never rescheduled.

In March 2022, April 2022 and May 2022, I did not receive any medical care as I continue to suffer hematuria and now having the prior pelvic pain coming back despite taking Ibuprofen. To date, no intervention is done.

I ask for your urgent intervention

Please advise

TRULINCS 48860039 - FATA, FARID - Unit: WIL-A-B

---

FROM: 48860039  
TO: Health Services  
SUBJECT: \*\*\*Request to Staff\*\*\* FATA, FARID, Reg# 48860039, WIL-A-B  
DATE: 06/05/2022 02:50:23 PM

To: Mrs. K. Nolte  
Inmate Work Assignment: unicolor

Mrs. Nolte,

I keep sending messages to the medical providers to address my medical needs, but I am not getting responses.

Can you expedite the scheduling to see the urologist as the consult was written as "urgent" for the past 6 months.

Please advise

-----FATA, FARID on 6/2/2022 8:45 PM wrote:

>

Mr. Davis, NP (important)

I have not heard from you. Did you see my previous email ?

I am having pelvic pain and urinary burning. My urine smells ugly. Ibuprofen is barely helping. I need to see you.  
Am I scheduled for blood and urine tests ?

I am concerned I have not seen the urologist yet ! You are well aware that I am diabetic, neutropenic at risk for UTI/Prostatitis

Please advise

**Bureau of Prisons  
Health Services  
Clinical Encounter**

Inmate Name: FATA, FARID	Sex: M	Race: WHITE	Reg #: 48860-039
Date of Birth: 04/09/1965	Provider: Harrell, Holly PA-C	Facility: WIL	Unit: A04
Encounter Date: 06/08/2022 07:23			

Mid Level Provider - Sick Call Note encounter performed at Health Services.

**SUBJECTIVE:**

COMPLAINT 1 Provider: Harrell, Holly PA-C

Chief Complaint: Urinary Problem

Subjective: Inmate is seen for a sick call complaint of pain and burning when he pees. He states this has been going on for about a week.

Pain: Yes

**Pain Assessment**

Date: 06/08/2022 07:23

Location: Genitalia

Quality of Pain: Burning

Pain Scale: 6

Intervention: none

Trauma Date/Year:

Injury:

Mechanism:

Onset: 1-2 Weeks

Duration: 1-2 Weeks

Exacerbating Factors: none

Relieving Factors: none

Reason Not Done:

Comments:

**OBJECTIVE:**

**Temperature:**

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
06/08/2022	07:23 WIL	97.5	36.4		Harrell, Holly PA-C

**Pulse:**

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
06/08/2022	07:23 WIL	85			Harrell, Holly PA-C

**Blood Pressure:**

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
06/08/2022	07:23 WIL	129/77				Harrell, Holly PA-C

**Exam:**

**Diagnostics**

**Laboratory**

Yes: Results

**General**

Inmate Name: FATA, FARID

Date of Birth: 04/09/1965

Encounter Date: 06/08/2022 07:23

Sex: M Race: WHITE

Provider: Harrell, Holly PA-C

Reg #: 48860-039

Facility: WIL

Unit: A04

**Affect**

Yes: Pleasant, Cooperative

**Appearance**

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed

**ASSESSMENT:**

Urinary tract infection, site not specified, N390 - Current

**PLAN:****New Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	Sulfamethoxazole/Trimeth DS 800-160 Mg Tablet	06/08/2022 07:23
	<b><u>Prescriber Order:</u></b> 1 tablet Orally - Two Times a Day x 30 day(s)	
	Indication: Urinary tract infection, site not specified	
	Acetaminophen 325 MG Tablet	06/08/2022 07:23
	<b><u>Prescriber Order:</u></b> 2 tablets Orally - three times a day x 7 day(s)	
	Indication: Urinary tract infection, site not specified	
	Ibuprofen Tablet	06/08/2022 07:23
	<b><u>Prescriber Order:</u></b> 800mg Orally - three times a day x 7 day(s)	
	Indication: Urinary tract infection, site not specified	

**New Laboratory Requests:**

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Lab Tests-C-Culture, Urine	One Time	06/08/2022 00:00	Today
Labs requested to be reviewed by:	Hoey, Stephen (MAT) DO/CD		
Lab personnel verbally notified of a priority order of Today or Stat			

**Other:**

Allergy list reviewed.

Inmate is pending a urologist appt for prostatitis and reoccurring UTIs.

I will put him on bactrim x1 month and pain medication x1 week. Urine culture will be sent off today.

**Patient Education Topics:**

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
06/08/2022	Counseling	Compliance - Treatment	Harrell, Holly	Verbalizes Understanding
06/08/2022	Counseling	Plan of Care	Harrell, Holly	Verbalizes Understanding
06/08/2022	Counseling	New Medication	Harrell, Holly	Verbalizes Understanding
06/08/2022	Counseling	Treatment Goals	Harrell, Holly	Verbalizes Understanding

Copay Required: Yes

Cosign Required: No

Telephone/Verbal Order: No

Completed by Harrell, Holly PA-C on 06/08/2022 07:28

Generated 06/08/2022 07:28 by Harrell, Holly PA-C

Bureau of Prisons - WIL

---

Inmate Name: FATA, FARID

Date of Birth: 04/09/1965

Encounter Date: 06/08/2022 07:23

Sex: M Race: WHITE

Provider: Harrell, Holly PA-C

Reg #: 48860-039

Facility: WIL

Unit: A04

---



Report Status: Final

FATA, FARID

Patient Information	Specimen Information	Client Information
<b>FATA, FARID</b> <b>DOB: 04/09/1965 AGE: 57</b> Gender: M Phone: NG Patient ID: 48860-039	Specimen: AL611727S Requisition: 7916476 Lab Ref #: 159221033 Collected: 06/08/2022 / 09:41 EDT Received: 06/09/2022 / 02:53 EDT Reported: 06/10/2022 / 21:53 EDT	Client #: 10793413 QATL000 HARRELL, H FCI WILLIAMSBURG WIL 8301 US HIGHWAY 521 SALTERS, SC 29590-3705

Test Name	In Range	Out Of Range	Reference Range	Lab
				AT

CULTURE, URINE, ROUTINE

Micro Number: 11985945  
Test Status: Final  
Specimen Source: Urine  
Specimen Quality: Adequate  
Result: Greater than 100,000 CFU/mL of *Providencia rettgeri*

*P. rettgeri*

	INT	MIC
AMPICILLIN	R	<=2
AMP/SULBACTAM	S	<=2
CEFAZOLIN	R	<=4 **1
CEFEPIME	S	<=1
CEFTRIAXONE	S	<=1
CIPROFLOXACIN	S	<=0.25
GENTAMICIN	S	<=1
IMIPENEM	S	1
LEVOFLOXACIN	S	0.25
NITROFURANTOIN	R	128
PIP/TAZOBACTAM	S	<=4
TOBRAMYCIN	S	<=1
TRIMETHOPRIM/SULFA	S	<=20

S=Susceptible I=Intermediate R=Resistant \* = Not Tested  
NR = Not Reported \*\*NN = See Therapy Comments

## THERAPY COMMENTS

Note 1:  
For uncomplicated UTI caused by *E. coli*,  
*K. pneumoniae* or *P. mirabilis*: Cefazolin is  
susceptible if MIC <32 mcg/mL and predicts  
susceptible to the oral agents cefaclor, cefdinir,  
cefprozil, cefuroxime, cephalixin  
and loracarbef.

## PERFORMING SITE:

AT QUEST DIAGNOSTICS-ATLANTA, 1777 MONTREAL CIRCLE, TUCKER, GA 30084-6802 Laboratory Director: ANDREW N YOUNG, MD, PHD, CLIA: 11D0255931



QUEST DIAGNOSTICS-ATLANTA, 1777 MONTREAL CIRCLE, TUCKER, GA 30084-6802 Laboratory Director: ANDREW N YOUNG, MD, PHD, CLIA: 11D0255931

SPECIMEN: AL611727S

PAGE 1 OF 1

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# U.S. Medical Center for Federal Prisons

1900 W. Sunshine Street  
Springfield, MO 65807  
XXX-XXX-XXXX

<b>Name</b> FATA, FARID	<b>Facility</b> FCI Williamsburg	<b>*** Sensitive But Unclassified ***</b>
<b>Reg #</b> 48860-039	<b>Order Unit</b> A04-227L	<b>Collected</b> 06/09/2022 10:39 EDT
<b>DOB</b> 04/09/1965	<b>Provider</b> Stephen Hoey, DO	<b>Received</b> 06/10/2022 11:37 EDT
<b>Sex</b> M		<b>Reported</b> 06/10/2022 14:01 EDT
		<b>LIS ID</b> 062221398

## CHEMISTRY

Sodium	140	136-145	mmol/L
Potassium	4.2	3.5-5.1	mmol/L
Chloride	100	98-107	mmol/L
Carbon Dioxide	28	22-29	mmol/L
Urea Nitrogen (BUN)	12	6-20	mg/dL
Creatinine	0.91	0.67-1.17	mg/dL
eGFR (IDMS)	>60		

GFR units measured as mL/min/1.73 m<sup>2</sup>. If African American multiply by 1.210.

A calculated GFR <60 suggests chronic kidney disease if found over a 3 month period.

Calcium	9.8	8.6-10.0	mg/dL
Glucose	95	74-106	mg/dL
Anion Gap	12.0	9.0-19.0	

## HEMATOLOGY

White Blood Cell Count	L	4.1	4.3-11.1	K/uL
NRBC%		0.0		%
Red Blood Cell Count		4.92	4.46-5.78	M/uL
Hemoglobin		14.9	13.6-17.6	g/dL
Hematocrit		47.1	40.2-51.4	%
MCV		95.7	82.5-96.5	fL
MCH		30.3	27.1-34.9	pg
MCHC	L	31.6	33.0-37.0	g/dL
RDW-CV		12.8	12.0-14.0	%
Platelet Count		222	130-374	K/uL
MPV		10.1	6.9-10.5	fL
Neutrophils %		29.7		%

Therapeutic decision making should be based on absolute values, rather than percentages

Lymphocytes %		52.3		%
Monocytes %		14.3		%
Eosinophils %		2.7		%
Basophils %		0.5		%
Immature Granulocytes %		0.5	0.0-5.0	%
Neutrophils #	L	1.2	1.9-6.7	K/uL
Lymphocytes #		2.1	1.3-3.7	K/uL
Monocytes #		0.6	0.3-1.1	K/uL
Eosinophils #		0.1	0.0-0.5	K/uL
Basophils #		0.0	0.0-0.1	K/uL
Immature Granulocytes #		0.02	0.00-0.50	10 <sup>3</sup> /uL

**FLAG LEGEND** L=Low LI=Low Critical H=High HI=High Critical A=Abnormal AI=Abnormal Critical



**FATA, FARID**

Test Name	In Range	Out Of Range	Reference Range	Lab
IMMUNOGLOBULINS				AT
IMMUNOGLOBULIN A	254		47-310 mg/dL	
IMMUNOGLOBULIN G	1401		600-1640 mg/dL	
IMMUNOGLOBULIN M		40 L	50-300 mg/dL	

AT QUEST DIAGNOSTICS-ATLANTA, 1777 MONTREAL CIRCLE, TUCKER, GA 30084-6802 Laboratory Director: ANDREW N YOUNG,MD,PHD, CLIA: 11D0255931

IMMUNOGLOBULIN M	40 L	50-300 mg/dL	AT
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TRULINCS 48860039 - FATA, FARID - Unit: WIL-A-B

---

FROM: 48860039

TO: Provider

SUBJECT: \*\*\*Request to Staff\*\*\* FATA, FARID, Reg# 48860039, WIL-A-B

DATE: 06/09/2022 12:05:46 PM

To: Mrs. Harrell

Inmate Work Assignment: UNICOR

Dr. Hoey and Mrs. Harrell (PA),

After meeting with you on June 8, 2022, you diagnosed me with recurrent Prostatitis/UTI and prescribed Bactrim antibiotic treatment for 30 days after performing a urinalysis. You re-iterated that I am scheduled to see a urologist ASAP, now that I have been waiting SEVEN months since my initial referral / consultation with a urologist, I am concerned that the damage of recurrent Urinary Tract Infection with prostatitis is having a big toll on my health with persistent pelvic pain, as I am diabetic and neutropenic.

Accordingly, could you contact the urologist to find out whether you could have treated me meanwhile in some way as directed by the urologist before I could be sent to the urology clinic in order to prevent me from suffering pelvic pain and further physical harm from recurrent prostatitis, as testing with pelvic MRI or CT Scan could be done or could have been done meanwhile to prevent PHYSICAL INJURY MANIFESTED WITH SORT TERM AND LONG TERM COMPLICATIONS.

Please advise.



(FATA, FARID #48860-039: FCI WILLIAMSBURG SALTERS, SC 29590)

Back Pain no. Joint Pain no. Joint Swelling no.  
Skin:  
 Rash no. Wounds no. Patient denies Psoriasis.  
Neurologic:  
 Fainting no. Headache no.  
 Tingling/numbness no. Weakness no.  
Psychiatric:  
 Patient denies agitation. Anxiety no.  
 Confusion no. Hallucinations no. Nervousness no.  
 Sleep disturbances no.

BLO	Negative	Negative --
GLU	Negative	Negative --
KET	Negative	Negative --
LEU	Negative	Negative --
NIT	Negative	Negative --
pH	7.0	4.6 - 8.0 -
PRO	Negative	<15 -- mg/dl
SG	1.015	1.001 - 1.035 -
	1.0	
URO	E.U./dL	<1.0 -- E.U./dL

Notes: Patient with recent history of recurrent prostatitis. He received adequate antibiotic treatment and is now asymptomatic. Recommend continuing with extended 28-day courses of antibiotics if future episodes. Encouraged patient to drink copious amounts of water and to start with once daily masturbation as a preventative measure. Follow-up if has recurrence of frequent prostatitis, otherwise continue episodic treatment and follow-up as needed.

## 2. UTI (urinary tract infection)

Notes: Urinary tract infection appears to have resolved given his UA today is completely negative. Encourage patient to drink copious amounts of water daily, at least 64 ounces, to help prevent UTI recurrence.

## 3. Neutropenia

Notes: Possibly causative for patient's history of recurrent infections. Patient states already has referral to hematology, recommend he keeps this.

## 4. Microscopic hematuria

Notes: Patient's microscopic hematuria appears to be related to onset of his infections. Currently is resolved as he is without infection. Recommend repeat urinalysis in 6 months, not during episode of infection, either through the prison system or follow-up in our office.

## Visit Codes

99204 Office/outpatient visit new Office.

## Procedure Codes

81003 Urinalysis Auto w/o Scope Office, Modifiers: QW

## Follow Up

as needed

Electronically signed by JEREMY WU, PA-C on 08/01/2022 at 03:25 PM EDT  
 Sign off status: Completed

(FATA, FARID #48860-039: FCI WILLIAMSBURG SALTERS, SC 29590)

McLeod Urology Associates  
 800 E CHEVES ST STE 350  
 FLORENCE, SC 295062650  
 305.933.9335

TRULINCS 48860039 - FATA, FARID - Unit: WIL-A-B

---

FROM: 48860039

TO: Provider

SUBJECT: \*\*\*Request to Staff\*\*\* FATA, FARID, Reg# 48860039, WIL-A-B

DATE: 10/10/2022 09:13:00 AM

To: Dr. Hoey, Mrs. Nolte  
Inmate Work Assignment: Unicor

Dr. Hoey (CD), Mrs. Nolte (HSA),

Since November 17, 2021, I have been advised that I will see the outside specialist. Meanwhile, I have developed recurrent persistent pelvic pains, recurrent UTI's / chronic prostatitis, and recurrent infections manifested with Staph Blepharitis, and have not seen the urologist until August 1, 2022, who opined that my neutropenia (being immunocompromised) is the potential cause of my multi-organ recurrent infections since after I contracted COVID-19. Therefore, he agreed that I should definitely see the hematologist. To date, I have been given promises and been assured that I will see the hematologist "ASAP". My outside consultations / referrals were marked "urgent" though I have been waiting 11 months suffering pelvic pain, and recurrent infections, yet to see the outside specialist. I have used Tylenol and Ibuprofen to control my persistent pain, but the long wait creates "Fear" in me, pending a definitive diagnostic and therapeutic strategy had a new infectious episode taken place. It is not a matter of "If" but "When" a new infection will occur.

Therefore, I urge you to intervene as I have exhausted my energy and efforts to come to a resolution of this matter.

Please advise



# U.S. Medical Center for Federal Prisons

1900 W. Sunshine Street  
Springfield, MO 65807  
417-874-1621

\*\*\* Sensitive But Unclassified \*\*\*

<b>Name</b> FATA, FARID	<b>Facility</b> FCI Williamsburg	<b>Collected</b> 10/13/2022 11:19 EDT
<b>Reg #</b> 48860-039	<b>Order Unit</b> A04-227L	<b>Received</b> 10/14/2022 10:42 EDT
<b>DOB</b> [REDACTED]	<b>Provider</b> Stephen Hoey, DO	<b>Reported</b> 10/14/2022 15:25 EDT
<b>Sex</b> M		<b>LIS ID</b> 1 [REDACTED]

## CHEMISTRY

Sodium	139	136-145	mmol/L
Potassium	4.3	3.5-5.1	mmol/L
Chloride	102	98-107	mmol/L
Carbon Dioxide	27	22-29	mmol/L
Urea Nitrogen (BUN)	12	6-20	mg/dL
Creatinine	0.88	0.67-1.17	mg/dL
eGFR (CKD-EPI 2021)	>60		

GFR units measured as mL/min/1.73m<sup>2</sup>  
A calculated GFR <60 suggests chronic kidney disease if found over a 3 month period.

Calcium	9.4	8.6-10.0	mg/dL
Glucose	78	74-106	mg/dL
Anion Gap	10.0	9.0-19.0	

## HEMATOLOGY

White Blood Cell Count	L	3.3	4.3-11.1	K/uL
NRBC%		0.0		%
Red Blood Cell Count		5.03	4.46-5.78	M/uL
Hemoglobin		14.8	13.6-17.6	g/dL
Hematocrit		45.7	40.2-51.4	%
MCV		90.9	82.5-96.5	fL
MCH		29.4	27.1-34.9	pg
MCHC	L	32.4	33.0-37.0	g/dL
RDW-CV		12.6	12.0-14.0	%
Platelet Count		236	130-374	K/uL
MPV		10.2	6.9-10.5	fL
Neutrophils %		22.7		%

Therapeutic decision making should be based on absolute values, rather than percentages

Lymphocytes %		57.0		%
Monocytes %		17.0		%
Eosinophils %		2.7		%
Basophils %		0.3		%
Immature Granulocytes %		0.3	0.0-5.0	%
Neutrophils #	L	0.8	1.9-6.7	K/uL
Lymphocytes #		1.9	1.3-3.7	K/uL
Monocytes #		0.6	0.3-1.1	K/uL
Eosinophils #		0.1	0.0-0.5	K/uL
Basophils #		0.0	0.0-0.1	K/uL
Immature Granulocytes #		0.01	0.00-0.50	10 <sup>3</sup> /uL

### FLAG LEGEND

L=Low LI=Low Critical H=High HI=High Critical A=Abnormal AI=Abnormal Critical

McLeod Oncology and Hematology Associates

Patient Name: FATA, FARID

MRN: 002

FIN: 1002

DOB/Age/Sex: 57 years Male

Admit: 10/18/2022

Disch: 10/18/2022

Admitting: Bajaj, MD, Rajesh

**Oncology Clinic Notes**

Oncology Consultation

Service Date/Time:

Result Status:

Document Subject:

Sign Information:

Oncology Consultation

10/18/2022 22:11 EDT

Auth (Verified)

ONC OP New Patient Consult

Bajaj, MD, Rajesh (10/18/2022 22:11 EDT)

**Chief Complaint**

New patient for Leukopenia and neutropenia, recurrent infections occurring after COVID in 2020, UTI, prostatitis, cellulitis, seen by MRMC urology as well, mouth sores, 2nd opinion from Dr. Jack Goldberg, IgM level drawn and is low.

**History of Present Illness**

57 years old male of Lebanese descent. He is here for consultation regarding his chronic neutropenia and infections. The patient is currently with federal Bureau presents and is accompanied by 2 security guards.

History was obtained from the patient who is an excellent historian as well as from his medical records. He has chronic neutropenia for 5 to 6 years with ANC ranging from 700 to about 1000. This was not causing him any problems until he had COVID-19 viral infection. He had an episode of COVID-19 viral infection. Since then he has had recurrent episodes of various infections. He had a Staphylococcus skin infection treated with antibiotics. He had prostatitis/UTI couple of times. Seems like this was incompletely treated with only a 7-day course of antibiotics and subsequently he has needed 28-day course of antibiotics for his prostatitis. He has had one of the unusual bacteria cultured in his urine at one point. He has had an episode of blepharitis. He is also had an episode of fungal skin infection. He says he gets mouth sores.

The patient has been followed by PA at the Federal Bureau of presents. Apparently he has also obtained opinion from Dr. Goldberg which I do not have. His IgM level was slightly low. The patient says that he has requested IgG subclass to be tested but that request has been denied. He also would like to get Neupogen injections during periods of infections and this has been recommended by Dr. Goldberg as well. He is concerned about the sanitary conditions in the prison and nothing can be done about that.

He has lost some weight about 10 pounds recently. Of note he was seen by McLeod urology as well. He has brought numerous labs which I reviewed. Most recent labs indicate a ANC of 0.8 with a total WBC of 3.3. No abnormal cells reported. Platelet count is 236,000 and hemoglobin of 14.8. Previously his B12 level has been checked and found to be normal.

Past medical history: Hypertension, hyperlipidemia, GERD, type 2 diabetes mellitus,

**Past Medical History**

Ongoing

Neutropenia

Historical

No qualifying data

**Procedure/Surgical History**

Hemorrhoidectomy

**Allergies**

aspirin (Bleeding)

**Family History**

Bladder cancer: Mother.

**Social History**

Alcohol

Never, 10/18/2022

Electronic Cigarette

E-Cigarette Use: Never, 10/18/2022

Home/Environment

Marital Status of Patient if Patient Independent Adult: INMATE, 10/18/2022

Tobacco

Smoking tobacco use: Never (less than 100 in lifetime), 10/18/2022

**Medications**

Unchanged

atorvastatin (atorvastatin 20 mg oral tablet) 1 tab Oral (given by mouth) every day.

lisinopril (lisinopril 5 mg oral tablet) 1 tab Oral (given by mouth) every day.

metFORMIN (metFORMIN 1000 mg oral tablet) 1 tab Oral (given by mouth) every day.

omeprazole (omeprazole 20 mg oral delayed release capsule) 1 Capsules Oral (given by mouth) every day. before a meal.

tamsulosin (tamsulosin 0.4 mg oral capsule) 1 Capsules Oral (given by mouth) every day.

**Laboratory Data**

No qualifying data available.



Oct/19/2022 12:54:11 PM

McLeod Oncology and Hematology 843-669-8487

4/4

FCI Williamsburg, SALTERS SC 29590 - Farid Fata - 48860-039

## McLeod Oncology and Hematology Associates

Patient Name: FATA, FARID

MRN: 002 [REDACTED]

FIN: 10024 [REDACTED]

DOB/Age/Sex: [REDACTED] 57 years

Male

Admit: 10/18/2022

Disch: 10/18/2022

Admitting: Bajaj, MD, Rajesh

## Oncology Clinic Notes

Family history: His son had some type of platelet disorder and was evaluated at Mayo Clinic Minnesota at the age of 2 but no malignancy was discovered.

**Physical Exam**Vitals & Measurements

HR: 73 BP: 149/88

HT: 175.26 cm WT: 73.630 kg BMI: 24

Constitutional: Alert, well nourished, and NAD

Head: NCAT

Eye: EOMI, PERRL

Neck: No JVD, mass or tenderness

ENT: Mucous membranes moist, oropharynx clear

Cardiovascular: RRR, no edema, normal S1, S2

Respiratory: CTA B/L, no stridor

Gastrointestinal: Soft, nontender, non-distended

Musculoskeletal: Distal pulses normal, no injury or deformity

Skin: Warm, dry, no rash

Lymphatic: No lymphadenopathy

Psychiatric: Normal affect, cooperative

**Assessment/Plan**

## 1. Neutropenia (D70.9)

He has chronic mild neutropenia. Most recent absolute neutrophil count is 0.8. Neutropenia has been present for many years. This may be cyclic neutropenia.

2. Frequent infections. As documented above, since getting COVID-19 viral infection, has had staphylococcal skin infections, blepharitis, fungal skin infection, and recurrent prostatitis. These may be somewhat related to his mild neutropenia. Patient has had an immunoglobulin levels checked and IgG level was normal but a mildly low IgM level was noted. IgG subclassification has not been performed but is somewhat controversial.

-It is reasonable to give him a few doses of Neupogen during times of documented fever neutropenia/neutropenia infections. Typically, patients only need 2 or 3 doses. This could be done as outpatient.

-Would recommend prompt attention to infections and treatment with antibiotics as appropriate for the site of infection. Hopefully this could be better coordinated under the prison system

-IgG subtype testing may or may not add value. This would be somewhat controversial although subtype deficiencies has been described to have risk of immunodeficiency. IVIG administration would be the only treatment possible.

-I would be happy to discuss his case with a local provider in the prison system to assist in his care.

Electronically Signed on 10/18/22 10:11 PM

Bajaj, MD, Rajesh

Report Request ID: 1428 [REDACTED]

Page 4 of 4

Print Date/Time: 10/19/2022 10:42 EDT

FCI Williamsburg, SALTERS SC 29590 - Farid Fata - 48860-039



TRULINCS 48860039 - FATA, FARID - Unit: WIL-A-B

-----

FROM: 48860039  
TO: Health Services  
SUBJECT: \*\*\*Request to Staff\*\*\* FATA, FARID, Reg# 48860039, WIL-A-B  
DATE: 10/24/2022 08:35:51 AM

To: Dr. Hoey, Mrs. Nolte  
Inmate Work Assignment: unicolor

Dr. Hoey (Clinical Director) and Mrs Nolte (HSA),

GRIEVANCE - STATE THE PROBLEM:

Since November 17, 2021, I have been told that I am scheduled to see the BOP outside hematologist to address the neutropenic recurrent infections. There were significant delays in scheduling, that I had developed beginning June 2022, an opportunistic Urinary Tract Infection with Providencia rettgeri that caused me pelvic pain and urinary burning. I was not seen on sick call until after 9 days of the beginning of my urological symptoms.

I have emailed you repeatedly to expedite my "urgent" outside consultations with specialists, as I continued to experience excruciating pelvic pain, being immunocompromised with diabetes, neutropenia, and IgM deficiency, suffering long Covid symptoms that are still lingering.

It was not until August 1, 2022, that the McLeod BOP outside urologist opined that the neutropenia is causing my post-Covid multi-organ neutropenic recurrent infections involving the skin, urinary tract, prostate, sinus...etc  
He recommended that I see the hematologist ASAP.

It was not until October 18, 2022, that I saw the outside hematologist at McLeod opined that I should have received NEUPOGEN injections to boost my neutrophil count during the recurrent infections that followed my COVID infection, and were persistent over the past 20 months. NEUPOGEN has been FDA approved since 1991, and could have altered my medical care, by shortening the duration of neutropenia and boosting my immune system to fight the infections. He also opined that being immunocompromised, I should have received Evusheld = the Polyclonal antibody that targets COVID-19. Both treatments are NOT investigational, they are indeed FDA approved and represent the STANDARD OF CARE. I am including the attached website links of both treatments' FDA labels.

METHODS TO SOLVE THE GRIEVANCE AS TAKEN BY INMATE FATA:

I have sent numerous emails in the past year to the provider and I am very concerned as Mr. Davis has been obstructive that I should have received these standard treatments much earlier to meet my serious medical needs.

The BOP hematologist conceded with the second opinion my family obtained from Dr. Jack Goldberg, MD, FACP, Professor of Medicine at the Rowan School of Medicine, Board certified in Hematology, that I have been deprived the STANDARD OF CARE TREATMENTS THAT ALTER MY OUTCOME

cc: Mr. Dunbar (warden)

FROM: Provider  
TO: 48860039  
SUBJECT: RE:\*\*\*Inmate to Staff Message\*\*\*  
DATE: 10/31/2022 08:32:02 AM

You should notify us if you occur any infection

---

From: ~^! FATA, ~^!FARID <48860039@inmatemessage.com>  
Sent: Sunday, October 30, 2022 10:06 PM  
To: WIL-InmatetoProvider-S (BOP) >  
Subject: \*\*\*Request to Staff\*\*\* FATA, FARID, Reg# 48860039, WIL-A-B

To: Dr. Hoey  
Inmate Work Assignment: unicolor

Dr. Hoey, Mrs. Nolte, (important)

The hematologist recommended that I should be given NEUPOGEN during the infectious episodes, if or when they occur. He noted two or three doses. Is NEUPOGEN available at Williamsburg ?

Can you please initiate the approval from REGION to have it available in the pharmacy

Please advise

**Bureau of Prisons  
Health Services  
Clinical Encounter**

Inmate Name: FATA, FARID

Date of Birth: [REDACTED]

Encounter Date: 11/14/2022 09:30

Sex: M Race: WHITE

Provider: Harrell, Holly PA-C

Reg #: 48860-039

Facility: WIL

Unit: A04

Mid Level Provider - Sick Call Note encounter performed at Health Services.

**SUBJECTIVE:**

COMPLAINT 1 Provider: Harrell, Holly PA-C

Chief Complaint: Urinary Problem

Subjective: He is seen today for a sick call complaint of fever and chills since yesterday. He states his urine is foul smelling and his scrotum is tender.

Pain: Not Applicable

**OBJECTIVE:****Temperature:**

Date	Time	Fahrenheit	Celsius	Location	Provider
11/14/2022	09:32	97.3	36.3	WIL	Harrell, Holly PA-C

**Pulse:**

Date	Time	Rate Per Minute	Location	Rhythm	Provider
11/14/2022	09:32	52	WIL		Harrell, Holly PA-C

**Blood Pressure:**

Date	Time	Value	Location	Position	Cuff Size	Provider
11/14/2022	09:32	150/90	WIL			Harrell, Holly PA-C

**Exam:****Diagnosics****Laboratory**

Yes: Results

**General****Affect**

Yes: Pleasant, Cooperative

**Appearance**

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed

**ASSESSMENT:**

Urinary tract infection, site not specified, N390 - Current

**PLAN:****New Medication Orders:**

Rx#	Medication	Order Date
	Sulfamethoxazole/Trimeth DS 800-160 Mg Tablet	11/14/2022 09:30
<b>Prescriber Order:</b> 1 tablet Orally - Two Times a Day x 10 day(s)		

Inmate Name: FATA, FARID

Date of Birth: [REDACTED]

Encounter Date: 11/14/2022 09:30

Sex: M Race: WHITE  
Provider: Harrell, Holly PA-C

Reg #: 48860-039

Facility: WIL

Unit: A04

**New Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	Indication: Urinary tract infection, site not specified Start Now: Yes Night Stock Rx#: [REDACTED] Source: Sub Stock Location Admin Method: Self Administration Stop Date: 11/24/2022 09:29 MAR Label: 1 tablet Orally - Two Times a Day x 10 day(s) One Time Dose Given: No Ibuprofen Tablet	11/14/2022 09:30

**Prescriber Order:** 800mg Orally - three times a day x 7 day(s)

Indication: Urinary tract infection, site not specified

Start Now: Yes

Night Stock Rx#: [REDACTED]

Source: Sub Stock Location

Admin Method: Self Administration

Stop Date: 11/21/2022 09:29

MAR Label: 800mg Orally - three times a day x 7 day(s)

One Time Dose Given: No

**New Laboratory Requests:**Details

Lab Tests-C-Culture, Urine

Lab Tests-C-CBC w/diff

Frequency

One Time

Due Date

11/14/2022 00:00

Priority

Today

Labs requested to be reviewed by:

Hoey, Stephen (MAT) DO/CD

Lab personnel verbally notified of a priority order of Today or Stat

**Other:**

Allergy list reviewed.

Urine abnormal today. He will be put on bactrim and short course Ibu for pain. CBC also done today due to reports of fever and chills. He was encouraged to drink plenty of fluids and rest.

**Patient Education Topics:**

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
11/14/2022	Counseling	Compliance - Treatment	Harrell, Holly	Verbalizes Understanding
11/14/2022	Counseling	Plan of Care	Harrell, Holly	Verbalizes Understanding
11/14/2022	Counseling	Treatment Goals	Harrell, Holly	Verbalizes Understanding

**Copay Required:** Yes**Cosign Required:** Yes**Telephone/Verbal Order:** No

Completed by Harrell, Holly PA-C on 11/14/2022 09:52

Requested to be cosigned by Hoey, Stephen (MAT) DO/CD.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons  
Health Services  
Clinical Encounter**

Inmate Name: FATA, FARID

Date of Birth: [REDACTED]

Encounter Date: 11/14/2022 09:34

Sex: M Race: WHITE

Provider: Thomason, Jason OD

Reg #: 48860-039

Facility: WIL

Unit: A04

Optometry - Optometry Exam encounter performed at Health Services.

**SUBJECTIVE:**

COMPLAINT 1 Provider: Thomason, Jason OD

Chief Complaint: Eyes/Vision Problems

Subjective: Pt presents for itchy eyes with white to brown discharge and flakiness in LUL&gt;RUL

Pain: No

Vision Screen on 11/14/2022 09:34

**Blindness:**

Distance Vision: Right Eye: 20/20

Left Eye: 20/20

Both Eyes: 20/20

Near Vision: Right Eye:

Left Eye:

Both Eyes:

**With Corrective Lenses**

Distance Vision: Right Eye:

Left Eye:

Both Eyes:

Near Vision: Right Eye:

Left Eye:

Both Eyes:

**Present Glasses - Distance****Refraction - Distance**

Sphere Cylinder Axis Add

Sphere Cylinder Axis Add

R:

R:

L:

L:

**Color Test:**

Tonometry: L: R:

Comments:

**OBJECTIVE:****Exam:****Eyes****Periorbital/Orbital/Lids**

Yes: Crusting/Collarettes

**Exam Comments**

Apparent dried meibum throughout RUL/LUL, worse mid to temp LUL. Appears to be staph bleph

Rx erythromycin ung topically along lash line BID x 30 days

**ASSESSMENT:**Blepharitis, H01009 - Current - *Staph bleph LUL>RUL***PLAN:****New Medication Orders:****Rx#** **Medication****Order Date**

Inmate Name: FATA, FARID

Date of Birth: [REDACTED]

Encounter Date: 11/14/2022 09:34

Sex: M Race: WHITE  
Provider: Thomason, Jason OD

Reg #: 48860-039

Facility: WIL

Unit: A04

**New Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	Erythromycin Ophthalmic Ointment 5MG/GM	11/14/2022 09:34
	<u>Prescriber Order:</u> 1/4 in strip In Affected Eye(s) Both Eyes - Two Times a Day x 30 day(s) -- Apply at base of eyelashes	
	Indication: Blepharitis	

**Disposition:**

Follow-up at Sick Call as Needed

**Patient Education Topics:**

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
11/14/2022	Counseling	Access to Care	Thomason, Jason	Verbalizes Understanding

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Thomason, Jason OD on 11/14/2022 10:01

TRULINCS 48860039 - FATA, FARID - Unit: WIL-A-B

---

FROM: 48860039

TO: Provider

SUBJECT: \*\*\*Request to Staff\*\*\* FATA, FARID, Reg# 48860039, WIL-A-B

DATE: 11/21/2022 08:51:29 PM

To: Dr. Hoey

Inmate Work Assignment: unicor

Dr. Hoey, (important)

On November 14, 2022, I was diagnosed with recurrent UTI/Prostatitis (plus Staph Blepharitis diagnosed by Dr. Thomason), and you prescribed a 10-day course of antibiotic that is soon to be completed in 2 days. But the pelvic pain is persistent despite taking Tylenol and Ibuprofen.

Last night, I woke up 5 times to urinate with significant burning and chills. I feel weak and tired, and have no appetite to eat.

I am concerned that the prostatitis/UTI is not eradicated or healed as the urologist recommended on August 1, 2022 a 30-day antibiotic course instead of the short 10-day treatment you prescribed. Dr. Dominici had also treated me in the past with a 30-day course antibiotic for similar bout of prostatitis.

I ask that you honor the McLeod urology and hematology consultants' recommendations of 30-day antibiotic course for recurrent prostatitis and Neupogen treatment for cyclic neutropenia.

I ask that you reach out to the hematologist as he wanted to discuss my case with you.

I need to see you ASAP, enough pain and suffering !

Please advise

# Bureau of Prisons Health Services Clinical Encounter

Inmate Name: FATA, FARID

Date of Birth: [REDACTED]

Encounter Date: 11/22/2022 08:13

Sex: M Race: WHITE  
Provider: Hoey, Stephen (MAT)

Reg #: 48860-039

Facility: WIL

Unit: A04

Chronic Care - Chronic Care Clinic encounter performed at Health Services.

**SUBJECTIVE:**

COMPLAINT 1 Provider: Hoey, Stephen (MAT) DO/CD

Chief Complaint: DIABETIC

Subjective: SEEN HSU DURING COVID-19 "ENHANCED MODIFIED OPERATIONS" PLAN (GREEN);

Very contentious encounter with this I/M (former physician) concerning attitude of entitlement regarding recent Hematology consult recommendations, treatment of UTI's, etc. He is demanding Neupogen injections ("I've already missed my window of opportunity"), more frequent F/U evaluations, etc. Attempted to explain constraints & limitations in regards to Medical Care Level 2 Institutions, but he is fixated on Health Services immediately addressing all of his concerns. Clinically, he is a well individual, possibly with some post-COVID residua, but acuity of care he expects is not medically warranted at this time. He was advised that all of his concerns will be addressed appropriately. He now (again) claims LUTS, and is demanding continuation of Bactrim for full 28-day course for recurrent prostatitis. Await Neurology consult report regarding diabetic peripheral sensory neuropathy & headaches, possibly related to "Long COVID". Advised him that all recommended labs/Rx's will be addressed. Will consider Regional referral for Care Level 3 designation when all information

Pain: Not Applicable

Seen for clinic(s): Diabetes, Endocrine/Lipid, Gastrointestinal, General, Orthopedic/Rheumatology

**ROS:****General****Constitutional Symptoms**~~No Chills, Fever, Night Sweats~~**HEENT****Head**

Yes: Headaches (Frequency: Daily)

**GU****General**

Yes: Hesitancy, Nocturia, Pain or Colic, Urgency, Urinary Frequency

**OBJECTIVE:****Temperature:**

Date	Time	Fahrenheit	Celsius	Location	Provider
11/22/2022	08:25 WIL	97.7	36.5	Oral	Hoey, Stephen (MAT) DO/CD

**Pulse:**

Date	Time	Rate Per Minute	Location	Rhythm	Provider
11/22/2022	08:25 WIL	60	Apical	Regular	Hoey, Stephen (MAT) DO/CD

**Respirations:**

Date	Time	Rate Per Minute	Provider
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Inmate Name: FATA, FARID

Date of Birth: [REDACTED]

Encounter Date: 11/22/2022 08:13

Sex: M Race: WHITE

Provider: Hoey, Stephen (MAT)

Reg #: 48860-039

Facility: WIL

Unit: A04

Date	Time	Rate Per Minute	Provider
11/22/2022	08:25 WIL	14	Hoey, Stephen (MAT) DO/CD

**Blood Pressure:**

Date	Time	Value	Location	Position	Cuff Size	Provider
11/22/2022	08:25 WIL	144/78	Left Arm	Sitting		Hoey, Stephen (MAT) DO/CD

**Height:**

Date	Time	Inches	Cm	Provider
11/22/2022	08:25 WIL	69.0	175.3	Hoey, Stephen (MAT) DO/CD

**Weight:**

Date	Time	Lbs	Kg	Waist Circum.	Provider
11/22/2022	08:25 WIL	163.0	73.9		Hoey, Stephen (MAT) DO/CD

**Exam:****Pulmonary****Auscultation**

Yes: Clear to Auscultation

No: Rhonchi, Wheezing, Expiratory-Wheezing

**Cardiovascular****Auscultation**

Yes: Regular Rate and Rhythm (RRR), Normal S1 and S2

No: M/R/G

**Peripheral Vascular****General**

No: Pitting Edema

**Neurologic****Cranial Nerves (CN)**

Yes: CN 2-12 Intact Grossly

**Level of Consciousness**

Yes: Alert and Oriented x 3

**Mental Health****Grooming/Hygiene**

Yes: Appropriate Grooming

**Affect**

Yes: Appropriate

**Mood**

Yes: Appropriate

**ROS Comments**

KDA - ASA

**Exam Comments**

Funduscopy exam to be performed by contract Optometrist per CPG's

Monofilament testing to be documented in MLP PHC visit

**ASSESSMENT:**

Inmate Name: FATA, FARID

Date of Birth: [REDACTED]

Encounter Date: 11/22/2022 08:13

Sex: M Race: WHITE  
Provider: Hoey, Stephen (MAT)

Reg #: 48860-039

Facility: WIL

Unit: A04

Confirmed case COVID-19, U07.1 - Resolved

Disorder of prostate, unspecified, N429 - Current

Neuralgia and neuritis, unspecified, M792 - Current

Neutropenia, unspecified, D709 - Current

Unspecified skin changes, R239 - Current

Urinary tract infection, site not specified, N390 - Current

Diabetes mellitus, type II (adult-onset), 250.00 - Current

Other and unspecified hyperlipidemia, 272.4 - Current

**PLAN:****Renew Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
166314-WIL	Tamsulosin HCl 0.4 MG Cap <u>Prescriber Order:</u> Take one capsule (0.4 MG) by mouth each day x 365 day(s) Indication: Disorder of prostate, unspecified	11/22/2022 08:13
167933-WIL	Sulfamethoxazole/Trimeth 800mg /160mg tab <u>Prescriber Order:</u> Take one tablet by mouth twice daily for 10 days x 28 day(s) Indication: Urinary tract infection, site not specified	11/22/2022 08:13
166313-WIL	metFORMIN HCl 500 MG Tab <u>Prescriber Order:</u> Take one tablet (500 MG) by mouth twice daily x 365 day(s) Indication: Diabetes mellitus, type II (adult-onset)	11/22/2022 08:13
166312-WIL	Lisinopril 5 MG Tab <u>Prescriber Order:</u> Take one tablet (5 MG) by mouth each day x 365 day(s) Indication: Diabetes mellitus, type II (adult-onset)	11/22/2022 08:13
167923-WIL	Erythromycin Ophthalmic Oint 0.5 GM 5mg/gm <u>Prescriber Order:</u> Apply a 1/4 inch ribbon in both eyes twice daily -- apply at base of eyelashes x 30 day(s) Indication: Blepharitis	11/22/2022 08:13
166311-WIL	Atorvastatin 20 MG TAB <u>Prescriber Order:</u> Take one tablet by mouth at bedtime for control of cholesterol x 365 day(s) Indication: Other and unspecified hyperlipidemia	11/22/2022 08:13

**New Non-Medication Orders:**

<u>Order</u>	<u>Frequency</u>	<u>Duration</u>	<u>Details</u>	<u>Ordered By</u>
Urine Dipstick	One Time		Do in Jan, 2023	Hoey, Stephen (MAT) DO/CD
Order Date:		11/22/2022		

**Schedule:**

<u>Activity</u>	<u>Date Scheduled</u>	<u>Scheduled Provider</u>
MLP Chronic Care Follow up MR	05/17/2023 00:00	MLP 03
Chronic Care Visit	11/21/2023 00:00	Physician 01

Inmate Name: FATA, FARID

Date of Birth: [REDACTED]

Encounter Date: 11/22/2022 08:13

Sex: M Race: WHITE

Provider: Hoey, Stephen (MAT)

Reg #: 48860-039

Facility: WIL

Unit: A04

**Activity****Date Scheduled****Scheduled Provider**

DM, E-L, GI, GEN, ORTHO CCC's

**Disposition:**

Follow-up at Sick Call as Needed

**Other:**

F/U with MLP's as directed

F/U with Ortho PA as instructed

**Patient Education Topics:**Date Initiated Format

11/22/2022 Counseling

Handout/Topic

Compliance - Treatment

Provider

Hoey, Stephen

OutcomeVerbalizes  
Understanding

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Hoey, Stephen (MAT) DO/CD on 11/22/2022 09:52

Requested to be reviewed by Davis, C. APRN/FNP-C.

Review documentation will be displayed on the following page.



Report Status: Final

FATA, FARID

Patient Information	Specimen Information	Client Information
<b>FATA, FARID</b>  <b>DOB:</b> ████████ <b>AGE:</b> 57 <b>Gender:</b> M <b>Phone:</b> NG <b>Patient ID:</b> 48860-039	<b>Specimen:</b> AL823628X <b>Requisition:</b> 2008336 <b>Lab Ref #:</b> 326221035  <b>Collected:</b> 11/22/2022 / 10:28 EST <b>Received:</b> 11/23/2022 / 05:20 EST <b>Reported:</b> 11/24/2022 / 05:42 EST	<b>Client #:</b> ████████ QATL000 <b>HOEY, STEPHEN</b> <b>FCI WILLIAMSBURG WIL</b> <b>8301 US HIGHWAY 521</b> <b>SALTERS, SC 29590-3705</b>

Test Name	In Range	Out Of Range	Reference Range	Lab
URINALYSIS, COMPLETE				AT
W/REFLEX TO CULTURE				
COLOR	YELLOW		YELLOW	
<b>APPEARANCE</b>		<b>TURBID</b>	CLEAR	
SPECIFIC GRAVITY	1.009		1.001-1.035	
<b>PH</b>		<b>8.5 H</b>	5.0-8.0	
GLUCOSE	NEGATIVE		NEGATIVE	
BILIRUBIN	NEGATIVE		NEGATIVE	
KETONES	NEGATIVE		NEGATIVE	
<b>OCCULT BLOOD</b>		<b>2+</b>	NEGATIVE	
PROTEIN	NEGATIVE		NEGATIVE	
NITRITE	NEGATIVE		NEGATIVE	
<b>LEUKOCYTE ESTERASE</b>		<b>2+</b>	NEGATIVE	
WBC	0-5		< OR = 5 /HPF	
RBC	0-2		< OR = 2 /HPF	
SQUAMOUS EPITHELIAL CELLS	0-5		< OR = 5 /HPF	
<b>BACTERIA</b>		<b>MANY</b>	NONE SEEN /HPF	
CALCIUM OXALATE CRYSTALS	FEW		NONE OR FEW /HPF	
<b>AMORPHOUS SEDIMENT</b>		<b>MODERATE</b>	NONE OR FEW /HPF	
HYALINE CAST	NONE SEEN		NONE SEEN /LPF	

This urine was analyzed for the presence of WBC, RBC, bacteria, casts, and other formed elements. Only those elements seen were reported.

## REFLEXIVE URINE CULTURE

CULTURE INDICATED - RESULTS TO FOLLOW

AT

AT

## CULTURE, URINE, ROUTINE

Micro Number: 12674867  
 Test Status: Final  
 Specimen Source: Urine  
 Specimen Quality: Adequate  
 Result: Mixed genital flora isolated. These superficial bacteria are not indicative of a urinary tract infection. No further organism identification is warranted on this specimen. If clinically indicated, recollect clean-catch, mid-stream urine and transfer immediately to Urine Culture Transport Tube.

## PERFORMING SITE:

AT QUEST DIAGNOSTICS-ATLANTA, 1777 MONTREAL CIRCLE, TUCKER, GA 30084-6802 Laboratory Director: ANDREW N YOUNG, MD, PHD, CLIA: 11D0255931

## LIST OF RESULTS PRINTED IN THE OUT OF RANGE COLUMN:

<b>APPEARANCE</b>	<b>TURBID</b>	CLEAR	AT
<b>PH</b>	<b>8.5 H</b>	5.0-8.0	AT
<b>OCCULT BLOOD</b>	<b>2+</b>	NEGATIVE	AT
<b>LEUKOCYTE ESTERASE</b>	<b>2+</b>	NEGATIVE	AT
<b>BACTERIA</b>	<b>MANY</b>	NONE SEEN /HPF	AT

CLIENT SERVICES: 866.697.8378

SPECIMEN: AL823628X

PAGE 1 OF 2

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Report Status: Final

FATA, FARID

Patient Information	Specimen Information	Client Information
<b>FATA, FARID</b> <b>DOB: [REDACTED] AGE: 57</b> <b>Gender: M</b> <b>Patient ID: 48860-039</b>	<b>Specimen: AL823628X</b> <b>Collected: 11/22/2022 / 10:28 EST</b> <b>Received: 11/23/2022 / 05:20 EST</b> <b>Reported: 11/24/2022 / 05:42 EST</b>	<b>Client #: [REDACTED]</b> <b>HOEY, STEPHEN</b>

LIST OF RESULTS PRINTED IN THE OUT OF RANGE COLUMN:  
 AMORPHOUS SEDIMENT

MODERATE

NONE OR FEW /HPF

AT



# U.S. Medical Center for Federal Prisons

1900 W. Sunshine Street  
Springfield, MO 65807  
417-874-1621

\*\*\* Sensitive But Unclassified \*\*\*

<b>Name</b> FATA, FARID	<b>Facility</b> FCI Williamsburg	<b>Collected</b> 01/19/2023 11:58 EST
<b>Reg #</b> 48860-039	<b>Order Unit</b> A04-227L	<b>Received</b> 01/20/2023 11:36 EST
<b>DOB</b> 04/09/1965	<b>Provider</b> Christopher Davis, APRN/FNP-C	<b>Reported</b> 01/20/2023 18:52 EST
<b>Sex</b> M		<b>LIS ID</b> 217221164

## CHEMISTRY

Sodium	137	136-145	mmol/L
Potassium	4.3	3.5-5.1	mmol/L
Chloride	101	98-107	mmol/L
Carbon Dioxide	29	22-29	mmol/L
Urea Nitrogen (BUN)	11	6-20	mg/dL
Creatinine	0.89	0.67-1.17	mg/dL
eGFR (CKD-EPI 2021)	>60		

GFR units measured as mL/min/1.73m<sup>2</sup>

A calculated GFR <60 suggests chronic kidney disease if found over a 3 month period.

Calcium	9.8	8.6-10.0	mg/dL
Glucose	74	74-106	mg/dL
AST	35	10-40	U/L
ALT	38	8-41	U/L
Alkaline Phosphatase	90	40-129	U/L
Bilirubin, Total	0.5	<=1.2	mg/dL
Protein, Total	7.2	6.6-8.7	g/dL
Albumin	4.6	3.5-5.2	g/dL
Globulin	2.7	2.0-3.7	g/dL
Albumin/Globulin Ratio	1.70	1.00-2.30	
Anion Gap	L 7.0	9.0-19.0	
BUN/Creatinine Ratio	11.8	5.0-30.0	
Cholesterol, Total	138	<200	mg/dL
Triglycerides	70	<=150	mg/dL
HDL Cholesterol	51	40-60	mg/dL
LDL-Cholesterol	73	<=130	mg/dL
Chol/HDL Ratio	2.7	0.0-4.0	

## SPECIAL CHEMISTRY

PSA, Total	1.12	<=4.00	ng/mL
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The testing method is an electrochemiluminescence assay manufactured by Roche Diagnostics Inc. and performed on the Modular or Cobas system.

Values obtained with different assay methods or kits may be different and cannot be used interchangeably.

TSH	1.44	0.27-4.20	uIU/mL
-----	------	-----------	--------

## HEMATOLOGY

White Blood Cell Count	4.3	4.3-11.1	K/uL
NRBC%	0.0		%
Red Blood Cell Count	4.82	4.46-5.78	M/uL

### FLAG LEGEND

L=Low LI=Low Critical H=High HI=High Critical A=Abnormal AI=Abnormal Critical



**U.S. Medical Center for Federal Prisons**  
 1900 W. Sunshine Street  
 Springfield, MO 65807  
 417-874-1621

\*\*\* Sensitive But Unclassified \*\*\*

<b>Name</b> FATA, FARID	<b>Facility</b> FCI Williamsburg	<b>Collected</b> 01/19/2023 11:58 EST
<b>Reg #</b> 48860-039	<b>Order Unit</b> A04-227L	<b>Received</b> 01/20/2023 11:36 EST
<b>DOB</b> 04/09/1965	<b>Provider</b> Christopher Davis, APRN/FNP-C	<b>Reported</b> 01/20/2023 18:52 EST
<b>Sex</b> M		<b>LIS ID</b> 217221164

**HEMATOLOGY**

Hemoglobin	14.6	13.6-17.6	g/dL
Hematocrit	45.0	40.2-51.4	%
MCV	93.4	82.5-96.5	fL
MCH	30.3	27.1-34.9	pg
MCHC	32.4	33.0-37.0	g/dL
RDW-CV	12.7	12.0-14.0	%
Platelet Count	236	130-374	K/uL
MPV	10.2	6.9-10.5	fL
Neutrophils %	26.8		%

Therapeutic decision making should be based on absolute values, rather than percentages

Lymphocytes %	55.6		%
Monocytes %	13.7		%
Eosinophils %	3.2		%
Basophils %	0.5		%
Immature Granulocytes %	0.2	0.0-5.0	%
Neutrophils #	1.2	1.9-6.7	K/uL
Lymphocytes #	2.4	1.3-3.7	K/uL
Monocytes #	0.6	0.3-1.1	K/uL
Eosinophils #	0.1	0.0-0.5	K/uL
Basophils #	0.0	0.0-0.1	K/uL
Immature Granulocytes #	0.01	0.00-0.50	10 <sup>3</sup> /uL

**HEMOGLOBIN A1C**

Hemoglobin A1C	5.6	<5.7	%
----------------	-----	------	---

5.7 - 6.4 Increased Risk  
 > 6.4 Diabetes

**FLAG LEGEND** L=Low LI=Low Critical H=High HI=High Critical A=Abnormal AI=Abnormal Critical

Federal  
Bureau of  
Prisons

## U.S. Medical Center for Federal Prisons

1900 W. Sunshine Street  
Springfield, MO 65807  
417-874-1621

\*\*\* Sensitive But Unclassified \*\*\*

<b>Name</b> FATA, FARID	<b>Facility</b> FCI Williamsburg	<b>Collected</b> 01/19/2023 11:58 EST
<b>Reg #</b> 48860-039	<b>Order Unit</b> A04-227L	<b>Received</b> 01/20/2023 11:36 EST
<b>DOB</b> 04/09/1965	<b>Provider</b> Christopher Davis, APRN/FNP-	<b>Reported</b> 01/20/2023 15:48 EST
<b>Sex</b> M	<b>C</b>	<b>LIS ID</b> 217221164

## CHEMISTRY, URINE

Albumin, Urine	<1.2	<=2.0	mg/dL
Unable to report ratio due to less than result.			
Creatinine, Random Urine L	18.8	40.0-278.0	mg/dL

**FLAG LEGEND** L=Low L!=Low Critical H=High H!=High Critical A=Abnormal A!=Abnormal Critical



**Bureau of Prisons  
Health Services  
Clinical Encounter**

Inmate Name: FATA, FARID		Reg #: 48860-039
Date of Birth: [REDACTED]	Sex: M Race: WHITE	Facility: WIL
Encounter Date: 09/28/2023 11:44	Provider: Harrell, Holly (MAT) PA-C	Unit: A04

Mid Level Provider - Sick Call Note encounter performed at Health Services.

**SUBJECTIVE:**

COMPLAINT 1 Provider: Harrell, Holly (MAT) PA-C

Chief Complaint: Urinary Problem

Subjective: He is seen today for complaints of continued right shoulder pain.

He also states that he has been having painful urination for the past 2 days, and it feels the same as when he had prostatitis.

Pain: Yes

**Pain Assessment**

Date: 09/28/2023 10:06  
 Location: Multiple Locations  
 Quality of Pain: Aching  
 Pain Scale: 5  
 Intervention: none  
 Trauma Date/Year:  
 Injury:  
 Mechanism:  
 Onset: 2-6 Months  
 Duration: 2-6 Months  
 Exacerbating Factors: none  
 Relieving Factors: none  
 Reason Not Done:  
 Comments:

**OBJECTIVE:**

**Exam:**

**Diagnostics**

**Laboratory**

Yes: Results

**General**

**Affect**

Yes: Pleasant, Cooperative

**Appearance**

Yes: Appears Well, Alert and Oriented x 3

No: Appears-Distressed

**ASSESSMENT:**

Disorder of prostate, unspecified, N429 - Current

Inmate Name: FATA, FARID

Date of Birth: [REDACTED]

Encounter Date: 09/28/2023 11:44

Sex: M Race: WHITE

Provider: Harrell, Holly (MAT) PA-C

Reg #: 48860-039

Facility: WIL

Unit: A04

Hematuria, unspecified, R319 - Current

Impingement syndrome of shoulder, M7540 - Current

Urinary tract infection, site not specified, N390 - Current

**PLAN:****New Consultation Requests:**

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
Urology	10/30/2023	10/30/2023	Urgent	No	
Subtype:					
Urologist Follow-up					
Reason for Request:					
58 y/o male with new onset oliguria, dysuria, and hematuria. Early morning urine appears brown and cloudy with floating residue, along with large amounts of blood. Recommend urology follow up after CT scan.					
Radiology	10/30/2023	10/30/2023	Urgent	No	
Subtype:					
CT					
Reason for Request:					
58 y/o male with new onset oliguria, dysuria, and hematuria. Early morning urine appears brown and cloudy with floating residue, along with large amounts of blood. Will recommend urgent CT of abdomen and pelvis with and without contrast.					
Provisional Diagnosis:					
R319					

**Other:**

Allergy list reviewed.

Urine is very discolored and brown with large blood noted on UA test today. I will ask for a culture to be sent, and I will start him on antibiotics.

In regard to his shoulder pain, he cannot have steroid therapy as he most likely has a GU infection currently, however, I will put him on work restrictions and recommend he see PT for further work up and restrictions in the near future. I will schedule him for a follow up visit to discuss.

**Copay Required:** Yes**Cosign Required:** No**Telephone/Verbal Order:** No

Completed by Harrell, Holly (MAT) PA-C on 09/28/2023 11:47

**Bureau of Prisons  
Health Services  
Urine Dipstick**

Begin Date: 04/06/2021		End Date: 07/06/2022											
Reg #: 48860-039		Inmate Name: FATA, FARID											
Reference Range - Refer to local policy													
<u>Date</u>	<u>Color</u>	<u>Appearance</u>	<u>Glucose</u>	<u>Bilirubin</u>	<u>Ketones</u>	<u>Spec. Grav.</u>	<u>pH</u>	<u>Protein</u>	<u>Urobilinogen</u>	<u>Nitrite</u>	<u>Blood</u>	<u>Leukocyte Esterase</u>	<u>Provider</u>
06/08/2022 07:27 WIL	Straw	Cloudy	Negative	Negative	Negative	1.015	>=	Negative	0.2	Negative	4+	Trace	Harrell, Holly PA-C
Orig Entered: 06/08/2022 07:29 EST Harrell, Holly PA-C													
02/24/2022 12:24 WIL	Red	Clear	Negative	Negative	Negative	1.015	7.5	1+	0.2	Negative	4+	Negative	Knox, Rodneka
Orig Entered: 02/24/2022 12:27 EST Knox, Rodneka Phlebotomist													
12/17/2021 08:52 WIL	Amber	Slightly	Negative	Negative	Negative	1.015	7.5	Trace	0.2	Negative	2+	1+	Mims, Nicole H. RN
Orig Entered: 12/17/2021 08:54 EST Mims, Nicole H. RN													
11/30/2021 11:39 WIL	Red	Clear	Negative	Negative	Negative	1.025	7.5	Trace	0.2	Negative	3+	Negative	Knox, Rodneka
Orig Entered: 11/30/2021 11:41 EST Knox, Rodneka Phlebotomist													
10/08/2021 10:42 WIL	Red	Clear	Negative	Negative	Negative	1.015	8.5	Negative	0.2	Negative	3+	1+	Knox, Rodneka
Orig Entered: 10/08/2021 10:44 EST Knox, Rodneka Phlebotomist													
09/02/2021 08:54 WIL	Amber	Clear	Negative	Negative	Negative	1.005	7.0	Negative	0.2	Negative	4+	Negative	Truesdale, T. RN
Orig Entered: 09/02/2021 08:55 EST Truesdale, T. RN													
Total: 6													

**Bureau of Prisons  
Health Services**

**Urine Dipstick**

**Begin Date:** 09/28/2023

**End Date:** 10/26/2023

**Reg #:** 48860-039

**Inmate Name:** FATA, FARID

**Reference Range** - Refer to local policy

**Date**

<u>Color</u>	<u>Appearance</u>	<u>Glucose</u>	<u>Bilirubin</u>	<u>Ketones</u>	<u>Spec. Grav.</u>	<u>pH</u>	<u>Protein</u>	<u>Urobilinogen</u>	<u>Nitrite</u>	<u>Blood</u>	<u>Leukocyte Esterase</u>	<u>Provider</u>
09/28/2023 11:47 WIL												

Brown Cloudy

Negative Negative Negative 1.015

8.5 Negative 0.2

Negative 4+

Negative

Harrell, Holly (MAT) PA-

**Orig Entered:** 09/28/2023 11:51 EST Harrell, Holly (MAT) PA-C

**Total:** 1

TRULINCS 48860039 - FATA, FARID - Unit: WIL-A-B

-----

FROM: 48860039

TO: Warden

SUBJECT: \*\*\*Request to Staff\*\*\* FATA, FARID, Reg# 48860039, WIL-A-B

DATE: 10/27/2023 06:32:35 AM

To: WARDEN

Inmate Work Assignment: MEDICAL IDLE

Dear Warden, (IMPORTANT)

Please see forwarded: the issue of timely providing me a BOP care level 3 setting to timely obtain access to NEUPOGEN therapy has been ongoing since November 22, 2022. This matter has been raised during mainline as I was given assurances by HSA K. Nolte in February 2023 (face to face communication), to submit the necessary approval to Region and the required medical transfer forms to allow case manager E. Brown execute the transfer. After the departure of HSA K. Nolte, communications among the involved parties have fallen out. I ask for your prompt intervention ASAP as I exhausted my efforts to coordinate the required communications among the many parties involved.

Please advise

-----FATA, FARID on 10/26/2023 6:42 AM wrote:

>

Dear Mr. Chisolm (Safety Dept.)

Please see forwarded below email sent to case manager Mr. E. Brown and to the warden.

I am sending this petition to ask for your intervention as to helping expedite the BOP to respond to my safety / medical needs to give access to a treatment that is long determined necessary to treat and prevent my recurrent infections (9 episodes so far) contracted in prison. Medical is overwhelmed and have failed to follow the mandatory timely procedures as outlined in BOP Program Statement P6270.01. In specific, Dr. Hoey had initiated a process to obtain Region approval for my transfer to a BOP care level 3 institution to have access to NEUPOGEN , though this process never materialized. I ask for change of heart to stop my pain and suffering that proximately resulted from the lack of timely intervention to receive NEUPOGEN treatment causing me to contract and endure those nine recurrent infectious episodes. I am appreciative for your "urgent" intervention as my condition is directly related to my safety in prison that can easily be remedied accordingly under BOP P6270.01 and the timely access and delivery of health services and therapy under the Affordable Care Act. 42 U.S.C. 18114.

I look forward to hearing from you either in writing or during mainline.

Thank you

cc: Mr. Graham (warden)

-----FATA, FARID on 10/26/2023 6:31 AM wrote:

>

TRULINCS 48860039 - FATA, FARID - Unit: WIL-A-B

---

Dear Mr. Brown, (case manager)

I am writing to follow up on my transfer to a BOP care level 3 institution to have access to NEUPOGEN treatment required to treat my neutropenic recurrent infections as determined by medical. Did Dr. Hoey send you the necessary / specific authorization forms yet to initiate the transfer ? He has not answered my copout sent to him on September 30, 2023 in the this regard.

The BOP 's response in Program Statement P6270.01 mandates medical and non-medical staff to deliver "urgent" medical referrals and treatment at MRC (Medical Referral Center) or community Hospital within 2-3 weeks. Those procedures have taken "so long" that they have affected my health and safety adversely by catching nine (9) recurrent infections at FCI Williamsburg over the past two and half years, absent NEUPOGEN treatment (most recent recurrent prostatitis/UTI was on September 28, 2023). I need to see results.

Please advise ASAP.

CC: Dr. Hoey (CD)  
Mr. Chisolm (Head Safety Department)  
Mr. Graham (Warden)



**FAX MEMORANDUM**

Charleston | Chester | Florence | Lancaster | Marion | Columbia | Kershaw

**Date:** Tuesday, November 28, 2023

**# pages (including cover):** 05

*If you did not receive the number of pages stated, please contact sender.*

**From:** Mechelle Mitchell

**Fax:**

**Phone:**

**To:** [REDACTED]

**Company:**

**Fax:** 317-282-0555

**Phone:**

---

**NOTES:**

FC/SCP Williamsburg  
8301 Hwy 521  
Salters, SC 29590

48860-039

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**Date and time of transmission:** Tuesday, November 28, 2023 9:32:30 AM

**Number of pages including this cover sheet:** 05

**This fax with unique id #** MEM6565B3BAF74C  
**was sent by** Mechelle Mitchell



MEDICAL RECORDS  
169 Ashley Ave Suite H102  
MSC 250  
Charleston SC 29425-3490

Fata, Farid  
MRN: 009220603, DOB: 4/9/1965, Sex: M

Patient

DATE: 11/28/23

The information enclosed in the following document/s pertains to the patient: **Fata, Farid**

FROM:

MEDICAL RECORDS  
RELEASE OF INFORMATION  
MEDICAL UNIVERSITY OF SOUTH CAROLINA  
Phone (843)792-3881 - Status/General Information

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FCI/SCP Williamsburg  
8301 Hwy 521  
Salters, SC 29590

458860039





MEDICAL RECORDS  
169 Ashley Ave Suite H102  
MSC 250  
Charleston SC 29425-3490

Fata, Farid  
MRN: 009220603, DOB: 4/9/1965, Sex: M

# 11/14/2023 - CT ABDOMEN PELVIS W WO CONTRAST in Black River CT Scan

## Reason for Visit

Visit diagnosis: Hematuria, unspecified type [R31.9]

## Visit Information

### Provider Information

#### Referring Provider

Holly L Harrell, PA

### Department

#### Name

Black River CT Scan

#### Address

3555 Williamsburg County Hwy  
Cades SC 29518-3008

## Imaging

### Imaging

#### CT Abdomen Pelvis W Wo Contrast [368378181] (Final result)

Electronically signed by: Juacara Diggs on 10/19/23 1029

This order may be acted on in another encounter.

Status: Completed

Ordering user: Juacara Diggs 10/19/23 1029

Ordering mode: Standard

Frequency: Routine PRN 11/14/23 0755 - 1 occurrence

Quantity: 1

Instance released by: Shineva Tisdale 11/14/2023 7:55 AM

Diagnoses

Hematuria, unspecified type [R31.9]

Authorized by: External Provider

Class: Ancillary Performed

Lab status: Final result

### Questionnaire

#### Question

Study Type:

Answer:

CT Urogram

Reason for exam:

Hematuria

Please indicate relevant clinical history.

58 y/o male with new onset oliguria, dysuria, and hematuria

What is the patient's sedation requirement?

None

Patient Date of Birth

4/9/1965

Auto release to MyChart? (Choosing "NO" triggers result to release in 14 days)

Yes

Is this Imaging Study for Research?

No

Order comments: Seven Corners

### End Exam Questions

Confirm Resource:

Answer

BR CT ROOM 1

Comment

Who verified the patient's identity and procedural site?

FC/SGR Williamsburg  
8301 Hwy 521  
Spartanburg, SC 29590  
48800-039

#### CT Abdomen Pelvis W Wo Contrast [368378181]

Resulted: 11/14/23 1055, Result status: Final result

Order status: Completed

Filed by: Interface, Rad Results In 11/14/23 1057

Accession number: 21457691

Narrative:

EXAM:

CT ABDOMEN AND PELVIS WITHOUT AND WITH CONTRAST

Resulted by: Austin Thomas Cunningham, MD

Performed: 11/14/23 0805 - 11/14/23 0850

Resulting lab: CRA INTELERAD

CLINICAL DATA:

Hematuria, brown and cloudy bilateral flank pain



MEDICAL RECORDS  
169 Ashley Ave Suite H102  
MSC 250  
Charleston SC 29425-3490

Fata, Farid  
MRN: 009220603, DOB: 4/9/1965, Sex: M  
Acct #: 150143097  
Adm: 11/14/2023, D/C: 11/14/2023

**11/14/2023 - CT ABDOMEN PELVIS W/ WO CONTRAST in Black River CT Scan (continued)**

**Imaging (continued)**

Hematuria

**COMPARISON:**

None

**CONTRAST:**

100mL IOHEXOL 300 MG IODINE/ML INTRAVENOUS SOLUTION

**TECHNIQUE:**

Axial CT images acquired of the abdomen and pelvis from the lung bases through the ischial tuberosities before and after the administration of intravenous contrast material. Coronal and sagittal reconstructions were performed by the technologist.

All CT scans at this facility use dose modulation, iterative reconstruction, and/or weight based dosing when appropriate to reduce radiation dose to as low as reasonably achievable.

**LIMITATIONS:**

None.

**FINDINGS:**

Indeterminate low-density focus in the right hepatic lobe measuring 1.4 cm and too small to characterized low-density focus in the right hepatic, reference series 5, image 26 and 29.

Gallbladder, spleen, and pancreas are unremarkable.

No solid renal mass, hydronephrosis, nephrolithiasis, or ureteral calculus.

No abnormal bladder wall thickening or evidence of mass.

Prostatomegaly with median lobe hypertrophy.

Abdominal aorta is normal in caliber. No pathologically enlarged lymph nodes.

No notable abnormality identified involving the hollow viscera.

**Impression:**

**IMPRESSION:**

No significant renal or urothelial abnormality demonstrated.

Prostatomegaly with median lobe hypertrophy.

Small likely benign but indeterminate hepatic abnormalities. If warranted findings may be better characterized with liver protocol MRI with without contrast.

**SIGNATURE:**

Electronically Signed  
By: Austin Cunningham  
On: 11/14/2023 10:55

FCVSCP Williamsburg  
8301 Hwy 521  
Sellers, SC 29590

48860-039

**Testing Performed By**

Printed on 11/28/23 9:30 AM

Page 3



MEDICAL RECORDS  
169 Ashley Ave Suite H102  
MSC 250  
Charleston SC 29425-3490

Fata, Farid  
MRN: 009220603, DOB: 4/9/1965, Sex: M  
Acct #: 150143097  
Adm: 11/14/2023, D/C: 11/14/2023

11/14/2023 - CT ABDOMEN PELVIS W WO CONTRAST in Black River CT Scan (continued)

Imaging (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
55 - CRA INTELERAD	CRA INTELERAD	Unknown	Unknown	05/01/19 0948 - Present

CT Abdomen Pelvis W Wo Contrast [368378181]

Resulted: 11/14/23 0805, Result status: In process

Order status: Completed

Filed by: Andrea Bauer 11/14/23 0805

Accession number: 21457691

Resulted by: Austin Thomas Cunningham, MD

Performed: 11/14/23 0805 - 11/14/23 0850

Resulting lab: CRA INTELERAD

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
55 - CRA INTELERAD	CRA INTELERAD	Unknown	Unknown	05/01/19 0948 - Present

Indications

Hematuria, unspecified type [R31.9 (ICD-10-CM)]

FC/SCP Williamsburg  
8301 Hwy 521  
Salters, SC 29590

8860-039

**Bureau of Prisons  
Health Services  
Cosign/Review**

---

Inmate Name: FATA, FARID  
Date of Birth: 04/09/1965  
Scanned Date: 11/28/2023 15:32 EST

Sex: M

Reg #: 48860-039  
Race: WHITE  
Facility: WIL

---

Reviewed by Hoey, Stephen (MAT) DO/CD on 11/29/2023 12:15.

**Bureau of Prisons  
Health Services  
Clinical Encounter**

Inmate Name: FATA, FARID	Sex: M	Race: WHITE	Reg #: 48860-039
Date of Birth: 04/09/1965	Provider: Dominici, Raymond MD	Facility: WIL	Unit: A04
Encounter Date: 11/22/2023 09:20			

Chronic Care - Chronic Care Clinic encounter performed at Health Services.

**SUBJECTIVE:**

COMPLAINT 1      Provider: Dominici, Raymond MD

Chief Complaint: Chronic Care Clinic

Subjective: 58 year old male seen for CCC. He has a PMH of DM2, Hyperlipidemia, BPH, prostatitis, GERD, possible cyclic neutropenia, right shoulder impingement, and b/l lower extremity distal paresthesia. He reported compliance with medication. He reported that he was doing relatively well today. He continues to have LUTS in the form of nocturia 5x/night and hourly need to urinate during the day and a "heaviness in my pelvic area" without physical findings or changes. He continues to have symptoms of GERD and a consult for EGD is pending. He denied excess NSAID use. He denied recent urine cloudiness, dysuria, hematuria, or urinary retention. He c/o lateral left knee pain/tenderness. He denied recent mouth ulcers or sores for several months which he attributed to his ANC being higher. Recent CT scan results were not available at the time of this visit. Labs and records were reviewed and discussed. He had no other complaints. Allergies were reviewed. All chronic care issues were discussed.

Pain: Yes

**Pain Assessment**

Date: 11/22/2023 10:14  
 Location: Knee-Left  
 Quality of Pain: Aching  
 Pain Scale: 4  
 Intervention: refer to PT  
 Trauma Date/Year:  
 Injury:  
 Mechanism:  
 Onset: 1-5 Hours  
 Duration: 2-6 Months  
 Exacerbating Factors: pressure on lateral left knee  
 Relieving Factors: avoiding pressure on right knee  
 Reason Not Done:  
 Comments:

Seen for clinic(s): Diabetes, Endocrine/Lipid, Gastrointestinal, General, Orthopedic/Rheumatology

**ROS:**

**General**

**Constitutional Symptoms**

Yes: Weight Gain

No: Chills, Fatigue, Fever, Unexplained Weight Loss

**Integumentary**

**Skin**

No: Sores that won't heal

**HEENT**

Inmate Name: FATA, FARID

Date of Birth: 04/09/1965

Encounter Date: 11/22/2023 09:20

Sex: M Race: WHITE

Provider: Dominici, Raymond MD

Reg #: 48860-039

Facility: WIL

Unit: A04

**Eyes**

No: Blurred Vision, Changes in Vision, Discharge/Matting

**Head**

No: Headaches

**Mouth**

Yes: Hx of Ulcers

**Neck**

No: Enlargement of Lymph Nodes, Goiter, Pain, Stiffness

**Throat**

No: Dysphagia, Hoarseness

**Cardiovascular****General**

No: Angina, Edema, Exertional dyspnea, Orthopnea

**Pulmonary****Respiratory System**

No: Cough - Dry, Cough - Productive, Shortness of breath, Wheezing

**GI****General**

Yes: Dyspepsia, Heartburn

No: Abdominal Pain or Colic, Appetite Loss, Blood in Stools, Constipation, Diarrhea, Nausea, Rectal Bleeding, Stools Black, Vomiting

**GU****General**

Yes: Hesitancy, Nocturia, Urinary Frequency

No: Anuria, Dysuria, Hematuria, Incontinence, Testicular Pain

**Musculoskeletal****General**

Yes: Knee Pain

No: Muscle Aches, Muscular Weakness

**Neurological****Autonomic System**

No: Control of Urination

**Cranial Nerves**

No: Difficulties in Speech/Swallowing/Taste, Facial Weakness &amp; Taste Disturbance

**Motor System**

No: Abnormal Gait, Weakness

**Sensory System**

Yes: Paresthesia

No: Shooting Pain

**Endocrine****General**

No: Goiter, Polydipsia

**Psychiatric****General**

Inmate Name: FATA, FARID	Sex: M	Race: WHITE	Reg #: 48860-039
Date of Birth: 04/09/1965	Provider: Dominici, Raymond MD	Facility: WIL	
Encounter Date: 11/22/2023 09:20		Unit: A04	

No: Mood-Down, Anxious, Suicide/Self-Harm Thoughts

**Lymphatics**

**General**

No: Axillary Nodes, Cervical Nodes, Inguinal Nodes

**OBJECTIVE:**

**Temperature:**

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
11/22/2023	09:20 WIL	97.8	36.6	Oral	Dominici, Raymond MD

**Pulse:**

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
11/22/2023	09:20 WIL	71			Dominici, Raymond MD

**Respirations:**

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
11/22/2023	09:20 WIL	16	Dominici, Raymond MD

**Blood Pressure:**

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
11/22/2023	09:20 WIL	122/68				Dominici, Raymond MD

**SaO2:**

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
11/22/2023	09:20 WIL	98		Dominici, Raymond MD

**Weight:**

<u>Date</u>	<u>Time</u>	<u>Lbs</u>	<u>Kg</u>	<u>Waist Circum.</u>	<u>Provider</u>
11/22/2023	09:20 WIL	171.0	77.6		Dominici, Raymond MD

**Exam:**

**General**

**Affect**

Yes: Cooperative

**Appearance**

Yes: Alert and Oriented x 3

No: Appears Distressed

**Skin**

**General**

Yes: Dry, Skin Intact, Warmth

**Head**

**General**

Yes: Symmetry of Motor Function, Atraumatic/Normocephalic

**Eyes**

**General**

Yes: PERRLA, Extraocular Movements Intact

**Periorbital/Orbital/Lids**

No: Crusting/Collarettes, Purulent Discharge, Watery Discharge

Inmate Name: FATA, FARID  
Date of Birth: 04/09/1965  
Encounter Date: 11/22/2023 09:20

Sex: M Race: WHITE  
Provider: Dominici, Raymond MD

Reg #: 48860-039  
Facility: WIL  
Unit: A04

**Mouth****Mucosa**

No: Ulceration(s)

**Neck****General**

Yes: Supple, Symmetric, Trachea Midline

No: Growth/Mass(es)

**Pulmonary****Auscultation**

Yes: Clear to Auscultation

No: Crackles, Rhonchi, Wheezing

**Cardiovascular****Auscultation**

Yes: Regular Rate and Rhythm (RRR), Normal S1 and S2

No: M/R/G

**Vascular**

No: Carotid Bruits

**Peripheral Vascular****General**

No: Pitting Edema

**Abdomen****Auscultation**

Yes: Normo-Active Bowel Sounds

**Palpation**

Yes: Soft

No: Guarding, Tenderness on Palpation, Mass(es)

**Neurologic****Cranial Nerves (CN)**

Yes: CN 2-12 Intact Grossly

**Motor System-Strength**

No: Weakness

**Level of Consciousness**

Yes: Alert and Oriented x 3

**Mental Health****Grooming/Hygiene**

Yes: Appropriate Grooming

**Affect**

Yes: Appropriate

**Speech/Language**

Yes: Appropriate

**Mood**

Yes: Appropriate

**ROS Comments**



Inmate Name: FATA, FARID  
 Date of Birth: 04/09/1965  
 Encounter Date: 11/22/2023 09:20

Sex: M Race: WHITE  
 Provider: Dominici, Raymond MD

Reg #: 48860-039  
 Facility: WIL  
 Unit: A04

No recent skin infections or boils

**Exam Comments**

Left IT band tenderness over the distal 1/3. Left IT band is tight.

**Comments**

Diabetic eye exam per Contractor Optometrist exam on 4/21/23 and it was negative for retinopathy.  
 Diabetic foot exam per MLP or RN foot exam.

**ASSESSMENT:**

Blepharitis, H01009 - Resolved

Disorder of ligament, unspecified site, M2420 - Current - **Left lateral knee pain**

Disorder of prostate, unspecified, N429 - Current

History of colonoscopy, Z1211hx - Current

Impingement syndrome of shoulder, M7540 - Current

Neuralgia and neuritis, unspecified, M792 - Current - **paresthesia of B/L feet. Normal NCS of B/L lower extremities - 11/16/2022**

Neutropenia, unspecified, D709 - Current

Diabetes mellitus, type II (adult-onset), 250.00 - Current

Esophageal reflux, 530.81 - Current

Other and unspecified hyperlipidemia, 272.4 - Current

**PLAN:**

**New Laboratory Requests:**

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Lab Tests-C-CBC w/diff	One Time	05/06/2024 00:00	Routine
Lab Tests-H-Hemoglobin A1C			
Lab Tests-G-Glucose			
Lab Tests-H-Hemoglobin A1C	One Time	11/06/2024 00:00	Routine
Lab Tests-C-CBC w/diff			
Lab Tests-C-Comprehensive Metabolic Profile (CMP)			
Lab Tests-L-Lipid Profile			
Lab Tests-P-PSA, Total			
Additional Information: fasting			

**Schedule:**

<u>Activity</u>	<u>Date Scheduled</u>	<u>Scheduled Provider</u>
Chronic Care Visit	11/22/2024 00:00	Physician 02
DM, EL, GI, Gen, OR		

**Disposition:**

Follow-up at Sick Call as Needed

**Other:**

He has left lateral knee pain with IT band tenderness. Left knee xray was normal. The differential includes ITBS vs Left Lateral collateral ligament injury vs other pathology. Will ask PT to consider therapy for IT band. Recommended NSAID for a few days if he can tolerate due to his GERD, otherwise acetaminophen for pain prn. Will follow clinically. No indication for MRI at this time.

GERD persists despite reported use of H2 blocker or PPI from commissary. Consult for EGD pending. FIT given today to return.

Inmate Name: FATA, FARID	Sex: M	Race: WHITE	Reg #: 48860-039
Date of Birth: 04/09/1965	Provider: Dominici, Raymond MD	Facility: WIL	Unit: A04
Encounter Date: 11/22/2023 09:20			

Continues to have nocturia and LUTS, and f/u with Urology is scheduled. Mild neutropenia has improved and total WBC count is normal. Will follow with labs.

Right shoulder pain has improved with PT. HgbA1c nearly normal at 5.8% on 11-6-2023. Will follow.

**Patient Education Topics:**

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
11/22/2023	Counseling	Access to Care	Dominici, Raymond	Verbalizes Understanding
11/22/2023	Counseling	Compliance - Treatment	Dominici, Raymond	Verbalizes Understanding
11/22/2023	Counseling	Diet	Dominici, Raymond	Verbalizes Understanding
11/22/2023	Counseling	Exercise	Dominici, Raymond	Verbalizes Understanding
11/22/2023	Counseling	Plan of Care	Dominici, Raymond	Verbalizes Understanding

**Copay Required:** No

**Cosign Required:** No

**Telephone/Verbal Order:** No

Completed by Dominici, Raymond MD on 11/22/2023 11:43

TRULINCS 48860039 - FATA, FARID - Unit: WIL-A-B

---

FROM: 48860039

TO: Warden

SUBJECT: \*\*\*Request to Staff\*\*\* FATA, FARID, Reg# 48860039, WIL-A-B

DATE: 02/25/2024 09:30:25 AM

To: WARDEN

Inmate Work Assignment: MEDICAL IDLE

Dear Warden (URGENT),

I was diagnosed with chronic immunodeficiency syndrome comprising of chronic cyclic neutropenia plus Immunoglobulin M deficiency and manifesting with multiple organ recurrent infections (Staph skin infections, yeast or fungal skin infections, Staph Blepharitis, gingivitis, Providencia UTI, Covid-19, and recurrent chronic prostatitis).

On September 28, 2023, I developed recurrent active prostatitis with hematuria (blood in urine) which was the ninth infectious episode over 3 years and the medical provider referred me "urgently" to see the outside urologist for treatment. The CT Scan of the abdomen and pelvis on November 14, 2023, showed enlarged prostate with median lobe hypertrophy.

I continue to have urological symptoms with pelvic pain, nocturia 5 times per night and hourly need to urinate during the day and a "heaviness in my pelvis" with hematuria. I am entering my sixth month since September 28, 2023 waiting to see the urologist, while my pain is not responding to Ibuprofen. Due to staffing shortage, I am told that there is a long backlog to refer inmates for outside specialists for treatment.

I ask for your urgent intervention as the acuity of my care and the BOP Program Statement 6270.01 mandate medical referrals to deliver treatment with 2 to 3 weeks. I urge you to intervene to end my pain and suffering.

Please advise

TRULINCS 48860039 - FATA, FARID - Unit: WIL-A-B

-----

FROM: 48860039  
TO: Health Services  
SUBJECT: \*\*\*Request to Staff\*\*\* FATA, FARID, Reg# 48860039, WIL-A-B  
DATE: 02/25/2024 01:06:09 PM

To: HEALTH SERVICES  
Inmate Work Assignment: MEDICAL IDLE

Mrs. Stone, (Acting HSA)

Please see forwarded the below email, as I am not receiving timely medical care that has caused me further harm from recurrent infections (recurrent chronic prostatitis) with pain and suffering, absent timely NEUPOGEN treatment for my cyclic neutropenia and timely urological intervention to address the abnormal CT scan findings as detailed below.

Please advise  
-----FATA, FARID on 2/25/2024 9:30 AM wrote:

>

Dear Warden (URGENT),

I was diagnosed with chronic immunodeficiency syndrome comprising of chronic cyclic neutropenia plus Immunoglobulin M deficiency and manifesting with multiple organ recurrent infections (Staph skin infections, yeast or fungal skin infections, Staph Blepharitis, gingivitis, Providencia UTI, Covid-19, and recurrent chronic prostatitis).

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I continue to have urological symptoms with pelvic pain, nocturia 5 times per night and hourly need to urinate during the day and a "heaviness in my pelvis" with hematuria. I am entering my sixth month since September 28, 2023 waiting to see the urologist, while my pain is not responding to Ibuprofen. Due to staffing shortage, I am told that there is a long backlog to refer inmates for outside specialists for treatment.

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Please advise

TRULINCS 48860039 - FATA, FARID - Unit: WIL-A-B

---

FROM: 48860039  
TO: Health Services  
SUBJECT: \*\*\*Request to Staff\*\*\* FATA, FARID, Reg# 48860039, WIL-A-B  
DATE: 03/11/2024 06:13:05 PM

To: Dr. Dominici  
Inmate Work Assignment: MEDICAL IDLE

Dear Dr. Dominici,

My meeting with you in the waiting room of health services was not well received. You assured me that I am scheduled to see the outside urologist as I continue to experience hematuria with pelvic pain despite Ibuprofen therapy. I still wake up 5 times at night to urinate with decreased urine flow.

Is it ethical to wait more than 6 months since September 28, 2023, on an "urgent" urology referral knowing that I am chronically immunocompromised at high risk to develop further harm from recurrent UTI and chronic prostatitis ?

I ask for your urgent intervention to call the urologist before the upcoming appointment to reach some guidance while I am waiting in pain but have not heard from you. The BOP Program Statement 6270.01 requires that urgent outside specialty referrals for treatment must take place within 2 to 3 weeks.

It is no secret that staffing shortage to execute outside medical consultations is widespread concern in the BOP, but "triaging" high risk immunocompromised patients like myself based on my medical history and the acuity of my medical care is also necessary to prevent further irreparable harm and warrants true coordination that the BOP failed to meet in this case.

Please advise

cc: Mrs. Stone (Acting HSA)  
Mr. Graham (Warden)

TRULINCS 48860039 - FATA, FARID - Unit: WIL-A-B

---

FROM: 48860039

TO: Health Services

SUBJECT: \*\*\*Request to Staff\*\*\* FATA, FARID, Reg# 48860039, WIL-A-B

DATE: 03/11/2024 06:13:05 PM

To: Dr. Dominici

Inmate Work Assignment: MEDICAL IDLE

Dear Dr. Dominici,

My meeting with you in the waiting room of health services was not well received. You assured me that I am scheduled to see the outside urologist as I continue to experience hematuria with pelvic pain despite Ibuprofen therapy. I still wake up 5 times at night to urinate with decreased urine flow.

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Please advise

cc: Mrs. Stone (Acting HSA)

Mr. Graham (Warden)

Dr. Dominici even failed to request urinalysis, or <sup>urine</sup> culture culture and place a urine catheter because of the blockage created by the prostate hypertrophy in light of the decreased urine flow. Dr. Dominici did not call the urologist for guidance in light of my progressive lower urological symptoms. He did nothing.

Farid Fata

## MCLEOD HEALTH

Fata, Farid (MRN 2151978) DOB: 04/09/1965

Encounter Date: 03/18/2024

**Fata, Farid**

MRN: 2151978

Office Visit 3/18/2024  
McLeod Urology AssociatesProvider: Wu, Jeremy K (Physician Assistant)  
Primary diagnosis: Hematuria, unspecified type  
Reason for Visit: Follow-up**Progress Notes**Wu, Jeremy K (Physician Assistant)  
Urology**Chief Complaint**

Patient presents with

- Follow-up

**Current Outpatient Medications**

Medication	Sig	Dispense	Refill
• aspirin 81 mg EC tablet	Take 81 mg by mouth in the morning.		
• atorvastatin (Lipitor) 20 mg tablet	Take 20 mg by mouth at bedtime.		
• lisinopril 5 mg tablet	Take 5 mg by mouth in the morning.		
• metFORMIN (Glucophage) 1,000 mg tablet	Take 500 mg by mouth with breakfast and with evening meal.		
• tamsulosin (Flomax) 0.4 mg 24 hr capsule	Take 0.4 mg by mouth in the morning.		

No current facility-administered medications for this visit.

No past medical history on file.

No Known Allergies

No past surgical history on file.

**Social History****Socioeconomic History**

- Marital status: Married
- Spouse name: Not on file
- Number of children: Not on file
- Years of education: Not on file
- Highest education level: Not on file

**Occupational History**

- Not on file

**Tobacco Use**

- Smoking status: Never

Printed by Hart, Paige at 3/20/2024 8:07 AM

Page 1 of 6

FCI Williamsburg  
8301 Hwy 521  
Salters, SC 29590

48860-039