UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

United States of America,

Plaintiff,

v.

Farid Fata,

Defendant.
_______________________________/

Criminal No. 13-cr-20600

Hon. Jonathan J.C. Grey

ORDER DENYING DEFENDANT'S RENEWED MOTION FOR COMPASSIONATE RELEASE (ECF No. 378)

On July 9, 2024, defendant Farid Fata filed a renewed motion for compassionate release or sentence reduction pursuant to 18 U.S.C. § 3582(c)(1)(A). (ECF No. 378.) The motion is fully briefed. For the following reasons, the Court **DENIES** the motion.

I. BACKGROUND

On January 15, 2014, a grand jury indicted Fata in a fourth superseding indictment which charged: (a) nineteen counts of health care fraud (18 U.S.C. § 1347); (b) one count of conspiracy to pay and receive kickbacks (18 U.S.C. § 371); (c) one count of unlawful procurement of naturalization (18 U.S.C. § 1425(a)); and (d) two counts of money

laundering (18 U.S.C. § 1956(a)(1)(A)(i)). (ECF No. 66.) The case was assigned to the Honorable Paul D. Borman.

Fata was an oncologist/hematologist, and most of the charges against him related to his knowing administration of chemotherapy and other unnecessary cancer fighting treatments and diagnostic testing, such as PET scans, to hundreds of patients/victims who either did not have cancer or did not need the cancer treatments. (*Id.*) Fata then submitted false and fraudulent claims to Medicare or medical insurance companies for these medically unnecessary services. (*Id.*) This conduct went on for years.

On September 16, 2014, Fata pleaded guilty without a Rule 11 agreement to: (a) thirteen counts of healthcare fraud (Counts 3-6 and 9-17); (b) one count of conspiracy to pay and receive kickbacks (Count 20); and (c) two counts of money laundering (Counts 22 and 23).

As set forth in the presentence investigation report, Fata was assigned Offense Level 43, Criminal History Category I, creating an advisory sentencing guideline range of 2100 months (175 years) incarceration. The government requested a sentence of 175 years; Fata's counsel requested a sentence of 25 years. On July 10, 2015, following

extensive sentencing proceedings, Judge Borman sentenced Fata to a total of 45 years imprisonment, significantly below the guideline range and the government's requested sentence (i.e., approximately 25% of that range). (*See* ECF No. 158, (Judgment); ECF No. 243 (Amended Judgment).) Fata began serving his 45-year sentence with the Bureau of Prisons ("BOP") on August 28, 2015, although he has been detained since October 3, 2013. Fata currently is incarcerated at FCI Williamsburg in South Carolina. As of the date of this Order, he has served just over 11 years of his 45-year sentence, i.e., approximately 25% of the sentence imposed and less than 33% of the sentence he will serve if released on his current projected release date (December 11, 2050).

On May 5, 2020, Fata filed a motion for compassionate release pursuant to 18 U.S.C. § 3582(c)(1)(A). Fata requested release based on his age, health, and the risks presented by COVID-19.[1] (ECF No. 265.) On July 10, 2020, Judge Borman denied the May 5, 2020 motion in a 20-page order. (ECF No. 284.) Over the next nearly four years, Fata unsuccessfully pursued a motion for reconsideration and appeals of the

[1] The Court notes that at that time, there were few therapeutics and no vaccines for COVID-19.

July 10, 2020 order and the denial of the motion for reconsideration. (*See, e.g.,* ECF No. 375.)

In 2024, Fata filed two requests for compassionate release with the BOP. The BOP denied the first request on May 20, 2024 and the second on July 17, 2024. (*See* ECF No. 382, Exs. 8, 9.) On July 9, 2024, Fata filed a renewed motion for compassionate release (ECF No. 378), this time claiming that he has an immunodeficiency due to neutropenia, and that the BOP refuses to provide Fata with Neupogen to treat his conditions. The government filed a timely response (ECF No. 382), and Fata filed a reply. (ECF No. 392.)

According to the Cleveland Clinic,

> Neutropenia (noo-troh-PEE-nee-uh) refers to lower-than-normal levels of neutrophils in your blood. A neutrophil is a type of white blood cell that your bone marrow primarily makes. White blood cells in general, and neutrophils in particular, fight infections in your body. Neutrophils destroy germs that cause infections, like viruses and bacteria.
>
> Not having enough neutrophils makes it harder for your body to fight germs and prevent infections. In severe cases, even bacteria that a healthy body typically tolerates (like the bacteria in your mouth and intestines) can make you sick.
>
> * * * * *
>
> Neutropenia gets classified as mild, moderate, or severe, depending on the number of neutrophils in a blood sample.

> The lowest normal limit for adults is about 1,500 neutrophils per microliter of blood by many standards. (Some put the cut-off at 1,800 per microliter.) The range of neutrophil numbers is:
>
> > Mild neutropenia: 1,000 – 1,500.
> > Moderate neutropenia: 500 – 1,000.
> > Severe neutropenia: Less than 500.

https://my.clevelandclinic.org/health/diseases/21058-neutropenia (last viewed on March 25, 2025).

Based on the medical records Fata submitted to the Court, the BOP has been aware that Fata has mild neutropenia since at least October 8, 2021. (*See* ECF No. 378, PageID.5779, 5782.) On January 27, 2022, Fata claimed to have mild to moderate neutropenia and sought additional information or testing regarding his alleged immunodeficiencies. (*Id.* at PageID.5791.) Fata was told he would be seen by a urologist. (*Id.* at PageID.5793.) Despite notations of "urgent" referrals to a urologist and hematologist in late 2021 and early 2022, it appears Fata was not seen by either type of doctor until he saw a urologist in August 2022. (*Id.* at PageID.5813.) The physician who saw Fata in August 2022 opined that Fata's neutropenia "is the potential cause" of Fata's recurrent infections since contracting COVID-19 in December 2020. (*Id.*)

In an October 18, 2022 report from Fata's examination by an oncology and hematology practice group, there is a diagnosis of chronic mild neutropenia, which may be cyclic, with an absolute neutrophil count of 0.8. (*Id.* at PageID.5816.) That clinical assessment includes a statement that:

> It is reasonable to give him a few doses of Neupogen during times of documented fever neutropenia/neutropenia infections. Typically, patients only need 2 or 3 doses. This could be done outpatient. Would recommend prompt attention to infections and treatment with antibiotics as appropriate for the site of infection.

Id. Fata sent numerous emails to Dr. Stephen Hoey, the clinical director at Williamsburg FCI, indicating the foregoing diagnosis and requesting Neupogen. (*Id.* at PageID.5817–5818, 5823.)

On October 27, 2023, Fata submitted a written request to be transferred to a BOP care level 3 institution so that he could receive Neupogen. (*Id.* at PageID.5837–5838.) The Court notes that Dr. Hoey had indicated on November 22, 2022 that he would consider such a transfer when all relevant information became available. (*Id.* at PageID.5824.) At a November 23, 2022 clinical visit, the physician noted that Fata had possible cyclic neutropenia, but it does not appear the physician had to address any neutropenia-related conditions or issues that day. (*Id.* at

PageID.5845.) The report concludes, "Mild neutropenia has improved and total WBC [white blood cell] count is normal." (*Id.* at PageID.5850.) On February 25, 2024, Fata again notified FCI Williamsburg officials of his perceived need for Neupogen. (*Id.* at PageID.5852.)

On March 18, 2024, Fata saw a urologist, and the visit was unremarkable as to neutropenia. The notes from the visit reflect that Fata had suffered no gross hematuria (blood in urine) since October/November 2022, and Fata's in-office urinalysis that day was uneventful. (*Id.* at PageID.5855–5858.)

On July 18, 2024, this case was reassigned to the undersigned pursuant to Local Criminal Rule 57.10.

II. LEGAL STANDARD

"[A] sentence constitutes a final judgment," and the Court may not modify a sentence, subject to limited exceptions. 18 U.S.C. § 3582(b), (c). One exception, under § 3582(c)(1)(A)(i), allows the Court to reduce a sentence upon a motion for compassionate release brought by the BOP or the defendant himself. *Id.* A defendant may file a motion for compassionate release after fully exhausting all administrative rights to appeal or 30 days after the warden receives the defendant's

compassionate release request, whichever is earlier. *Id.* at § 3582(c)(1)(A); *United States v. Alam*, 960 F.3d 831, 833 (6th Cir. 2020).

"The 'compassionate release' provision of 18 U.S.C. § 3582 allows district courts to reduce the sentences of incarcerated persons in 'extraordinary and compelling' circumstances. 18 U.S.C. § 3582(c)(1)(A)." *United States v. Michael Jones*, 980 F.3d 1098, 1100 (6th Cir. 2020). As summarized by the Sixth Circuit:

> Federal law authorizes a district court to reduce a defendant's sentence if the court finds that (1) "extraordinary and compelling reasons" warrant a reduction, (2) a reduction is "consistent with applicable policy statements issued by the Sentencing Commission," and (3) the § 3553(a) factors, to the extent applicable, support a reduction. *Ruffin*, 978 F.3d at 1003 (quoting § 3582(c)(1)(A)). Currently, no policy statement applies where a defendant (as opposed to the Bureau of Prisons) files a motion seeking a sentence reduction (sometimes known in our case law as "compassionate release"). *United States v. Sherwood*, 986 F.3d 951, 953 (6th Cir. 2021).[[2]] A district court, therefore, must deny a defendant's motion if the defendant fails to show either that extraordinary and compelling reasons warrant a sentence reduction or that the § 3553(a) factors support a reduction. *Id.*

[2] Since the *McKinnie* decision, the relevant policy statement was amended, and it now applies to motions filed directly by defendants. *See* Amendments to the Sentencing Guidelines, Policy Statements, Official Commentary, and Statutory Index, 88 Fed. Reg. 28,254 (May 3, 2023) (effective Nov. 1, 2023); *United States v. Nash*, No. 23-3635, 2024 U.S. App. LEXIS 10519, at *3 (6th Cir. Apr. 30, 2024) (acknowledging a shift away from precedent because "prior to [November 1, 2023], no guideline policy statement applied to compassionate-release motions brought by defendants").

> at 954; *United States v. Hampton*, 985 F.3d 530, 531 (6th Cir. 2021).

United States v. McKinnie, 25 F.4th 583, 586 (6th Cir. 2022).

The Court may reduce a sentence if it finds that the first two requirements are met. 18 U.S.C. § 3582(c)(1)(A)(i); *United States v. Ruffin*, 978 F.3d 1000, 1004 (6th Cir. 2020). However, "[e]ven if a district court finds that extraordinary and compelling reasons exist and that a sentence reduction comports with [United States Sentencing Commission Guidelines Manual] § 1B1.13, the court may not grant the reduction before 'considering the factors set forth in section 3553(a) to the extent that they are applicable[.]'" 18 U.S.C. § 3582(c)(1)(A). The district court has "substantial discretion . . . [to] still deny relief if it finds that the applicable § 3553(a) factors do not justify it." *Ruffin*, 978 F.3d at 1005. The defendant bears the burden of showing he is entitled to a sentence reduction under § 3582. *United States v. McClain*, 691 F.3d 774, 777 (6th Cir. 2012).

III. ANALYSIS

Based upon the warden's denials of Fata's request for compassionate release, the Court finds that Fata has exhausted his administrative remedies. Therefore, the Court turns to the substantive

requirements for granting relief to determine if and how they apply to Fata.

The Court first considers whether "extraordinary and compelling reasons" warrant a sentence reduction. Certain routine events are not in themselves extraordinary and compelling, including two circumstances Fata cites in his motion: (a) serving the duration of a lawfully imposed sentence, and (b) rehabilitation of the defendant. *United States v. McCall*, 56 F.4th 1048, 1056, 1061 (6th Cir. 2022); *cf.* U.S.S.G. § 1B1.13(d) ("Rehabilitation of the defendant while serving the sentence may be considered in conjunction with other circumstances in determining whether and to what extent that a reduction in the defendant's term of imprisonment is warranted.").

The Sentencing Commission has released a policy statement defining which circumstances qualify as an extraordinary and compelling reason for compassionate release, which statement includes the following language:

> (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 of serious deterioration in health or death.

(D) The defendant presents the following circumstances—

(i) the defendant is housed at a correctional facility affected or at imminent risk of being affected by (I) an ongoing outbreak of infectious disease, or (II) an ongoing public health emergency declared by the appropriate federal, state, or local authority;

> (ii) due to personal health risk factors and custodial status, the defendant is at increased risk of suffering severe medical complications or death as a result of exposure to the ongoing outbreak of infectious disease or the ongoing public health emergency described in clause (i); and
>
> (iii) such risk cannot be adequately mitigated in a timely manner.

U.S.S.G. § 1B1.13(b)(1).

In his motion, Fata focuses on the criteria in § 1B1.13(b)(1)(C), and he supplements his argument with 90 pages of medical records (ECF No. 378, PageID.5773–5855; ECF No. 378-1, PageID.5856–5863), as well as the opinion letter authored by "prison medical consultant" Charles Howard, MD, MMM. (ECF 378-1, PageID.5865–5870.) Between Fata's medical records and Dr. Howard's opinion letter, the Court finds there is evidence that Fata likely suffers from at least mild neutropenia. It also appears that the BOP is aware of that diagnosis, as well as Fata's recurring infections (approximately 13 in 36 months (*Id.* at PageID.5869)), but has not ensured that Fata is timely seen by certain recommended consultants on some occasions, even where the notes indicate that the matter is "urgent." The Court does note that some of those delays may have been issues due to the height of the Covid-19

pandemic, which has ended. Further, based on the records the parties submitted, it appears that there may be some connection between Fata's neutropenia and the recurrent infections he has contracted.

The Court finds that there is at least a basis for debate whether Fata should have access to Neupogen treatments, notwithstanding the conclusion of W. Mark Holbrook, MD, FAAFP that, "[f]rom a medical standpoint it appears that Farid Fata has received appropriate evidence based and proven effective medical treatment in accordance with medical standards." (ECF No. 388, PageID.6441.) The Court notes that Dr. Holbrook acknowledged in his letter to the Court that:

> The oncologist notes that the patient [Fata] 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.

(*Id.* at PageID.6443.)

The Court is not medically trained and does not independently know whether Neupogen would benefit Fata or otherwise address what

appear to be regular infections suffered by Fata. The Court notes, however, that: (1) the oncologist opined in October 2022 that it "would be reasonable to give him a few doses of Neupogen" in certain circumstances (ECF No. 378, PageID.5816), and (2) there was never any follow-up on that opinion or determination whether it would be appropriate to transfer Fata to a BOP care level 3 institution so that he could get Neupogen. The Court is troubled by the fact Dr. Hoey indicated on November 22, 2022 that he would consider the appropriateness of such a transfer upon receiving information, yet neither Dr. Hoey nor anyone else ever evaluated the appropriateness of such a transfer. This is especially true if, as Fata states and the government does not dispute, Fata needs but cannot obtain Neupogen at FCI Williamsburg.[3]

Having said that, Fata's medical records reflect, and even Dr. Howard does not contest, that Fata: (1) has received treatment from the BOP when he has contracted infections; and (2) has recovered from those infections in a timely manner. Dr. Howard also only reviewed 93 out of 489 pages of Fata's medical records (i.e., the "provided medical records"),

[3] Fata does not affirmatively represent that Neupogen is available at any other BOP facility (namely, a BOP care level 3 institution), and nothing in the government's submission indicates whether Neupogen is available in any BOP facility.

and he relied on a summary of Fata's medical conditions prepared by Fata, stating that Fata was a "Physician specializing in Hematology and Oncology" prior to incarceration. (ECF No. 378-1, PageID.5865–5866; ECF No. 382, PageID.5903.)

There is no evidence that any of Fata's conditions, including neutropenia, rise to the level of any of the extraordinary and compelling reasons set forth in § 1B1.13(b)(1). Fata does not suffer from: (a) a "terminal illness;" (b) a serious physical or medical condition that "substantially diminishes" his ability to provide self-care within his correctional facility from which he "is not expected to recover;" or (c) "a medical condition that requires long-term or specialized medical care that is not being provided and without which the defendant is at risk of serious deterioration in health or death."[4] Nor has Fata demonstrated that FCI Williamsburg is experiencing or at imminent risk of an ongoing

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[4] In his reply, Fata argues that, because FCI Williamsburg has experienced numerous COVID-19 outbreaks since 2020, this subsection is satisfied. (ECF No. 392, PageID.6848–6849.) The Court is not convinced by this argument, as there is no evidence that just because Fata had an infection, there was an "outbreak of infectious disease" at FCI Williamsburg. The Court also notes that Fata complains in his reply about certain events and medical issues that arose in or after August 2024 that the government did not address in its response. The Court gives those complaints little weight, however, as they pertain to events and issues that were not mentioned in his motion and occurred while the government gathered information and prepared its response.

outbreak of infectious disease or public health emergency.

The Court finds particularly noteworthy the urologist report from March 2024, which states:

> I believe his hematuria is likely due to his history of frequent UTIs and acute 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 [since]. His UA today in the office is completely negative.

(ECF No. 382, PageID.5905, Ex. 5 at 84.) The Court finds this statement, from an independent, non-BOP physician, more persuasive than Fata's claims of risk of death. (*See, e.g.,* ECF No. 392, PageID.6849.) Accordingly, the Court concludes that Fata does not meet any of the extraordinary and compelling reasons set forth in the medical circumstances categories of §1B1.13(b).

Based on the absence of any extraordinary and compelling reason warranting a sentence reduction, the Court need not address the second two factors. *United States v. Owens*, 996 F.3d 755, 759 (6th Cir. 2021) (internal quotations and citations omitted) ("district courts may deny compassionate-release motions when any of the three prerequisites listed in § 3582(c)(1)(A) is lacking and do not need to address the others."). In this case, however, the Court desires to make clear that it is

independently denying Fata's motion based on its consideration of the § 3553(a) factors.

The sentencing factors in § 3553(a) include 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, protection of the public, and the need to avoid unwarranted sentencing disparities. *See generally* 18 U.S.C. § 3553(a).

In July 2020, Judge Borman stated:

> The Court, considering the sentencing factors under 18 U.S.C. § 3553(a), concludes that Fata's request for a significantly early release is not warranted. As explained above, these factors include the defendant's history and characteristics, the seriousness of the offense, the need to promote respect for the law and provide just punishment, general and specific deterrence, and the protection of the public. 18 U.S.C. § 3553(a). 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.

(ECF No. 284, PageID.4458.)

The Court concurs with Judge Borman's assessment and finds that it remains accurate. Fata's actions constituted nothing short of torture for some of the patients/victims, all of whom suffered physically and/or mentally due to Fata's conduct and greed. Moreover, although Fata claims, and the Court will presume, that he has been a model inmate and has helped other inmates while incarcerated, the Court concludes that releasing Fata after having served less than 12 years of his 45-year sentence (i.e., approximately 25% of his sentence) "would not serve § 3553(a)'s purposes[,] would not promote respect for the law, would undermine the deterrence factor, and would not provide just punishment." *Id. See also United States v. Alderson*, No. 23-1779, 2024 WL 1159212, at *1 (6th Cir. Mar. 18, 2024) ("especially after considering that Alderson had served less than a quarter of his sentence when he moved for compassionate release, we cannot conclude that the district court abused its discretion by denying his motion."); *United States v. Kinkaid*, 805 F. App'x 394, 395–396 (6th Cir. 2020).

Having conducted an independent review, the Court also is not persuaded by Fata's argument that his sentence was disproportionately

harsh compared to certain other defendants. (*See* ECF No. 378, PageID.5766–5767 (citing *United States v. Moon*, No. 05-cr-00003 (M.D. Tenn. 2005), *aff'd* 513 F.3d 527, 540, 542 (6th Cir. 2008) (in a case with a guideline range of 188–235 months involving "a 'large' number of vulnerable victims," the court sentenced defendant to 188 months in prison, in part, because administering "partial doses of chemotherapy medication . . . would not result in the full beneficial effect of treatment such that the 'patient is at higher risk for having their cancer progress or return and potentially die from that'"); *United States v. Sabit*, 797 F. App'x 218, 220, 222 (6th Cir. 2019) (defendant's fraudulent conduct, which included tricking dozens of patients to undergo sham surgeries, "left many of his patients in excruciating pain and with serious bodily injuries" and resulted in a 235 month sentence that was within the guideline range); *United States v. Mateos*, 623 F.3d 1350, 1371 (11th Cir. 2010) (although there was no evidence that any patient was actually harmed, the court affirmed a two-level enhancement for "conscious or reckless risk of death or serious bodily injury" was appropriate where defendant Ana Alvarez "knew or recklessly disregarded severe risks associated with giving HIV-positive patients the unnecessary treatments

prescribed by the doctors at St. Jude'" and Alvarez's 30-year statutory maximum sentence, despite a guideline range of 216–262 months).)

First, the Court disagrees with Fata's suggestion that those defendants' conduct was comparable to his. Although there was some similar behavior amongst the four defendants, the level of torment, danger, pain, and mental anguish imposed by Fata generally was harsher–and unquestionably involved far more victims. Second, the guideline range for each of those three defendants was **at least 145 years less** than Fata's guideline range (2100 months).

D. Conclusion

As documented by the government in its response, and as evinced by prior orders of the Court, Fata's underlying offenses were very serious, horrific, and lacked compassion for his patients/victims. At the time of Fata's sentencing, Judge Borman could have imposed a guideline sentence of approximately 175 years, which is what the government requested. Instead, Judge Borman found that a 45-year sentence achieved the statutory objectives in § 3553(a), including the need to provide just punishment, protection of society, and deterrence. (*See* ECF No. 158; ECF No. 161 *generally* and PageID.2503 *specifically*.) Many

would say that Judge Borman's 45-year sentence, which was approximately 25% of the applicable guideline range, was not nearly long enough and eminently compassionate in the first place. In 2020, Judge Borman found that the original 45-year sentence remained appropriate. (*See* ECF No. 284, PageID.4458–4459.)

While Fata's health condition is unfortunate, the Court finds that it is insufficient to tip the balance of the relevant factors in favor of release. The Court commends Fata on his efforts towards rehabilitation and his efforts to improve the futures of other inmates, but that alone is not enough. *See United States v. Hunter*, 12 F.4th 555, 572 (6th Cir. 2021) ("Congress was emphatically clear that '[r]ehabilitation of the defendant alone shall not be considered an extraordinary and compelling reason.' 28 U.S.C. § 994(t)."). The Court also recognizes Fata's argument that, for most persons Fata's age, there is likely a low risk for recidivism. However, the Court need not, and is not, making any such finding with respect to Fata at this time. Indeed, Fata committed these very serious criminal offenses at an advanced age, which cuts against a reduced recidivism argument.

Accordingly, for the reasons stated above, the Court finds that no extraordinary and compelling reason exists to warrant compassionate release pursuant to U.S.S.G. § 1B1.13(b)(1). Further, the Court finds that Judge Borman's original 45-year sentence remains sufficient but not greater than necessary to comply with the statutory purposes of 18 U.S.C. § 3553(a). Therefore, the Court **DENIES** Fata's motion.

IV. CONCLUSION

Accordingly, and for the reasons above, **IT IS ORDERED** that Fata's motion for compassionate release (ECF No. 378) is **DENIED**.

SO ORDERED.

s/ Jonathan J.C. Grey
Jonathan J.C. Grey
United States District Judge

Dated: March 26, 2025

Certificate of Service

The undersigned certifies that the foregoing document was served upon counsel of record and any unrepresented parties via the Court's ECF System to their respective email or First-Class U.S. mail addresses disclosed on the Notice of Electronic Filing on March 26, 2025.

s/ **S. Osorio**
Sandra Osorio
Case Manager