

MCLEOD HEALTH

(29)

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

Encounter Date: 03/18/2024
Wu, Jeremy K (Physician Assistant)
Urology**Progress Notes (continued)**

• Smokeless tobacco:	Never
Substance and Sexual Activity	
• Alcohol use:	Not Currently
• Drug use:	Never
• Sexual activity:	Not on file
Other Topics	Concern
• Not on file	
Social History Narrative	
• Not on file	

Social Determinants of Health

Financial Resource Strain: Not on file
 Food Insecurity: Not on file
 Transportation Needs: Not on file
 Physical Activity: Not on file
 Stress: Not on file
 Social Connections: Not on file
 Intimate Partner Violence: Not on file
 Housing Stability: Not on file

REVIEW OF SYSTEM**Review of Systems****General/Constitutional:**

Fever no. Chills no. Weight change no.

Respiratory:

Shortness of breath no. Wheezing no.

Cardiovascular:

Chest Tightness no. Chest pain no. Leg edema no. Palpitations no.

Gastrointestinal:

Abdominal pain no. Blood in stool no. Constipation no. Diarrhea no. Nausea no. Vomiting no.

Hematology:

Easy Bleeding no. Easy Bruising no.

Genitourinary:

--- See HPI.

Neurologic:

Fainting no. Headache no. Tingling/numbness no. Weakness no.

Psychiatric

Patient denies agitation. Anxiety no. Confusion no. Hallucinations no.

HPI**HPI**

3/18/2024:

58-year-old male inmate presenting from FCI Williamsburg for follow-up on UTI/prostatitis (see last visit). He is here today as he has had a recurrence of gross hematuria and obstructive voiding symptoms. Notes back in

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

Page 2 of 6

FCI Williamsburg
 8301 Hwy 521
 Salters, SC 29590

488600-039

MCLEOD HEALTH

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

Encounter Date: 03/18/2024
Wu, Jeremy K (Physician Assistant)
Urology**Progress Notes (continued)**

November he developed gross hematuria with hesitancy, frequency, and dysuria. Did have a CT ABD/pelvis with and without contrast at outside facility (not urogram) on 11/14/2024. I was able to review the images which showed no significant urologic pathology other than a moderately enlarged prostate. Did note a small subcentimeter left upper pole renal cyst. No kidney stones, hydronephrosis, or obvious masses. Recommended we send his urine today for cytology. I believe his hematuria is likely due to his history of frequent UTIs and acute on chronic prostatitis due to his history of neutropenia. He did see hematology back in 10/18/2022 where they recommended Neupogen during times of fever and neutropenia infections. He was given a month-long course of antibiotics and has not had any gross hematuria since. His UA today in the office is completely negative. He does continue to have obstructive voiding symptoms including hesitancy and increased frequency. He has currently managed on Flomax once daily. We did discuss increasing his Flomax to twice daily dosage and he agreed. Did also recommend that we complete a cystoscopy to evaluate his voiding symptoms and to complete his hematuria workup along with a urine cytology. I again offered to complete a DRE and patient refused.

Of note, he is a former hematology oncologist. I also noted significant stool burden on his CT and we did discuss his constipation. He states he is managing it well currently with daily fiber and MiraLAX. States he has a referral in place with gastroenterology for the indeterminate hepatic abnormalities noted on CT.

8/1/2022:

Farid Fata is a very pleasant 57-year-old male presenting to the office today on referral from the prison for gross hematuria in the setting of UTI/prostatitis. Patient states that he has never physically seen blood in the urine and was only told that he had blood in urine. He has had several microscopic analyses of his urine which did indicate significant blood. His microscopic hematuria appear to have only been positive during episodes of urinary tract infections versus prostatitis. Patient states he has never had prostatitis previously up until this past year following an infection with COVID. He is diabetic, but well controlled. A1c is typically around 5.7. He also was recently diagnosed with neutropenia and is planned for referral to hematology. He has had 3 antibiotic courses for his prostatitis, 2 of the most recent or extended courses of Bactrim. Was also started on tamsulosin once daily. He has had no recurrence of symptoms since and his UA today is completely negative. No fever or chills or dysuria. Admits to only drinking 1-2 bottles of water a day. He is not sexually active and does not masturbate. Encouraged him to drink at least 4-5 bottles of water a day and masturbate regularly in order to clear out any residual infection. No personal/family history of urologic cancers. Most recent PSA 1.12 nanograms/ML on 2/24/2022. Refused DRE today.

PHYSICAL EXAMINATION

Blood pressure 143/82, pulse 62, temperature 36.6 °C (97.9 °F), height 5' 9" (1.753 m).

Physical Exam

GENERAL APPEARANCE: healthy-appearing, in no acute distress.

HEENT: normocephalic, atraumatic, no JVD, trachea midline.

EYES: EOMs intact, no scleral icterus.

CARDIOVASCULAR: S1 S2, no cyanosis or edema.

RESPIRATORY: Normal respiratory rate and effort.

NEUROLOGIC EXAM: awake, alert, normal gait, CN's II-XII grossly intact.

SKIN: no rash or skin lesions noted on exposed parts.

GENITOURINARY: Patient refused

4886003-9
FCT Williamsburg
8301 Hwy 521
Salters, SC 29590

MCLEOD HEALTH

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Wu, Jeremy K (Physician Assistant)
UrologyProgress Notes (continued)

MUSCULOSKELETAL: full range of motion in upper and lower extremities, no edema.
 PSYCH: judgement and insight are appropriate, appropriate mood and affect.

Lab Results

Component	Value	Date
COLORU	Yellow	03/18/2024
CLARITYU	Clear	03/18/2024
SPECGRAV	1.015	03/18/2024
NITRITE	Negative	03/18/2024
BILIRUBINUR	Negative	03/18/2024

Diagnosis	ICD-10- CM	Plan
1. Hematuria, unspecified type	R31.9	POCT urinalysis routine auto w/o scope (81003) Non-Gyn Cytology
2. Prostatitis, chronic	N41.1	
3. Prostatism	N40.0	
4. Neutropenia, unspecified type (CMS/HCC) (HCC)	D70.9	

ASSESSMENT/PLAN

Will send his urine for cytology to further evaluate the gross hematuria along with having him set up for next available cystoscopy in the office pending the results. This will also help to evaluate his obstructive voiding symptoms. In the interim we will increase his Flomax to twice daily to see if this helps.

Instructions

AVS - Outpatient (Automatic SnapShot taken 3/18/2024)

Additional Documentation

Vitals: BP 143/82
Pulse 62
Temp 36.6 °C (97.9 °F)
Ht 5' 9" (1.753 m)
BMI 23.97 kg/m²
BSA 1.89 m²

Flowsheets: Interfaced Flowsheet Data

FCI Williamsburg
8301 Hwy 521
Salters, SC 29590

48860-03a

MCLEOD HEALTH

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

Encounter Date: 03/18/2024

Communications**Media From this encounter**

Pathology - Scan on 3/19/2024 2:34 PM (below)



**Pee Dee
Pathology**

Location: MCLEOD UROLOGY ASSOCIATES
 Room: OUTPATIENT
 Physician(s): JEREMY K WU PA

Patient: FATA, FARID
 SEVEN CORNERS
 CARMEL, IN 46032
 Birthdate: 04/09/1965 Age: 58 Sex: M
 Chart #: 2151978 Acct. #: 29371886

Collection Date: 03/18/2024
 Received Date: 03/18/2024

MEDICAL CYTOLOGY REPORT

Case Number: M2024-001058

Clinical Information:
 R31.9, hematuria, unspecified type

Specimen Source:
 CATHETERIZED URINE

MICROSCOPIC DIAGNOSIS:

Catheterized urine, cytology (ThinPrep):

Negative for malignant cells.

Cellular specimen consisting of benign, reactive urothelial cells, with many arranged in small and large cellular clusters, consistent with catheterization, in a background mature squamous epithelial cells, scattered red blood cells, lymphocytes, histiocytes, and scant seromucinous debris.

LFX/kg 3/19/2024

Electronically signed by

LAUREN F. XU, M.D./PATHOLOGIST
 (Case signed 03/19/2024 at 12:30)

DESCRIPTION:
 Container Label: Fata, Farid; 4/8/1985
 Volume: 40 mL
 Consistency: watery
 Fluid: yes
 Bloody: no
 Color: yellow
 Clear: yes
 Clotted: no
 CB

MATERIALS PREPARED & EXAMINED:
 Thin-layer Preparation Slide(s): 1

Test performed at one of the following
 Pee Dee Pathology Associates locations

800 Perimeter Hwy, Suite 6120
 Florence, SC 29502
 Phone: (843) 664-4316
 Fax: (843) 664-4340

813 Medical Center
 Myrtle Beach, SC 29577
 Phone: (843) 213-1700
 Fax: (843) 213-1620

1 of 1 on 03-19-2024 at 14:28

Original

FCI Williamsburg
 8301 Hwy 521
 Sakers, SC 29590

458840-039

No questionnaires available.

Encounter Status

Signed by Wu, Jeremy K on 3/18/24 at 14:16

Orders Placed

Non-Gyn Cytology (Resulted 3/18/2024)

POCT urinalysis routine auto w/o scope (81003) (Resulted 3/18/2024)

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

Page 5 of 6

MCLEOD HEALTH

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

Encounter Date: 03/18/2024

Medication Changes As of 3/18/2024 1:21 PM

None

Medication List at End of Visit As of 3/18/2024 1:21 PM

	Refills	Start Date	End Date
aspirin 81 mg EC tablet Take 81 mg by mouth in the morning. - oral Patient-reported medication	—		
atorvastatin (Lipitor) 20 mg tablet Take 20 mg by mouth at bedtime. - oral Patient-reported medication	—	8/1/2022	
lisinopril 5 mg tablet Take 5 mg by mouth in the morning. - oral Patient-reported medication	—	8/1/2022	
metFORMIN (Glucophage) 1,000 mg tablet Take 500 mg by mouth with breakfast and with evening meal. - oral Patient-reported medication	—	10/18/2022	
tamsulosin (Flomax) 0.4 mg 24 hr capsule Take 0.4 mg by mouth in the morning. - oral Patient-reported medication	—	8/1/2022	

Visit Diagnoses

Primary: Hematuria, unspecified type R31.9
 Prostatitis, chronic N41.1
 Prostatism N40.0
 Neutropenia, unspecified type (CMS/HCC) (HCC) D70.9

FCI Williamsburg
 8301 Hwy 521
 Salters, SC 29590

48860-034

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

Inmate Name:	FATA, FARID	Reg #:	48860-039
Date of Birth:	04/09/1965	Sex:	M
Scanned Date:	03/29/2024 14:24 EST	Race:	WHITE
		Facility:	WIL

Reviewed by Hoey, Stephen (MOUD) DO/CD on 03/31/2024 11:00.



U.S. Medical Center for Federal Prisons

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

*** Sensitive But Unclassified ***

Name FATA, FARID	Facility FCI Williamsburg	Collected 05/07/2024 11:06 EDT
Reg # 48860-039	Order Unit A04-220L	Received 05/08/2024 12:05 EDT
DOB 04/09/1965	Provider Raymond Dominici, MD	Reported 05/08/2024 15:01 EDT
Sex M		LIS ID 326231649

CHEMISTRY

Glucose	95	74-106	mg/dL
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HEMATOLOGY

White Blood Cell Count	L	4.2	4.3-11.1	K/uL
NRBC%		0.0		%
Red Blood Cell Count		4.87	4.46-5.78	M/uL
Hemoglobin		14.7	13.6-17.6	g/dL
Hematocrit		46.9	40.2-51.4	%
MCV		96.3	82.5-96.5	fL
MCH		30.2	27.1-34.9	pg
MCHC	L	31.3	33.0-37.0	g/dL
RDW-CV		12.8	12.0-14.0	%
Platelet Count		218	130-374	K/uL
MPV		10.2	6.9-10.5	fL
Neutrophils %		28.1		%

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

Lymphocytes %		55.7		%
Monocytes %		12.1		%
Eosinophils %		2.9		%
Basophils %		0.7		%
Immature Granulocytes %		0.5	0.0-5.0	%
Neutrophils #	L	1.2	1.9-6.7	K/uL
Lymphocytes #		2.3	1.3-3.7	K/uL
Monocytes #		0.5	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 ³ /uL

HEMOGLOBIN A1C

Hemoglobin A1C	H	5.9	<5.7	%
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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



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417-874-1621

*** Sensitive But Unclassified ***

Name FATA, FARID	Facility FCI Williamsburg	Collected 05/07/2024 11:06 EDT
Reg # 48860-039	Order Unit A04-221L	Received 05/08/2024 12:05 EDT
DOB 04/09/1965	Provider H Harrell, PA-C	Reported 05/08/2024 13:58 EDT
Sex M		LIS ID 128241322

CHEMISTRY

Sodium	140	136-145	mmol/L
Potassium	4.9	3.5-5.1	mmol/L
Chloride	101	98-107	mmol/L
Carbon Dioxide	27	22-29	mmol/L
Urea Nitrogen (BUN)	15	6-20	mg/dL
Creatinine	0.93	0.67-1.17	mg/dL
eGFR (CKD-EPI 2021)	>60		

GFR units measured as mL/min/1.73m²

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

Calcium	9.5	8.6-10.0	mg/dL
Glucose	96	74-106	mg/dL
AST	26	10-40	U/L
ALT	25	8-41	U/L
Alkaline Phosphatase	72	40-129	U/L
Bilirubin, Total	0.5	<=1.2	mg/dL
Protein, Total	7.4	6.6-8.7	g/dL
Albumin	4.6	3.5-5.2	g/dL
Globulin	2.8	2.0-3.7	g/dL
Albumin/Globulin Ratio	1.65	1.00-2.30	
Anion Gap	12.0	9.0-19.0	
BUN/Creatinine Ratio	16.5	5.0-30.0	

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

EXHIBIT C



Charles Howard, MD, MMM
Prison Medical Consultant
MedAvise Consultants, LLC
3585 NE 207th St Ste C9 #801235
Miami, FL 33280 Tel: 786-539-3340
MedAviseConsultants.com charles@medavise.com

June 5, 2024

RE: Independent Medical Review: Farid Fata BOP#: 48860-039
Date of Birth: [REDACTED] 1965 59 years old

TO WHOM IT MAY CONCERN:

SUBJECT MATTER EXPERT BACKGROUND

I, Charles Howard, MD, MMM, am retired from the Federal Bureau of Prisons (BOP) having served twenty (20) years as a Medical Officer. During these Twenty (20) years, I served as the National Ophthalmology consultant to the Federal Bureau of Prisons. From November 2002 to December 2016, I worked at the Federal Medical Center, Devens, (FMC Devens) in Ayer, Massachusetts. My duties also included those of a General Staff Physician. From December 2016 until December 2022, I served as Medical Director at the Federal Detention Center, Miami (FDC Miami). I was responsible for examining, evaluating, treating, and coordinating all Medical Care for all inmates in the facility. There are approximately 20,000-30,000 inmates seen at this institution annually. I am Board Certified in Quality Assurance and Utilization Review, a Fellow of the American Institute of Health Care Quality Management, and a Diplomat and Senior Analyst of the American Board of Disability Analysts. In 2005, I earned a Master's Degree in Medical Management (MMM) from HJ Heinz School of Public Policy and Management at Carnegie Mellon University, Pittsburgh, PA.

FMC Devens is an administrative facility that houses convicted Federal Offenders who require all levels of specialized or long term medical and/or mental health care. It is one of six Federal Medical Centers Nationwide operated by the BOP. FMC Devens is one of only two BOP facilities that offer in house hemodialysis and the only renal transplant supporting BOP facility in the nation. FDC Miami is also an administrative facility. FDC Miami houses Detainees who are Pre-Trial, Pre-Sentenced, and Sentenced inmates. As Administrative Facilities, both house individuals of minimal to maximum security levels. Both facilities also house low and medium security level inmates who do not require specialized medical or mental health care. Under my tutelage, both institutions repeatedly attained full accreditation by several Accrediting Agencies. These include the American Correctional Association, Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Accreditation Association of Ambulatory Healthcare (AAAHHC) and BOP Program Review Accreditation.

I have testified in several Federal Courts as an expert witness in Correctional Health Care. Cases have been for Defendants as well as for the US Government on separate occasions.

SCOPE OF REPORT

I have been retained as a Subject Matter Expert in Correctional Medicine to conduct a review of Mr. Fata's medical conditions. That included a detailed review of provided medical records.

To render my Subject Matter Expert opinion, I performed a review of Mr. Fata's provided Medical Records. These included 93 pages of Medical Documents, e-mails between Mr. Fata and institution staff, and a summary of his medical conditions authored by himself. It is important to understand that prior to incarceration, Mr. Fata was a Physician specializing in Hematology and Oncology. This is important with regard to this report because as a Physician, he fully understands the medical issues.

MEDICAL SUMMARY

Mr. Fata is currently housed at FCI Williamsburg. He has been incarcerated since August 6, 2013, almost 11 years. His medical conditions are Diabetes Mellitus and Hyperlipidemia. Mr. Fata's chronic medications include only Metformin (oral diabetes medicine) and Atorvastatin for his hyperlipidemia. These are both well controlled on his current medications. He was reasonably healthy until December 2020 when he became symptomatic and was diagnosed with COVID. Since that time, beginning in April 2021, he developed recurrent infections of his skin, bladder, prostate, gums, and eyes. Mr. Fata did not have repeated infections prior to that time.

Specifically he was seen by medical staff for skin infections on April 27, and July 9, 2021. He was seen by medical staff for urinary and prostate infections on September 8, October 8, November 2, and December 17, 2021, June 8, August 1, and November 14, 2022, and again September 28, and November 2, 2023, and finally February 25, and March 18, 2024. Urinary tract infections, including prostate infections (Prostatitis) typically have cloudy, foul-smelling urine, many times with visible or microscopic blood. It is also painful known as dysuria, with urgency and frequency of urination. He also had an eye infection in April 2022.

The first mention in his medical record of a Urology Consultation (Kidney, Bladder, Prostate specialist) was an "URGENT" consultation request on November 30, 2021. This was in an administrative note, not a clinical encounter after three documented infections in less than a year in his medical record. The request apparently was entered as an administrative note only after Mr. Fata's perseverance to request a Urology consult. It was finally entered by Medical Staff as a result of his insistence via the Informal Resolution Administrative Remedy Process. NOTE: Mr. Fata included a copy of the informal resolution requesting a Urology consult that was responded to with: "scheduled".

Two months later, on January 28, 2022, having still not being seen for an "URGENT" Urology consultation, Mr. Fata consulted one of his Professional colleagues, a Dr. Jack Goldberg, another hematologist, who recommended a complete immunocompromised workup because of the repeated infections (6 infections from April 2021 until January 2022) and his repeated blood tests showing severely low Neutrophil counts. Of note, Mr. Fata had a total of 13 documented infections requiring medical attention from April 2021 until March 2024. A complete immunocompromised workup starts with blood work for specific blood levels of several allergy and immune fighting entities in the blood known as Immunoglobulins.

On June 8, 2022, Mr. Fata's urine culture grew a bacteria known as *Providencia rettgeri*. This is a very rare bacteria to be found in a healthy patient. *Providencia rettgeri* is typically ONLY isolated in an inpatient hospital patient, with a longstanding indwelling urinary catheter, and/or an extremely immunocompromised individual. Mr. Fata does not have a history of hospitalization, nor an indwelling catheter. This leaves ONLY an immunocompromised state as a cause of his recurrent infections. On June 9, 2022 he e-mailed Medical staff asking about his Urology consultation and if the staff doctor could have a telephone conversation with the Urology Consultant about potential options until he is examined. There is no documentation that a BOP staff Doctor to Urology Consultant telephone conversation took place. Blood work was finally ordered at this clinical

encounter. It was drawn and reported as Mr. Fata having a low Immunoglobulin M (IgM) of 40. Normal is (50-300). This is evidence of being immunocompromised. There was no HIV/AIDs test report in the provided records. The finding of a low IgM dictates that there be additional lab testing with several blood tests repeated over a period of weeks to ascertain blood levels of specific infection fighting white blood cells known as Neutrophils. This Community Standard routine is conducted to confirm specific immunocompromised conditions and progression status needed to begin and monitor treatment.

On August 1, 2022, over six months from initial "URGENT" request, Mr. Fata finally saw the Urology consultant. An "URGENT" consultation request should be taken seriously, as it indicates the Medical provider requires the consultation within 30 days, NOT over six months later. The Urology history was consistent with the above notes, Mr. Fata complained of hematuria (blood), dysuria (painful urination) and flank pain (over the lower back rib area where the kidneys reside). His diabetes was reported as well controlled on low dose oral medication. It was noted he was awaiting an infectious disease consultation, and that his Neutropenia (low Neutrophil counts) were a possible cause of his recurrent infections.

On October 18 2022 Mr. Fata was seen by a Hematology consultant due to his recurrent infections and low White Cell and Neutrophil counts. The outside Hematologist recommended a few doses of the drug Neupogen during documented fever and neutropenia on blood work. This would help decrease the number of infections and confirm or disprove the cause as being immunocompromised.

While looking for a cause of possible unusual infections, a CT scan of Mr. Fata's abdomen and pelvis was performed on November 14, 2023. Other than an enlarged prostate, there was no kidney or bladder anatomical abnormality that could explain recurrent infections due to the unusual bacteria.

At a follow up Urology appointment on March 18, 2024, Mr. Fata had a urine cytology test (what types of cells found in urine) that also showed no specific abnormality. This further suggests his source of recurrent infections as being immunocompromised.

In May, 2024 Mr. Fata was evaluated by an Ophthalmology consultant (eyes) who diagnosed Staph blepharitis (an infection on the eyelids) and started him on antibiotic medication.

Mr. Fata had blood and urine labs done several times from 2021 to 2024. Every urine test showed infection. Every Complete Blood Count (CBC) showed low White Blood Cell counts. The specific cell that was dangerously low was the Neutrophil. It has consistently tested at 0.7-1.2. A normal count is 1.9-6.7. These specific cells fight infection.

PRISON LIFE ENVIRONMENT

Inmates live in a densely populated environment, where spread of infectious disease has always been a concern, even prior to COVID-19. Infections are sometimes the result of inmates sharing items such as soap, towels, or clothing, because they are not always readily available. Much of the infection control responsibility falls to inmate's diligence about cleansing and disinfecting areas. As might be expected, inmates frequently fall short on cleansing and disinfecting, creating additional risk. Patients like Mr. Fata, who are immunocompromised, and elderly patients, possibly in pain, have difficulty managing movement to and from activities of daily living such as Commissary, Food Service and Medical areas. These individuals frequently rely on others to help with care.

Inmates in less than healthy condition are much less likely to be diligent about cleanliness and disinfecting. The “high touch” areas where contagion of disease is a concern are toilets, showers, telephones and computer terminals shared by multiple inmates each day. During my career, I witnessed many infectious outbreaks including Methicillin Resistant Staph Aureus (MRSA). For healthy inmates, the risks are not as troubling as for immunocompromised, physically compromised or elderly, for whom any infection could be life-threatening.

SUMMARY

The Social Security Administration has crafted Actuarial Tables to predict the average Life Expectancy at a given age for any United States citizen. The Tables set forth the expected remaining number of years prior to death; the “Life Expectancy”; for a person of average health at any given age. Pursuant to the latest published Social Security Actuarial Tables, Mr. Fata who is 59 years of age, if he were of average health, would have a reasonable Life Expectancy of 21.21 years. However, given Mr. Fata’s several serious and recurrent infections due to his chronically immunocompromised state as discussed elsewhere in this Report, it is likely that his Life Expectancy is significantly less, perhaps half that amount.

While at Federal Medical Center Devens, and at the Federal Detention Center Miami over my 20 years BOP experience, I have many times observed the downward spiral that accompanies incarceration in both an inmate’s physical and mental health. The deterioration can be, and often is, severe and overwhelming. As medical, psychological and physical conditions worsen, the course of deterioration leaves inmates ever less hopeful of functioning independently for the duration of their incarceration. Ultimately, many inmates give up entirely. Recurrent and increasingly severe medical problems and hospitalizations, many times for very lengthy periods of time become the “norm” in elderly patients, inmates, or not. Inmates, however, become unable to receive visitors without special permission of the institution’s Warden. Hospitalized Inmates are unable to partake of the few positive opportunities available at prison facilities such as exercise, education classes or even the company of others. They become extremely aware that the conditions have no real chance of improving. All these issues combine to lead many inmates to sink into severe depression. This depression, in turn, negatively affects the inmates’ health, and so a downward cycle is created.

The Fiscal Government cost for each inmate requiring medical services while incarcerated is greater than \$104,000 annually. Several studies, including from the BOP itself, have documented that typically aging inmates engage in fewer misconduct incidents while incarcerated than younger inmates.

Elderly inmates, over 65-70 years of age, have a low rate of recidivism as documented in several studies including by the BOP. It has been documented at less than 5%. White-Collar Crime inmates also have a low recidivism rate, based upon my 20 years of personal observation. I have yet to locate recidivism studies focused specifically on White-Collar Crime offenders or elderly White-Collar Crime offenders.

There are several specific issues with respect to Mr. Fata’s medical care.

1. Mr. Fata had 14 infections from April 2021 until May 2024, he was never seen by an Infectious Disease specialist. The standard of care in any community in the United States would definitely be to have the patient seen by an Infectious Disease specialist.
2. Mr. Fata has NOT received Neupogen as recommended by the hematology consultant. The clinical indications for Neupogen include those undergoing chemotherapy for various types of cancer, and to

lower the incidence and duration of the sequelae of neutropenia in patients with severe chronic neutropenia.^{1,2} (Please see References below). The sequelae of neutropenia are frequent, even severe bacterial infections. Mr. Fata, again, has suffered from infections requiring treatment Thirteen times (13) in less than 36 months due to lack of proper medication.

3. What is Neupogen?: Neupogen is a Granulocyte-Colony Stimulating Factor (G-CSF) whose function is to stimulate the growth of the Neutrophils that are deficient in number in patients that do not produce enough Neutrophils to fight infections. One of its primary indications is for immunologically suppressed lack of these infection fighting cells.³
4. The risk of infection in patients with Neutropenia (low Neutrophils) is proportional to the severity of the decrease in cell count. Mr. Fata's Neutrophils have consistently been 0.7-1.2 (Normal =1.9-6.7).⁴
5. There is no reference in the provided medical records that an Infectious Disease specialty consultation has ever been requested. His history dictates, under Community Standards, even basic good Medical Practice, that there be a timely Infectious Disease specialist Consultation.

CONCLUSIONS

It is evident from Mr. Fata's provided medical records that his serious recurring infections have not been addressed adequately. Mr. Fata has had an indefensible Delay in Care, having to wait over six months for an "urgent" urology consultation. He still lacks being evaluated by an Infectious Disease specialist. In addition, the lack of concern and failure to properly treat based upon recommendations of the specialist, constitutes Deliberate Indifference, which, outside the prison environment would be Malpractice.

The BOP has failed to treat Mr. Fata within the standard of care in the community. The BOP has also failed Mr. Fata by not obtaining specialty consultation in a timely manner. Mr. Fata did not have recurrent infections prior to incarceration but began having issues after contracting COVID while incarcerated. Although he most likely would have had COVID had he not been incarcerated, he would have been able to obtain appropriate and timely care in his home community.

It is my recommendation that the Court consider the chronicity and severity of the medical conditions explained in this Report. The likelihood that continuing down the path of treatment, Mr. Fata will experience significant potentially life-threatening complications from recurrent and more serious infections. Please consider these issues as compelling and extenuating circumstances severe enough to support a reduction in sentence, to Time Served. At the very least, he should be given the opportunity to be released to Home confinement with monitoring to complete his sentence and obtain timely and appropriate care.

Thank you for your consideration.

Charles D. Howard, MD, MMM
Digitally signed by Charles D. Howard, MD, MMM
Date: 2024.06.05 13:26:26 -04'00'



Charles Howard, MD, MMM
Former Medical Director, Miami Federal Detention Center
Prison Medical Consultant
Master of Medical Management
Fellow American Board of Quality Assurance & Utilization Review Physicians

Fellow American Institute of Health Care Quality Management
Diplomat and Senior Analyst American Board of Disability Analysts

<https://MedAdviseConsultants.com> <https://Charlesnowardmd.com/>
drhoward@medadviseconsultants.com charlesnowardmd@gmail.com

References:

1. Dale DC, Cottle TE, Fier CJ, Bolyard AA, Bonilla MA, Boxer LA, Cham B, Freedman MH, Kannourakis G, Kinsey SE, Davis R, Scarlata D, Schwinzer B, Zeidler C, Welte K. Severe chronic neutropenia: treatment and follow-up of patients in the Severe Chronic Neutropenia International Registry. Am J Hematol. 2003 Feb;72(2):82-93. [PubMed]
2. American Society of Hematology Blood Journal (2014) 124 (8): 1251-1258 How We Evaluate and Treat Neutropenia in Adults. <https://ashpublications.org/blood/article/124/8/1251/33512/How-we-evaluate-and-treat-neutropenia-in-adults>
3. Cleveland Clinic Health Library Treatments Article: G-CSF (Granulocyte-Colony Stimulating Factor) <https://my.clevelandclinic.org/health/treatments/24126-g-csf-treatment>
4. Merck Manual Professional Version: Neutropenia (Agranulocytosis; Granulocytopenia) by David C. Dale, MD, University of Washington, Reviewed/Revised Apr 2023
<https://www.merckmanuals.com/professional/hematology-and-oncology/neutropenia/Neutropenia>

EXHIBIT D

WILIF * INMATE EDUCATION DATA * 04-24-2024
 PAGE 001 * TRANSCRIPT * 17:26:24

REGISTER NO: 48860-039 NAME.: FATA FUNC: PRT
 FORMAT.....: TRANSCRIPT RSP OF: WIL-WILLIAMSBURG FCI

----- EDUCATION INFORMATION -----
 FACL ASSIGNMENT DESCRIPTION START DATE/TIME STOP DATE/TIME
 WIL ESL HAS ENGLISH PROFICIENT 09-03-2015 1052 CURRENT
 WIL GED HAS COMPLETED GED OR HS DIPLOMA 09-03-2015 1049 CURRENT

----- EDUCATION COURSES -----

SUB-FACL	DESCRIPTION	START DATE	STOP DATE	EVNT	AC	LV	HRS
WIL	RPP #1-WELLNESS ANATOMY CLASS	12-25-2023	04-08-2024	P	C	P	10
WIL	RPP#1-MEN'S HEALTH CLASS	07-30-2023	11-11-2023	P	C	P	12
WIL	HEALTH FAIR-VARIOUS TOPICS	12-15-2023	01-14-2024	P	C	P	2
WIL	HEALTH FAIR-VARIOUS TOPICS	07-03-2023	08-13-2023	P	C	P	2
WIL	RPP#1-LIVING WELL CHRONIC	12-25-2022	05-07-2023	P	C	P	24
WIL	HEALTH FAIR-VARIOUS TOPICS	05-19-2022	07-15-2022	P	C	P	2
WIL	RPP #1 - DIABETES CLASS	07-16-2021	12-31-2021	P	C	P	12
WIL	RPP #6 FCI AA	07-04-2021	12-05-2021	P	C	P	10
WIL	RPP #6 FCI NA	07-04-2021	12-05-2021	P	C	P	10
WIL	INTRODUCTION TO BAND	06-24-2021	07-11-2021	P	C	P	2
WIL	GUITAR CARE	06-24-2021	07-11-2021	P	C	P	2
WIL	HEALTH FAIR-VARIOUS TOPICS	05-30-2021	07-07-2021	P	C	P	2
WIL	SHU MEN'S HEALTH	01-01-2021	03-22-2021	P	C	P	5
WIL	HEALTH FAIR-VARIOUS TOPICS	11-23-2020	12-18-2020	P	C	P	2
WIL	SHU NUTRITION	08-21-2020	12-18-2020	P	C	P	5
WIL	BEGINNING FRENCH	01-21-2020	10-05-2020	P	C	P	20
WIL	INTERMEDIATE PIANO	01-12-2020	03-31-2020	P	C	P	20
WIL	STARTING AND INCORPRATE A BUS	03-05-2019	05-24-2019	P	C	P	20
WIL	BEGINNING FRENCH	03-05-2019	05-24-2019	P	C	P	20
WIL	ADVANCE FRENCH	11-16-2018	02-25-2019	P	C	P	20
WIL	STARTING AND INCORPRATE A BUS	11-16-2018	02-25-2019	P	C	P	20
WIL	ART HISTORY-VARIOUS TOPICS	12-26-2018	12-28-2018	P	C	P	2
WIL	BEGINNING FRENCH	08-09-2018	10-31-2018	P	C	P	20
WIL	HEALTH FAIR-VARIOUS TOPICS	09-25-2018	09-28-2018	P	C	P	2
WIL	STARTING AND INCORPRATE A BUS	05-09-2018	07-27-2018	P	C	P	20
WIL	ADVANCE FRENCH	05-09-2018	07-27-2018	P	C	P	20
WIL	BEGINING FRENCH	02-01-2018	05-11-2018	P	C	P	20
WIL	UNDERSTANDING BASIC LAW	02-01-2018	05-09-2018	P	C	P	20
WIL	INDEPENDENT OWNER TRUCKING BUS	02-01-2018	05-09-2018	P	C	P	20
WIL	HEALTH FAIR-VARIOUS TOPICS	04-24-2018	05-07-2018	P	C	P	2
WIL	CUSTODIAL APPRENTICE	03-14-2017	05-04-2018	P	C	A	2228
WIL	INTERMEDIATE SPANISH	10-24-2017	01-19-2018	P	C	P	20
WIL	ADVANCE LAW	10-24-2017	01-12-2018	P	C	P	20
WIL	INTERMEDIATE FRENCH	10-25-2017	01-12-2018	P	C	P	20
WIL	HEALTH FAIR-VARIOUS TOPICS	09-27-2017	10-03-2017	P	C	P	2
WIL	BEGINNING SPANISH	07-27-2017	10-10-2017	P	C	P	20
WIL	BEGINING FRENCH	07-27-2017	10-10-2017	P	C	P	20
WIL	STARTING AND INCORPRATE A BUS	04-14-2017	06-30-2017	P	C	P	20
WIL	BEGINNING SPANISH	04-14-2017	06-30-2017	P	C	P	20
WIL	ART HISTORY-VARIOUS TOPICS	05-31-2017	06-10-2017	P	C	P	2

G0002 MORE PAGES TO FOLLOW . . .

WILIF *
PAGE 002 OF 002 *

INMATE EDUCATION DATA
TRANSCRIPT

* 04-24-2024
* 17:26:24

REGISTER NO: 48860-039
FORMAT.....: TRANSCRIPT

NAME...: FATA
RSP OF: WIL-WILLIAMSBURG FCI

FUNC: PRT

----- EDUCATION COURSES -----								
SUB-FACL	DESCRIPTION	START DATE	STOP DATE	EVNT	AC	LV	HRS	
WIL	HEALTH FAIR-VARIOUS TOPICS	04-25-2017	05-07-2017	P	C	P	2	
WIL	RPP #6 DRUG EDUCATION	08-22-2016	10-21-2016	P	C	P	1	
WIL	FCI ORIGAMI LEISURE CLASS	06-24-2016	08-16-2016	P	C	P	16	
WIL	TEACH ENGLISH TO SPANISH	05-18-2016	08-12-2016	P	C	P	20	
WIL	TYPING I	05-20-2016	08-12-2016	P	C	P	40	
WIL	FCI CDL PREP CLASS	05-17-2016	08-05-2016	P	C	P	20	
WIL	RPP#1-MEN'S HEALTH CLASS	03-28-2016	06-15-2016	P	C	P	10	
WIL	RPP#1-ENDURANCE TRAINING CLASS	03-28-2016	06-15-2016	P	C	P	10	
WIL	HEALTH FAIR-VARIOUS TOPICS	04-27-2016	05-17-2016	P	C	P	2	
WIL	INVESTING / ACE COURSE	02-11-2016	05-16-2016	P	C	P	20	
WIL	JOB FAIR INFORMATIONAL	03-09-2016	05-10-2016	P	C	P	2	
WIL	COMPUTER APPLS SKILL IMPROVEMEN	02-18-2016	05-10-2016	P	C	P	40	
WIL	BEGINNER'S DRUM CLASS	09-03-2015	12-03-2015	P	C	P	10	
WIL	REC MUSIC CLASS	01-13-2016	03-28-2016	P	C	P	10	
WIL	TYPING I	12-04-2015	02-16-2016	P	C	P	40	
WIL	TEACH ENGLISH TO SPANISH	08-21-2015	02-01-2016	P	C	P	20	
WIL	REC MUSIC CLASS	09-03-2015	12-03-2015	P	C	P	10	
WIL	BUSINESS MARKETING & ADMIN COM	10-02-2015	02-01-2016	P	C	P	20	
WIL	HEALTH FAIR-VARIOUS TOPICS	10-29-2015	10-29-2015	P	C	P	2	
WIL	RPP #1 HIV/AIDS AWARENESS	09-14-2015	09-14-2015	P	C	P	1	

G0000

TRANSACTION SUCCESSFULLY COMPLETED

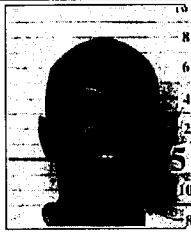
**Individualized Needs Plan - Program Review (File copy)**

SEQUENCE: 01848271

Dept. of Justice / Federal Bureau of Prisons

Team Date: 03-05-2024

Plan is for inmate: FATA, FARID 48860-039



Facility: WIL WILLIAMSBURG FCI
 Name: FATA, FARID
 Register No.: 48860-039
 Age: 58
 Date of Birth: 04-09-1965
 Proj. Rel. Date: 12-11-2050
 Proj. Rel. Method: FIRST STEP
 DNA Status: MIL05699 / 08-28-2013
 CIMS Status: YES
 CIMS Reconciled: N/A

Contact Information**Release contact & address**

GARY MANNI, OTHER

37205 ALMONT DRIVE W, STERLING HEIGHTS, MI 48310 US

Phone (Home) : 248-703-7635

Emergency contact #1

Samar Fata, WIFE

2910 Windermere Oaks Lane, Apt. 203, Riverview, FL 33578 US

phone (mobile) : 514-952-6554

Inmate is subject to 18 U.S.C. 4042(B) Notification:

No

Inmate is subject to 18 U.S.C. 4042(C) Notification and Registration:

N/A

Offense Sentences

Charge	Terms In Effect
18:1347 HEALTH CARE FRAUD CTS 3SSSS-6SSSS 9SSSS-17SSSS 18:371 CONSPIRACY TO PAY AND RECEIVE KICKBACKS CT20SSSS 18:1956(A)(1)(A)(I) MONEY LAUNDERING CT 22SSSS,23SSSS	540 MONTHS

Detainers

Detaining Agency	Remarks
------------------	---------

NO DETAINER

Current CMA Assignments

Assignment	Description	Start
BIR CERT N	BIRTH CERTIFICATE - NO	07-28-2018
DEPEND Y	DEPENDENTS UNDER 21 - YES	07-28-2018
PHOTO ID N	PHOTO ID - NO	07-28-2018
RPP PART	RELEASE PREP PGM PARTICIPATES	08-28-2015
SSN CARD N	SOCIAL SECURITY CARD - NO	07-28-2018
THR COMP	THRESHOLD COMPLETED	03-02-2021
VET P/S N	PARENT/SPOUSE VETERAN - NO	07-28-2018
VETERAN N	VETERAN - NO	07-28-2018
V94 COA913	V94 CURR OTHER ON/AFTER 91394	08-28-2015
WA NO HIST	NO WALSH ACT OFFENSE HISTORY	07-23-2015

Inmate Photo ID Status

Full status incomplete - Expiration: null

Current Work Assignments

FacI	Assignment	Description	Start
WIL	IDLE	IDLE 1 DAY	11-14-2023

Current Education Information

FacI	Assignment	Description	Start
WIL	ESL HAS	ENGLISH PROFICIENT	09-03-2015
WIL	GED HAS	COMPLETED GED OR HS DIPLOMA	09-03-2015

Education Courses

SubFacI	Action	Description	Start	Stop
WIL		RPP #1-WELLNESS ANATOMY CLASS	12-25-2023	CURRENT
WIL	C	RPP#1-MEN'S HEALTH CLASS	07-30-2023	11-11-2023
WIL	C	HEALTH FAIR-VARIOUS TOPICS	12-15-2023	01-14-2024
WIL	C	HEALTH FAIR-VARIOUS TOPICS	07-03-2023	08-13-2023
WIL	C	RPP#1-LIVING WELL CHRONIC	12-25-2022	05-07-2023



Individualized Needs Plan - Program Review (File copy)

SEQUENCE: 01848271

Dept. of Justice / Federal Bureau of Prisons

Team Date: 03-05-2024

Plan is for inmate: FATA, FARID 48860-039

SubFacI	Action	Description	Start	Stop
WIL	C	HEALTH FAIR-VARIOUS TOPICS	05-19-2022	07-15-2022
WIL	C	RPP #1 - DIABETES CLASS	07-16-2021	12-31-2021
WIL	C	RPP #6 FCI AA	07-04-2021	12-05-2021
WIL	C	RPP #6 FCI NA	07-04-2021	12-05-2021
WIL	C	INTRODUCTION TO BAND	06-24-2021	07-11-2021
WIL	C	GUJAR CARE	06-24-2021	07-11-2021
WIL	C	HEALTH FAIR-VARIOUS TOPICS	05-30-2021	07-07-2021
WIL	C	SHU MEN'S HEALTH	01-01-2021	03-22-2021
WIL	C	HEALTH FAIR-VARIOUS TOPICS	11-23-2020	12-18-2020
WIL	C	SHU NUTRITION	08-21-2020	12-18-2020
WIL	C	BEGINNING FRENCH	01-21-2020	10-05-2020
WIL	C	INTERMEDIATE PIANO	01-12-2020	03-31-2020
WIL	C	STARTING AND INCORPRATE A BUS	03-05-2019	05-24-2019
WIL	C	BEGINNING FRENCH	03-05-2019	05-24-2019
WIL	C	ADVANCE FRENCH	11-16-2018	02-25-2019
WIL	C	STARTING AND INCORPRATE A BUS	11-16-2018	02-25-2019
WIL	C	ART HISTORY-VARIOUS TOPICS	12-26-2018	12-28-2018
WIL	C	BEGINNING FRENCH	08-09-2018	10-31-2018
WIL	C	HEALTH FAIR-VARIOUS TOPICS	09-25-2018	09-28-2018
WIL	C	STARTING AND INCORPRATE A BUS	05-09-2018	07-27-2018
WIL	C	ADVANCE FRENCH	05-09-2018	07-27-2018
WIL	C	BEGINING FRENCH	02-01-2018	05-11-2018
WIL	C	UNDERSTANDING BASIC LAW	02-01-2018	05-09-2018
WIL	C	INDEPENDENT OWNER TRUCKING	02-01-2018	05-09-2018
WIL	C	HEALTH FAIR-VARIOUS TOPICS	04-24-2018	05-07-2018
WIL	C	CUSTODIAL APPRENTICE	03-14-2017	05-04-2018
WIL	C	INTERMEDIATE SPANISH	10-24-2017	01-19-2018
WIL	C	ADVANCE LAW	10-24-2017	01-12-2018
WIL	C	INTERMEDIATE FRENCH	10-25-2017	01-12-2018
WIL	C	HEALTH FAIR-VARIOUS TOPICS	09-27-2017	10-03-2017
WIL	C	BEGINNING SPANISH	07-27-2017	10-10-2017
WIL	C	BEGINING FRENCH	07-27-2017	10-10-2017
WIL	C	STARTING AND INCORPRATE A BUS	04-14-2017	06-30-2017
WIL	C	BEGINNING SPANISH	04-14-2017	06-30-2017
WIL	C	ART HISTORY-VARIOUS TOPICS	05-31-2017	06-10-2017
WIL	C	HEALTH FAIR-VARIOUS TOPICS	04-25-2017	05-07-2017
WIL	C	RPP #6 DRUG EDUCATION	08-22-2016	10-21-2016
WIL	C	FCI ORIGAMI LEISURE CLASS	06-24-2016	08-16-2016
WIL	C	TEACH ENGLISH TO SPANISH	05-18-2016	08-12-2016
WIL	C	TYPING I	05-20-2016	08-12-2016
WIL	C	FCI CDL PREP CLASS	05-17-2016	08-05-2016
WIL	C	RPP#1-MEN'S HEALTH CLASS	03-28-2016	06-15-2016
WIL	C	RPP#1-ENDURANCE TRAINING CLASS	03-28-2016	06-15-2016
WIL	C	HEALTH FAIR-VARIOUS TOPICS	04-27-2016	05-17-2016
WIL	C	INVESTING / ACE COURSE	02-11-2016	05-16-2016
WIL	C	JOB FAIR INFORMATIONAL	03-09-2016	05-10-2016
WIL	C	COMPUTER APPLS SKILL IMPROVMEN	02-18-2016	05-10-2016
WIL	C	BEGINNER'S DRUM CLASS	09-03-2015	12-03-2015
WIL	C	REC MUSIC CLASS	01-13-2016	03-28-2016
WIL	C	TYPING I	12-04-2015	02-16-2016
WIL	C	REC MUSIC CLASS	09-03-2015	12-03-2015
WIL	C	BUSINESS MARKETING & ADMIN COM	10-02-2015	02-01-2016
WIL	C	HEALTH FAIR-VARIOUS TOPICS	10-29-2015	10-29-2015
WIL	C	RPP #1 HIV/AIDS AWARENESS	09-14-2015	09-14-2015

Discipline History (Last 6 months)

Hearing Date	Prohibited Acts
--------------	-----------------

**Individualized Needs Plan - Program Review (File copy)**

SEQUENCE: 01848271

Dept. of Justice / Federal Bureau of Prisons

Team Date: 03-05-2024

Plan is for inmate: FATA, FARID 48860-039

Hearing Date Prohibited Acts

** NO INCIDENT REPORTS FOUND IN LAST 6 MONTHS **

ARS Assignments

FacI	Assignment	Reason	Start	Stop
WIL	A-DES	OTHER AUTH ABSENCE RETURN	11-14-2023	CURRENT
WIL	A-DES	OTHER AUTH ABSENCE RETURN	11-16-2022	11-14-2023
WIL	A-DES	OTHER AUTH ABSENCE RETURN	10-18-2022	11-16-2022
WIL	A-DES	OTHER AUTH ABSENCE RETURN	08-01-2022	10-18-2022
WIL	A-DES	OTHER AUTH ABSENCE RETURN	03-24-2022	08-01-2022
WIL	A-DES	WRIT RETURN	10-31-2019	03-24-2022
WIL	A-DES	TRANSFER RECEIVED	02-10-2017	05-03-2019
WIL	A-DES	OTHER AUTH ABSENCE RETURN	06-09-2016	12-16-2016
WIL	A-DES	OTHER AUTH ABSENCE RETURN	02-10-2016	06-09-2016
WIL	A-DES	US DISTRICT COURT COMMITMENT	08-28-2015	02-10-2016

Current Care Assignments

Assignment	Description	Start
CARE1-MH	CARE1-MENTAL HEALTH	07-20-2015
CARE2	STABLE, CHRONIC CARE	04-23-2023

Current Medical Duty Status Assignments

Assignment	Description	Start
NO PAPER	NO PAPER MEDICAL RECORD	08-28-2013
REG DUTY	NO MEDICAL RESTR-REGULAR DUTY	01-19-2017
YES F/S	CLEARED FOR FOOD SERVICE	10-31-2019

Current PTP Assignments

Assignment	Description	Start
------------	-------------	-------

NO ASSIGNMENTS

Current Drug Assignments

Assignment	Description	Start
ED COMP	DRUG EDUCATION COMPLETE	10-21-2016
NR COMP	NRES DRUG TMT/COMPLETE	06-01-2023

FRP Payment Plan

Most Recent Payment Plan

FRP Assignment: PART FINANC RESP-PARTICIPATES Start: 03-07-2016

Inmate Decision: AGREED \$25.00 Frequency: MONTHLY

Payments past 6 months: \$25.00 Obligation Balance: \$26,480,087.45

Financial Obligations

No.	Type	Amount	Balance	Payable	Status
2	REST FV	\$26,480,880.37	\$26,480,087.45	IMMEDIATE	AGREED
Adjustments:					
		Date Added	FacI	Adjust Type	Reason
		09-12-2023	WIL	PAYMENT	INSIDE PMT
					Amount
1	ASSMT	\$1,600.00	\$1,225.00	DEFERRED	EXPIRED

** NO ADJUSTMENTS MADE IN LAST 6 MONTHS **

FRP Deposits

Trust Fund Deposits - Past 6 months: \$ N/A

Payments commensurate ? N/A

New Payment Plan: ** No data **

Current FSA Assignments

Assignment	Description	Start
AWARD	EBRR INCENTIVE AWARD	03-05-2024
FTC ELIG	FTC-ELIGIBLE - REVIEWED	07-10-2020

**Individualized Needs Plan - Program Review (File copy)**

SEQUENCE: 01848271

Dept. of Justice / Federal Bureau of Prisons

Team Date: 03-05-2024

Plan is for inmate: FATA, FARID 48860-039

Assignment	Description	Start
N-ANGER N	NEED - ANGER/HOSTILITY NO	03-05-2024
N-ANTISO N	NEED - ANTISOCIAL PEERS NO	03-05-2024
N-COGNTV N	NEED - COGNITIONS NO	03-05-2024
N-DYSLEX N	NEED - DYSLEXIA NO	05-31-2021
N-EDUC N	NEED - EDUCATION NO	03-05-2024
N-FIN PV Y	NEED - FINANCE/POVERTY YES	03-05-2024
N-FM/PAR N	NEED - FAMILY/PARENTING NO	03-05-2024
N-M HLTH N	NEED - MENTAL HEALTH NO	03-05-2024
N-MEDICL Y	NEED - MEDICAL YES	03-05-2024
N-RLF N	NEED - REC/LEISURE/FITNESS NO	03-05-2024
N-SUB AB N	NEED - SUBSTANCE ABUSE NO	03-05-2024
N-TRAUMA N	NEED - TRAUMA NO	03-05-2024
N-WORK N	NEED - WORK NO	03-05-2024
R-MIN	MINIMUM RISK RECIDIVISM LEVEL	03-05-2024

Progress since last review

Inmate continues to program successfully in Unicolor.

Next Program Review Goals

Unit team suggest Mr. Fata enroll and complete one RPP course if ROP is not available by next program review. Unit team suggest Mr. Fata obtain application for Birth Certificate and Social Security Card by next program review.

Long Term Goals

Unit Team suggest Mr. Fata complete ROP Program by release date. Unit team suggest Mr. Fata obtain Birth Certificate and Social Security card by release date. Mr. Fata is encourage to complete some of the college courses offered by Williamsburg Technical College.

RRC/HC Placement

No.
 Management decision - Will discuss 17-19 months prior to release date, if eligible..
 Consideration has been given for Five Factor Review (Second Chance Act):
 - Facility Resources : RRC Available
 - Offense : Instant offense fraud
 - Prisoner : There are no extenuating circumstances that would preclude placement.
 - Court Statement : none
 - Sentencing Commission : none

Will review 17-19 months from release date

Comments

407/408 reviewed and current.
 Judicial Recommendations: Yes, RDAP
 Defendant be assigned to FCI Milan.

WILIF	*	INMATE DISCIPLINE DATA	*	04-24-2024
PAGE 001 OF 001	*	CHRONOLOGICAL DISCIPLINARY RECORD	*	17:23:35

REGISTER NO: 48860-039 NAME...: FATA, FARID
FUNCTION...: PRT FORMAT: CHRONO LIMIT TO ____ MOS PRIOR TO 04-24-2024

G5463 NO ENTRIES EXIST IN CHRONOLOGICAL LOG FOR TIME PERIOD REQUESTED

WILIF 540*23 *
PAGE 001 *

SENTENCE MONITORING
COMPUTATION DATA
AS OF 04-24-2024

* 04-24-2024
* 17:17:49

REGNO...: 48860-039 NAME: FATA, FARID

FBI NO.....: 255774WD9
ARS1.....: WIL/A-DES
UNIT.....: 3 GP
DETAINERS.....: NO

DATE OF BIRTH: 04-09-1965 AGE: 59
QUARTERS.....: A04-221L
NOTIFICATIONS: NO

FSA ELIGIBILITY STATUS IS: ELIGIBLE

THE FOLLOWING SENTENCE DATA IS FOR THE INMATE'S CURRENT COMMITMENT.

HOME DETENTION ELIGIBILITY DATE....: 06-11-2050

FINAL STATUTORY RELEASE FOR INMATE.: 12-11-2051 VIA GCT REL
WITH APPLIED FSA CREDITS.: 365 DAYS
THE INMATE IS PROJECTED FOR RELEASE: 12-11-2050 VIA FSA REL

-----CURRENT JUDGMENT/WARRANT NO: 010 -----

COURT OF JURISDICTION.....: MICHIGAN, EASTERN DISTRICT
DOCKET NUMBER.....: 13CR20600-1
JUDGE.....: BORMAN
DATE SENTENCED/PROBATION IMPOSED: 07-10-2015
DATE COMMITTED.....: 08-28-2015
HOW COMMITTED.....: US DISTRICT COURT COMMITMENT
PROBATION IMPOSED.....: NO

	FELONY ASSESS	MISDMNR ASSESS	FINES	COSTS
NON-COMMITTED.:	\$1,600.00	\$00.00	\$00.00	\$00.00

RESTITUTION...: PROPERTY: NO SERVICES: NO AMOUNT: \$26,480,880.37

-----CURRENT OBLIGATION NO: 010 -----

OFFENSE CODE.....: 153 18:286,371 FRAUD, OTHER
OFF/CHG: 18:1347 HEALTH CARE FRAUD CTS 3SSSS-6SSSS 9SSSS-17SSSS
18:371 CONSPIRACY TO PAY AND RECEIVE KICKBACKS CT20SSSS
18:1956(A) (1) (A) (I) MONEY LAUNDERING CT 22SSSS,23SSSS

SENTENCE PROCEDURE.....: 3559 PLRA SENTENCE
SENTENCE IMPOSED/TIME TO SERVE.: 540 MONTHS
TERM OF SUPERVISION.....: 36 MONTHS
DATE OF OFFENSE.....: 05-03-2013

G0002 MORE PAGES TO FOLLOW . . .

WILIF 540*23 *
PAGE 002 OF 002 *

SENTENCE MONITORING
COMPUTATION DATA
AS OF 04-24-2024

* 04-24-2024
* 17:17:49

REGNO...: 48860-039 NAME: FATA, FARID

-----CURRENT COMPUTATION NO: 010 -----

COMPUTATION 010 WAS LAST UPDATED ON 01-08-2020 AT DSC AUTOMATICALLY
COMPUTATION CERTIFIED ON 12-10-2021 BY DESIG/SENTENCE COMPUTATION CTR

THE FOLLOWING JUDGMENTS, WARRANTS AND OBLIGATIONS ARE INCLUDED IN
CURRENT COMPUTATION 010: 010 010

DATE COMPUTATION BEGAN.....: 07-10-2015
TOTAL TERM IN EFFECT.....: 540 MONTHS
TOTAL TERM IN EFFECT CONVERTED...: 45 YEARS
EARLIEST DATE OF OFFENSE.....: 05-03-2013

JAIL CREDIT.....:	FROM DATE	THRU DATE
	08-06-2013	07-09-2015

TOTAL PRIOR CREDIT TIME.....: 703
TOTAL INOPERATIVE TIME.....: 0
TOTAL GCT EARNED AND PROJECTED...: 2430
TOTAL GCT EARNED.....: 540
STATUTORY RELEASE DATE PROJECTED: 12-11-2051
ELDERLY OFFENDER TWO THIRDS DATE: 08-07-2043
EXPIRATION FULL TERM DATE.....: 08-06-2058
TIME SERVED.....: 10 YEARS 8 MONTHS 19 DAYS
PERCENTAGE OF FULL TERM SERVED...: 23.8
PERCENT OF STATUTORY TERM SERVED: 27.9

PROJECTED SATISFACTION DATE.....: 12-11-2050
PROJECTED SATISFACTION METHOD....: FSA REL
WITH FSA CREDITS INCLUDED....: 365

REMARKS.....: 4-5-19 REC'D AJC TO ADD RESTITUTION R/JCW.
1-8-20 GCT UPDATED PURSUANT TO FSA R/JMD.

G0000 TRANSACTION SUCCESSFULLY COMPLETED

FSA Recidivism Risk Assessment (PATTERN 01.03.00)

Register Number: 48860-039, Last Name: FATA

U.S. DEPARTMENT OF JUSTICE**FEDERAL BUREAU OF PRISONS**

Register Number: 48860-039

Inmate Name

Last.....: FATA

First.....: FARID

Middle.....:

Suffix.....:

Gender.....: MALE

Risk Level Inmate.....: R-MIN

General Level.....: R-MIN (-15)

Violent Level.....: R-MIN (-7)

Security Level Inmate: MEDIUM

Security Level Faci...: MEDIUM

Responsible Facility.: WIL

Start Incarceration..: 07/10/2015

PATTERN Worksheet Details

Item: Programs Completed, Value: 15

General Score: -12, Violent Score: -4

Risk Item Data

Category	Assignment	Start	Stop
DRG	ED COMP	10/21/2016 14:30	
EDC	B M A COMM	10/02/2015 17:59	10/02/2015 17:59
EDC	INVEST I	02/11/2016 16:21	02/11/2016 16:21
EDC	COMPSKILLS	02/18/2016 15:19	02/18/2016 15:19
EDC	CDLPREP	05/17/2016 15:03	05/17/2016 15:03
EDC	SPAN2ENG	05/18/2016 15:20	05/18/2016 15:20
EDC	TYPING I	05/20/2016 09:51	05/20/2016 09:51
EDC	SPANISH I	07/27/2017 13:25	07/27/2017 13:25
EDC	ADVANCE LAW	10/24/2017 08:54	10/24/2017 08:54
EDC	SPANISH II	10/24/2017 12:20	10/24/2017 12:20
EDC	TRUCK BUS	02/01/2018 08:00	02/01/2018 08:00
EDC	BASIC LAW	02/01/2018 13:05	02/01/2018 13:05
EDC	FRENCH II	11/16/2018 12:47	11/16/2018 12:47
EDC	BUS INCORP	03/05/2019 19:11	03/05/2019 19:11
EDC	FRENCH	01/21/2020 12:41	01/21/2020 12:41

Item: Work Programs, Value: 2

General Score: -2, Violent Score: -2

Risk Item Data

Category	Assignment	Start	Stop
EDC	CUSTODIAN	03/14/2017 15:30	03/14/2017 15:30
WRK	UNICOR	11/16/2022 12:13	11/16/2022 12:13

WILIF 606.00 * MALE CUSTODY CLASSIFICATION FORM * 04-24-2024
PAGE 001 OF 001 17:18:18

(A) IDENTIFYING DATA

REG NO...: 48860-039 FORM DATE: 10-27-2023 ORG: WIL
NAME.....: FATA, FARID

MGTV: NONE

PUB SFTY: GRT SVRTY, SENT LGTH MVED:

(B) BASE SCORING

DETAINER: (0) NONE SEVERITY.....: (7) GREATEST
MOS REL.: 325 CRIM HIST SCORE: (00) 0 POINTS
ESCAPES.: (0) NONE VIOLENCE.....: (0) NONE
VOL SURR: (0) N/A AGE CATEGORY...: (0) 55 AND OVER
EDUC LEV: (0) VERFD HS DEGREE/GED DRUG/ALC ABUSE.: (0) NEVER/>5 YEARS

(C) CUSTODY SCORING

TIME SERVED.....: (4) 26-75% PROG PARTICIPAT: (2) GOOD
LIVING SKILLS...: (2) GOOD TYPE DISCIP RPT: (5) NONE
FREQ DISCIP RPT.: (3) NONE FAMILY/COMMUN...: (4) GOOD

--- LEVEL AND CUSTODY SUMMARY ---

BASE CUST	VARIANCE	SEC TOTAL	SCORED LEV	MGMT	SEC LEVEL	CUSTODY	CONSIDER
+7	+20	-4	+3	MEDIUM	N/A	IN	DECREASE

G0005 TRANSACTION SUCCESSFULLY COMPLETED - CONTINUE PROCESSING IF DESIRED

Farid Fata

#48860-039

FCI Williamsburg

P.O. Box 340

Salters, SC 29590

To:

clerk of court

Honorable Judge Bermen

U.S. Court House

231 West Lafayette BLVD

Detroit, Michigan 48226

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n for availability and limitations of coverage.

SALTERS, SC 29590

Date: 6/20/07

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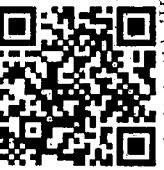
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Date: 6/20/2024

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