

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

UNITED STATES OF AMERICA,

Plaintiff,

CRIMINAL NO. 13-20600

v.

HON. JONATHAN J.C. GREY

FARID FATA,

Defendant.

**UNITED STATES' COMBINED RESPONSE AND BRIEF OPPOSING
THE DEFENDANT'S MOTION FOR REDUCTION OF SENTENCE
PURSUANT TO 18 U.S.C. § 3582(C)(1)(A)**

Introduction

Farid Fata poisoned his cancer and hematology patients for profit. *United States v. Fata*, 650 F. App'x 260, 261 (6th Cir. 2016); *United States v. Fata*, 2020 WL 4577418 at *1–2 (E.D. Mich. Feb. 7, 2020). He falsely diagnosed them with cancer and other maladies, then administered and billed for chemotherapy, cancer treatments, intravenous iron, and other dangerous chemicals they did not need. *Fata*, 650 F. App'x at 261. Rather than healing the patients who sought his help, Fata caused permanent damage to their bodies. *Fata*, 2020 WL 4577418 at *3. For this reprehensible conduct, Fata received no less than \$17 million in ill-gotten payments from Medicare and other insurers. As stated by the Sixth Circuit, “the

district court accurately described Fata's conduct as "a huge, horrific, series of criminal acts." *Fata*, 650 F. App'x at 261-62.

Fata began serving his 45-year sentence at FCI Williamsburg on August 28, 2015. Fata, a man who knows no compassion, now moves for compassionate release for the second time seeking release from prison decades early. His motion should be denied. Fata's medical condition does not satisfy the requirements in § 1B1.13(1)(A). Fata's offenses also make him a continued danger to the community. *See* USSG § 1B1.13(2). And the § 3553(a) factors, which the Court must also consider under § 3582(c)(1)(A), do not support release because of the horrifying nature of Fata's crimes, his refusal to accept responsibility for the deliberate poisoning of his patients, and his pattern of lying in legal proceedings. Fata's failure to accept the physical and emotional harm he has caused thousands of victims and their families and his ongoing calculated manipulation means absolutely nothing has changed since Judge Borman carefully balanced the § 3553 factors at Fata's sentencing and when he denied Fata's first motion for compassionate release.

Background

Farid Fata was a doctor who owned and operated a medical practice called Michigan Hematology Oncology. Between 2005 and 2013, the practice grew to seven locations and treated approximately 17,000 patients. Fata eventually

expanded his businesses to include a pharmacy (Vital Pharmacare) and a diagnostic testing facility (United Diagnostics). (PSR ¶¶ 28-30).

Fata used his businesses to perpetrate an almost unthinkable scheme of dosing patients with unnecessary medications, just so he could bill for them. (PSR ¶ 32). In 2014, Fata admitted that he engaged in numerous types of patient mistreatment, including:

- Unnecessary chemotherapy and other cancer treatment drugs given to patients without cancer or in remission;
- Aggressive, dangerous chemotherapy given in the office (where Fata could bill) instead of the appropriate hospital setting;
- Unnecessary “supportive” treatments, such as human growth factors, intravenous immunoglobulin, and anti-nausea medication;
- Unnecessary intravenous iron given to patients who were not iron-deficient; and
- Unnecessary positronic emission test (PET) scans, which involve the injection of radioactive material into patients.

(PSR ¶ 42-50)(ECF No. 111, pgs. 1112-1126).

Fata was charged with eighteen counts of health care fraud, two counts of promotional money laundering, one count of conspiracy to pay or receive health care kickbacks, and one count of unlawfully obtaining naturalization. (ECF No. 66). He pleaded guilty without a written plea agreement to thirteen counts of health

care fraud, two counts of money laundering, and one count of participating in a health care kickback conspiracy. (ECF No. 111, pgs. 1102–1131).

Fata admitted that he “intentionally misdiagnosed no fewer than 553 of his patients with cancer and other maladies they did not have, then administered debilitating treatments, noxious chemicals, and invasive tests—including chemotherapy, intravenous iron, and PET scans—they did not need.” *Fata*, 650 F. App’x at 261. Fata further stipulated that “[f]or this reprehensible conduct, Fata received no less than \$17 million in ill-gotten payments from Medicare and other insurers.” *Fata*, 650 F. App’x at 261. The district court sentenced him to a within-guideline sentence of 45 years. (ECF No. 158).

Fata lost his appeal on May 25, 2016. *See United States v. Fata*, 650 F. App’x. 260 (6th Cir. 2016). On May 22, 2018, Fata filed a § 2255 motion claiming he was innocent and asking that his guilty plea be withdrawn. (ECF No. 212). Following an evidentiary hearing in July 2019, during which Fata’s written and oral lies to the Court were exposed (ECF Nos. 251; 258), Fata’s § 2255 was denied. (ECF No. 258 - Report and Recommendation; ECF No. 276 - Order Adopting the Report and Recommendation).

In May 2020, Fata moved for compassionate release based on the Covid-19 pandemic. (ECF No. 265). Judge Borman denied his motion. (ECF. No. 284). The

Sixth Circuit affirmed the ruling and later dismissed Fata's appeal from the district court's ruling on his motion for reconsideration. (Case No. 20-1762; Doc. 20).

In summary, since 2018, Fata has attempted to avoid the consequences of his brutal criminal activity by claiming his innocence and seeking his release from prison. In requesting release again, he traumatizes his vulnerable victims again and forces them to relive the treatment they are desperately trying to forget.

Argument

I. Compassionate Release Framework

Compassionate release under 18 U.S.C. § 3582(c)(1)(A) is a narrow exception to the rule that a district court “may not modify a term of imprisonment once it has been imposed.” 18 U.S.C. § 3582(c); *United States v. Hunter*, 12 F.4th 555, 561 (6th Cir. 2021). Section 3582(c)(1)(A) authorizes a district court to reduce a defendant's sentence only if the defendant establishes that (1) extraordinary and compelling reasons warrant a reduction; (2) the reduction is consistent with applicable policy statements issued by the Sentencing Commission; and (3) the relevant § 3553(a) factors weigh in favor of release. *See id.* A district court may “deny relief if it finds that the ‘applicable’ § 3553(a) factors do not justify it.” *United States v. Ruffin*, 978 F.3d 1000, 1005 (6th Cir. 2020).

The Commission’s pertinent policy statement is in Section 1B1.13 of the Sentencing Guidelines. Section 1B1.13(b) sets forth the “extraordinary and compelling reasons” that may justify compassionate release:

(b) EXTRAORDINARY AND COMPELLING REASONS.—Extraordinary and compelling reasons exist under any of the following circumstances or a combination thereof:

(1) MEDICAL CIRCUMSTANCES OF THE DEFENDANT.—

(A) The defendant is suffering from a terminal illness (i.e., a serious and advanced illness with an end-of-life trajectory). A specific prognosis of life expectancy (i.e., a probability of death within a specific time period) is not required. Examples include metastatic solid-tumor cancer, amyotrophic lateral sclerosis (ALS), end-stage organ disease, and advanced dementia.

(B) The defendant is—

- (i) suffering from a serious physical or medical condition,
- (ii) suffering from a serious functional or cognitive impairment, or
- (iii) experiencing deteriorating physical or mental health because of the aging process,

that substantially diminishes the ability of the defendant to provide self-care within the environment of a correctional facility and from which he or she is not expected to recover.

(C) The defendant is suffering from a medical condition that requires long-term or specialized medical care that is not being provided and without which the defendant is at risk for serious deterioration in health or death.

U.S.S.G. § 1B1.13(b).

Significantly, even if a defendant establishes that he has a medical condition that satisfies the standards set forth above, he cannot be released if “the defendant

is . . . a danger to the safety of any other person or to the community . . .” USSG § 1B1.13(a)(2) or if the factors in 18 U.S.C. § 3553(a) do not support release. 18 U.S.C. § 3582(c)(1)(A); USSG § 1B1.13. As at sentencing, those factors require the district court to consider the defendant’s history and characteristics, the seriousness of the offense, the need to promote respect for the law and provide just punishment for the offense, general and specific deterrence, and the protection of the public. 18 U.S.C. § 3553(a).

II. The Court should deny Fata’s motion for compassionate release.

The full term of Fata’s 45-year sentence ends on August 6, 2058. *See* Exhibit 1 (Sentence Monitoring Computation Data) (filed under seal). Fata’s projected release date on the Bureau of Prisons public website is December 11, 2050, which is calculated by the automatic awarding of good conduct time at the rate of 54 days per year of sentence imposed for inmates who do not violate disciplinary rules. Although Fata has exhausted his administrative remedies by requesting release from the Warden, none of the arguments raised by Fata support any reduction in his sentence.

A. Fata’s allegations regarding his medical treatment are improperly raised in a compassionate release motion.

Most of Fata’s motion alleges that he is receiving improper medical treatment. A challenge to the conditions of his confinement, however, needs to be the subject of a habeas corpus petition or a civil rights complaint under 42 U.S.C.

§ 1983. *See Wilson v. Williams*, 961 F.3d 829, 838 (6th Cir. 2020); *Lutz v. Hemingway*, 476 F. Supp. 2d 715, 718 (E.D. Mich. 2007) (an Eighth Amendment challenge to the conditions of confinement is not properly brought in a motion for compassionate release. Instead, a prisoner would need to file a civil rights action).

Civil actions alleging inadequate medical care must be filed in a court that has jurisdiction over Fata's place of incarceration. *Charles v. Chandler*, 180 F.3d 753, 756 (6th Cir. 1999); *see also United States v. Rodriguez*, No. 18-cr-00090-7, 2020 WL 7321394 at *2 n.1 (D. Conn. Dec. 10, 2020) (noting that "[t]o the extent [defendant] also seeks to raise a claim that his conditions of confinement are in violation of the Eighth Amendment's prohibition on cruel and unusual punishment," such a claim needs to be brought in the federal district where the prison is located); *United States v. Duncan*, No. 17-01-KKC, 2020 WL 6196254 at *3 (E.D. Ky. Oct. 22, 2020) (denying defendant's request for release under the Eighth Amendment based on Covid-19, because an action under 28 U.S.C. § 2241 must be filed in the federal court district in which defendant is incarcerated); *United States v. Santiago*, No. 15-cr-280, 2020 WL 4015245, at *4 (E.D. Pa. July 15, 2020) (finding prisoner's contention that the current conditions at his facility violated his Fifth, Eighth, and Fourteenth Amendment rights "are not properly brought in a motion for compassionate release, and this Court does not have

jurisdiction to consider them”). Accordingly, this criminal case is not the proper arena for alleging and deciding the adequacy of medical care at FCI Williamsburg.

Fata is well aware that allegations of insufficient medical treatment need to be litigated in his district of confinement; Fata has filed a number of lawsuits in the District of South Carolina, and at least three of his lawsuits address the claims he raises in the instant motion:

- *Fata v. United States of America*, Case No. 2:24-cv-03830-MGL-MGB (filed July 3, 2024).
- *Farid Fata v. Dobbs et. al*, Case. No: 2:22-cv-01368-MGL-MGB (filed April 28, 2022); *Fata v. Dobbs*, 2023 WL 4635000 (D.S.C. July 20, 2023) (complaint dismissed and judgment entered in favor of defendants on July 20, 2023).
- *Farid Fata v. United States of America*, Case No. 2:22-cv-04399-MGL (filed Dec. 5, 2022); *Fata v. United States*, No. 23-7310, 2023 WL 8455256 (D.S.C. Dec. 6, 2023) (complaint dismissed and judgment entered in favor of defendants on Dec. 6, 2023), *affirmed Fata v. United States*, 2024 WL 1736714 (4th Cir. April 23, 2024).

So, his allegations of insufficient medical treatment by the Bureau of Prisons should be litigated and decided in those lawsuits.

B. There are no extraordinary and compelling reasons to grant Fata compassionate release.

Fata alleges he should be released, because he has neutropenia and is not receiving Neupogen as treatment. And, he hired a former Bureau of Prisons physician, Dr. Charles Howard, to agree with him. *See* Defendant’s Exhibit C. Dr. Howard, however, confesses a number of weaknesses in his letter; these

weaknesses undermine his opinion and render his conclusion unreliable.

First, he reviewed only “provided medical records.” Defendant’s Exhibit C at pgs. 1-2. According to Howard, Fata provided only “93 pages of his medical records.” Defendant’s Exhibit C at pg. 2. As the Court can see by reviewing sealed Exhibits 2-5, Fata’s medical records from 2021- 2024 total 489 pages. Second, Howard relied upon “a summary of [Fata’s] medical conditions authored by [Fata].” Defendant’s Exhibit C at pg. 2. Fata, though, has been a self-serving liar for decades. Indeed, his lies regarding medical conditions and needed medications were the essence of the prosecution against him. For these two reasons, alone, this Court should not rely on Dr. Howard’s conclusion which is based upon only a small portion of Fata’s medical records and Fata’s self-serving summary of his conditions and treatment.

This Court should also disregard Dr. Howard’s opinion, because there is a more reliable and thorough review of Fata’s medical conditions and treatment in the record presented to the Court. *See* Exhibit 6 (Memorandum of Dr. W. Mark Holbrook, Regional Medical Director) (filed under seal); Exhibit 7 (*Curriculum Vitae* of William Mark Holbrook) (filed under seal).

The Regional Medical Director of the Bureau of Prisons, Dr. W. Mark Holbrook, methodically reviewed *all* of Fata’s medical records. It is unquestionably clear that

Fata's neutropenia does not meet the standards set forth in USSG § 1B1.13. As explained by Dr. Holbrook, the medical records show that Fata's neutropenia is mild and managed and that any alleged delay in seeing a doctor was either due to COVID and/or mischaracterized by Fata:¹

. . . Although there was some delay in Fata seeing a urologist this was during the time of Covid when it was difficult to get patient to providers based on modified operations and provided availability . . . He was adequately treated for his conditions as is noted by the frequent visits and treatment with antibiotics. He did have a skin infection that was treated, and an eye infection treated with multiple visits with optometry. His ongoing issue with prostatitis has continued even after evaluation and treatment with urology and can be a condition difficult to clear in some patients. The claim that he should have seen an infectious disease specialist is without merit, as he saw the appropriate specialist for his condition and at no time was infectious disease consultation recommended by these outside specialists. Dr. Howard quotes information related to elderly inmates over 65-70 but Fata is only 59. In regard to his not receiving Neupogen, the Hematologist notes that the patient requested IgG subclass test and he would like to have Neupogen injections. The oncologist notes that the patient has chronic mild neutropenia. He only states that the infections "may be somewhat related to his mild neutropenia" He notes that the IgG requested is somewhat controversial. He then says, "It is reasonable to give him a few doses of Neupogen during time of documented fever neutropenia/neutropenia infections". "Would recommend prompt attention to infections and treatment with antibiotics as appropriate for the site of infection". The term reasonable does not indicate it should be given, and the patient did not have documented fever, and he was given antibiotics. Therefore, it does not appear the Neupogen was required. There was no fever documented over the past 5 years. It should also be noted that neutropenia is monitored by white

¹Although Dr. Holbrook's expert letter is sufficiently detailed for this Court to rely on it and conclude that Fata does not suffer from any medical condition warranting his release, the government has submitted Fata's medical records from the Bureau of Prisons for the years 2021 through 2024 for the Court's review. The records have been filed under seal. *See* Exhibits 2 - 5.

blood cells (WBC) and the Neutrophils. The absolute neutrophil count (ANC) is used to determine severity.

Mild ANC >1000 and <1500

Moderate ANC >500 and <1000

Severe ANC <500.

Fata's ANC has remained between 1.1 and 1.4 over the past 4 years except for the one episode on 10/13/22 of 0.8. This clearly shows that his neutropenia was never severe.

I certainly disagree with Dr. Howards claim that "lack of concern and failure to properly treat based upon recommendation of the specialist constitutes Deliberate Indifference which outside the prison environment would be malpractice".

Exhibit 6 (Memorandum of Dr. W. Mark Holbrook, Regional Medical Director).

The urology consult referenced by Dr. Holbrook is documented in the medical records submitted to the Court in Exhibit 5. Notably, in March 2024, the provider at McLeod Urology Associates reviewed Fata's CT and remarked as follows:

The images showed no significant urologic pathology other than moderately enlarged prostate. Did not a small subcentimeter left upper pole renal cyst. No kidney stones, hydronephrosis, or obvious masses. . . 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 10/18/22 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 sense. His UA today in the office is completely negative.

See Exhibit 5 (2024 BOP Medical Records at pg. 84).

After detailing Fata's medical condition and treatment, Dr. Holbrook concludes:

. . . there was clearly no deliberate indifference and recommendations of specialist were followed even if not to the interpretation or demands of Farid Fata. It appears the patient was given timely care and clearly any delay in obtaining a Urology consultation was not secondary to any deliberate indifference and does not appear to have had any long-term adverse consequence. From a medical standpoint it appears that Farid Fata has received appropriate evidence based and proven effective medical treatment in accordance with medical standards.

Exhibit 6 (Memorandum of Dr. W. Mark Holbrook, Regional Medical Director).

The same conclusion was reached twice by the Warden of FCI Williamsburg in 2024 following Fata's requests for compassionate release based upon his complaints of neutropenic recurrent infections. In May 2024, Warden Graham wrote:

You state you suffer from medical conditions resulting from neutropenic recurrent infections plus IgM deficiency.

A thorough review of your request was completed, utilizing Program Statement 5050.50, Compassionate Release/Reduction in Sentence: Procedures for Implementation of 18 U.S.C. 3582(c)(1)(A) and 4205(9), medical staff have determined that you do not meet the criteria under Debilitated Medical Condition. The medical evaluation concluded that you do not meet the criteria required by the Program Statement of being capable of only limited self-care or being confined to a bed or chair more than 50 percent of waking hours.

The evaluation concluded that all of your conditions are controlled through medication. Additionally, you are capable of performing activities of daily living (AOL) without assistance and are capable of carrying out self-care.

Exhibit 8 (Request for Reduction in Sentence signed by M. Graham, Warden, May 20, 2024).

In July 2024, Warden Graham wrote:

You state you suffer from various medical conditions including chronic neutropenia and immunoglobulin M deficiency, which caused you to be immunocompromised. You state that you should receive NEUPOGEN therapy but are not receiving it.

A thorough review of your request was completed . . . the medical evaluation concluded that you are not capable of only limited self-care nor confined to a bed or chair more than 50 percent of waking hours.

The evaluation concluded that all of your conditions are well-controlled through medication. Additionally, you are capable of performing activities of daily living (ADL) without assistance are capable of carrying out self-care.

Exhibit 9 (Inmate Request to Staff signed by M. Graham, Warden, July 17, 2024).

Accordingly, Fata has not established that his medical condition is extraordinary or compelling under § 1B1.13 when he is receiving the care he needs. *See United States v. Adjaj*, 2024 WL 358167, at *5 (D. Or. Jan. 30, 2024) (Even though the process has been long, the “BOP is providing defendant with the specialized medical care that he needs” by “secur[ing] the specialized care” including referrals to specialists); *United States v. Purpera*, 2024 WL 329541, at *3 (W.D. Va. Jan. 29, 2024) (“Just because the treatment [defendant] would receive outside the BOP may be ‘better’ or ‘more consistent’ does not mean that continuing medical care in the BOP would cause a ‘serious deterioration in [his] health or death.’”).

C. Fata is a danger to the community.

Fata is also ineligible for compassionate release for another reason: he remains a danger to the community. Section 1B1.13(2) only permits release if a defendant is “not a danger to the safety of any other person or to the community.” Fata’s horrific crimes alone, committed solely for greed for such a long period of time, establish his danger. As stated by one of Fata’s victims:

. . . his lies, lack of remorse, his continued victimization of his former patients, his perjury on the stand at his 2019 hearing, his submission of falsified documents and forged signatures in his March 22, 2019 pleading... [are] breaches of the rules of basic humanity. His delusion that he is ‘rehabilitated’ and ‘remarkable’, while continuing criminal and diabolical actions in prison shows his ongoing threat to society.

Exhibit 10, Victim Impact Statement, pg. 177 (filed under seal).

In denying his compassionate release motion in 2020, Judge Borman agreed:

Further, § 1B1.13(2) only permits release if a defendant is “not a danger to the safety of any other person or to the community.” The record does not support such a finding. The Court concurs with the Government’s explanation that “Fata’s horrific crimes alone, committed solely for greed for such a long period of time, establish his danger.” (ECF No. 272 at pp. 26-27, PgID 4034-35.) The Court believes that Fata’s extended criminal behavior evidences a likelihood of continuing criminal conduct upon release.

ECF No. 284, PageID.4457-58.

Nothing has changed since Judge Borman’s conclusion in 2020. As noted by Fata’s victim, Fata is deceiving the Court once again by claiming he has accepted responsibility for his deliberate poisoning of his patients. He has not. He has repeatedly retracted responsibility, and he has done so by lying in his legal

pleadings and during his testimony in Court. His total failure to accept the physical and emotional harm he has caused to thousands of victims and their families and his ongoing calculated lying means he is capable of committing further fraudulent mayhem and physical atrocities. This factor, therefore, forecloses eligibility and relief for Fata.

D. The factors in 18 U.S.C. § 3553(a) strongly weigh against compassionate release.

Even when an inmate is statutorily eligible for a sentence modification based on “extraordinary and compelling reasons,” compassionate release is not necessarily appropriate. Before ordering relief, the Court must consider the factors set forth in 18 U.S.C. § 3553(a) and determine that release is still appropriate. So even if the Court were to find Fata eligible for compassionate release, the § 3553(a) factors disqualify him.

In order for Fata’s sentence to continue to “reflect the seriousness of the offense[s], to promote respect for the law, and to provide just punishment for the offense[s],” 18 U.S.C. § 3553(a)(2)(A), Fata cannot be released over two decades early. Fata’s crimes were extraordinarily evil. Fata’s scheme was clothed in legitimacy, but at its base required him to act brutally: he ordered his patients poisoned for money. He saw many of them deteriorate before his eyes and ordered more treatments. As his patients declined, Fata escalated. Fata’s conduct is deeply offensive to human norms of decency and morality. Taking advantage of sick

patients or making healthy ones believe they are sick is unusually heinous and sadistically cruel. People entrusted Fata with their lives. He betrayed that trust on an unprecedented scale with the cold-blooded decisions he made every day and then carried out year after year after year.

Fata's crimes will have physical and emotional effects on his victims and their families for life. As illustrated by all the Victim Impact Statements submitted during the sentencing proceedings and in response to two motions for compassionate release,² Fata is responsible for causing profound levels of psychological and emotional injuries. These extreme psychological injuries were knowingly risked by Fata. Fata chose to exploit the most vulnerable of victims, namely cancer patients and their fear-ridden families. As their trusted doctor, Fata was in a uniquely well-placed position to foresee the damage to patients and families that his scheme would and did cause by, among other things:

- Traumatizing people who did not have cancer by telling them that they would die without his treatment.

²For the Court's convenience, the government filed with this response the following prior exhibits:

- Exhibit A to the Government's 2014 Sentencing Memorandum. Exhibit A (which was publicly filed) contains excerpts from the 2014 Victim Impact Statements. *See* Exhibit 11 (publicly filed as ECF No. 135, Ex. A: Victim Impact Statement Excerpts).
- The sealed 2020 Victim Impact Statements submitted in response to Fata's first motion for compassionate release. *See* Exhibit 12 (filed under seal).

- Telling people who had terminal cancer that they could survive with his treatment.
- Not informing patients of their options, whether it was a cure (transplant) or end-of-life (hospice), leaving them and/or their families to always wonder “what if”?
- Creating ongoing doubt, anxiety and fear in his patients about their health after unnecessary treatments.
- Creating ongoing doubt, anxiety and fear in his patients about their ability to trust any medical professional.

Judge Borman considered the most important § 3553(a) factors - the nature and circumstances of the offenses [§ 3553(a)(1)]; the seriousness of the offenses [§ 3553(a)(2)(A)]; just punishment [§ 3553(a)(2)(A)]; deterrence [§ 3553(a)(2)(B)]; and protection of the public [§ 3553(a)(2)(C)] – two times in this case. At sentencing, Judge Borman stated:

. . . this is horrific. It’s unprecedented, I think, in terms of the amount of unnecessary medical treatments required of the patients, ordered by the Defendant to maximize dollars without consideration of the human beings that he was abusing, his trust they had put in him. . . . The Defendant does not minimize it at this point. . . . The history and characteristics of the Defendant are an individual who had no prior interactions with the law, who had practiced his profession until he practiced greed and shut down whatever compassion he had as a doctor and switched to making money. There’s obviously a need to reflect the seriousness of the offenses, promote respect for the law, provide just punishment, to afford adequate deterrence to criminal conduct, to protect the public from further crimes of the Defendant which the sentence will do. The Court has discretion in imposing the sentence, and the factors that we talk about require a significant sentence, a very significant sentence for very, very terrible criminal conduct.

ECF No. 161, PageID. 2502-503.

In his order denying Fata compassionate release in 2020, Judge Borman stated:

While Fata asserts that he has been a “model inmate” in the last few years, his years-long extensive criminal conduct was undeniably dreadful to behold, in that he perpetrated a scheme whereby he knowingly administered chemotherapy and other cancer-fighting treatments to hundreds of patients/victims who either did not have cancer or did not require the treatments, just so that he could bill for them. The Court concludes that ordering Fata to be released after only serving less than five years of his 45-year sentence, would not serve § 3553(a)’s purposes; it would not promote respect for the law, would undermine the deterrence factor, and would not provide just punishment.

. . . the Court has thoroughly considered the § 3553(a) factors, and concludes that significantly reducing his sentence would unjustifiably mitigate the nature and circumstances of his horrific offenses committed on human victims, undermine respect for the law, not result in a just sentence, undermine the deterrence factor of his criminal conduct, and finally, given his prior misconduct, not protect the public from his potential for further criminal activity if released.

ECF No. 284, PageID.4458, 4460.

Fata has conclusively demonstrated in the instant motion, once again, that he has not rehabilitated, transformed, or been redeemed as he claims. He remains a deceitful manipulative narcissist with no care for the consequences of his actions to his victims. Fata blatantly lies to this Court on page 7 of his motion when he states that he has expressed remorse to every soul affected by his crimes and on page 8 when he writes that he has accepted responsibility for harming his patients; Fata

has been denying any culpability since 2017. In 2017, Fata assisted an author with publishing a book claiming his innocence. As described on Amazon:

Dr. Farid Convicted out of Thin Air (A True Story) is a documentary of set of events comprising a story it seems most everyone believed to be cut and dry. A guilty/evil doctor who went about prescribing cancer drugs to patients who had no cancer. Or at least that is what the media said and what the government never corrected them on. All the while, its own paperwork said it wasn't so "cut and dry." In fact, the government was contradicted at every turn by some of the most well-respected physicians in the world who looked at all of the medical evidence and shockingly determined the Dr. Fata was not only an honest physician but a brilliant groundbreaking, cancer curing phenomenon. The only determinable conclusion of why the government prosecuted him was that he was political threat to the highest levels of government, and the only options for them was to conclude that Dr. Fata was very elaborately and very EXPENSIVELY . . . FRAMED. His story goes all the way to the White House--both the Obama and the Trump White House. Read here to find out how Dr. Fata was personally involved with President Trump's Secretary of Health as far back as 2009. Why his thesis for the US Congress ultimately made him very dangerous and led to his prosecution....

See <https://www.amazon.com/-/he/Noel-Benjamin/dp/1640283293>

During the 2255 proceedings in 2018, Fata testified under oath that he was innocent:

Q: Now you're sitting here today saying you're innocent, correct?

A. I am innocent because I did not go to trial. And I needed to prove my case in a trial.

Q. Dr. Fata, you're sitting here today saying you're innocent of all of the counts you pled guilty to, right?

A. Yes.

Q. So now what you're saying is you lied every time you answered a question to Judge Borman on September 16, 2014; is that right?

A. I pled guilty for reasons not related to guilt but for reasons related to cooperation and leniency.

ECF No. 256, PageID.3713-3714.

Fata's ongoing lies and pleadings seeking release torment and traumatize his victims. *See* Exhibit 10 (Victim Impact Statements submitted in response to Fata's Renewed Motion for Compassionate Release) (filed under seal). When he was prosecuted and pleaded guilty, the justice system gave Fata's victims a modicum of justice: the knowledge that Fata would spend the rest of his life in prison aided his victims and their families in their healing process. The justice system's steadfast position in adhering to his 45-year prison term will keep them on the road toward continued healing despite Fata's attempts to derail their healing process. Releasing Fata would devastate his victims and their families. *See* Exhibit 10. Fata's victims and their families will live with and suffer through the consequences of Fata's criminal activity for the rest of their lives; so, the only just punishment is for Fata to remain in prison for the rest of his life as a consequence of his criminal activity. Clearly, Fata needs the full term of his sentence to accept responsibility and reflect on how his crimes destroyed human bodies.

III. If the Court were to grant Fata's motion, it should stay the release order pending any appeal by the United States.

If the Court were inclined to grant Fata's motion, despite the government's arguments above, the government requests that the Court stay its order pending any appeal by the government to the Sixth Circuit.

Conclusion

Fata's motion should be denied.

Respectfully submitted,

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United States Attorney

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Date: September 19, 2024

CERTIFICATE OF SERVICE

I certify that on Thursday, September 19, 2024, I electronically filed the foregoing document with the Clerk of the Court using the CM/ECF system. I further certify that a copy of the government's response was mailed to the following non-ECF participant:

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s/Sarah Resnick Cohen
SARAH RESNICK COHEN
Assistant U.S. Attorney

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

UNITED STATES OF AMERICA,

Plaintiff,

CRIMINAL NO. 13-20600

v.

HON. JONATHAN J.C. GREY

FARID FATA,

Defendant.

_____ /

INDEX OF EXHIBITS

EXHIBIT	DESCRIPTION
1	Fata's Sentence Monitoring Computation Data (Sealed)
2	Fata's Medical Records 2021 (Sealed)
3	Fata's Medical Records 2022 (Sealed)
4	Fata's Medical Records 2023 (Sealed)
5	Fata's Medical Records 2024 (Sealed)
6	Memorandum of Dr. W. Mark Holbrook, Bureau of Prisons Regional Medical Director (Sealed)
7	<i>Curriculum Vitae</i> of W. Mark Holbrook (Sealed)
8	Request for Reduction in Sentence signed by Warden M. Graham, May 20, 2024
9	Inmate Request to Staff signed by Warden M. Graham, July 17, 2024

- 10 2024 Victim Impact Statements (Sealed)
- 11 Exhibit A to the Government's 2014 Sentencing Memorandum
- 12 2020 Victim Impact Statements (Sealed)

EXHIBIT 8

REQUEST FOR REDUCTION IN SENTENCE

NAME: FATA, Farid
UNIT: 1BL

REG. NO.: 48860-039

This is in response to your Inmate Request to Staff, wherein you are requesting to be considered for early release pursuant to 18 U.S.C. 3582 (c)(1)(A). You are requesting to be considered for a Compassionate Release based on Debilitated Medical Condition. You state you suffer from medical conditions resulting from neutropenic recurrent infections plus IgM deficiency.

A thorough review of your request was completed, utilizing Program Statement 5050.50, Compassionate Release/Reduction in Sentence: Procedures for Implementation of 18 U.S.C. 3582 (c)(1)(A) and 4205(g), medical staff have determined that you do not meet the criteria under Debilitated Medical Condition. The medical evaluation concluded that you do not meet the criteria required by the Program Statement of being capable of only limited self-care or being confined to a bed or chair more than 50 percent of waking hours.

The evaluation concluded that all of your conditions are controlled through medication. Additionally, you are capable of performing activities of daily living (ADL) without assistance and are capable of carrying out self-care.

Your further state that your sentence was unusually long, you have no prior criminal record, and you have a good record of conduct and assisting other inmates with their programming.

Bureau of Prisons' Program Statement 5050.50, Compassionate Release/Reduction in Sentence: Procedures for Implementation of 18 U.S.C. §§ 3582(c)(1)(A) and 4205(g), sets forth the criteria the Director considers for a RIS. Pursuant to P.S. 5050.50, the following criteria may be used to file for a RIS: Terminal Medical Condition, Debilitated Medical Condition, Elderly Inmates, Death or Incapacitation of Family Member Caregiver, and Incapacitation of a Spouse or Registered Partner. A request for reduction in sentence under 18 U.S.C. § 3582(c)(1)(A) will be considered when there are extraordinary and compelling reasons meeting these criteria or if the requestor is a victim of sexual abuse while in custody, there is no danger to the safety of any other person or to the community, and the reduction is consistent with policy.

Those issues are not addressed in the criteria set forth in PS 5050.50. Accordingly, your request is denied at this time. If you are not satisfied with this response to your request, you may commence an appeal of this decision via the administrative remedy process by submitting your concerns on the appropriate form within 20 days of the receipt of this response.


M. Graham, Warden

5/20/2024
Date

EXHIBIT 9

INMATE REQUEST TO STAFF

NAME: FATA, Farid
UNIT: 1BL

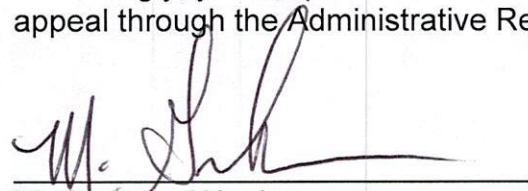
REG. NO.: 48860-039

This is in response to your Inmate Request to Staff, wherein you are requesting to be considered for early release pursuant to 18 U.S.C. 3582 (c)(1)(A). You are requesting to be considered for a Compassionate Release based on Debilitated Medical Condition. Specifically, you state you suffer from various medical conditions including chronic neutropenia and immunoglobulin M deficiency, which causes you to be immunocompromised. You state that you should receive NEUPOGEN therapy but are not receiving it.

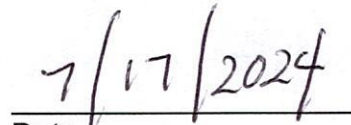
A thorough review of your request was completed, utilizing Program Statement 5050.50, *Compassionate Release/Reduction in Sentence: Procedures for Implementation of 18 U.S.C. 3582 (c)(1)(A) and 4205(g)*, medical staff have determined that you do not meet the criteria under Debilitated Medical Condition. The medical evaluation concluded that you are not capable of only limited self-care nor confined to a bed or chair more than 50 percent of waking hours.

The evaluation concluded that all of your conditions are well-controlled though medication. Additionally, you are capable of performing activities of daily living (ADL) without assistance and are capable of carrying out self-care.

Accordingly, your request is denied. If you are not satisfied with this response, you may appeal through the Administrative Remedy Program.



M. Graham, Warden



Date

EXHIBIT 11

EXHIBIT A

U.S. v. FATA VICTIM IMPACT STATEMENT EXCERPTS¹ :

I. Multiple Myeloma Patients

- “After [unnecessary] chemotherapy . . . I started off bed ridden with unbearable pain. I went to a walker, then the 4 pronged cane . . I have a paralysis of 2 ½ toes on my left foot. I have peripheral neuropathy in both hands and both feet. I am unable to eat with regular utensils. Only plastic ware may touch my mouth or enter in . . . I stopped being able to comb my daughter’s hair when she needed me the most. I couldn’t take care of my own either. I couldn’t attend the functions for my children’s sports . . . I have bad ticks/tremors in my hands. I . . have . . unbearable pain at the point of touch that feels like a thousand bee stings. My feet ache, percolate causing level 10 pain 80-90% of each day no matter what I’m doing. I have days when I cannot stand, nor even lay down comfortably. Most nights the pain is too great to allow me to sleep. I am on lots of medicine and even with all that I take; it only takes the edge off just enough to keep me from going insane or crying incessantly . . . I didn’t deserve to end up like this even though I am still alive with love & many thanks, some days when the pain is too great I close my eyes longing for the relief of heaven . . .”
(Patient Maggie Dorsey)
- From Approx. May 2012 – July 2013 I was treated for Multiple Myeloma with Velcade 3 times per week Revlimid . . . Octagam . . iron and nuelasta . . . for a cancer that I did not have. . . The things that are wrong with [me] now are related to the unnecessary chemo treatment. I am now weak . . . I

¹ Each Victim Impact Statement submitted to the U.S. Attorney’s Office included a consent form regarding the publication of portions of the Victim Impact Statement. The consent form requested the writer to indicate whether their full names could be used, only their initials, or neither. The government includes in this sentencing memorandum only the level of identification permitted by each of the writers.

have constant bone and muscle pain . . . I actually have what is called smoldering myeloma which requires no treatment . . . I was very active before this and now I can't do the things I was able to prior to treatment. (Patient Doris Gilley)

- “Chemo doses were never the same anytime you would ask why you were told that there were new protocols which I knew that was not the case and would state that the manufactures website dosage chart had not changed but was told b[]y fata . . . they just had not changed it yet . . brain damage is a side effect of Revlimd.. . mom can't be left alone in her own home she is very confused and upset all the time now she lives in constant pain from all the unnecessary chemo.. . Mom now has medical issues that the doctors can't explain other than to say it is probably caused from all the unnecessary chemo.” (Jerry Cline, Son of Patient Doris Gilley)
- “Dr. Fata . . confirmed that I . . . [had] cancer but since it was found so early the prognosis was good. By November, 2010 Dr. Fata informed me I was in remission but would need to be on [Velcade] chemo for the next 2 -3 years. . . I explained [to him] I was experienceing extreme pain in my hands, joints, legs and feet. He diagnosed me with neuropathy and gave me pain medications. He said it was a result of the Velcade, and that I had to continue with treatments. . . In Nov. 2010 I went to the Karmanos Cancer Center . . to have my stem cells collected just in case the cancer came back. Dr. Fata tried to talk me out of that decision, but I was scared and went . . .Dr. [name omitted] of the Karmanos Center sent a letter to Dr. Fata recommending that my treatment be discontinued because of my Neuropathy being so bad. Dr. Fata did not change the treatment nor did he ever mention the letter . . . He told me that unless I continued the treatments the cancer would come back and there would probably not be a treatment that I could take . . . I was in treatment for a total of 3 ½ years, which was 3 years too much. The chemo destroyed my immune system, which has landed me in the hospital multiple times. I have trouble walking and am in constant pain. I am on so many medications just to cope with the problems that the Velcade gave me . . . Dr. Fata has hurt me irreparably . . .My life will never be without the torture of pain and the daily hardships I face every day . . .”(Patient Ruth Petruniak)

II. MDS Patients

- “Since my discovery (8 Aug 2013) of receiving prolonged over treatments (78 cycles too much, and/or 1 year and 3 months) with chemotherapy and numerous other toxic unnecessary infusions (zommeta, iron shots, neulasta, rituxan, and ferehame) administered by Dr. Fata . . . nurses . . .told me that I was actually “o-ding from toxic treatments.” When all along, my cancer was gone. . . I’m withdrawn from society and I don’t trust doctors at all. My eyesight had been damaged . . . my teeth are becoming loose, and gums are painfully sore and inflamed. I just want me back. I live in fear every day, unknowingly what organs will eventually shut down due to the prolonged over treatments . . . “ (Patient C.B.)
- “My mom received her records from the F.B.I and found a new doctor . . . The new doctor . . . did not agree with the treatment that had been given . . . She was diagnosed in march of 2013 with MDS which was caused from the chemo she had previously received in 2011. (Writer Requested Anonymity)
- “I began chemo treatment after Farid Fata diagnosed me with (MDS) or Myelodysplastic Syndrome. . . I received iron shots, then two hr IV to remove iron that can cause organ damage.. . I do have MDS . . . Sept. 3, 2013, I was told by a new Dr. I never should have been on chemo [:] only weekly bloodwork done . . . Fata said I’d be getting [chemo] the rest of my life. (Patient Mariann Gierczak)
- “He [Fata] . . .determined that I had Myelodyspastic Syndrome (MDS) and put me on Vidaza chemotherapy . . . [and] Neulasta . . . Dr. Fata told me initially that I would need treatments for six months; however, when this time came, he informed me that I would need treatments for the rest of my life. Consequently, I continued to receive treatments for about 6-1/2 years until he was arrested . . .Upon learning of Dr. Fata’s indictment, I went to another . . . Oncologist . . . after studying my history . . . he determined that I did not need further Chemo or the Neulasta shots. During the years of treatment by Dr. Fata I suffered from many side effects . . . Currently my ability to walk normally has become very difficult because of neuropathy in my legs, feet and arms. (Patient H.G.)

- “I . . . was a patient of Dr. Farid Fata from 2010 until the day of his arrest August 2013 . . . It started with a horrific painful bone-marrow biopsy . . he told my husband and myself that I had Myelodysplastic Syndrome . . . Fata informed us that it was a terminal cancer. . . He informed us . . . that I would need to start chemo right away . . I had ran a very successful drive for a friend . . and, knew the only cure would be a stem cell transplant. I informed Fata I would not receive Chemo unless I was going on the donor list. Which he refused. I begged him to draw my blood again . . The blood was drawn that day . . . One hour later Fata entered the room . . He said . . “Today my lady you do not need to start chemo, its kind of your lucky day. Your count is up enough that we’ll start you on iron infusions.” . . . Every visit was a constant reminder that I was terminal. Farid Fata told me I would either die from MDS or a secondary infection. He told I still could not go on the transplant list even thou my counts were very low. . . my transfusion days . . progressed to [including] IVIG Octagam . . I later found out Octagam should never be given to anyone who has little to no IGA . . Which would be me. . . My new Doctor . . . said she could not believe what her findings were! I shook and cried as she said its all lies . . . (Patient Patricia Hester)
- “My wife was falsely and, wrongfully treated by Dr. Farid Fata . . Fata gave my wife a diagnosis of Myelodysplastic Syndrome . . which she did not have. . . From the beginning of his horrible diagnosis, which was presented to us as terminal, I begin to feel a sense of helplessness . . I’m going to loss my soulmate. I had retired and had planned on having a fun active life together . . All this seemed shattered. This caused me . . to battle with depression . . I also began smoking cigarettes and drinking . . The emotional breakdown of our relationship is the hardest for me to cope with now . . We took a rushed Disney trip to make memories for our family. I watched as if it was surreal as my wife gave away all the things she thought people close to her would want to remember her . . we felt hopeless and in despair. (Michael Hester, Husband of Patient Patricia Hester)
- “When I found out that [she] had Myelodysplastic Syndrome . . . I was inconsolable. I feel into a deep depression. I felt like I couldn’t go on. . . . I cried myself to sleep almost every night. Those years we thought [she] was

sick were the worst years of my life. We will never get those years back . . . Then I found out that Dr. Fata had purposely had her believe she was dying. I became very angry, the years of sadness . . . had taken over our lives.” (Writer Requested Anonymity, Family Member of Patient)

- “On June 19, 2013, Dr. Fata diagnosed [my husband] with MDS/cmml. We were told the only treatment was to have monthly chemo treatments to prevent this form of leukemia to become acute. The chemo treatments . . . of Vidaza and Nuelasta would be for the rest of his life . . . We asked what the percentage of probability it was, that by stopping chemo, the cmml would become acute . . . He answered 70% . . . The reverse would be true if [he] continued treatment . . . 70% chance of not become acute . . . on August 6, Dr. Fata was arrested . . . we made an appointment with Karmanos Cancer Center . . . After doing a blood analysis and reviewing the records, [the doctor at Karmanos] said . . . [my husband] never needed chemo and didn’t need it now. . . .” (Cindy Richardson, Wife of Patient)
- “My husband was told by [Fata] that he could help him by being treated with a chemo . . . Vidasia . . . My husband supposedly had a low blood count and was diagnosed with Myelodysplasia, a blood disorder that could lead to Leukemia . . . After 3 treatments in 3 days and life support for 10 days [after a heart attack] my husband was gone. . . I have been told by 2 doctors that with what my husband had, the treatment would have been to watch and observe before giving such an aggressive treatment . . .” (Diane Sawgle, Widow of Patient)

III. Rituximab (Rituxan) Patients

- “My mother . . . [received] the two year maintenance of Rituxin. . . Her current cancer doctor has told us that was way too long.” (Donna Martin, Daughter of Patient)
- [Fata] told [me] I had (ITP), and was subsequently put on chemotherapy immediately thereafter . . . After Dr. Fata’s arrest, I obtained another Hematologist and discovered I did not need chemotherapy and his direction and prognosis was fabricated. . . . I will never be the same . . . It has be[en]

extremely painful both physically and emotionally for me and emotionally for my wife and daughter. My future doesn't look promising or bright to me. I have a permanent illness, with a daily fight." (Writer Requested Anonymity)

- "When the Chemo was concluded [for cancer], I was told [by Fata] I need to have additional infusions of rituxan . . . once a week for 6 weeks then 6 weeks off, followed by 6 more weeks and so on for two years. The first year I had 29 treatments . . . I am now under the care of Henry Ford Hospital . . . I was informed that the max number of rituxan treatments should have been 6 total. I was also told that they have no idea as to what effects this will have on me as no one has had this much rituxan. I live in fear every day not knowing what, when or how my organs will fail." (Patient Diane Molitoris)
- "I was treated by Fata from February 2009 to July of 2013 . . . after the seventh chemo treatment . . . I was in remission . . . I was given . . . rituxan treatments six weeks on six weeks off for two years that totaled around 52 treatments that I should have never had. They say the rituxan destroys your immune system. When I contacted the NCI they told me that no one should ever receive back to back rituxan treatments and no more than sixteen treatments in a one year period . . . All the hours of waiting in his office to see him for five minutes . . . Now my bones hurt all the time I'm sick all winter long because I can't even fight off a cold . . . I have problems with my hands and wrist they hurt all the time." (Patient Tim Parkin Sr.)
- "I was a patient of Farid Fata for six years. He diagnosed me [with] B-Cell Non-Hodgkin's Lymphoma that I never had. I underwent years of unnecessary treatments. . . I started treatment in March of 2011 with a medicine/chemo called Treanda and Rituxan along with other medicines . . . in February 2013 . . . I was in remission . . . He informed me that I would have to take Rituxan for 6 weeks on and 6 weeks off to keep the cancer in remission . . . I had 18 weeks of treatment with this medicine before he got arrested . . . I went to get a second and third opinion by two different oncologists. Both doctors told me I never had cancer and should never have been treated for it. One of the Doctors told me even if I was in remission

the most Rituxin I should have been given would be 9 treatments over a year's time. . . I received approximately 18 treatments in a 6 month period . . . At Fata's suggestion, I had a mediport surgically inserted in my chest. I was told by my new Oncologist that I did not need it and I had it removed . . . " (Patient Steven Skrzypczak)

- "I lost my health over . . . 5 year's of treatment . . . I should of had 2 years max treatment . . . so that gave me 1 time a month a infusion of Rutexin, . . . Octagam and Iron for 3 Year's to much. 36 infusion I didn't need at about \$7,000 each time \$252,000 + a lot of hospital trips for being sick and yes allmost death . . ." (Patient Terry Spurlock)

IV. Zometa Patients

- "On 9/19/2013, I consulted with [a new Oncologist] . . . He . . . came to the conclusion that I should not have been given chemotherapy . . . I was over treated for my [breast] cancer. Dr. Fata insisted that I receive hydration and a shot of Neulasta the day after ever y chemo treatment. These are only supposed to be given if you're dehydrated and if white blood cell count is low . . . Records indicate that I was never any of these things! In addition, he gave me multiple iron transfusions that I did not need. He gave me Zometa infusions to strengthen my bones . . . My bone density was fine. I never needed to receive the Zometa! . . . Dr. Fata gave me such toxic doses of chemo and other drugs that I am now permanently bald. . . I also suffer from debilitating bone and joint pain. Finally, I struggle with something called "chemo brain," which is characterized by a permanent loss of memory due to the high doses of chemotherapy that I was administered . . . a . . . Breast Conference Board at Crittenton Hospital . . . [recommended] surgery, and radiation therapy followed by 5 years of hormone therapy . . . I never knew that was the recommendation of the Board . . . [until] I received my records from the FBI . . ." (Patient Melissa Ann Kloc)
- "I took my father for a second opinion at the University of Michigan . . . The doctor there . . . said the first chemo protocol was not necessarily unreasonable . . . but the second line chemo protocol Fata put my father on was essentially insane. . . he could not believe that anyone would put my

father on those drugs . . .we stayed with Fata to continue with injections of Zometa and XGeva . . . An oral surgeon refused to touch my father because of the high chance my dad could have “osteonecrosis” (bone death) of the jaw with the slightest dental work. Meaning: so much as pulling a tooth or filling a cavity could cause his jaw to start melting away like wet plaster, a side effect of this drug . . .”(Ellen Piligian, Daughter of Patient)

- “Fata told us that I had MGUS and he was going to put me on Infusions of Zometa every 30 days . . . After a few months he told us that I had Multiple Myeloma and I would probably be on the Infusions of Zometa for the rest of my life . . . I started losing my teeth in the beginning of 2013 . . . I had told Fata every time something would happen. I had one tooth come out with the socket and all. That caused me to have a hole through my jaw into my sinuses. I had to have all but two teeth removed . . in hopes they could use them for anchors to restore my teeth or put in dentures. That was December of 2013. Since then I have had no teeth to eat with and now I found out . . that the two other ones need to come out because the drug Zometa is eating at them . . . I can not eat normal food . . . I have terrible dreams of what I look like to people who don’t know me because of no teeth . . . (Patient Robert Sobieray)

V. Other Unnecessary Chemotherapy Confirmed by Second Opinion Doctors

- I was a patient of Dr. Fata’s for 5 years . . . During that time I was on a chemotherapy schedule of 3 weeks of chemo, one day a week and then one week with a Dr.’s office visit. That comes to 195 chemo treatments. After Dr. Fata’s arrest I saw two other Oncologist’s for their opinions on my case. They both stated that per standard protocol without showing any reoccurrences of cancer activity, I should have had six months of chemotherapy and then follow up observation with testing. That means I received an unnecessary 177 treatments of chemo . . The extensive chemo I received has affected my everyday life. I have severe Neuropathy of the hands, feet and legs. . . I also have bladder and bowel issues . . I have compromised kidneys with Stage 3 Chronic Kidney Disease. . I am on permanent disability.” (Patient Charles Charter)

- “Dr. Fata knowingly and purposefully treated me for the wrong cancer and gave me the wrong chemotherapy in 2013. Dr. Fata treated me for lung cancer. The biopsy report with Dr. Fata’s signature clearly stated that the cancer was not lung cancer . . . but was . . . kidney cancer . . I suffered needlessly with no treatment benefit and the cancer grew. Dr. Fata also gave me unnecessary iron infusion treatments. The lab reports in my medical records show that my hemoglobin levels were not low enough to require the iron treatments. Too much iron can damage the liver.” (Patient D.C.)
- He stated that [my mother] had a very aggressive cancer that would become untreatable if she stopped chemo and then he wouldn’t be able to save her. I now know, he told this to MANY patients. He diagnosed my Mom with . . . breast cancer. Sadly, I now know that the chemotherapy drug he used during the last month of her life, wasn’t even a drug used for breast cancer . . he had her on a 24 hour drip for a drug used for patients with colon cancer all in the name of greed. Several times when I had researched and questioned his treatment, he asked if I had fellowshiped at Sloan Kettering like he had.” (Michelle Mannarino, Daughter of Patient)
- “Dr. [Fata] decided I needed 18 months of maintenance [chemo] since he declared I had stage 4 lung cancer . . When I went to my new radiologist oncologist, he said . . it wasn’t lung [cancer]. . . and that all maintenance chemos after first six were unnecessary as were the iron shots.” (Patient A.M.)
- “I met Dr. Fata . . . on September 6, 2011 . . Dr. Fata started my chemo treatments that same day . . I went in for a chemo treatment one day a week for three weeks and then on the forth week I had an office visit to see Dr. Fata. This schedule continued until Dr. Fata’s arrest in August 2013. . . Around August in 2012 . . . Dr. Fata told me the chemo that I was originally on had “stopped working” and he was going to have to order a special chemo from Europe. Dr. Fata told me that it was hard to choose chemo for an individual from this country because there are so many to choose from . . . Dr. Fata also ordered several iron infusions because he told me my iron was low . . . Due to Dr. Fata’s arrest, I found a new oncologist who ran his

own tests . . . The new oncologist indicated to me that he doubted I had cancer to begin with. He said that if I did have cancer that it would have been a slow growing cancer and I would have been able to live through it without chemo treatments . . . I am currently house bound because of my health . . . Before coming under Dr. Fata's care, I was a very active senior . . . My life has gone from full to empty. . .(Patient J.P.)

- “I was a patient . . . from March, 2011 until his arrest August 6, 2013 . . . After his arrest I had to find and get a new doctor . . . to see if I had been properly treated by Dr. Fata . . . They were . . . amazed and shocked that I had survived Dr. Fata's overly gross overtreatment of a fairly easy cancer to get rid of. This included 40 full days of chemo, 14 days of hydration, 3 iron infusions, 3 blood transfusion, 24 various steroid injections, and 37 radiation treatments. . . My kidneys almost failed . . . My bladder has been compromised . . . My liver function has been compromised . . . My heart has sustained unnecessary abuse and wear . . . My hands and feet have severe “chemo induced neuropathy.” . . . My ears ring all the time and I have subsequent hearing loss due to the nerve damage. . .The excessive treatment has also damaged and compromised my immune and nervous systems.” (Patient Christopher Sneary)
- “[Fata] informed me that I had blood cancer and I needed to get treatments which were 5 hrs. long . . .Above my other treatments that were 2 hrs 3 times a week . . . Since [Fata's arrest] I have gone to another blood doctor that agree that . . . I do not have any form of Blood Cancer. . . “ (Patient Michael Ureel)

VI. Other Unnecessary Treatments Confirmed by Second Opinion Doctors

- “I began looking for another doctor [for my mother] . . . he immediately changed her treatment. The new Doctor told us that Dr. Fata had been treating her for three years using a medication that should only be used for a short time (Up to 3 months) and that it was doing nothing to correct her condition, only mask the symptoms.” (Harvey Hammond, son of Patient)

VII. Giving Chemo and False Hopes to End of Life Patients and their Families

- “In late December . . . we wanted to quit chemo. Dr. Fata ushered us right away into his private office. . . . He told us . . . in quitting the chemo we should prepare for end of life care! My Mother-in-law . . . decided to continue with the chemo . . . Feb 4th . . . The doctors at HFM told us that they had never seen such high levels of . . . chemo in one person, that it was off the charts! . . . she . . . passed away . . . not even 24 hours later . . . I believe that she could have had a passing more on her own terms without all the suffering from chemo.” (Rene and Robert Beaupre, Daughter-in-law/Son of Patient)
- “On April 12, 2010 . . . Dr. Fata . . . said the MDS had progressed to AML and he HAD to begin treatment the next day with aggressive chemo IN HIS CHEMO OFFICE . . . on April 15, 2010 . . . I told him that L.B. was so weak and unable even to lift his arms. His response was, “Don’t you have help! He HAS to go to my office for chemo.” . . he just repeated this over and over. . . When I told Dr. Fata [that we were taking L.B. to Crittenton] HE HUNG UP THE PHONE ON ME!!! . . he was diagnosed with RENAL FAILURE as a result of the chemo and was put on dialysis, in ICU and was in very critical condition. . . . When he was discharged [on April 26, 2010], Dr. Fata INSISTED that he HAD TO GO to his chemo office and start chemo again IMMEDIATELY. He kept insisting that he HAD to have the chemo if he was going to live. . . . [In June 2010], L.B. received chemo again . . [on] July 5, because Dr. Fata wouldn’t talk to us, [we] began to interview hospice providers. We decided which one we wanted to use and Dr. Fata finally came in . . and said, “Oh, no, you must use Guardian Angel’s. They are the best” . . . The next morning, our whole family was there waiting for Guardian Angel’s nurse to come. SHE NEVER SHOWED UP, no phone calls, nothing. . . [another doctor] said, “you can choose which hospice you want.” [The new hospice] talked to Dr. Fata to see if he would still be L.B.’s doctor and he would not. We had gone against his wishes by using another hospice and he was not able to make any more money off of us. L.B. passed away July 22. . . An expert reviewed L.B.s case and concluded that . . . after he went into renal failure,

ANY CHEMO should have been given in the HOSPITAL and L.B. RECEIVED MORE than he should have . . . I don't even have a doctor now because I don't trust them . . He took away the trust in the doctors, hospitals and any medical care provider. . . Yes, L.B., according to the expert, would have passed away regardless of who his doctor was but did he have to SUFFER needlessly? Did he have to endure rounds of chemo just to pad Dr. Fata's pocketbook? Did he have to BEG to talk about end of life decisions and hospice and even then Dr. Fata ignored his requests to discuss this, was this the way a doctor treats a dying patient? Did he have to sit in an office and wait for hours for the doctor to see him for 5 minutes when LB. could hardly hold up his head because he was so weak, not even able to walk to the car by himself? Shouldn't he have returned phone calls and when we did talk to him not INSIST that he go to his OFFICE for chemo BEFORE going to ER? Shouldn't a doctor give chemo in the most appropriate place and not only in his office for him to make money?" (B.B. and Family of Patient)

- “we were given the news that Art [had] cancer in his lungs, rib and liver, but that it had not spread to his brain and that with treatment he stood over a 75% chance of survival . . . Art started getting sick not long after his treatment began . . He was getting weaker by the day, but still Fata led us to believe Art stood a chance so he kept doing treatment . . a Doctor at Crittenton came to the family. He said he did not know why Art was still doing treatments because when cancer spreads to the brain there is nowhere else for it to go. We were shocked . . He continued getting treatments and getting sicker. . . It seems nothing I can say is strong enough except to say that Art looked like someone who was being tortured at a death camp. He was skin and bones . . . He kept getting injections . . . He was suffering so much. He had no life anymore . . but Fata kept encouraging him to continue treatment. I am going to move forward to my stepdads last days. His daughter brought him in for his treatment, but he was so weak he fell and had to be helped back into his wheelchair. Fata still injected him with chemo and then told his daughter to take him to the hospital. HE didn't even call an ambulance; he just wanted to make sure he gave him the dose of poison so he could get paid. . . within an hour he was put on life support. . . he passed a short time later. . . Fata did not give my stepdad

cancer, but he did torture him and make him so sick with unnecessary treatment that he knew would not help. He knew my stepdad was terminal but chose to never let the family in on that information. Had we known the truth we would never have recommended Art go through the treatment . . . Art spent more time in the hospital than he did at home because of the side effects of the chemotherapy he should never have been given. . .”(Tammy Weston, Stepdaughter of Patient)

- “I am an RN. . . I asked questions, but he had Dad so scared and believing that Dad was his “miracle patient” and that he would save him. Dad was too scared to leave him, even though I begged him and told him that something was really wrong with this doctor . . . Fata never had any clinical or scientific answers, he just used fear to control my Dad. He told him that if he left him, he would die. Dad was so scared, he did not want to die . . . Just before Father’s Day 2010 . . . We were told by . . . one of Fata’s illegal “doctors” , that Dad was in remission. . . I called Fata over 40 times on Father’s Day weekend. I wanted to speak to him directly. Dad seemed too sick to be getting better. On Monday, the day after Father’s Day, he answered the phone. “Oh yeah. Your Dad has full blown leukemia. He needs to go to hospice now.” What ??? I just spent all weekend reassuring him that he was going to live! . . . [R.S.] 7/ 21/46 - 6/24/10.” (Lynn Johnston, Daughter of Patient)
- “My mother . . . was a patient of Farid Fata. He diagnosed her with cancer and offered her and the family false hope that she would be able to survive it. He diagnosed and treated her for ovarian and pancreatic cancer. . . He said she can survive this. . . She sat through countless hours of chemotherapy and several visits . . . in the hospital due to the dosage of chemotherapy. Fata had convinced her that it would cure her . . . Farid Fata stole from my mother her ability to make the final decisions regarding her life by offering a false hope of a cure . . . It was indeed pancreatic cancer [not ovarian cancer] . . . After [she was informed that her pancreatic cancer was inoperable] she quickly deteriorated . . . Farid Fata shortened my mother’s life and took away her choices by misleading her to believe she had a curable cancer. (Wendy Lukianoff, Daughter-in-law of Patient)

- “Our father was told in the hospital that he had incurable cancer and the chemo should be stopped. Then in walked Fata giving our family all kinds of hope with his language of new chemo drugs and miracles that he would use. Our father was told on at least 5 occasions that his cancer was either gone or could barely be seen on the scan and that he would be cured soon with a few more doses of “maintenance chemo” and that he would need to do “maintenance chemo” the rest of his life in order to keep the cancer from reappearing. . . We saw my dad get sicker and sicker . . . We saw our dad’s face light up many times when told the cancer was gone or almost gone just to be told again a few weeks later that “the cancer was back with a vengeance” and he needed more chemo. Along with many unnecessary treatments our father was given hundreds of injections we now know he did not need . . . [S.L.’s] oldest child remembers Fata standing at our father’s bedside assuring all of us that he had a “mixture” of drugs that no other doctor had access to and that if our father was willing to “tough it out” he could save our father’s life. . . . [S.L.’s] daughter remembers that our father died five days after Fata told him he was very “close to remission but needed a chemo boost to be sure” 6 days after this “boost” our father died.”(Children of Patient)
- When my mom saw Fata he told her that she had cancer, but not to worry because he was . . . utilizing technologies that other doctors didn’t even know about . . .if she went through treatment with him, she had an excellent chance of being cured . . . A surgeon who had to operate on my mom, numerous times, as a result of Fata’s incorrect “treatments” told us that she needed to stop chemo because it was killing her. But Fata would come into the hospital, and lie to us, telling us chemo was her only hope, that it was actually shrinking her tumor, and that she HAD to start treatment back up as soon as she was released from the hospital if she wanted to live . . .My mom wanted to live so badly . . and believed Fata was trying to help her. (Writer Requested Anonymity, Family Member of Patient)
- “On January 7th, 2013, my father [while in the hospital for congestive heart failure] was diagnosed with lung cancer that we were told had moved to into his spine . . .all agreed that palliative care was best to keep him comfortable, because he had become too frail for a stronger treatment. Fata

insisted on doing chemo at his personal office. He told us it was the only option because St. Jose would not let us do the treatment in the hospital . . . On February 8th 2013 after signing out of the hospital, my father went for treatment at Dr. Fata's office . . . We were informed . . . that Fata had changed his treatment method that morning to something that had never been discussed or agreed upon . . . My father was back in the hospital on February 13th, 2013 . . . [On] March 1st 2013, . . . [the hospital said] my father should go home with hospice . . the next day . . he passed away.”. (Craig Rambo, Son of Patient)

- “Farid Fata kept adding more and more chemo to my Dad's regime. . . He had to beg Fata to lower his medication dosage. Farid Fata kept him on double doses of chemo (wearing a pump) even while he was on his death bed and it was apparent he was not going to live. He did not even let my Dad die in peace. My Dad had to beg Farid Fata to remove his chemo pump while he was on his death bed.” (L.C., Daughter of Patient)
- “Our mother . . . was diagnosed with Stage 4 Breast Cancer. It had already metastasized to her lungs, her brain, her liver and her sternum. . . In that very first meeting [with Fata] he said, “I can cure you”. He indicated that he had access to medications that other doctors did not. He indicated that as long as [she] followed his instructions and *kept her insurance paid up*, she could be cured . . . Fata had instilled so much FALSE HOPE of a cure over the months of seeing him . . . Farid reminded [her] that she would die without him . . . we were wondering if there was any reason to file bankruptcy, questioning her life expectancy. He indicated again that he was trying a new therapy and we should definitely file bankruptcy on her behalf, “but make certain you do not cancel any of her insurance. I won't be able to treat her without”, he told us . . . we asked about Hospice . . . He . . . stated that our discussion of hospice was unnecessary as he had access to so many more drug therapies that she would be around for a long time. He then held her hand, looked straight into her eyes and gently said, “Don't worry, I will not let them stop the treatments you need”. . . She . . . was very angry at us for the discussion that had just taken place. In addition to everything else he was doing, he was also coming between my mother and us . . . maybe she would have participated more in life knowing that it was

nearing the end. She kept putting things off thinking that she would have time “when she got better.” . . . [our mother] was never able to accept that she was dying because Fata convinced her she was not. We never had the benefit of the final conversation we should have been able to have, to say the things we wanted to say.” (Family of Patient)

- “My mother . . . was a patient of Dr. Fatas . . . While reading moms file I received and asking a few medical professionals I know, it has been brought to my attention that mom was terminal right from the very first meeting with [Fata]. . .” (Suzanne Spry, Daughter of Patient)
- “Regardless of the physical condition my dad was in you insisted treatment must go on and it would save his life. When I pulled you into the hallway at the hospital multiple times to ask you to tell me the truth if the treatment would make a difference since he appeared to be getting worse, you insisted the treatment must go on and it would save his life. . . When the PET scan that you had insisted initially wasn’t necessary until you had the machine installed in your office (coincidentally) revealed that the cancer had spread to the majority of dad’s bones, what did you say? Press on! More treatment! All the while, insisting you would save him . . . [our] family doctor intervened . . . He told us the truth. Just take him home to die in peace with his family. No more unnecessary treatment. No more lies, no more false hope. . .” (Dennis Wynn, Son of Patient)

VIII. Guardian Angel

- “when he said we should go home with Hospice[,] [h]e insisted we use Guardian Angels hospice and when we didn’t he washed his hands of our dear Mom. . .” (Sydney Zaremba, Daughter of Patient)

IX. Unnecessary Iron

- “Dr. Fata repeatedly gave me iron infusions (Feraheme) that I did not need . . . the day after Dr. Fata was arrested I brought my lab reports to a new hematologist who explained that my ferritin levels were dangerously high . . . Even though my ferritin levels were incredibly high, Dr. Fata continued to

give me dose after dose of the iron infusions . . . My “low iron” caused me a lot of stress . . I missed so much work, leaving early for appointments with Dr. Fata or to receive injections. I waited for *hours* to see him each time. The injections made me feel ill. . . My family was very worriedAs it turns out, nothing was going on . . . all I needed was the initial dose of iron infusions . . In August 2013, my ferritin levels were over 10-15 times what they should be . . . high levels of iron cause organ damage and major complications. To this day, I am still having complications from my high iron levels and my ferritin levels are still very high. The iron started depositing in my liver causing pain and abnormal blood levels. An MRI confirmed that the iron was in my liver. . . they had to drain blood out of my body and throw it away. This was emotionally very hard for me; I should have never had to endure this procedure!” (Patient Jessica Arsenault)

- “The doctors at U of M . . .told me I didn’t need the five weeks of Iron treatments Dr Fata told me I had to have . . . I didn’t need the 22 hydration treatments he gave me the day after every chemo treatment. He also gave me a Neulasta shot in 2011 . . . it made me so ill and gave me so much pain that I reused when they tried to give it to me again. I found out I didn’t need that shot either. I didn’t ned the PET scan he said I HAD to have. . . .” (Patient Tina Farrell)
- “I spent three (3) days a week during my first pregnancy and five (5) days a week getting [iron] infusions from Dr. Fata during my second pregnancy. I was depressed, in pain; my veins were destroyed because of the constant blood draws and infusions . . . Because of the harsh reaction I had to the iron . . . I also had to take benadryl everyday. Not only were both my children exposed to the iron, but also a second drug in order for me to tolerate it. I was drugging my kids but not drinking soda . . . I would pray and ask G-d that my numbers would be good enough for me to be “normal” and for my kids to be safe, but according to *Dr. Fata*, they were never good enough. I wanted to experience a healthy, happy pregnancy, but never did. I was in fear and depressed each time . . . I received nearly 300 infusions, but after his arrest, I got a second and third opinion [and] was told I never needed more than five (5). I was also advised that the type of iron was not the correct type. Being self employed . . . taking daily treatments put me

out of business during the years I was pregnant. . . I went to two doctors. Both of them advised me that I had iron poisoning. Both of them told me, I now have to check my major organ functions and also be checked for calcification of my organs. I am 37 years old . . . The worst part is . . . I had to have both of my children tested for iron poisoning . . . I took them to the hospital. I had them poked by needles, a two (2) year old and four (4) year old. I had to have their blood drawn . . . I questioned myself. Was my trust in Dr. Fata going to be hurtful to my children? Will they be sick because of me? . . . Did he really infuse a pregnant woman, with unnecessary iron for financial gain? . . . The thought that he could have done this to my kids was unbearable. . . continued testing will be necessary in order to properly monitor them for the unforeseen future . . . I have residual damages as a result of the iron. I have been advised to have regular phlebotomies in order to get rid of the extra iron I have. I have lost feeling, due to nerve damage . . . I am still missing work and time away from my kids.” (Writer Requested Anonymity)

- “I was . . . diagnosed and treated by Dr. Fata [for a couple of years] for “severe” anemia/iron deficiency. I quote “severe” because as news broke of his crimes I obtained my medical records and discovered that while my iron counts were low, I was in the “normal” range. . . . Upon my first visit to Dr. Fata I was told . . . my iron was “dangerously” low and that I needed an infusion immediately . . .” (Patient Rachel Pingle)
- “My father was under Dr. Fata’s care from June 2007 through February 2010 . . . On March 26, 2010 he passed away from liver failure. While in Dr. Fata’s care he was being treated of anemia. He was . . . receiv[ing] iron infusions 3 times weekly to get his iron count to a normal range . . . After many infusions . . . Dr. Fata suggested he start receiving an iron shot that (in his words) unfortunately was much more expensive but might work, since (in his words) the infusions were not working. After 3 years and many weeks and days of iron therapy . . . a few weeks later he became ill, 15 days later he died . . .” (H.L., Daughter of Patient)
- “After my first visit with Dr. Fata, he stated that I had low iron deficiency anemia and . . . therefore I had to be treated with iron infusions . . . My

insurance was billed \$3,000 per infusion . . . While being treated over the years with iron infusions and/or shots yet never feeling any improvement . . . Dr. Fata kept saying the shots were going to work but I just had to give it time . . . I was on unpaid leave for almost a year! . . . after 2-3 years of having these symptoms . . . [a] sleep study [by a neurologist] revealed that I had severe sleep apnea . . . my new physician ran a battery of tests [in April 2014] . . . my iron and blood platelet levels are fine . . . “(Writer Requested Anonymity)

X. Lying About Availability of Stem Cell Transplants

- “My husband started treating with Fata 7 years ago for Myelodysplasia/MDS. . . since 2007, [my husband] has remained on chemo, in addition to iron infusions and four injections a month. . . . [Our 2nd opinion doctor] asked us why we never tried stem cell transplants? He said they can be very effective in treating MDS, rather than taking dangerous chemo treatments. Dr. Fata never told us this was an option. When we discussed alternatives to chemo, all Dr. Fata indicated was that if [my husband] did not follow Dr. Fata’s chemo regimen, [he] would get leukemia . . . He did not tell us stem cell transplants have been available for years. Unfortunately, the normal cutoff is 70. [My husband] is 71.” (T.K., Wife of Patient)

XI. Patient Not Informed About Risk of Sterility

- “I began seeing Dr. Fata in May 2006 for his diagnosis of Hodgkins lymphoma. He treated me with chemo for approx.. 6 months . . . [at] U of M Ann Arbor . . . I was told . . . that I actually had non-Hodgkin’s lymphoma and would now need a bone marrow transplant because of the previous failed chemo treatment . . . When I told [Fata] I had cancelled [my chemo treatment] he proceeded to yell at me that I was wasting his time & a spot someone else could have been using . . . The conversation ended with me in tears & him telling me not to bother coming back to him because “There are too many hands in your cookie jar.” . . . his nurse called . . . & tried to reschedule me. I refused . . . I first learned of harvesting my eggs [from U of M] but was told I would already be sterile because I had already

had chemo even though I was never informed it would make me sterile or given the option of harvesting my eggs by Dr. Fata. . . .” (Patient Jaclyn (Sheldon) McDowell)

XII. Frightening Patients into Chemotherapy

- “I asked Dr. Fata if could get the treatments in either Kalamazoo or St. Joseph, MI as I have a small cottage in western Michigan. He absolutely refused . . . I had to travel 500 miles round trip . . to return for treatments. At one point I inquired if a second opinion would be advisable. His reply was, “if I obtained a second opinion, do not return for his care.” (Patient H.G.)
- “Fata was a fear-monger. When we asked about trying a chemo holiday for a month or two (something many of my dad’s [doctor] colleagues suggested and seemed to think was quite normal) Fata would say that was not possible . . Fata also threatened more than once that if my dad quit doing chemo, he would have to sign on to Hospice, and that Hospice would make him stop dialyzing.” (Ellen Piligian, Daughter of Patient)
- “Fata basically scared my husband into continuing the chemo treatments by telling him that discontinuing treatment could cause the cancer [in his blood] to attach to his bones or metastasize and he (Fata) would be unable to help him.” (Florence Wilson, Wife of Patient)

XIII. United Diagnostic PET Scan Fraud/Vital Pharmacy

- “My last follow up with Fata was July 2013. . . at this visit, he said he wanted me to get a PET scan. He also wanted me to use a pharmacist that he knew . . . He seemed very nervous during this discussion . . . Fata also lied when getting my PET scan ordered by saying I had bone pain. I never said that to him.” (Patient Irene Farley)
- “I had an appointment with Dr. Fata on May 9, 2013, and he said I HAD to have a PET and his office scheduled one for me for August. I remember seeing him write in the diagnosis box on the order form “new hip pain” as

an explanation of why I needed the PET scan. I thought that was odd since I had had the same hip pain since . . . 2008 . . . Dr. FATA said I HAD to have the PET scan. I told him I wanted to go to Crittenton Hospital and he said no, his machine at his office was much better and he said I HAD to have it there. I really didn't want to drive all the way to his office for the PET scan but he insisted." (Patient Tina Farrell)

- "Dr. Fata had scheduled me for several PET scans but always cancelled them, saying the machine wasn't ready yet. Does that beg the question of why, if it was so necessary, he couldn't just send me to another facility? . . . Dr. Fata sent one of the ladies to check if my insurance would cover my medications and I thought he was going to jump out of his seat when she returned and told him all meds were covered by my insurance. All medications were going to be handled right out of his own little pharmacy that was right then being built." (Patient Jack Fields)
- "When the PET scan that you had insisted initially wasn't necessary until you had the machine installed in your office (coincidentally) revealed that the cancer had spread to the majority of dad's bones, what did you say? Press on! More treatment! All the while, insisting you would save him . . ." (Dennis Wynn, Son of Patient)

XIV. Short Office Visits

- I always thought it was strange that he only spent 3 minutes with me and never had any records on my blood count numbers." (Patient Susan Duda)
- "It was always the same . . . wait . . . 2 or 3 hours to talk with Dr. Fata who spent a grand total of 2 or 3 minutes to tell you that "you are doing fine" and then schedule another appointment." (Patient Jack Fields)
- "Most of the time, I waited one to two hours to see him . . . He rarely spent more than five minutes with me." (Patient H.G.)

- “we would have to wait long hours to see him and when he did finally meet with us, he would spend literally five minutes discussing my treatment in general terms before moving on to the next patient.”(Patient Melissa Ann Kloc)
- “We sat in the waiting room for 5 hours . . . we are finally called into the room . . Fata comes in spends maybe 5 mins with you, and then takes you to the front so you can make your next appointment.” (Patient M.M.)
- “We would wait for hours to see him personally . . . Dr. Fata would come in for 5 minutes . . “ (Sandra Voorhis, Wife of Patient)

XV. Loss of Faith in Doctors

- “I relate to the Health Care industry entirely differently. I am suspicious, cynical and lacking in trust. . . I went from feeling informed and reasonably knowledgeable to feeling ignorant and helpless. I can no longer fill out a family medical history survey because I no longer know the truth about my father’s health.” (Jane Heineken, Daughter of Patient)
- “It is so hard to trust doctors now because of Dr. Fata and it will take a long time to trust again . . . I want him to know that my 10 year old daughter sees him now on the news and I have to explain to her why my doctor hurt people. How do you explain in a 10 year old that a doctor could hurt people, I have no answers for her. (Patient Tina Farrell)
- “I don’t trust any doctor or medical professional, I doubt everything they say. When I start thinking about it I can’t function, I become so anxious that I can’t even go to work, and if I have a doctor’s appointment for myself or my son I cancel it. I thought it would get better with time, but it hasn’t. How am I supposed to go thru the rest of my life not trusting the medical profession?” (Patient Sandra Lord)

- “I have a hard time getting either one of my children to see a doctor when the need calls because they have lost trust not only with doctors but society as a whole because of what Dr. Fata did to their grandfather.” (H.L., Daughter of Patient)
- “I now have major trust issues with anyone or anything involving medical decisions or my continuing care. I’m afraid they are all out to take advantage of the system, or me and my family, only for their financial gains.” (Patient Christopher Sneary)

XVI. Financial Impact

- “. . . we were financially devastated with medical bills. I had medical bills that I shouldn’t have had for extra surgeries, extra chemo . . . I couldn’t work in my licensed daycare for almost two years because I was so sick . . . I had to close the doors . . . My husband had to work two jobs so we could make it . . . “. (Patient Tina Farrell)
- “Before this devastating situation, I was working and making more than \$50,000/yr. as a financial analyst. Because of the many visits and physical deterioration from the chemotherapy treatments I was let go from my job and was no longer able to support my wife and family. I have gone into debt deeply both medically and materially. I also am not sure if I will ever be able to support myself and family the same as before.” (Writer Requested Anonymity)
- “my entire family suffered emotionally and financially. We paid many bills out-of-pocket that our insurance did not cover. . . we had to rely on the kindness of others to help us buy groceries, pay our mortgage, and other miscellaneous bills. All of our money went [to] Dr. Fata to pay for his unnecessary and damaging treatments. We could not even afford Christmas gifts for our daughter that year.. . this was extremely upsetting for my husband. He felt terrible that we could not make ends meet, through no fault of his own.”(Patient Melissa Ann Kloc)

- “Dr. Fata’s treatments have caused me to exhaust a . . .retirement account and withdraw another 10,000 . . . (Patient Diane Molitoris)
- “The financial harm and responsibility to me and my family has been and still is substantial. I have spent thousands on my deductibles and co-pays. My health insurance company was billed close to \$400,000 for his prescribed procedures for me alone. Most of it was unnecessary . . . I estimate that I myself have lost more than 5,000 man hours in the past 44 months . . . This setback for my time alone could potentially have been worth several million dollars of lost revenue to [my] business. . . He has financially destroyed any chance of me being able to retire with any financial security.” (Patient Christopher Sneary)
- “After I started seeing Fata for a while, I lost my insurance for 3 months before I got Medicare and he said I need to get those [Zometa] infusions and not stop so I got them on loan from him. I would pay so much each month for the Zometa and the room time. We have so many other medical bills that we cannot pay on our income I just put them in a pile, cry, and pray. We have to be about 30 thousand in debt and 10 thousand is in medical bills . . . Between dealing with the bills, the pain and headaches I get from thinking about Fata and seeing my wife suffer everyday is getting to me and is really warring heavy on my shoulders.” (Patient Robert Sobieray)

XII. Overwhelming Feeling of Guilt Experienced by Family Members of Patients

- The thought of anyone mistreating his father haunts him and causes guilt feelings because “we should have known”, but you trust your doctor to do right . . .it forever changes us as human beings . . . I myself often wonder why I didn’t see it, how did I miss it, could I have done something . . .”(Children of Patient)
- “I blame myself for not seeing the red flags, sooner . . .”(Antoinette Zanotti, Wife of Patient)

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- “. . . the guilt I bear that I should have been more aware of her mistreatment is with me for life.” (Anita Kepley, Daughter of Patient)
- “. . . not a day goes by that I don’t feel guilt . . . I have only a picture to apologize to now . . .”(Sydney Zaremba, Daughter of Patient)