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

68

FROM: 48860039
TO:
SUBJECT: REPLY BRIEF-RENEWED MOTION COMPASSIONATE RELEASE
DATE: 10/01/2024 07:46:46 AM

CASE No. 2:13-cr-20600

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

FILED
OCT 08 2024
CLERK'S OFFICE
DETROIT

UNITED STATES OF AMERICA,

Plaintiff,

v. Honorable Jonathan J.C. Grey

FARID FATA,

Defendant.
_____/

DEFENDANT'S REPLY BRIEF IN OPPOSITION TO THE GOVERNMENT'S RESPONSE

Defendant Farid Fata, ("Fata"), respectfully submits his Reply Brief to the Government's Response (RE 382) to his Renewed Motion for Compassionate Release or Sentence Reduction pursuant to 18 U.S.C. 3582(c)(1)(A).

I - EXTRAORDINARY AND COMPELLING REASONS FOR SENTENCE REDUCTION EXIST :

A - THE PROSECUTION OMITTED FATA'S MEDICAL RECORDS OF FAILING TO TEST AND TREAT FATA'S COVID RE-INFECTION AMID A NEW COVID OUTBREAK IN PRISON:

The prosecution's analysis downplaying the severity and complexity of Fata's novel incurable chronic immunodeficiency and his inadequate medical care in the BOP that caused further infectious harm and complications that would diminish Fata's ability to provide self-care being classified as "medical idle" by the BOP as Fata has served more than ten years in prison, USSG 1B1.13(b)(2), is flawed and is aimed to mislead the court simply because it fundamentally misconstrues Amendment 814 of the 2023 U.S. Sentencing Commission's policy statement under USSG 1B1.13.

Section (D) of Amendment 814, U.S.S.G. 1B1.13 (b)(1)(D) which modified U.S.S.G. 1B1.13 in part by defining the categories of "extraordinary and compelling reasons" justifying compassionate release, requires the court to answer three main questions that the prosecution distorted as its account omitted the BOP provider's mismanagement of Fata's medical care and upon its medical expert's opinion. Concepcion v. United States, 142 S.Ct. 2389 (2022)("under 3582(c)(1)(A), Congress has expressly cabined district courts' discretion by requiring courts to abide by the Sentencing Commission's policy statements").

FIRST QUESTION: IS THE DEFENDANT AT A FACILITY WHERE THERE IS AN ACTUAL OR IMMINENT RISK OF AN OUTBREAK ?. YES.

Since 2020, FCI Williamsburg has experienced numerous outbreaks of Covid-19, Staph and MRSA (Methicillin Resistant Staphylococcus Aureus)(Exhibit A), and fungal or yeast infections. Secondary to his immunocompromised status from chronic cyclic neutropenia plus immunoglobulin M deficiency, Fata's medical records filed in the govt.'s response show that he developed an infection during each outbreak: Covid -19 bronchitis in December 2020, Staph skin infection in April 2021, fungal or yeast skin infection in July 2021, recurrent chronic prostatitis in October and December 2021, Staph Blepharitis in April 2022, November 2022, and May 2024, Providencia UTI in June 2022, and recurrent chronic prostatitis in November 2022, and September 2023. Fata's infectious risk in prison is not speculative as Dr. Howard's affidavit stated, Fata developed a total of 14 infectious episodes (RE 378) that he never had before incarceration: a risk that cannot be mitigated in prison absent NEUPOGEN treatment that is widely available in the community.

Further, the prosecution omitted Fata's recent emails to health services and his medical records that show that on August 20, 2024, FCI Williamsburg has newly diagnosed at least 6 inmates with Covid-19. The facility has incompletely quarantined the infected inmates in their cells, and failed to implement the standard CDC Covid precautions (Exhibit B). United States v. Elias, 2021 U.S. App. LEXIS 251 (6th Cir. 2021)([r]elying on official guidance from the CDC is a common practice in assessing compassionate release motions). The infected prisoner in Fata's housing unit Derrick Blash in cell 111 was allowed to walk around the general inmate population without face masks which exposed Fata being at-risk and vulnerable host - chronically immunocompromised- to Covid-19. Further, Fata's housing unit was not provided with Face masks as outlined in his request to health services (Exhibit C): Fata's emails to health services and to his warden were not answered and fell on deaf ears. As to Fata's risk for breakthrough Covid-19 infection in prison: Being chronically immunocompromised, Fata cannot mound an antibody response to Covid vaccines. Therefore, Fata would not remain at comparable risk outside prison and the possibility of Covid re-infection supports early release. United states v. Lemmons, 15 F.4th 747 (6th Cir. 2021)(quoting United states v. Broadfield, 5F. 4th 801, 803 (7th Cir. 2021)("A prisoner who can show that he is "unable to receive or benefit" from a vaccine may turn to this statute)); United states v. Barbee, 25 F.4th 531, 533 (7th Cir. 2022).

On August 23, 2024, the inevitable occurred: Fata reported to "sick call" with sore throat, cough, runny nose, headaches, muscle aches, and chills. The medical provider refused to test him for Covid-19

and told him he has to go to the hospital in order to receive Covid testing. The BOP provider opted to treat symptoms only and allow the virus to take its course despite Fata's:

(1) confirmed presence of Covid in his housing unit (prisoner Derrick Blash), (2) known risk factors to develop complications (hospitalization) from Covid, being chronically immunocompromised, (3) and his new-onset Covid symptoms. But Fata was deprived from receiving the standard Paxlovid treatment that is life-saving had he tested positive. Instead, the Bureau provider released Fata to the general prisoner population without Covid testing and quarantining which is cruel as it could spread the virus and cause further exposure to vulnerable prisoners (Exhibit D).

SECOND QUESTION: DOES THE DEFENDANT HAVE MEDICAL CONDITIONS THAT COULD LEAD TO SERIOUS COMPLICATIONS IF EXPOSED TO THE INFECTIOUS DISEASE ?. YES

Fata is chronically immunocompromised from chronic cyclic neutropenia plus Immunoglobulin M deficiency that are sufficiently serious on their own such that they put Fata at an "increased risk" of suffering severe medical complications or death as a result of exposure to those infections as outlined in Dr. Howard's affidavit. Further, Fata's neutropenic recurrent infections have substantially diminished Fata's ability to provide self-care within the environment of the prison and from which he is not expected to recover, as the BOP deemed him "medical idle", USSG 1B1.13(b)(1)(B). Fata's neutropenic recurrent infections are severe enough and carry a potential risk of death > 36% (risk of neutropenic sepsis). As Dr. Howard noted in his report: "the likelihood that continuing down the path of treatment, Mr. Fata will experience significant potentially life-threatening complications from recurrent and more serious infections" (Exhibit F).

THIRD QUESTION: IS THE FACILITY UNABLE TO MITIGATE THE DEFENDANT'S MEDICAL RISKS?. YES

FCI Williamsburg is unable to mitigate Fata's infection risks and complications as NEUPOGEN treatment required to build Fata's neutropenia causative to his recurrent infections and to build Fata's immune system to fight the infections, is not available at FCI Williamsburg. Absent timely treatment with NEUPOGEN and absent referral to infectious disease specialist, Fata developed 14 infectious episodes as shown in the medical records filed by the govt., where the question becomes not "IF" but "WHEN" would the next inevitable infectious complication recur regardless whether the neutropenia is moderate or severe.

The prosecution failed to address the BOP's inability to mitigate Fata's infectious disease risk as required under USSG 1B1.13(b)(1)(D). For Dr. Howard noted in his affidavit (RE 378):

"The BOP has failed to treat Mr. Fata within the standard of care in the community. The BOP

has also failed Mr. Fata by not obtaining specialty consultation in a timely manner: Mr. Fata has had an indefensible delay in care, having to wait over six months for an "urgent" urology consultation. He still lacks being evaluated by an Infectious Disease Specialist. In addition the lack of concern and failure to properly treat with NEUPOGEN based upon recommendation of the specialist, constitutes deliberate indifference which, outside the prison environment would be malpractice".

Furthermore, the prosecution omitted Fata's medical records that show that on August 16, 2024, Fata reported to medical for right sided flank pain and hematuria as he continues to urinate five times at night. Mrs. Harrell, PA, told Fata that his cystoscopy has been postponed to a later date. On March 11, 2024, Fata emailed the provider to contact the urologist to check whether he could have treated Fata as directed by urologist. Which begs the question whether the BOP's care is appropriate to wait "one year" to have a cystoscopy as requested upon his "urgent" urology consult for prostatitis in September 2023 (Exhibit E).

In sum, the changes to the Sentencing Guidelines warrant a Sentence Reduction as Fata's medical records and Dr. Howard's report indicate that he is inadequately treated for his medical conditions and FCI Williamsburg is unable to mitigate his infectious risk nor meet his long-term or specialized care that is not being provided and without which Fata has developed 14 recurrent infections. USSG 1B1.13(b)(1)(C).

Fata's medical records filed in the govt.'s response comprise 100 pages of the providers' encounters and do not change the analysis of Dr. Howard's affidavit. The government's medical expert's opinion fails to guide the court as to how to mitigate Fata's infectious disease risk in the BOP as Fata has no access to NEUPOGEN after he developed 14 infectious episodes so far as shown in Fata's records filed by the govt. The govt.'s account is so "patently unreasonable" that no competent medical expert would have supported:

(a) denying Fata the standard NEUPOGEN treatment recommended by the BOP's own hematologist

(b) failing to refer Fata to an infectious disease specialist as shown in Fata's medical records filed by the govt.

(c) failing to timely refer Fata for "urgent" urology specialist and having to wait one year for a "cystoscopy" since September 2023, for persistent hematuria (blood in urine) even after the Covid restrictions were lifted.

(d) repeatedly failing to implement the BOP Covid-19 policy and standard CDC Covid guidelines to protect the vulnerable in the midst of a recent Covid outbreak at FCI Williamsburg and provide Fata the requested face masks, despite the detection of Covid in his housing unit (Exhibit B).

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

FROM: 48860039
TO:
SUBJECT: REPLY BRIEF-RENEWED MOTION-Part II
DATE: 10/01/2024 09:24:45 AM

CASE No. 2:13-cr-20600

(e) refusing to test Fata's respiratory infection for Covid on 8-23-2024 despite the confirmed presence of Covid in Fata's housing unit and depriving him the standard "Paxlovid" treatment had he tested positive.

As a result of the BOP's false diagnosis and treatment of Fata's respiratory infection, Fata suffered prolonged viral bronchitis with worsening symptoms lasting more than 4 weeks that failed bronchodilator breathing treatment initiated on 9-5-2024, more consistent with Covid bronchitis than common cold; See Fata's email communications with AHSA Mrs. Allen, his warden and the Bureau provider (Exhibit F). United states v. English, 2022 U.S. Dist. LEXIS 230553 (E.D. Mich. Dec. 22, 2022)(BOP's gross mismanagement of English's healthcare, even if they are not yet life-threatening, constitutes an extraordinary and compelling circumstance for release). On 9-5-2024, Mrs. Harrell, PA, told Fata that based on Dr. Hoey's, CD, instructions, FCI Williamsburg is no longer testing for Covid as of 8-21-2024, and on 9-19-2024, she and Dr. Dominici conceded to treat Fata's persistent respiratory symptoms with steroids for "untested Covid pharyngitis-bronchitis" (Exhibit F). Fata was also diagnosed with right ear infection (otitis externa) treated with antibiotic ear drops that was missed on 9-5-2024, which begs the question that remains unanswered by Dr. W.M. Holbrook, now that Fata has so far developed 16 infectious events, was the BOP able to mitigate Fata's infectious disease risk ?

II - 18 U.S.C. 3553(a) FACTORS:

The prosecution's analysis of Fata's 3553(a) factors is flawed. Reducing Fata's sentence would not diminish "the nature and circumstances of Fata's offense" as Fata took responsibility and showed genuine remorse to his victims manifested by his redemptive transformation. For Fata prays for every sole affected by his offense and calls for forgiveness to enact healing. 3553(a)(1). (Exhibit G). Many of Fata's former patients have signed a petition to the Court calling for second look at Fata's changing circumstances in prison and consider releasing Fata to a safer environment (Exhibit H) as they do not support the government's opposition. If sentenced today with the intervening distinguishing facts from the original sentencing and final compassionate release decision, Fata's current 45-year sentence is considered "greater than necessary" in light of Fata's deteriorating incurable conditions for which he is not expected to recover; 18 U.S.C. 3553(a)(2)(A), see United States v. Chambers, 2022 U.S. App. LEXIS 5736 (6th Cir. 2022)(the Sixth Circuit

affirmed the district court's determination of the "change of the 3553(a) factors" in its compassionate ... as applied by the district court two months later). For reducing his sentence on that basis would adequately "promote respect for the law" as Fata has endured significant punishment for his offenses having now served a sentence of 12 actual years, a significant sentence in and of itself Fata can today demonstrate to the Court that his incremental punishment is relevant to the sentencing goals of deterrence and public safety. 3553(a)(2)(A). Jones v. United states, 2021 U.S. Dist. LEXIS 178369, at *3 (E.D. Mich. Sept 20, 2021)(65-year old with overlapping medical conditions, high severity of underlying crimes, served less than 30% of his sentence reduced to time served).

The government's analysis is flawed for another reason. There is no sound basis to limit this court's discretion for "sentence reduction" to the "length of time served" (12 years or 15 years counting good time and FSA credit in Fata's case) simply because the policy statement specifically applies to defendants who have served "at least 10 years or 75 percent" of his or her term of imprisonment, 'whichever is less'. U.S. Sentencing Guidelines Manual 1B1.13 (emphasis added). Numerous courts, including the Eastern District of Michigan, have reduced long sentences to time served. United states v. Boddie, U.S. Dist LEXIS 11741 (S.D. Indiana, 2021)(life sentence reduced to time served after serving 12 years for drug convictions, factoring Boddie's post-sentencing conduct in prison, no criminal history, rehabilitation); United states v. Castillo, U.S. Dist. LEXIS 94611(S.D. Texas, 2020)(two life sentences for conspiracy to possess with intent to distribute cocaine and 240 months imprisonment for conspiracy to commit money laundering reduced to time served. (RE 144, pp. 1-2), absent criminal history, Castillo has served less than 12 years of the life sentence). 3553(a)(2)(B)-(C). And the need for a lengthy prison sentence diminishes after the defendant has served a portion of it when the circumstances have changed, finding the defendant's release would serve 3553(a)'s purposes. United States v. Hagen, 2024 U.S. Dist. LEXIS 121352 (W.D.N.C. July 10, 2024) (45-year sentence for fraud convictions, no criminal history, served 15 years, serious deterioration in physical health because of aging process, 1B1.13(b)(2))(quoting United states v. Malone, 57 F.4th 167 (4th Cir. 2023)(based on advanced age and urgency of his grave health conditions, counseling in favor of immediate release).

The government acquiesced or ignored that when Congress first created the path to compassionate release as part of the Sentencing Reform Act of 1984, Pub.L.No. 98-473, 98 Stat. 1837 (Oct. 12, 1984), the accompanying Senate Report indicated that 3582(C)(1)(A) as a "safety valve" for sentence reductions

can apply regardless of the length of sentence, to the unusual case in which the defendant's circumstances are so changed by severe illness, that it would be inequitable to continue the confinement of the prisoner". S. Rep. No. 98-225 at 121. ECF No. 378. See United states v. Browning, 2021 U.S. Dist. LEXIS 38058 (E.D. Mich., March 2, 2021)(Serious progressive medical conditions, served 20% of his 10-year sentence reduced to time served).

Fata is in his 12th year of imprisonment and is suffering serious medical conditions that "substantially diminish [his] ability ... to provide self-care within the environment of the prison and from which his incurable chronic immunodeficiency is not expected to recover". USSG 1B1.13(b)(1)(B). Fata's long term or specialized medical care cannot be met in prison as noted above, USSG 1B1.13(b)(1)(C). Thus, this court has the benefit of the new USSG that are relevant to the need to "provide Fata with ... standard medical care". 18 U.S.C. 3553(A)(2)(D). And this is where the government's account fails: the prosecution relies on the warden's letter of July 2024 stating that the prison's medical staff have determined that Fata does not meet the criteria under "Debilitated Medical Condition" as his conditions are well-controlled through medication. Fata appealed to Region. The issue with that opinion is that the BOP classified Fata as "medical idle" and that the warden has yet to grant a single compassionate release petition and he has a 100% denial record, and at best the warden and prosecution both rely on the same medical team's assessment who in the first place has failed to mitigate Fata's infectious complications in prison since Fata's final compassionate release decision. Fata's long-term and timely specialized care requires a multi-specialty team only available in the community which supports his release. For Fata does not present a danger to the public as provided by 18 U.S.C. 3142(g) and his Pattern risk of recidivism is "minimum", with no criminal history whatsoever and Fata has maintained remarkable conduct in prison absent disciplinary infractions, when taken collectively would serve the 3553(a)'s purposes and tip the balance of the relevant factors in favor of release. The government's hateful account to Fata painting him as a danger to the community is best rebutted with Fata's redemption as Fata has forgiven even his prosecutor.

Fata asserts he is unlikely to recidivate due to his age, deteriorating health, absent criminal history, and stable release plan as Fata will not enter the health care field. Thus, his release would not place him into the exact same set of circumstances that led to his criminal conduct in the first place. Further, according to the U.S. Sentencing Commission, older offenders over fifty years at the time of sentencing have a recidivism rate of 21.3% (Kristen Tennyson, Lindsey Jeralds, & Julie Zibulsky, older offenders in the Federal System, U.S. Sent'g Comm'n, 42-43 (2022)). Fata's statistical recidivism rate is accurately modeled by the

age-based rates of recidivism, absent a criminal history, as found in the Sentencing Commission's older offenders study: the government fails to acknowledge those facts.

To end, Fata's remarkable rehabilitation in prison is relevant in combination with his unique extraordinary and compelling reasons for relief as previously noted. See USSG 1B1.13(d)("[R]ehabilitation of the defendant while serving the sentence may be considered in combination with other circumstances in determining whether and to what extent a reduction in the defendant's term of imprisonment is warranted"). (emphasis added). To describe Fata's character and conduct in prison, Fata is filing a petition signed by numerous prisoners at FCI Williamsburg whom Fata has made a difference in their lives (Exhibit I) now that they are getting ready to re-enter society.

Finally, in an effort to mislead the Court, the government is trying to mischaracterize Fata's Renewed Motion for Compassionate Release and label it as if it shares the same grounds and legal framework of his civil claims under the Federal Tort Claims Act (FTCA). Fata v. United States, Case No. 2:24-cv-03830-MGL (D.S.C.), and Fata v. United States, Certiorari Case No. 24-5249 (2024). To be clear, Fata is well aware that the legal framework of his Renewed Motion for Compassionate Release under 18 U.S.C. 3582(C)(1)(A) is [d]istinct from the legal framework of his civil cases under the FTCA and as such, respectfully asks this Court to rule on this motion independently from his civil cases noted supra.

III - CONCLUSION:

Fata's Renewed Motion for compassionate release is all about making up for past mistakes asking for relief to Fata's long sentence upon Fata's novel unique and rare health conditions that were not the basis of his prior motion for compassionate release, absent the BOP's ability to mitigate Fata's infectious complications under Amendment 814, Section (D) that the government overlooked or misread as a matter of Law, all relevant to serve Fata's 3553(a)'s purposes which warrant this Court to consider this changed landscape and accomplish the goals of sentencing.

Respectfully Submitted,

Farid Fata October 1, 2024

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

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

FROM: 48860039
TO:
SUBJECT: CERTIFICATE OF SERVICE
DATE: 09/30/2024 07:36:22 AM

CASE No. 2:13-cr-20600

CERTIFICATE OF SERVICE

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

Respectfully Submitted 1st day of October 2024.

SERVED Sarah R. Cohen, AUSA /S/ Farid Fata

EXHIBIT A

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

FROM: 48860039
TO: Warden
SUBJECT: ***Request to Staff*** FATA, FARID, Reg# 48860039, WIL-A-B
DATE: 04/08/2021 10:11:38 AM

To: Warden
Inmate Work Assignment: unicor

Dear Warden or Assistant Warden (IMPORTANT !),

I am housed in the Unicor Unit 1BL, where Unit Manager, Mrs. Bufkin, has just held an Emergency Town Hall meeting addressing the high occurence of new skin infections seen in numerous inmates, possibly due to poor sanitation, hygiene, and the crowded conditions we are housed in this unit (upper tier showers are not fixed, inmate cells full of black mold..., absence of hand sanitizers in the unit ...etc). We have recently recovered from COVID-19 outbreak but many inmates including myself remain immunocompromised at risk to develop further infections.

But what we truly need is guidelines from Health Services Administration and Medical Unit regarding standard sanitation measures required to prevent these infections.

Can you ask Health Services Administration and the medical unit here at FCI Williamsburg to send the inmate population basic guidance for the prevention and treatment of these infections. Honestly, we feel anxious as we are left alone without guidance, and sick calls are provided only late in the process after these infections become severe enough to warrant medical attention.

Thank you for your prompt intervention and understanding

P.S.
As documented in Fata's medical records (ECF No. 378), Fata developed COVID Bronchitis in December 2020, and Staph. skin infection in April 2021 During the Covid and MRSA outbreaks shown in these emails, respectively.

TRULINCS 48860039 - FATA, FARID - Unit: WIL-A-B "MRSA Outbreak" after "Covid Outbreak".

FROM: 48860039
TO: Provider
SUBJECT: ,***Request to Staff*** FATA, FARID, Reg# 48860039, WIL-A-B
DATE: 04/23/2021 07:31:54 AM

To: MEDICAL PROVIDER
Inmate Work Assignment: UNICOR

Dear medical provider,

After the emergency town hall that Unit Team held regarding the outbreak of skin infections or MRSA in my housing unit,

I have been in contact with two inmates here in my housing unit who suffered MRSA without initially knowing their history:

the first inmate (not to mention names) had MRSA in his foot was hospitalized and received intravenous antibiotics, and the

second inmate was initially hospitalized for generalized skin boils...

The main reason I am sending this email is because over the past 5-6 days, I developed skin boils over my left arm, they were

red and inflamed. I have used topical antibiotic from commissary twice a day. I am monitoring the progress.

Should I be concerned ? I PLAN TO CONTINUE THE TREATMENT FOR 10 DAYS, but and are there other treatments available to

consider ?

Please advise

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

FROM: 48860039
TO: Warden
SUBJECT: ***Request to Staff*** FATA, FARID, Reg# 48860039, WIL-A-B
DATE: 01/27/2022 07:00:43 AM

To: warden
Inmate Work Assignment: unicor

Dear Warden

on 1-16-2022, I sent a copout to perform contact tracing and testing as 2 inmates in my housing unit were sick and required isolation for COVID-19. No action or intervention was taken. Now that 2 new inmates at unicor where I work tested positive for COVID, I ask that the CDC contact tracing and testing be implemented to mitigate the spread of the virus and protect the lives of inmates and staff.

Please advise

New Covid outbreak in 2022 in Fata's Housing Unit.

EXHIBIT B

P.S.

* Mr. Blash gave Fata Permission To file the enclosed record * dated 8-20-2024, Re: Covid Test.

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

FROM: 48860039
TO: Health Services
SUBJECT: ***Request to Staff*** FATA, FARID, Reg# 48860039, WIL-A-B
DATE: 08/20/2024 06:03:21 PM

To: DR. HOEY
Inmate Work Assignment: MEDICAL IDLE

Dr. Hoey D.O.,

Today August 20, 2024, FCI Williamsburg has newly diagnosed 6 inmates with COVID -19. One of them is Mr. Derrick Blash, in my housing unit, cell # 111. This inmate was released back from health services to my housing unit without wearing a face mask though he was symptomatic (cough, fatigue, chills). He was asked to quarantine in his cell with his roommate who is also symptomatic with cough. His roommate was kept outside the cell roaming around the unit putting other inmates at risk for substantial exposure. But surprisingly, Derrick was intermittently released from his cell inside the unit and he has exposed the general inmate population including the elderly and the immunocompromised. Sadly, many inmates in my unit are coughing and walk around without masks at a time when the general inmate population was not made aware or warned to "at least" wear face masks and take the standard CDC precautions.

During mainline, I notified you to follow the standard CDC guidelines and precautions to mitigate the spread of the virus and to protect the staff and inmate population but no further intervention was taken.

Please advise

cc: Mr. Graham (warden)

* Mr. Blash Gave Fata Permission To File this record *

Description	Axis	Code Type	Code	Diag. Date	Status	Status Date
medical shoes issued earlier this yr; no renewal soft shoe pass.						
Superficial injury of lesser toe(s)						
06/11/2018 08:15 EST Crossley, K. FNP 6/11/18- superficial abrasion. Wound care (self). Continue wound care		ICD-10	S90936	06/07/2018	Current	
06/07/2018 14:11 EST Crossley, K. FNP 6/7/18- superficial abrasion. Wound care (self)		ICD-10	S90936	06/07/2018	Current	
Confirmed case COVID-19						
08/21/2024 06:08 EST Hoey, Stephen (MOUD) DO/CD		ICD-10	U07.1	08/20/2024	Current	
Cell of prison as place of injury/occurrence						
04/12/2024 14:29 EST Coleman, Stanley ARNP		ICD-10	Y92143	04/12/2024	Current	
Contact with and (suspected) exposure to varicella						
05/18/2016 09:59 EST Qadri, I. PA-C Surveillance questions and patient education due to incident of varicella on Unit.		ICD-10	Z20820	05/18/2016	Current	

Resolved

Diabetes, type II with ketoacidosis, uncontrolled						
03/19/2019 10:26 EST Edwards, Roger DO Transported to Hospital	III	ICD-9	250.12	10/17/2013	Resolved	03/19/2019
10/17/2013 16:30 EST Scott-Lewis, Vickie ARNP Transported to Hospital	III	ICD-9	250.12	10/17/2013	Current	10/17/2013
Onychia and paronychia of toe						
08/04/2016 11:57 EST Hamilton, Brian RN/IDC/IOP	III	ICD-9	681.11	06/26/2014	Resolved	08/04/2016
06/26/2014 10:34 EST Wilson, Jerry D. PA-C	III	ICD-9	681.11	06/26/2014	Current	06/26/2014
Cellulitis and abscess of buttock						
08/04/2016 11:57 EST Hamilton, Brian RN/IDC/IOP small lesion today	III	ICD-9	682.5	05/02/2012	Resolved	08/04/2016
05/02/2012 07:44 EST Wilson, Jerry D. PA-C small lesion today	III	ICD-9	682.5	05/02/2012	Current	05/02/2012
Cellulitis and abscess of leg, except foot						
08/04/2016 11:57 EST Hamilton, Brian RN/IDC/IOP	III	ICD-9	682.6	02/28/2013	Resolved	08/04/2016
02/28/2013 10:18 EST Hughley, C. FNP-BC	III	ICD-9	682.6	02/28/2013	Current	02/28/2013
Allergic urticaria						
09/27/2019 14:58 EST Bonnet-Engebretson, Leonor MD	III	ICD-9	708.0	05/10/2012	Resolved	09/27/2019
~~05/10/2012 08:38 EST Scott-Lewis, Vickie ARNP~~	III	ICD-9	708.0	05/10/2012	Current	05/10/2012

EXHIBIT C

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

FROM: 48860039
TO: Provider
SUBJECT: ***Request to Staff*** FATA, FARID, Reg# 48860039, WIL-A-B
DATE: 08/21/2024 11:15:39 AM

To: all medical providers
Inmate Work Assignment: idle

Dr. Hoey, Mrs. Harrell, et al,

In light of the newly diagnosed COVID cases at FCI Williamsburg and the institution's guidance to isolate the infected prisoners in their cells rather than in a quarantine unit, the inmate population is left to face the inevitable unmonitored deficiencies that result from intermittently releasing those inmates in the housing unit, which places the at-risk inmates (the elderly and the immunocompromised) for serious risk of exposure, absent availability of face masks. As example, inmate Derrick Blash in my unit 1BL, cell 111, was intermittently released and his roommate is also released inside the unit all day, walking around without a face mask exposing the inmate general population to COVID.

I inquired with unit team to obtain a mask, but they do not have any. Many inmates in my unit 1BI are coughing (deep cough) and walk around without a mask, simply because there are none present with unit team to pass.

Can I pass by health services to obtain couple ?

Please advise

EXHIBIT D

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

FROM: 48860039
TO: Health Services
SUBJECT: ***Request to Staff*** FATA, FARID, Reg# 48860039, WIL-A-B
DATE: 08/23/2024 08:42:52 PM

To: Mrs. Funteo
Inmate Work Assignment: idle

Mrs. Funteo , NP,

I reported to sick call today with sore throat, chills, runny nose, muscle aches, cough, and weakness. I was very sick feeling cold, and chilly. You opted not to test me for Covid though I told you I was exposed to inmate "Derrick Blash" in my housing unit who tested positive for Covid on 8-20-2024 and was quarantined.

I am disappointed to hear your lie that FCI Williamsburg has no Covid test kitts, and your account that I have to go to the hospital to get tested is ridiculous and does not make sense. Indeed, 6 inmates tested positive for Covid on 8-20-2024, and were tested in health services. You are aware that I am immunocompromised with cyclic neutropenia plus Immunoglobulin M deficiency, at serious risk to develop complications from Covid-19, which warrants treatment with the standard Paxlovid to prevent those complications.

I am still having intense symptoms and your actions to deny me Covid testing and your failure to follow BOP Policy (The Covid Pandemic Response Plan) are unacceptable and may represent malpractice as you have placed me at serious risk to develop systemic complications from Covid, absent final diagnosis and treatment.

Please advise

Omitted the Confirmed Presence of Covid in Fata's Housing Unit.

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: FATA, FARID			Reg #: 48860-039
Date of Birth: 04/09/[redacted]	Sex: M	Race: WHITE	Facility: WIL
Encounter Date: 08/23/2024 13:09	Provider: Funtieo, L. FNP-C		Unit: A04

Reviewed Health Status: Yes

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

SUBJECTIVE:

COMPLAINT 1 Provider: Funtieo, L. FNP-C

Chief Complaint: Cold or Flu Symptoms

Subjective: A 59-year-old AIC visits the clinic with complaints of cough, sore throat, headache, muscle aches, and chills for the past two days. When asked whether he had been in direct contact with another sick individual, he responded that he was uncertain. He reported taking Ibuprofen 600 mg every 8 hours over the counter.

Pain: Not Applicable

Allergies:

Allergy	Reaction	Comments
Aspirin	Intolerance-other	GI bleed

Allergies list reviewed/updated for the presence or absence of allergies, sensitivities, and other reactions to drugs, materials, food and environmental factors with the patient on 08/23/2024 13:09 by Funtieo, L. FNP-C

OBJECTIVE:

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
08/23/2024	13:16 WIL	98.4	36.9	Oral	Funtieo, L. FNP-C

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
08/23/2024	13:16 WIL	70	Via Machine		Funtieo, L. FNP-C

Respirations:

Date	Time	Rate Per Minute	Provider
08/23/2024	13:16 WIL	16	Funtieo, L. FNP-C

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
08/23/2024	13:16 WIL	106/66	Left Arm	Sitting	Adult-regular	Funtieo, L. FNP-C

SaO2:

Date	Time	Value(%)	Air	Provider
08/23/2024	13:16 WIL	97	Room Air	Funtieo, L. FNP-C

Exam:

General

Appearance

Yes: Alert and Oriented x 3

No: Appears Distressed

Inmate Name: FATA, FARID
Date of Birth: 04/09/[redacted]
Encounter Date: 08/23/2024 13:09
Sex: M Race: WHITE
Provider: Funtieo, L. FNP-C
Reg #: 48860-039
Facility: WIL
Unit: A04

Skin

General

Yes: Within Normal Limits

Ears

Tympanic Membrane

Yes: Within Normal Limits

Canal

Yes: Within Normal Limits

External Ear

Yes: Within Normal Limits

Mrs. Funtieo missed the diagnosis of ear infection diagnosed/discovered by Dr. Dominici on 9-19-24, as my respiratory symptoms became worse (Exhibit F).

Mouth

General

Yes: Within Normal Limits

Mucosa

Yes: Within Normal Limits

Tongue

Yes: Within Normal Limits

Pharynx

Yes: Within Normal Limits

No: Inflammation, Tonsilar Exudate, Erythema, Uvula Deviation

Mrs. Funteo diagnosis of Pharyngitis is conflicting with her findings on exam that my Pharynx is normal. (throat)

Pulmonary

Observation/Inspection

Yes: Within Normal Limits

No: Coughing, severe w production green/brown mucus, Respiratory Distress, Tachypnea

Auscultation

Yes: Clear to Auscultation, Vesicular Breath Sounds Bilaterally

No: Bronchophony, Crackles, Inspiratory-Crackles, Expiratory-Crackles, Rhonchi, Wheezing, Inspiratory-Wheezing, Expiratory-Wheezing

Cardiovascular

Observation

Yes: Within Normal Limits, Normal Rate, Regular Rhythm

Auscultation

Yes: Regular Rate and Rhythm (RRR)

Comments

The patient is given instructions to maintain an active lifestyle, consume a nutritious food, and drink an enough amount of water.
OTC cough and cold medicines from commissary is recommended.

ASSESSMENT:

Acute nasopharyngitis [common cold], J00 - Current - *Upper respiratory infection* ← Failed to test/Diagnose Covid despite the Presence of Covid in Fata's Housing Unit.

PLAN:

Disposition:

Follow-up at Chronic Care Clinic as Needed
Return Immediately if Condition Worsens

Inmate Name: FATA, FARID
Date of Birth: 04/09/[redacted]
Encounter Date: 08/23/2024 13:09

Sex: M Race: WHITE
Provider: Funtieo, L. FNP-C

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

Return To Sick Call if Not Improved
Discharged To Housing Unit with Medical Idle
Referred to Commissary

Patient Education Topics:

Date Initiated	Format	Handout/Topic	Provider	Outcome
08/23/2024	Counseling	Hand & Respiratory Hygiene	Funtieo, L.	Verbalizes Understanding
08/23/2024	Counseling	Diagnosis	Funtieo, L.	Verbalizes Understanding
08/23/2024	Counseling	Access to Care	Funtieo, L.	Verbalizes Understanding
08/23/2024	Counseling	Compliance - Treatment	Funtieo, L.	Verbalizes Understanding

Copay Required: Yes **Cosign Required:** No

Telephone/Verbal Order: No

Completed by Funtieo, L. FNP-C on 08/23/2024 13:26
Requested to be reviewed by Hoey, Stephen (MOUD) DO/CD.
Review documentation will be displayed on the following page.

Bureau of Prisons
Health Services
Cosign/Review

Inmate Name:	FATA, FARID			Reg #:	48860-039
Date of Birth:	04/09/[redacted]	Sex:	M	Race:	WHITE
Encounter Date:	08/23/2024 13:09	Provider:	Funtieo, L. FNP-C	Facility:	WIL

Reviewed by Hoey, Stephen (MOUD) DO/CD on 08/23/2024 16:04.

EXHIBIT E

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

FROM: 48860039
TO: Health Services
SUBJECT: ***Request to Staff*** FATA, FARID, Reg# 48860039, WIL-A-B
DATE: 08/16/2024 06:38:22 PM

To: Dr. Hoey, Mrs. Harrell.
Inmate Work Assignment: idle

Dr. Hoey, DO, and Mrs. Harrell, PA

I am concerned that I have not had my cystoscopy as recommended by the urologist secondary to my "urgent" urology referral for recurrent prostatitis initiated in September 2023. I was notified today that my cystoscopy has been delayed and is not scheduled soon, though I continue to develop right sided flank pain, urinating more than 5 times at night, night sweats and occasional chills. Mrs. Harrell told me there is no evidence of infection at this time, but we need the cystoscopy ASAP as my symptoms are all related to my urological issues.

Can you reach out to the urologist to find out a way to remedy this serious delay, as my urological symptoms and pain are persistent.

Please advise

Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note

Inmate Name:	FATA, FARID			Reg #:	48860-039
Date of Birth:	04/09/1965	Sex:	M Race: WHITE	Facility:	WIL
Note Date:	08/16/2024 15:14	Provider:	Harrell, Holly (MOUD)	Unit:	A04

Reviewed Health Status: No

Admin Note - Orders encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Harrell, Holly (MOUD) PA-C

Labs reviewed with him and WNL. He is pending cystoscopy, but no active infection to treat at this time. He will follow up as needed.

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
08/16/2024	15:14 WIL	126/78				Harrell, Holly (MOUD) PA-C

Copay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Completed by Harrell, Holly (MOUD) PA-C on 08/16/2024 15:15

P.S.

Since September 2023, and of this date (October 1, 2024), Fata has not had his "cystoscopy" done, Knowing that the COVID pandemic "restrictions" have been long Lifted.

Farid Fata.

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

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

To: Dr. Dominici
Inmate Work Assignment: MEDICAL IDLE

Dear Dr. Dominici,

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

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

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

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

Please advise

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

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

Farid Fata

EXHIBIT F

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

FROM: 48860039
TO: Health Services
SUBJECT: ***Request to Staff*** FATA, FARID, Reg# 48860039, WIL-A-B
DATE: 08/27/2024 12:48:13 PM

To: Mrs. Allen
Inmate Work Assignment: idle

Mrs. Allen, (Acting Health Services Administrator)

Our discussion during mainline today 8-27-2024 did not go well: Your statement that "your department opted to test inmate Derrick Blash from my housing unit on 8-20-2024 for Covid when he presented with Covid symptoms on that date, that are similar to my symptoms when I presented on sick call on 8-23-2024 but the Bureau provider refused to test me for Covid, is UNACCEPTABLE. As a health care professional, you cannot be partial in your testing and diagnosis/treatment by testing one inmate for Covid and refusing to test the other (myself) for Covid for the same symptoms and presentation, as the provider KNEW of my

(a) Contact exposure to Derrick Blash on 8-20-2024 in my housing unit.

(b) risk factors to Covid (Elderly, immunocompromised with cyclic neutropenia)

(c) Covid symptoms on 8-23-2024 (similar symptoms to Mr. Blash)

Further, your statement: "the pandemic is over and all respiratory symptoms/disease are treated similarly" based only on symptom control and allowing the disease to take its course is UNACCEPTABLE and rebutted by evidence-based medicine. The Bureau provider refusal to test me for Covid and offer me the standard Paxlovid treatment had I tested positive, represents a deviation from the standard of care and is malpractice in light of my condition being at risk to develop systemic complications (cardiac arrhythmia, respiratory failure, coma, blood clots,...) from the disease. In addition, the Govt. (Biden Admin.) is providing free Covid-testing Kitts to the public as advertised on national media.

As to your statement to respond to the numerous lawsuits filed in court against your department that raise medical malpractice against your providers is alarming and warrant reconsideration, when you stated: "I don't care". As a result to the careless attitude of your department toward my situation, I am still suffering runny nose, sore throat, muscle aches, headaches, and profound fatigue, and left with no answers to my prolonged respiratory symptoms absent diagnosis and treatment that is shown with short and long-term benefits.

Looking forward to receiving your response to my administrative remedies.

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

FROM: 48860039
TO: Warden
SUBJECT: ***Request to Staff*** FATA, FARID, Reg# 48860039, WIL-A-B
DATE: 08/27/2024 03:21:29 PM

To: WARDEN
Inmate Work Assignment: idle

Dear Warden (URGENT),

Please see forwarded where your AHSA confesses that the FCI Williamsburg health services are no longer testing inmates for Covid when they experience Covid symptoms as they did in my condition elaborated below when I reported to sick call on 8-23-2024, with cough, sore throat, runny nose, muscle aches, headaches, chills and profound fatigue. Based on Mrs. Allen and FCI Williamsburg health services approach to handle inmates with respiratory syndrome, is to allow the virus to take its course without implementing "quarantine". And that is exactly what they did to me when I became severely sick: i.e. They are causing the virus to spread over the compound and placing the at-risk (elderly and immunocompromised) for acute infection. Such behavior defies the CDC Covid guidelines and the HHS standard of care, and may rise to a "criminal" level, as they knowingly and willingly have decided to cause the active infection and injury to the general inmate population acting against the CDC, and HHS, and WHO recommendations and accepted standards.

To date, I remain symptomatic with cough, sore throat, muscle aches and headaches. Your medical provider has deprived me from the standard Paxlovid treatment that is life-saving, had I been tested positive.

Somebody need to rise to the level of this urgent call, hopefully you do.

Please advise

-----FATA, FARID on 8/27/2024 12:48 PM wrote:

>

Mrs. Allen, (Acting Health Services Administrator)

Our discussion during mainline today 8-27-2024 did not go well: Your statement that "your department opted to test inmate Derrick Blash from my housing unit on 8-20-2024 for Covid when he presented with Covid symptoms on that date, that are similar to my symptoms when I presented on sick call on 8-23-2024 but the Bureau provider refused to test me for Covid, is UNACCEPTABLE. As a health care professional, you cannot be partial in your testing and diagnosis/treatment by testing one inmate for Covid and refusing to test the other (myself) for Covid for the same symptoms and presentation, as the provider KNEW of my

(a) Contact exposure to Derrick Blash on 8-20-2024

(b) risk factors to Covid (Elderly, immunocompromised with cyclic neutropenia)

(c) Covid symptoms on 8-23-2024 (similar symptoms to Mr. Blash)

Further, your statement: "the pandemic is over and all respiratory symptoms/disease are treated similarly" based only on symptom control and allowing the disease to take its course is UNACCEPTABLE and rebutted by evidence-based medicine. The Bureau provider refusal to test me for Covid and offer me the standard Paxlovid treatment had I tested positive, represents a deviation from the standard of care and is malpractice in light of my condition being at risk to develop systemic complications (cardiac arrhythmia, respiratory failure, coma, blood clots,...) from the disease. In addition, the Govt. (Biden Admin.) is providing free Covid-testing Kitts to the public as advertised on national media.

As to your statement to respond to the numerous lawsuits filed in court against your department that raise medical malpractice against your providers is alarming and warrant reconsideration, when you stated: "I don't care". As a result to the careless attitude of your department toward my situation, I am still suffering runny nose, sore throat, muscle aches, headaches, and profound fatigue, and left with no answers to my prolonged respiratory symptoms absent diagnosis and treatment that is shown with short and long-term benefits.

Looking forward to receiving your response to my administrative remedies.

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

FROM: Provider
TO: 48860039
SUBJECT: RE:***Inmate to Staff Message***
DATE: 09/04/2024 08:22:02 AM

Please report to sick call in the morning.

From: ~^! FATA, ~^!FARID <48860039@inmatemessage.com>
Sent: Tuesday, September 3, 2024 7:11 PM
Subject: ***Request to Staff*** FATA, FARID, Reg# 48860039, WIL-A-B

To: Mrs. Harrell
Inmate Work Assignment: Medical idle

Mrs. Harrell,

On August 22, 2024, you recommended that I report to "sick call" which I did on 8-23-2024, as I was very sick: I suffered deep cough, sore throat, runny nose, chills, headaches, and muscle aches. I told to provider that I was exposed to inmate Derrick Blash in my housing unit, and that I am immunocompromised with chronic cyclic neutropenia and recurrent infections.

The provider refused to test me for Covid though I had Covid symptoms, and she even did not recommend quarantine. All what she did is to recommend supportive care that I was already doing, and she released me to the general inmate population which could spread the virus and further expose the vulnerable. As of this date, I feel miserable with persistent dry cough, headaches, muscle aches, and profound fatigue. I forget where I placed my ID. My weakness is disproportional to how I first presented and became worse, barely able to walk to the dining room / food service.

I am concerned where do we go at this time ?

Please advise

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: FATA, FARID
Reg #: 48860-039
Date of Birth: 04/09/[redacted]
Sex: M Race: WHITE
Facility: WIL
Encounter Date: 09/05/2024 08:35
Provider: Harrell, Holly (MOUD) PA-
Unit: A04

Reviewed Health Status: Yes

Mid Level Provider - Follow up Visit encounter performed at Health Services.

SUBJECTIVE:

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

Chief Complaint: Cold or Flu Symptoms

Subjective: He is seen today for complaints of persistent cough, weakness, fatigue, "foggy brain" since being exposed to covid a couple of weeks ago. He states several people in his unit were tested for covid and quarantined, but they continued walking around the unit without masks on exposing everyone else. He states he reported to medical with acute symptoms but was not tested for covid or treated. He is upset because he states he is "immunocompromised" and is at risk of long term covid if not treated appropriately. He states he is passed the acute phase now, but he still feels sick.

Pain: Not Applicable

Allergies:

Allergy	Reaction	Comments
Aspirin	Intolerance-other	GI bleed

Allergies list reviewed/updated for the presence or absence of allergies, sensitivities, and other reactions to drugs, materials, food and environmental factors with the patient on 09/05/2024 08:35 by Harrell, Holly (MOUD) PA-C

OBJECTIVE:

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
09/05/2024	08:41 WIL	98.1	36.7		Harrell, Holly (MOUD) PA-C

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
09/05/2024	08:41 WIL	88			Harrell, Holly (MOUD) PA-C

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
09/05/2024	08:41 WIL	119/78				Harrell, Holly (MOUD) PA-C

Weight:

Date	Time	Lbs	Kg	Waist Circum.	Provider
09/05/2024	08:41 WIL	169.0	76.7		Harrell, Holly (MOUD) PA-C

Exam:

General

Affect

Yes: Cooperative

Appearance

Yes: Appears Well, Alert and Oriented x 3

Inmate Name: FATA, FARID
Date of Birth: 04/09/[redacted]
Encounter Date: 09/05/2024 08:35
Sex: M Race: WHITE
Provider: Harrell, Holly (MOUD) PA-
Reg #: 48860-039
Facility: WIL
Unit: A04

No: Appears Distressed

Pulmonary

Auscultation

Yes: Clear to Auscultation

No: Crackles, Rhonchi, Wheezing

Mrs. Harrell did not examine my ears/throat and Pharynx despite worsening Respiratory Symptoms, to later discover on 9-19-24 the Presence of ear infection plus Pharyngitis by Dr. Dominici, that was missed over 4 weeks.

ASSESSMENT:

Bronchitis, J40 - Current - *probable viral illness*

PLAN:

New Medication Orders:

Rx#	Medication	Order Date
	Acetaminophen 325 MG Tablet	09/05/2024 08:35

Prescriber Order: 2 tablets Orally - three times a day x 10 day(s)
Indication: Bronchitis
Start Now: Yes
Night Stock Rx#:
Source: Sub Stock Location
Admin Method: Self Administration
Stop Date: 09/15/2024 08:34
MAR Label: 2 tablets Orally - three times a day x 10 day(s)
One Time Dose Given: No

Ibuprofen Tablet 09/05/2024 08:35

Prescriber Order: 800mg Orally - Two Times a Day x 10 day(s)
Indication: Bronchitis
Start Now: Yes
Night Stock Rx#:
Source: Sub Stock Location
Admin Method: Self Administration
Stop Date: 09/15/2024 08:34
MAR Label: 800mg Orally - Two Times a Day x 10 day(s)
One Time Dose Given: No

Albuterol Inhaler HFA 90 MCG/ACT 09/05/2024 08:35

Prescriber Order: 1-2 puffs Orally - Two Times a Day PRN x 30 day(s)
Indication: Bronchitis
Start Now: Yes
Night Stock Rx#:
Source: Sub Stock Location
Admin Method: Self Administration
Stop Date: 10/05/2024 08:34
MAR Label: 1-2 puffs Orally - Two Times a Day PRN x 30 day(s)
One Time Dose Given: No

Inmate Name: FATA, FARID
Date of Birth: 04/09/[redacted]
Encounter Date: 09/05/2024 08:35
Sex: M Race: WHITE
Provider: Harrell, Holly (MOUD) PA-
Reg #: 48860-039
Facility: WIL
Unit: A04

New Radiology Request Orders:

Details	Frequency	End Date	Due Date	Priority
General Radiology-Chest-2 Views	One Time		09/05/2024	Today

Specific reason(s) for request (Complaints and findings):

cough

Disposition:

Follow-up at Sick Call as Needed
Follow-up at Chronic Care Clinic as Needed

Other:

I advised him that even if he is tested today, he is past the window for treatment. Vitals are stable, but chest x-ray is done as well.

I will give him Ibu, Tylenol, and albuterol to use as needed for body aches or malaise.

If his symptoms worsen or change, he was told to report back to medical.

Patient Education Topics:

Date Initiated	Format	Handout/Topic	Provider	Outcome
09/05/2024	Counseling	Compliance - Treatment	Harrell, Holly	Verbalizes Understanding
09/05/2024	Counseling	Plan of Care	Harrell, Holly	Verbalizes Understanding
09/05/2024	Counseling	Treatment Goals	Harrell, Holly	Verbalizes Understanding

Copay Required: No **Cosign Required:** Yes

Telephone/Verbal Order: No

Completed by Harrell, Holly (MOUD) PA-C on 09/05/2024 08:48
Requested to be cosigned by Hoey, Stephen (MOUD) DO/CD.
Cosign documentation will be displayed on the following page.

Bronchodilator Breathing Treatment initiated for worsening Respiratory Symptoms, Absent Covid Testing and Absent Paxlovid Treatment; See Prescription Label below: on 9-5-2024.

WILLIAMSBURG FCI WIL - A04-221L
8301 HIGHWAY 521 - SALTERS, South Carolina 29590
[illegible]00045-WIL Hoey, Stephen (MOUD) 09/05/24
FATA, FARID 48860-039
inhale 1 to 2 puffs by mouth twice daily AS NEEDED

Albuterol Inhaler HFA (8.5 GM) 90 MCG/ACT
(0) Refills 09/05/24 AKB Refill Until: 10/05/24
#8.5 GM Don't Confisca[redacted] Before: 01[redacted]25

CAUTION: Federal/State law prohibits transfer of this drug to any person other than patient for whom prescribed.

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

FROM: 48860039
TO: Provider
SUBJECT: ***Request to Staff*** FATA, FARID, Reg# 48860039, WIL-A-B
DATE: 09/15/2024 09:16:52 AM

To: Mrs. Harrell
Inmate Work Assignment: idle

Mrs. Harrell, PA

This is now 10 days after my "sick call" encounter with you on 9-5-2024, as I am still complaining of persistent deep cough, sore throat, headaches, muscle aches, fatigue, and chills since 8-23-2024, absent a definitive diagnosis of Covid-19 since I was told by Mrs. Funteo, NP on 8-23-2024; Mrs. Allen, AHSA on 8-26-24; and yourself on 9-5-2024, that FCI Williamsburg's health services are no longer testing respiratory infections for Covid based on new instructions from Dr. Hoey, CD, although you all know that Covid testing and treatment must be "individualized", targeting the high risk vulnerable patients such as myself being 60 and immunocompromised, as I could have benefited from Paxlovid treatment, had I tested positive on 8-23-2024.

As a result to health services' omission of the standard CDC Covid testing and treatment to vulnerable patients, I experienced persistent deep cough, plus systemic symptoms of headaches, muscle aches, chills, fatigue and profound weakness. You prescribed me Albuterol inhaler breathing treatment on 9-5-2024, that I have completed/finished but as of this date, things are not getting better. I continue experiencing deep cough, sore throat, headaches, muscle aches, chills, fatigue, and profound weakness. I feel debilitated as if "LIFE" has been taken away from inside me. I can barely function with brain fog as I can't remember where I placed my ID (I forgot my ID in Rec. yesterday and could not remember where I have left it until the next day when an inmate found it in Rec. and voluntarily brought it to me), and can't remember my callouts: things are not getting better !

Please advise

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

FROM: Provider
TO: 48860039
SUBJECT: RE:***Inmate to Staff Message***
DATE: 09/17/2024 07:42:02 AM

I have you on my schedule to be seen.

From: ~^! FATA, ~^!FARID <48860039@inmatemessage.com>
Sent: Monday, September 16, 2024 9:20 PM
Subject: ***Request to Staff*** FATA, FARID, Reg# 48860039, WIL-A-B

To:
Inmate Work Assignment: idle

Mrs. harrell,

I have not heard from you in response to my email dated on 9-15-2024. Can you place me on callout to see you

Thank you

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: FATA, FARID
Date of Birth: 04/09/[redacted]
Encounter Date: 09/19/2024 10:44
Sex: M Race: WHITE
Provider: Harrell, Holly (MOUD) PA-
Reg #: 48860-039
Facility: WIL
Unit: A04

Reviewed Health Status: Yes

Mid Level Provider - Follow up Visit encounter performed at Health Services.

SUBJECTIVE:

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

Chief Complaint: Cough

Subjective: He is here for a follow up of complaints of his persistent cough. He complains of being unable to sleep due to his cough and feeling fatigued with no energy. He states his memory is suffering as well since he feels like he had covid last month and wasn't treated appropriately for it.

Pain: Not Applicable

Allergies:

Allergy	Reaction	Comments
Aspirin	Intolerance-other	GI bleed

Allergies list reviewed/updated for the presence or absence of allergies, sensitivities, and other reactions to drugs, materials, food and environmental factors with the patient on 09/19/2024 10:44 by Harrell, Holly (MOUD) PA-C

OBJECTIVE:

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
09/19/2024	10:44 WIL	97.5	36.4		Harrell, Holly (MOUD) PA-C

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
09/19/2024	10:44 WIL	73			Harrell, Holly (MOUD) PA-C

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
09/19/2024	10:44 WIL	128/77				Harrell, Holly (MOUD) PA-C

SaO2:

Date	Time	Value(%)	Air	Provider
09/19/2024	10:44 WIL	98		Harrell, Holly (MOUD) PA-C

Exam:

Diagnostics

Laboratory

Yes: Results

Radiology

Yes: Results

General

Affect

Yes: Pleasant, Cooperative

Appearance

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed

Exam Comments

Will refer to Dr. Dominici's physical exam done today and findings.

ASSESSMENT:

Acute nasopharyngitis [common cold], J00 - Resolved

Chronic cough, R053 - Current

Neutropenia, unspecified, D709 - Current

Other fatigue, R5383 - Current

Otitis externa, H6090 - Current - *right ear*

PLAN:

New Medication Orders:

Rx#	Medication	Order Date
	predniSONE 10 mg Dosepak (21)	09/19/2024 10:44
	Prescriber Order: 1 dosepak Orally - daily x 6 day(s) -- take as directed daily	
	Indication: Bronchitis	
	Omeprazole Capsule	09/19/2024 10:44
	Prescriber Order: 20mg Orally - daily x 180 day(s)	
	Indication: Esophageal reflux	
	Ciprofloxacin/Dexameth 0.3-01% OTIC	09/19/2024 10:44
	Prescriber Order: 4 drops In Affected Ear(s) Ear, Right - Two Times a Day x 10 day(s)	
	Indication: Otitis externa	

Discontinued Medication Orders:

Rx#	Medication	Order Date
180289-WIL	*Lisinopril 5 MG Tab*	*09/19/2024 10:44*
	Prescriber Order: *Take one tablet (5 MG) by mouth each day*	
	Discontinue Type: *When Pharmacy Processes*	
	Discontinue Reason: *Side Effects/Did not tolerate medication*	
	Indication:	

New Radiology Request Orders:

Details	Frequency	End Date	Due Date	Priority
General Radiology-Sinuses-General	One Time		09/19/2024	Today

Specific reason(s) for request (Complaints and findings):

congestion

New Consultation Requests:

Consultation/Procedure	Target Date	Scheduled Target Date	Priority	Translator	Language
Radiology	12/19/2024	12/19/2024	Routine	No	

Subtype:

CT

Reason for Request:

59 y/o male with chronic neutropenia and reports of persistent cough since suspected recent viral infection. Chest x-ray is normal. currently on short term albuterol inhaler. will recommend CT with contrast of chest for further evaluation.

Provisional Diagnosis:

R053

New Non-Medication Orders:

Order	Frequency	Duration	Details	Ordered By
Blood Pressure	One Time			Harrell, Holly (MOUD) PA-C

Order Date: 09/19/2024

Disposition:

Follow-up at Sick Call as Needed

Follow-up at Chronic Care Clinic as Needed

Other:

Long discussion with Dr. Dominici present today. Lisinopril will be stopped, but no new medication for blood pressure will be added. CT of chest will be recommended due to chronic ongoing cough and malaise.

He will be placed on short term prednisone therapy for presumptive bronchitis and chronic cough, otitis externa will be treated, and he will be put on maintenance omeprazole pending GI appt and endoscopy.

He will continue to be followed appropriately.

Patient Education Topics:

Date Initiated	Format	Handout/Topic	Provider	Outcome
09/19/2024	Counseling	Compliance - Treatment	Harrell, Holly	Verbalizes Understanding
09/19/2024	Counseling	Plan of Care	Harrell, Holly	Verbalizes Understanding
09/19/2024	Counseling	Treatment Goals	Harrell, Holly	Verbalizes Understanding
09/19/2024	Counseling	New Medication	Harrell, Holly	Verbalizes Understanding
09/19/2024	Counseling	Test/X-ray Results	Harrell, Holly	Verbalizes Understanding

Copay Required: No **Cosign Required:** Yes

Telephone/Verbal Order: No

Completed by Harrell, Holly (MOUD) PA-C on 09/19/2024 10:56

Requested to be cosigned by Dominici, Raymond MD.

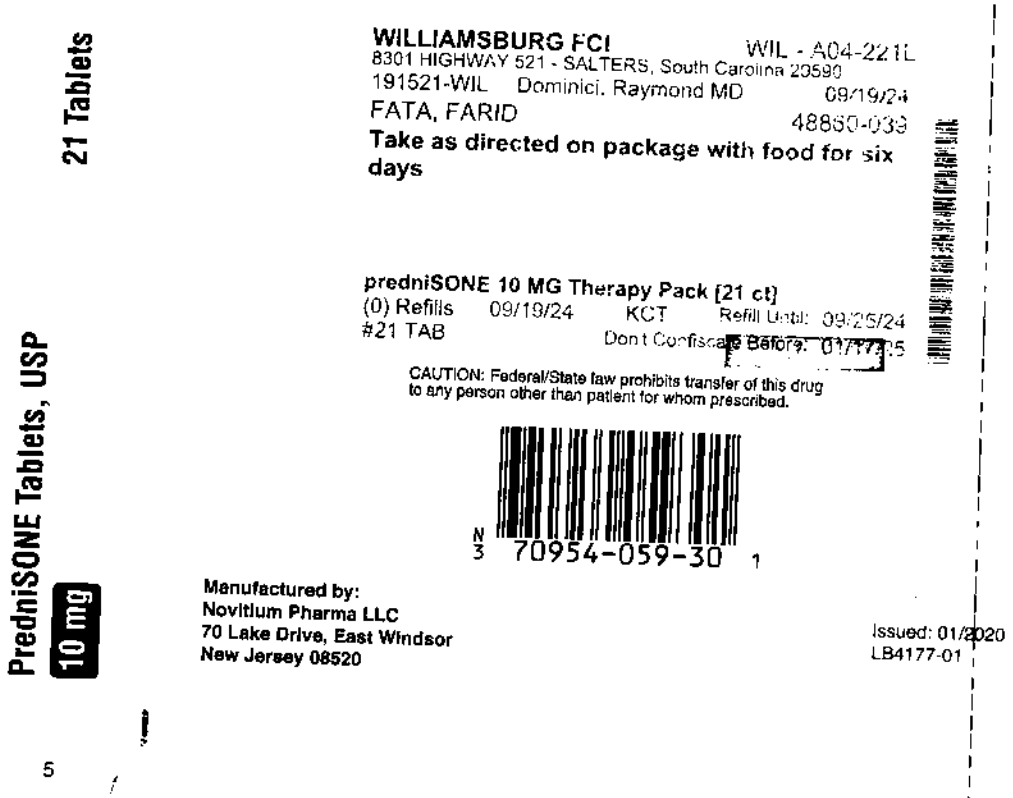
Cosign documentation will be displayed on the following page.

Bureau of Prisons
Health Services
Cosign/Review

Inmate Name:	FATA, FARID			Reg #:	48860-039
Date of Birth:	04/09/[redacted]	Sex:	M	Race:	WHITE
Encounter Date:	09/19/2024 10:44	Provider:	Harrell, Holly (MOUD)	Facility:	WIL

Cosigned with New Encounter Note by Dominici, Raymond MD on 09/19/2024 11:27.

Steroid prescription to treat Fata's persistent respiratory symptoms from untested ? Covid Bronchitis on 9-19-2024



Antibiotic prescription for right ear infection on 9-19-2024

WILLIAMSBURG FCI WIL - A234-[illegible]
0301 PIGEWAY 521 - SALTERS, South Carolina 29554
191519-WIL Dominick Raymond IAC 09/19/24
FATA, FARID 43867-[illegible]
Place 4 drops into the right ear twice daily for 10 days

Ciprofloxacin/Dexameth Otic 0.3%/0.1% [7.5ML]
(0) Refills 09/19/24 KCT Refill Until: 09/29/24
#7.5 ML Dont Confiscate Before: 01/17/25

CAUTION: Federal/State law prohibits transfer of this drug to any person other than patient for whom prescribed.

EXHIBIT G

Dear Honorable Judge Jonathan J.C. Grey,

I would first and foremost like to thank you for taking the time to read this letter. May I present myself to you in an attempt To bring forth the true essence of who I am as a person in hope that I can convey to you the depth of my effort for my transformation.

I write these words with the somber spirit of a humbled man with a devotional heart and unwavering hope for forgiveness in my true quest for redemption. Having the opportunity To address the Court in this manner, I would like to apologize from my heart to the families of the victims in this case, and to my family for my personal involvement, and also apologize for my past actions. Mere words are just not adequate enough To explain how deeply sorry I am now and feel about my behavior and the lack of respect of the law at that time, and unequivocally take full responsibility for those actions.

Now that I am soon reaching age 60 and have entered my 12th year of incarceration since August 6, 2013, and as I am going through constant struggle and hardship, I have become a higher version of myself as opposed to the past person and have different thought pattern and hold a different view. I steadfastly look forward and I am unwilling to let my past dictate my future and how I view and see things now.

It is a blessing to even be here today to share with you how through suffering and by faith I have gained a strong sense of self and unwavering will to deal with adversity in any form that pain can be refined and used for good

and a motivating factor for change and healing. Over the past 12 years, by faith, I have survived my circumstances and still believe in my heart that I can show goodness and bring positivity With hope out of these circumstances as tomorrow can be better than today.

Since I have entered Federal Custody, I have managed to maintain a positive attitude, Keep steady employment until when the BOP declared me "medical idle"; I was able to volunteer my services to help inmates and staff. I have worked in the "Education Department" tutoring adults in Custody with Special Learning needs (Autism, Attention Deficit Disorder, stuttering ... etc) to pass their Pre-GED and GED for a period of 5 years.

Amazing is the Grace of God that helped me discover the power of transformation and redemption as many of those convicts were able to rejoin society in a law-abiding Life with mental stability and personal responsibility. Before I became idle, I have also worked in Unicor Industries and was efficient at sewing the Molle Bags for the U.S. Army.

The lessons I have learned I try to apply them to my life amid the changes of my circumstances related to my health conditions. That is What incarceration has given me the time to reflect on things that I did not Know before, it's basically the highlight of my placement in the system. Material things are no longer of attraction to me: I have come a long way from the person who I was as I discover every day that life is not about fame - Pride and financial success, it is explicitly about making the best out of our circumstances to love the Unloveble and serve the forgotten or left behind, and look at the positive aspect of it. And that created peace inside me. And this is how my mornings start in a fellowship with a group of

of prisoners sharing the "Word of God with a scripture that helps sustain our day in a positive outlook to edify each other in prison -

I totally understand and acknowledge the change where I went the wrong path and how the decisions I made 15 years ago have had an enduring impact on my life and my family's Life. And importantly my former patients and their families for whom I pray for and plead for forgiveness that makes things right to enact "healing".

But now, I look at things from a different perspective. I am remorseful and I know that I want to help people and do good deeds because that's my nature, I'm good hearted whether the govt. admits it or not. I did not want to wait till I am released to start doing good deeds, I already started while in prison and with the Lord's help and his endurance I was able to help numerous inmates and persevere and look back from a higher level of understanding and status. I had to change the narrative of my life; For I am no longer looking to join the health care field upon release as I have a new purpose in my Life. For I have overcome loss and negativity and gained the "better man".

Upon release, I plan to contribute to the community and be part of Something bigger than myself. Building bridges with my family who has endured difficult times because of my actions. I have to make it right and I am striving to do so. In prison, fellow inmates call me "Wiseman" simply because I have helped them to start a law-abiding life during their re-entry into society. Many have started their businesses successfully (Beauty salon, Trucking business, Landscaping ...etc) and became tax-paying citizens who paid back to society.

If my health situation permits and I find a multispecialty medical team upon release, I plan to enter the workforce as the Christian community in Sterling Heights has reached out to a family doctor from the Henry Ford Health System who is willing

to coordinate my specialty care upon release.

Your Honor, yes I've made bad choices but I'm not a bad person. I have a cheerful heart and have helped people during my whole life and had a "charity" that the gorernment was aware of. I have a lot of good qualities and a great task is awaited upon release to continue to show the goodness inside me as I have a good support system from the Christian Community in Michigan to integrate into society.

I hope that I was able to convey within this notation my thoughts, hopes and genuine remorse. I Know that I have a purpose in Life and society has a place for me. I am here to do something greater than myself once my health conditions permit.

I appreciate the opportunity. thank you for your time and patience in this matter.

Sincerely Yours.

September 30, 2024

Farid Fata

FARID FATA
48860-039
FCI Williamsburg
P.O. Box 340
Salters, SC 29590

EXHIBIT H

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN

UNITED STATES OF AMERICA,

Plaintiff,

v. Honorable Jonathan J.C. Grey

FARID FATA,

Defendant.
_____/

PETITION OF THE PEOPLE OF MICHIGAN

We, the People Of The State of Michigan, former patients of Dr. Farid Fata, BOP. Reg. No. 48860-039, respectfully submit our petition to this Honorable Court to Support the early release of Dr. Fata. Not every former patient of Dr. Fata ("Victim") supports the government's position to oppose Dr. Fata's motion for compassionate release. As to the Victims who have not forgiven, we pray that time would bring them the gift of forgiveness that would lead to healing. Everybody deserves a second chance, and today's momentum to release Dr. Fata has never been closer and ripe. For the Bureau of Prisons struggles to care for Dr. Fata who has experienced serious health problems that the BOP cannot handle his unique conditions. We believe that Dr. Fata does not present a danger to the community as he is designated as "medical idle" by the BOP, and as he has a stable release plan with our support. For Dr. Fata is not joining the health care industry. Leaving Dr. Fata to die in prison as the BOP has repeatedly failed his urgent medical conditions regardless of the Covid pandemic would not be fair due to his immunocompromised status for whom any infection could be life-threatening. Our petition continues to provide Dr. Fata the utmost support as we have already reached out to a competent medical team from Henry Ford Health System to coordinate his care (need for negative pressure room at his residence).

Respectfully Submitted,

[redacted] August 15, 2024

may God bless America

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may God bless America

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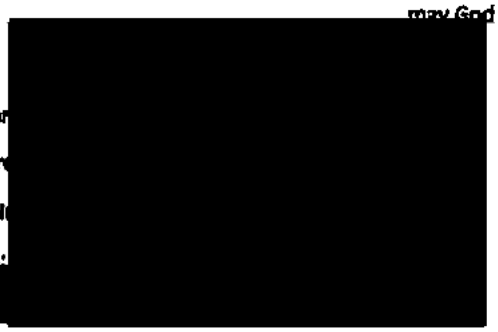

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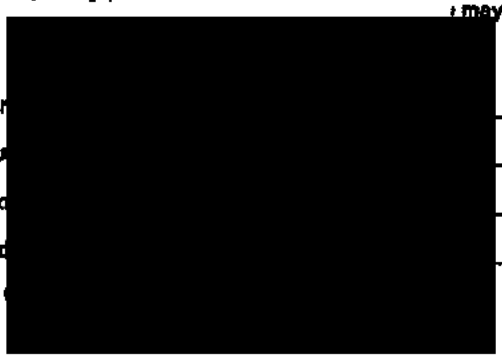

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Signature: _____

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EXHIBIT I

TRULINCS 34348057 - SANFORD, RODERICK LAMAR - Unit: WIL-A-B

FROM: 34348057
TO:
SUBJECT: PETITION FOR EARLY RELEASE
DATE: 08/03/2024 01:50:37 PM

CASE No. 2:13-cr-20600

TO WHOM IT MAY CONCERN

Re: PETITION FOR SUPPORT OF MOTION FOR COMPASSIONATE RELEASE. United States v. Farid Fata, Case No. 2:13-cr-20600. BOP Reg. No. 48860-039, FCI Williamsburg, South Carolina.

(1) Mr. Fata has been a model prisoner at FCI Williamsburg.

(2) I have known Mr. Fata for the past 4 years and during his two and half year employment at Unicor.

(3) Mr. Fata carries himself with ethics and respect among prison's staff and adults in custody at FCI Williamsburg.

(4) Mr. Fata has tutored numerous First Step Act classes and Productive Activities (PA)'s. I have successfully completed two of his classes he taught: Diabetes and Living with chronic illness. Mr. Fata was patient and gracious to explain to students in his class in a well organized fashion. As humble as he is to work with his students, he was able to break it down in laymen terms where the students can understand.

(5) Mr. Fata has helped numerous prisoners before their release to re-enter society and seek to incorporate their business in the state they reside: Fata has written business plans to incorporate Trucking Business, Beauty Salon, Restaurant, Child Day Care, and Music Studio. Those prisoners have launched their business after release and did not recidivate.

(6) Every morning, I start my day with Mr. Fata by reading the "Word of God" for 10 minutes: That Divine Power helped illuminate our day far from our struggles in prison. FCI Williamsburg is experiencing serious staffing shortages that led to unnecessary lockdowns that placed enormous strain and suffering on us. The "Word of God" helped edify us as Mr. Fata's deteriorating health conditions caused him to become "medical idle" after he developed a work-related injury at Unicor.

(7) Mr. Fata has helped and served numerous prisoners in their post-conviction battle. As example, Mr. Fata helped vacate the sentence of one prisoner from Tampa, Florida who was later appointed a counsel for resentencing.

(8) I have seen Mr. Fata's transformation and redemption that changed those prisoners around him. As example, I am so privileged to have a brother and a friend like Mr. Fata who helped me understand

who I am in God's eye when I seek advice and care.

This petition is geared to present the Court with the cheerful character and remarkable conduct of Mr. Fata in prison as inmates come to him with various matters to seek his wisdom. For Mr. Fata is trustworthy eager to serve others. Thus, this Court should consider granting his motion for compassionate release.

Signed under penalty of perjury on the 16TH day of August 2024.

Respectfully Submitted,

Roderick Sanford
#34348-057
FCI Williamsburg
Salters, SC 29590

anthony Millard #37115-510 A.M.
THEODORE Scott #40204-037 Theodore Scott
Kevin Forrest #63433-037
MARCUS MARSH #33070-171
Michael Rose #20450-032 Mike Rose
Hunter Coy #58595510
edelyonis Rodriguez #04315-380.
Patrick Donovan 20730-057
J. Allen Bowen 52216-074
Eugene Bernardini 25578-024
Carlos R. LLERA 17324-069
Demetrice T. Copening 18661-510
Bryan Somers 73134-019
Nathan D. Brantham 26710-058 Nathan D. Brantham
William Brown 41143-050
Demaki Thomas-Mathews 55066-509
Christopher DeShazier 26520-017
Randell Walters 33382-171 Randell Walters
Brandon Harmon 47761-074 Brandon Harmon

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

FROM: Joseph, Rita
TO: 48860039
SUBJECT: RE: AFFIDAVIT OF ELAN LEWIS
DATE: 12/06/2021 05:36:11 AM

I agree and support the content of this affidavit. I am signing electronically under penalty of perjury.

Signed: Elan Lewis 12/5/21

FARID FATA on 12/3/2021 7:50:26 AM wrote
CASE No: 2:13-cr-20600

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

UNITED STATES OF AMERICA)
Plaintiff,)
)
v.) Hon. Paul D. Borman
)
FARID FATA,)
Defendant.)

AFFIDAVIT OF ELAN LEWIS

I, Elan Lewis, declare under the penalty of perjury that the following is true and correct to the my best knowledge, information and belief.

1 - I have known Mr. Farid Fata, BOP Reg. No. 48860-039 since beginning 2017, as we are both housed at FCI Williamsburg. I have served 26 years in federal prison on a life sentence for non-violent drug convictions.. I was released in June 2021 as my Judge granted my compassionate release based on my diagnosis of stage IV oral cancer treated with chemotherapy and radiation followed by contracting COVID-19 in prison. I have held remarkable conduct and completed a comprehensive rehabilitation.

Over the past 4 years, inmates have come to Mr. Fata for his positive advice and wisdom. Mr. Fata has tutored the "Incorporating Small Business" class in the Education Department. I attended the three-month class and learned substantial information with respect to initiating my company "Halo Hands Trucking" upon release. Mr. Fata has written the business plan to incorporate my company, see attached. Mr. Fata has also helped me to understand the differences between a "for-profit corporation" and "non-profit corporation" with the regulations related to 501(c)(3) and required agents. Based on what I have learned from Mr. Fata, I am now assisting my family in Greensborough, North Carolina, who operates a non-profit "Halo HANDS FOUNDATION" to apply for a grant to support disconnected youth in the community, and and individuals with past criminal records including justice-impacted and reentry participants. The foundation provides rehabilitation, education and vocation as it is building training programs that meet the existing and emerging skills needs of employers and that help workers enter quality jobs and advance along their chosen career path. The grant

proposal is seeking funding through the American Rescue Plan Act Good Jobs Challenge under the EDA (Economic Development Administration - U.S. Department of Commerce (DOC)). Mr. Fata had helped me understand the filing process, he does not have any ownership or revenue stream in the foundation nor in the grant.

In sum, Mr. Fata has also helped many inmates to acquire their GED. His expertise in simplifying the tutoring methods for learning Mathematics and Science made inmates reach out to him through all over the compound. Many inmates, including those with learning disabilities have passed their GED under the leadership of Mr. Fata.

But, most touching, is Mr. Fata's conduct in the housing unit. He leads and coordinates the prayer circle that attracts many Inmates to hear the word of God. In tough times during the pandemic, and long lockdown hours, Mr. Fata did not hesitate to maintain the prayer call during the limited time inmates were released from their cells inside the housing unit. This revival created hope. We have witnessed many inmates in the prayer circle with life sentences being released over the past 20 months, since the beginning of the pandemic. With the word of God, the impossible becomes possible. Miracles can happen as inmates reach redemption to repent and change their past. Our past is no more part of us.

I hope this declaration gives the Court a clear and true picture of the impact Mr. Fata has done affecting the lives of inmates in his circle. I can never pay back enough at the same magnitude of help he had provided me. And I hope that this Court sees the goodness inside him, because after 9 years of incarceration Mr.. Fata's health problems have become concerning enough with a toll that warrant considering a change to the landscape and goals of his original sentencing to open the doors of the prison and save this man back to the community that needs his talents.

If you have any questions, please do not hesitate to call me.

Respectfully,

Elan Lewis
Cell phone: (804) 481 2375

FSA Time Credit Assessment

Register Number:48860-039, Last Name:FATA

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

Register Number....: 48860-039
Inmate Name
  Last.....: FATA
  First.....: FARID
  Middle.....:
  Suffix.....:
Gender.....: MALE
Start Incarceration: 07-10-2015

Responsible Facility: WIL
Assessment Date.....: 06-30-2024
Period Start/Stop...: 12-21-2018 to 06-30-2024
Accrued Pgm Days....: 1839
Disallowed Pgm Days.: 179
FTC Towards RRC/HC..: 530
FTC Towards Release.: 365
Apply FTC to Release: Yes

As of 6-30-24:

Start	Stop	Pgm Status	Pgm Days
12-21-2018	05-04-2019	accrue	134

Accrued Pgm Days...: 134
Carry Over Pgm Days: 0
Time Credit Factor.: 10
Time Credits.....: 40

Fata earned 530 days time credit Towards his Supervised Release/ Home Confinement, and 365 days (1 year) towards Release, as his Recidivism score is "Minimum".

Start	Stop	Pgm Status	Pgm Days
05-04-2019	07-17-2019	disallow	74

Not in qualifying admit status

Facility	Category	Assignment	Start	Stop
B03	ARS	A-ADMIT	05-03-2019 0923	05-03-2019 1008
WIL	ARS	FED WRIT	05-03-2019 0923	10-31-2019 1002
B03	ARS	RELEASE	05-03-2019 1008	05-03-2019 1008
ATL	ARS	A-ADMIN	05-03-2019 1008	05-03-2019 1028
ATL	ARS	ADMIN REL	05-03-2019 1028	05-03-2019 1028
B03	ARS	A-ADMIT	05-03-2019 1028	05-03-2019 1509
B03	ARS	RELEASE	05-03-2019 1509	05-03-2019 1509
ATL	ARS	A-HLD	05-03-2019 1509	05-07-2019 1239
ATL	ARS	HLD REMOVE	05-07-2019 1239	05-07-2019 1239
A01	ARS	A-ADMIT	05-07-2019 1239	05-08-2019 0530
A01	ARS	RELEASE	05-08-2019 0530	05-08-2019 0530
I-T	ARS	A-ADMIT	05-08-2019 0530	05-13-2019 1405
I-T	ARS	RELEASE	05-13-2019 1405	05-13-2019 1405
MIL	ARS	A-BOP HLD	05-13-2019 1405	07-30-2019 0849

Start	Stop	Pgm Status	Pgm Days
07-17-2019	10-30-2019	disallow	105

Not in qualifying admit status

Facility	Category	Assignment	Start	Stop
B03	ARS	A-ADMIT	05-03-2019 0923	05-03-2019 1008
WIL	ARS	FED WRIT	05-03-2019 0923	10-31-2019 1002

FSA Time Credit Assessment

Register Number:48860-039, Last Name:FATA

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

B03	ARS	RELEASE	05-03-2019 1008	05-03-2019 1008
ATL	ARS	A-ADMIN	05-03-2019 1008	05-03-2019 1028
ATL	ARS	ADMIN REL	05-03-2019 1028	05-03-2019 1028
B03	ARS	A-ADMIT	05-03-2019 1028	05-03-2019 1509
B03	ARS	RELEASE	05-03-2019 1509	05-03-2019 1509
ATL	ARS	A-HLD	05-03-2019 1509	05-07-2019 1239
ATL	ARS	HLD REMOVE	05-07-2019 1239	05-07-2019 1239
A01	ARS	A-ADMIT	05-07-2019 1239	05-08-2019 0530
A01	ARS	RELEASE	05-08-2019 0530	05-08-2019 0530
I-T	ARS	A-ADMIT	05-08-2019 0530	05-13-2019 1405
I-T	ARS	RELEASE	05-13-2019 1405	05-13-2019 1405
MIL	ARS	A-BOP HLD	05-13-2019 1405	07-30-2019 0849
MIL	ARS	HLD REMOVE	07-30-2019 0849	07-30-2019 0849
3-Q	ARS	A-ADMIT	07-30-2019 0849	07-30-2019 1501
3-Q	ARS	RELEASE	07-30-2019 1501	07-30-2019 1501
MIL	ARS	A-BOP HLD	07-30-2019 1501	10-09-2019 0924
MIL	ARS	HLD REMOVE	10-09-2019 0924	10-09-2019 0924
A02	ARS	A-ADMIT	10-09-2019 0924	10-09-2019 1620
OKL	ARS	A-HLD	10-09-2019 1520	10-15-2019 1014
A02	ARS	RELEASE	10-09-2019 1620	10-09-2019 1620
OKL	ARS	HLD REMOVE	10-15-2019 1014	10-15-2019 1014
A02	ARS	A-ADMIT	10-15-2019 1114	10-15-2019 1710
A02	ARS	RELEASE	10-15-2019 1710	10-15-2019 1710
ATL	ARS	A-HLD	10-15-2019 1710	10-31-2019 0400

Start	Stop	Pgm Status	Pgm Days
10-30-2019	06-30-2024	accrue	1705

Accrued Pgm Days...: 1705
Carry Over Pgm Days: 14
Time Credit Factor.: 15
Time Credits.....: 855

--- **FSA Assessment**

#	Start	Stop	Status	Risk Assignment	Risk Asn Start	Factor
001	12-21-2018	01-18-2019	ACTUAL	FSA R-MIN	04-28-2021 1919	10
002	01-18-2019	07-17-2019	ACTUAL	FSA R-MIN	04-28-2021 1919	10
003	07-17-2019	01-13-2020	ACTUAL	FSA R-MIN	04-28-2021 1919	15
004	01-13-2020	07-11-2020	ACTUAL	FSA R-MIN	04-28-2021 1919	15
005	07-11-2020	01-07-2021	ACTUAL	FSA R-MIN	04-28-2021 1919	15
006	01-07-2021	07-06-2021	ACTUAL	FSA R-MIN	04-28-2021 1919	15
007	07-06-2021	01-02-2022	ACTUAL	FSA R-MIN	04-28-2021 1919	15
008	01-02-2022	07-01-2022	ACTUAL	FSA R-MIN	04-28-2021 1919	15

FSA Time Credit Assessment

Register Number:48860-039, Last Name:FATA

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

009	07-01-2022	12-28-2022	ACTUAL	FSA R-MIN	04-28-2021 1919	15
010	12-28-2022	06-26-2023	ACTUAL	FSA R-MIN	12-20-2022 1150	15
011	06-26-2023	12-23-2023	ACTUAL	FSA R-MIN	03-07-2023 1139	15
012	12-23-2023	06-20-2024	ACTUAL	FSA R-MIN	09-07-2023 1622	15
013	06-20-2024	12-17-2024	ACTUAL	FSA R-MIN	03-05-2024 1058	15

↑
Recidivism "Minimum"

United States v. Farid Fata, Case No. 2:13-cr-20600-JJCG

Dear Clerk Of Court,

I am submitting the "Defendant's Reply Brief In Opposition To the Government's Response (RE 382), pursuant to the Court's Order filed on 7-29-2024.

I have included the Exhibits as attached.

I appreciate that said documents be filed with the Court.

thank you for your consideration.

Respectfully Submitted,

October 1, 2024

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

* Sent via USPS - Priority Mail *

WILIF 606.00 * MALE CUSTODY CLASSIFICATION FORM * 08-03-2024

PAGE 001 OF 001 12:37:47

(A) IDENTIFYING DATA

REG NO..: 48860-039 FORM DATE: 10-27-2023 ORG: WIL

NAME....: FATA, FARID

MGTV: NONE

PUB SFTY: GRT SVRTY,SENT LGTH MVED:

(B) BASE SCORING

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

(C) CUSTODY SCORING

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

--- LEVEL AND CUSTODY SUMMARY ---

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

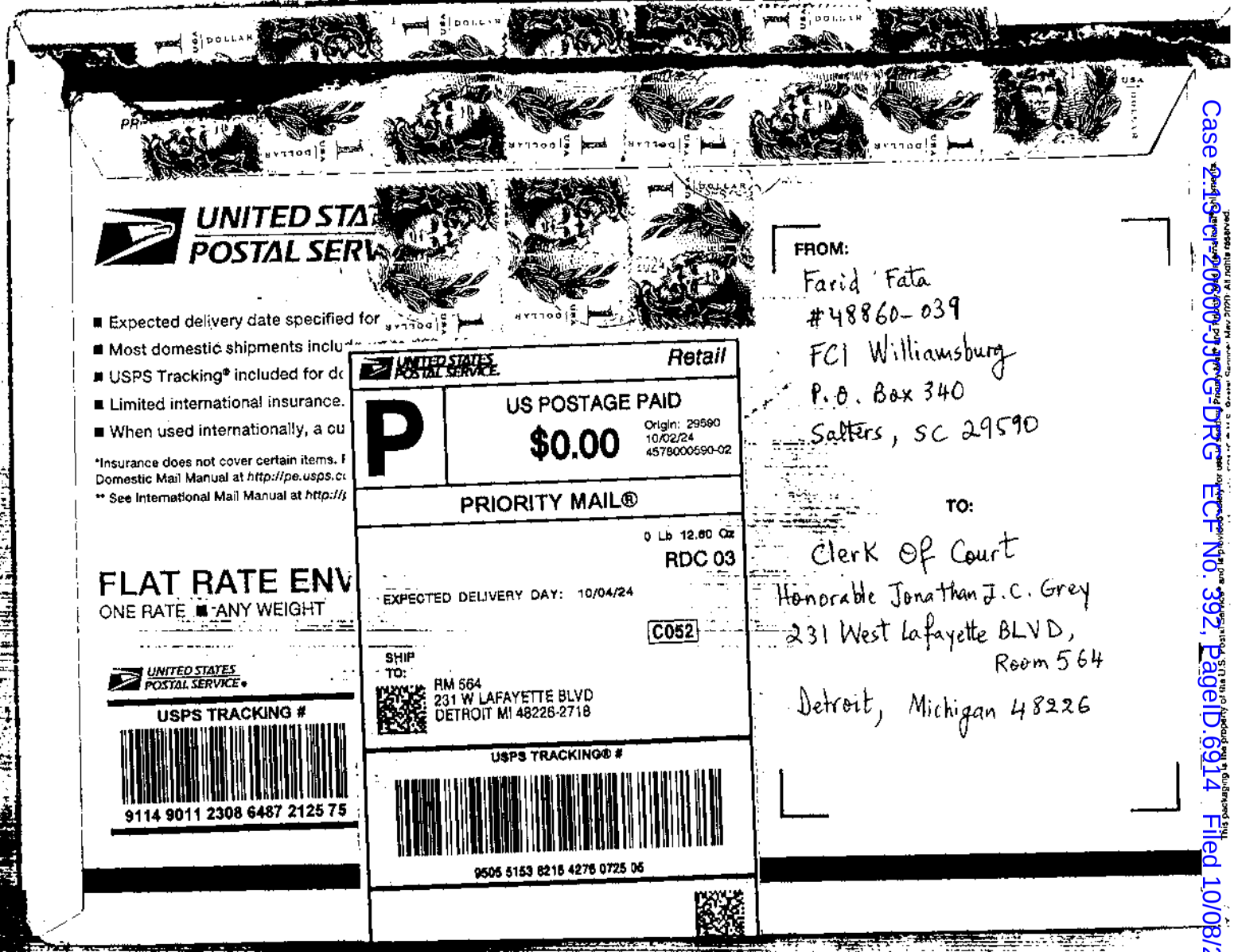
↑

Security level remained the same (Unchanged (unaffected) (over 12 years)!

G0005 TRANSACTION SUCCESSFULLY COMPLETED - CONTINUE PROCESSING IF DESIRED

+3 = Camp Security level.

"Fata maintained remarkable conduct in prison over 12 years".



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** See International Mail Manual at http://

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

TO:
Clerk Of Court
Honorable Jonathan J.C. Grey
231 West Lafayette BLVD,
Room 564
Detroit, Michigan 48226