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UNITED STATES OF AMERICA

v.

TROY WRAGG

UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT
OF PENNSYLVANIA

CRIMINAL DOCKET

2:15-CR-00398-JHS-1

2:18-CR-00465-JHS

**TROY WRAGG'S MOTION FOR COMPASSIONATE RELEASE UNDER 18 U.S.C. §
3582(c)(1)(A)**

Movant, Troy Wragg, through undersigned counsel, respectfully moves this Court to grant his motion for compassionate release under 18 U.S.C. § 3582(c)(1)(A) and order the remainder of his sentence of confinement to either be reduced to time served, or in the alternative, to be modified and served on home confinement followed by supervised release. This motion should be granted due to the “extraordinary and compelling reasons” confronting the federal prison system by the pandemic of COVID-19 and the fact that Mr. Wragg is in a high-risk COVID-19 category based on pre-existing medical conditions; is not a danger to the community; and further because respect for the law and general deterrence, and other notable Section 3553(a) factors, would not be undermined by converting the remainder of his sentence to home confinement and allowing him to shelter at home, given the cataclysmic events of the current pandemic. We respectfully ask the Court to consider this motion on an expedited basis as each day in custody brings renewed and unthinkable risk to Mr. Wragg’s life.

BACKGROUND

Mr. Wragg was convicted by a plea of guilty to conspiracy and wire fraud, the Court sentenced Mr. Wragg, a first-time offender, to 264 months of imprisonment, restitution in the amount of \$54,531,488.57, and 5 years of supervised release (See Ex. A and Ex. B), for these non-violent offenses. Mr. Wragg (inmate register number 67165-019), has been in custody for approximately 18 months and is currently housed at FCI Ft. Dix on July 22, his current release date is August 7, 2037. Prior to the filing of this motion, Mr. Wragg filed an administrative relief request with FCI Ft. Dix likewise seeking compassionate release on the same grounds as submitted herein which was denied on April 17, 2020, thereby exhausting the possibility of relief from the BOP. (Ex. C).

ARGUMENT

Troy Wragg is a first-time offender sentenced by this Court to 264 months of incarceration. Now, however, because of the unthinkable spread of a global pandemic that is disproportionately impacting and killing persons of weakened physical conditions such as Mr. Wragg, and exacerbated by his mental health conditions, he faces a serious risk of dying in prison if infected (Ex. D-Letter from Dr. Jones). *See also* “Severe Outcomes Among Patients with Coronavirus Disease 2019 (COVID-19) — United States, February 12– March 16, 2020,” Centers for Disease Control and Prevention Report (March 18, 2020), available at <https://www.cdc.gov/mmwr/volumes/69/wr/mm6912e2.htm>. (“a majority of coronavirus disease 2019 (COVID-19) deaths have occurred among adults aged ≥ 60 years and among persons with serious underlying health conditions.”).

This unparalleled health crisis in our country and its deadly arrival in our prisons present “extraordinary and compelling reasons” to grant Mr. Wragg’s motion. As explained below, FCI Ft. Dix is already overcrowded—beyond recommended capacity—and the conditions there make it impossible for Mr. Wragg to self-care and prevent his infection at the facility. I am informed by Mr. Wragg and three other inmates at the facility, that more than seventy inmates have been found to be infected there by the virus in the last two weeks. Unfortunately, “social distancing” is not an option for most of our federal inmates. *The New York Times* recently explained why jails are a much more dangerous place to be than even a cruise ship. *See* “An Epicenter of the Pandemic Will Be Jails and Prisons, If Inaction Continues,” *The New York Times* (March 16, 2020), available at <https://www.nytimes.com/2020/03/16/opinion/coronavirus-in-jails.html>.

SERIOUS MEDICAL CONSIDERATIONS FOR MR. WRAGG

Mr. Wragg relates to counsel that there is no hand sanitizer available to the inmates and that soap is rationed and in short supply, and that the purchasing of soap has been difficult through the inmate commissary also due to supply shortages. Moreover, Mr. Wragg reports conditions that are so unsanitary that he and his fellow inmates clean the floors with shampoo in hopes of protecting themselves from infection. Mr. Wragg also reports dangerously insufficient access to personal protective equipment such as protective masks that are recommended by the CDC that are critical in preventing the spread of the virus and which are mandatory in many parts of the country. Only recently have face masks been provided to inmates and what is being provided - single use masks - only once a week- is insufficient pursuant to CDC guidelines. *See Use of Cloth Face Coverings to Help Slow the Spread of COVID-19, available at <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>.*

The grave danger caused by COVID-19 is further amplified by a pattern of serious medical neglect by the Federal BOP, which has been well documented. (See Exhibit E- Troy Wragg BOP Medical Timeline). Even prior to his November 9, 2018 incarceration he was in and out of the hospital five (5) times in 2018 alone. In January 2019, while at FDC Philadelphia, Mr. Wragg had a severe grand-mal seizure that led to a broken wrist (Ex. E). On January 23, 2020, shortly before the COVID-19 outbreak and lockdown of all BOP facilities, Mr. Wragg went to Health Services on a "Inmate Sick Call" request given a series of very serious, and witnessed, grand-mal seizures. His medication was increased to the highest level the BOP will administer of Keppra, which is 3,000mg per day. *Id.*

Additionally, Mr. Wragg's weight is of serious concern as well. At 5'8, he weighed in last at 222 pounds giving him a 33.8 BMI, which is listed as a top five CDC COVID-19 risk factor. *See <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>* Mr. Wragg's weight has increased dramatically, he reports gaining seventeen pounds in less than one week when he was put on a new medication. The risk factors given by the CDC clearly state that anyone with a BMI of 31 or greater is at a heightened risk to both contract and die from COVID-19. *Id.*

On March 21, 2020, Mr. Wragg began having additional seizures and reports not receiving the proper dosage of his medicine, which had been updated in January, less than two months prior. Mr. Wragg put in several electronic inmate requests to staff, two of which were responded to by the Assistant

Warden Smith at FCI Fort Dix. The responses did not come until four (4) days later, and even still the medicine issue was not resolved. This started a series of violent cluster seizures that has now resulted in Mr. Wragg having 15 seizures in a 21 day time period. A Counselor of Mr. Wragg, and an on-duty CO in building 5812 (West Compound of FCI Fort Dix) both made calls on Mr. Wragg's behalf. In the incident with the CO calling the on-call Doctor (who also happens to be the doctor assigned to Mr. Wragg for his incarceration) she stated that the Keppra will eventually work after a few days and the seizures will stop. Given the severity of even one seizure, an MRI and blood work, and hospitalization are warranted and not mere patience.

Eventually, his medicine issue was resolved, however, the seizures did not stop, and he was not seen by a doctor. All of these seizures were witnessed by several other people (see Exhibit F for affidavits of inmate witnesses who helped Mr. Wragg). Mr. Wragg put in three (3) "Inmate Sick Call" requests with no response. The seizures continued. It was not until Mr. Wragg was in contact with the ACLU and provided a full declaration (see Exhibit G) of his medical crisis that he was ever seen by Health Services. Even when he was seen by Health Services he was seen by a PA who would not increase the Keppra dosage, and he put Mr. Wragg on a medication he was previously on, and to which he had a negative reaction and inturn causing more seizures. Finally, on March 8, 2020 (5 days ago), Mr. Wragg was seen by the medical doctor at FCI Fort Dix. Mr. Wragg was prescribed yet another medication and ordered more medicine as an emergency to refill his Keppra given that he was out of it from taking more of it given the seizures that were painfully wearing Mr. Wragg down to a shell of a human-being who has often times not been able to get out of bed without assistance. Even with this meeting with the doctor, he did not receive his primary seizure medication (Keppra) until yesterday, May 12, 2020. It was too little, too late, as Mr. Wragg suffered two serious, violent, and severe grand-mal seizures that lasted twice as long as a standard grand-mal seizure (approximately 45-50 seconds) and left Mr. Wragg unable to move for several hours while being cared for by another inmate.

Mr. Wragg is terrified to go to Health Services again given he was told by a staff member that "if he goes out of the compound to the hospital, he will be put in quarantine with inmates who may have COVID-19 symptoms." As stated by Dr. Jones Mr. Wragg has uncontrollable severe epilepsy and he is at risk of dying from seizures and secondarily given COVID-19. This is truly a matter of life or death for Mr. Wragg. Given the high-degree of new COVID-19 cases at FCI Fort Dix combined with his hypertension (his most recent blood pressure, even on medication, was 167/85 with a pulse between 110

and 136), epilepsy, and other medical conditions Mr. Wragg is too weak to fight off even a common cold at this point, let alone the deadly COVID-19 virus.

ADDITIONAL SPECIAL CONSIDERATIONS FOR MR. WRAGG

As shown in his Release Plan (See Exhibit H) Mr. Wragg has a stable home in rural Maryland (428 Harford Street, Perryville, MD 21903) where his wife is a valued member of the community with absolutely no criminal record or misconduct. His wife, Megan Hallett Wragg, teaches High School English, she recently obtained her Masters Degree in Classroom Technology with a 4.0 from LaSalle University, she is on several committees, and, just yesterday May 12, 2020, she was recommended for a promotion to "Lead Teacher" of the entire English Department at Perryville High School in Perryville, Maryland. Mr. Wragg's wife is his biggest supporter and best friend. I am including all of this for special consideration given that Mr. Wragg is not just going back to a standard home - he is going back home to a highly loving, supportive, stable, and well-respected home. Mr. Wragg and Mrs. Hallett Wragg rent their home and have lived in the same home for 2 years. Their landlord, Will Sickels stands ready to verify his amenability to having Mr. Wragg on house arrest there. He is an advocate and friend to both Mr. Wragg and his wife. Rent is always paid on time, even despite this global crisis, as Mr. Wragg's wife has a consistent salaried and tenured job as a teacher.

When Mr. Wragg was sentenced to 264 months in prison on August 20, 2019, Your Honor recommended he be placed in a BOP Medical Facility given his recognized health conditions. The BOP did not comply and placed him at FCI Fort Dix, given it is close to his home. Mr. Wragg and his wife made the best of it and Mrs. Hallett Wragg visited my client almost every single weekend and on all major holidays. Mrs. Hallett Wragg can tell you that prior to visitation being locked down, ever since the cluster seizures that occurred in January of 2020 (referenced earlier) that her husband, my client, Mr. Wragg has not been the same. She noted then, pre-COVID-19, how he was already in a highly weakened state and was suffering from depression and anxiety on top of all of his other serious medical ailments.

Furthermore, we request that the court take into consideration the fact that Mr. Wragg has received no disciplinary infractions while at FCI Fort Dix, that he works as a teacher of ACE classes, and has never failed a BOP or Pre-Trial breathalyzer or urine analysis showing despite his previous addiction

to alcohol and medical and health conditions he has made significant efforts to combat alcohol abuse.

When the Court turns its focus to the Section 3553(a) factors, Mr. Wragg, is not a violent offender and is not a danger to the community. To the extent that the Court feels that Mr. Wragg is at risk of committing further financial crime from the confines of his home, there are a multitude of monitoring solutions available to the court that include internet access restrictions, financial reporting, and regular reporting to a probation officer that are sufficient to protect the public without risking Mr. Wragg's life in the process. The Court has already addressed the seriousness of the crime and the need for deterrence in its original sentence, however, that sentence was imposed in a very different context when the Bureau of Prisons was more able to provide a safe and humane environment for the housing and rehabilitation of Mr. Wragg which is no longer possible. Surely, the Court did not have to consider the grave danger that the sentence would create given the new realities of this pandemic. It is respectfully submitted that the humane and compassionate thing to do is to either reduce Mr. Wragg's sentence to time served, or in the alternative, to convert Mr. Wragg's sentence to home confinement and supervised release for the remainder of its term up until his expected release date of August 7, 2037.

I. THIS COURT HAS AUTHORITY TO RESENTENCE MR. WRAGG UNDER 18 U.S.C. § 3582(c)(1)(A)(i) FOR THE “EXTRAORDINARY AND COMPELLING REASONS” CREATED BY THE COVID-19 PANDEMIC AND THE PRISON CONDITIONS WHICH PREVENT SELF-CARE FOR A HIGH-RISK PATIENT.

While Mr. Wragg has already exhausted his sole avenue of relief with the BOP, that is not necessary for this court to take action. With the changes made to the compassionate release statute by the First Step Act, courts need not await a motion from the Director of BOP to resentence prisoners under 18 U.S.C. §3582(c)(1)(A)(i) for “extraordinary and compelling reasons.” Importantly, the reasons that can justify resentencing need not involve only terminal illness or urgent dependent care for minor children. USSG Section 1B1.13, provides that a Court may reduce a term of imprisonment if three conditions are met: 1) extraordinary and compelling reasons warrant the reduction; id. §1B1.113(1)(A); 2) the defendant is not a danger to the safety of any person or to the community, as provided in 18 USC Section 3142(g),

id. Section 1B1.13(2); and (3) the reduction is consistent with this policy statement, id. USSG Section 1B1.13, Application Note 1(A).

Congress first enacted the modern form of the compassionate release statute, codified at 18 U.S.C. § 3582, as part of the Comprehensive Crime Control Act of 1984. Section 3582(c) states that a sentencing court can reduce a sentence whenever “extraordinary and compelling reasons warrant such a reduction.” 18 U.S.C. § 3582(c)(1)(A)(i). In 1984, Congress conditioned the reduction of sentences on the BOP Director’s filing of an initial motion to the sentencing court. Absent such a motion, sentencing courts had no authority to modify a prisoner’s sentence for compassionate release. *Id.*

Congress never defined what constitutes an “extraordinary and compelling reason” for resentencing under Section 3582(c). But the legislative history to the statute gives an indication of how Congress thought the statute should be employed by the federal courts. The Senate Committee stressed how some individual cases, even after the abolishment of federal parole, still may warrant a second look at resentencing:

The Committee believes that there may be unusual cases in which an eventual reduction in the length of a term of imprisonment is justified by changed circumstances. These would include cases of severe illness, cases in which other extraordinary and compelling circumstances justify a reduction ...

S. Rep. No. 98-225, at 55-56 (1983) (emphasis added). Congress intended that the circumstances listed in § 3582(c) would act as “safety valves for modification of sentences,” *id.* at 121, enabling judges to provide second looks for possible sentence reductions when justified by various factors that previously could have been addressed through the abolished parole system. This safety valve statute would “assure the availability of specific review and reduction of a term of imprisonment for ‘extraordinary and compelling reasons’ and [would allow courts] to respond to changes in the guidelines.” *Id.* Noting that this approach would keep “the sentencing power in the judiciary where it belongs,” rather than with a federal parole board, the statute permitted “later review of sentences in particularly compelling situations.” *Id.* (emphasis added).

Congress initially delegated the responsibility for outlining what could qualify as “extraordinary and compelling reasons” to the U.S. Sentencing Commission (“Commission”). See 28 U.S.C. § 994(t) (“The Commission . . . shall describe what should be considered extraordinary and compelling reasons for

sentence reduction, including the criteria to be applied and a list of specific examples.”). The Commission took considerable time to promulgate its policy in response to Congress’s directive. It finally acted in 2007, almost a generation later, with the very general guidance that “extraordinary and compelling reasons” may include medical conditions, age, family circumstances, and “other reasons.” U.S.S.G. § 1B1.13, app. n.1(A). However, this guidance did little to spur the BOP to file on behalf of prisoners who might have met these general standards. After a negative Department of Justice Inspector General report found that the BOP rarely invoked its authority under the statute to move for reduced sentences, the Commission felt compelled to act again. See U.S. Dep’t of Justice, Office of the Inspector General, *The Federal Bureau of Prisons’ Compassionate Release Program*, I-2023-006 (Apr. 2013). The Commission amended its policy statement on “compassionate release” in November 2016. See U.S.S.G. § 1B1.13 Amend. (11/1/2016). In addition to broadening the eligibility guidelines for sentencing courts, the new policy statement admonished the BOP for its past failures to file motions on behalf of inmates who had met the general criteria identified in U.S.S.G. § 1B1.13. See U.S.S.G. § 1B1.13, n.4; see also *United States v. Dimasi*, 220 F. Supp. 3d 173, 175 (D. Mass. 2016) (discussing the history of the BOP, DOJ and Commission’s interplay in developing guidance for “compassionate release” motions). Notably, the Commission concluded that reasons beyond medical illness, age, and family circumstances could qualify as “extraordinary and compelling reasons” for resentencing. *Id.*, n.1(A) (including a category for “Other Reasons,” when there is “an extraordinary and compelling reason other than, or in combination with, the reasons described in subdivisions (A) through (C).”). *But see United States v. Cantu*, No. 1:05-CR-458-1, 2019 WL 2498923, at *4 (S.D. Tex. June 17, 2019) (holding that, given the changes to the compassionate release statute by the First Step Act, U.S.S.G. § 1B1.13, application note 1(D) “no longer fits with the statute and thus does not comply with the congressional mandate that the policy statement must provide guidance on the appropriate use of sentence-modification provisions under § 3582.”); *United States v. Fox*, No. 2:14-CR-03-DBH, 2019 WL 3046086, at *3 (D. Me. July 11, 2019) (“I treat the previous BOP discretion to identify other extraordinary and compelling reasons as assigned now to the courts.”); *United States v. Cantu-Rivera*, No. CR H-89-204, 2019 WL 2578272, at *2 n.1 (S.D. Tex. June 24, 2019) (“Because the current version of the Guideline policy statement conflicts with the First Step Act, the newly-enacted statutory provisions must be given effect.”); *United States v. Beck*, No. 1:13-CR-186-6, 2019 WL 2716505, at *6 (M.D.N.C. June 28, 2019) (holding that application note 1(D) is “inconsistent with the First Step Act, which was enacted to further increase the use of compassionate release and which explicitly allows courts to grant such motions even when BOP finds they are not appropriate,” and courts thus may “consider whether a sentence reduction is warranted for extraordinary and compelling reasons other than those specifically identified in the application notes to the old policy statement”); but see

United States v. Lynn, No. CR 89-0072-WS, 2019 WL 3805349, at *4 (S.D. Ala. Aug. 13, 2019) (holding that application note 1(D) governs compassionate release reductions of sentence and federal judges have no authority to create their own criteria for what constitutes an “extraordinary and compelling” reason for resentencing).

The Commission’s actions, however, did little to change the dearth of filings by the BOP on behalf of inmates who satisfied the Commission’s general guidance. During the more than three decades during which the BOP was the exclusive gatekeeper for “compassionate release” motions, very little effort was made to implement Congress’s intention to provide a safety valve to correct injustices or allow relief under extraordinary and compelling circumstances.

Finally, this changed with the passage of the First Step Act in 2018. *See* P.L. 115-391, 132 Stat. 5194, at § 603 (Dec. 21, 2018). Section 603 of the First Step Act changed the process by which § 3582(c)(1)(A) compassionate release occurs: instead of depending upon the BOP Director to determine an extraordinary circumstance and move for release, a court can now resentence “upon motion of the defendant,” after the inmate exhausted administrative remedies with the BOP, or after 30 days from the receipt of the inmate’s request for compassionate release with the warden of the defendant’s facility, whichever comes earlier. 18 U.S.C. § 3582(c)(1)(A). Thus, under the First Step Act, a court may now consider the defendant’s own motion to be resentenced, without waiting for it to be made by the BOP.

Courts are now authorized to consider a defendant’s motion, even one which the BOP opposes, and order resentencing if a resentencing court finds that “extraordinary and compelling reasons” warrant a reduction and such a reduction is consistent with the Section 3553(a) factors. *Id.* Resentencing courts are also advised that any decision to reduce a previously ordered sentence be “consistent with applicable policy statements issued by the Sentencing Commission.” *Id.*

II. THE COVID-19 OUTBREAK PRESENTS A COMPELLING AND EXTRAORDINARY CIRCUMSTANCE THAT WARRANTS COMPASSIONATE RELEASE FOR MR. WRAGG, WHO IS A HIGHER-RISK FATALITY PATIENT

On March 11, 2020, the World Health Organization (“WHO”) officially classified the new strain of coronavirus, COVID-19, as a pandemic. *See* “WHO Characterizes COVID-19 as a Pandemic,” World Health Organization (March 11, 2020), available at <https://bit.ly/2W8dwpS>. As of May 12, 2020,

COVID-19 has infected at least 4.18M persons worldwide, leading to at least 286,000 deaths. In the United States, approximately 1.38M have been infected, leading to at least 286,000 deaths.

On March 13, 2020, the White House declared a national emergency, under Section 319 of the Public Health Service Act, 42 U.S.C. §247(d)). See The White House, Proclamation on Declaring a National Emergency Concerning the Novel Coronavirus Disease (COVID-19) Outbreak (March 13, 2020), available at <https://www.whitehouse.gov/presidential-actions/proclamation-declaring-national-emergency-concerning-novel-coronavirus-disease-covid-19-outbreak/>.

On March 16, 2020, the White House issued guidance recommending that, for the next eight weeks, gatherings of ten persons or more be canceled or postponed. See Sheri Fink, “White House Takes New Line After Dire Report on Death Toll,” New York Times (March 17, 2020), available at: www.nytimes.com/2020/03/17/us/coronavirus-fatality-rate-white-house.html

Although only seventy confirmed cases had been reported in the United States at the beginning of March 2020, as of March 26, 2020, 38,987 cases have been identified in New York State alone, see Mitch Smith, et al., Tracking Every Coronavirus Case in the U.S.: Latest Map and Case Count, N.Y. Times, March 27, 2020, <https://www.nytimes.com/interactive/2020/us/coronavirus-us-cases.html>, and 23,112 of those confirmed cases are in New York City. See Bromwich, et al., 365 Dead from Coronavirus in N.Y.C.: Live Updates, N.Y. Times, March 27, 2020, <https://www.nytimes.com/2020/03/27/nyregion/coronavirus-new-york-update.html>. “So far, 20 percent of the people who tested positive in New York City have required hospitalization[.]” Id.

As of May 12, 2020 the virus has penetrated nearly every corner of the globe at over 4.23M cases worldwide and 1.39M cases in the United States and has caused particular carnage and death in confined spaces such as nursing homes and jails.

The Centers for Disease Control and Prevention states that “[t]he virus is thought to spread mainly from person-to-person” “[b]etween people who are in close contact with one another (within about 6 feet)”, “[t]hrough respiratory droplets produced when an infected person coughs or sneezes” and “[i]t may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes[.]” Coronavirus Disease 2019

(COVID-19), How Coronavirus Spreads, Centers for Disease Control and Prevention, March 4, 2020, <https://www.cdc.gov/coronavirus/2019-ncov/prepare/transmission.html>.

Courts have acknowledged that “inmates may be at a heightened risk of contracting COVID-19” due to the circumstances of confinement. See, e.g., *United States of Am., v. Dante Stephens*, No. 15 Cr. 95, 2020 WL 1295155, at *2 (S.D.N.Y. Mar. 19, 2020) (citing Joseph A. Bick, *Infection Control in Jails and Prisons*, 45 *Clinical Infectious Diseases* 1047, 1047 (Oct. 2007), <https://doi.org/10.1086/521910>). These numbers almost certainly underrepresent the true scope of the crisis; test kits in the United States have been inadequate to meet demand. New York has been labeled the new “epicenter” of the pandemic worldwide. New York health officials estimate that the number of hospitalizations in New York State will double every two days over the course of the next two to three weeks. New York’s cases of COVID-19 now represent 7 percent of the cases worldwide and is growing exponentially.

It is significant that on March 26, 2020 the Office of the Attorney General issued a directive to the Director of the Bureau of Prisons recognizing that “there are some ”at-risk inmates who are non-violent and pose minimal likelihood of recidivism and who might be safer serving their sentences in home confinement rather than in BOP facilities. I am issuing this Memorandum to ensure that we utilize home confinement where appropriate, to protect the health and safety of BOP personnel and the people in custody.” (Ex. C) (emphasis added).

The Memorandum further sets forth various criteria for release to home confinement, all of which favorably apply to Mr. Wragg’s request:

- ° Giving priority to inmates in low and minimum-security facilities.
- ° The inmate’s conduct in prison – excluding violent or gang-related activity from Consideration.
- ° The inmate’s PATTERN score. Mr. Wragg is eligible for First Step Act benefits and is designated as a low risk of recidivism.
- ° Mr. Wragg has a verifiable re-entry plan to prevent recidivism and to that end will reside at home thus maximizing public safety issues.
- ° His crime of conviction is non-violent and he poses no risk of danger to the community.

III. THE CONDITIONS OF BOP INCARCERATION FOSTER THE SPREAD OF COVID-19, AND MR. WRAGG’S PREEXISTING CONDITIONS RENDER HIM PARTICULARLY SUSCEPTIBLE TO AN UNREASONABLE RISK OF DEATH AND AN INABILITY TO TAKE PREVENTATIVE MEASURES OR SELF-CARE RECOMMENDED BY THE CDC.

With New York at the “epicenter” of the COVID-19 pandemic, it was only a matter of time before COVID-19 finds its way more dramatically into FCI Ft. Dix, where Mr. Wragg is housed. Indeed, counsel was informed today by Mr. Wragg that inmates in the unit where he sleeps were diagnosed with COVID-19 and removed from the unit. Further, the disease already has spread widely in Burlington County, New Jersey, where Ft. Dix is located with total cases counted reaching 3,577 as of May 11, 2020.

Conditions of confinement at FCI Ft. Dix create an optimal environment for the transmission of contagious disease. *See* Joseph A. Bick, “Infection Control in Jails and Prisons,” *Clinical Infectious Diseases* 45(8): 1047-1055 (2007), available at <https://doi.org/10.1086/521910>. People who work in the facility leave and return daily; people deliver supplies to the facility daily; inmates were having social, legal and medical visits regularly after the initial spread of the virus prior to the BOP’s decision to stop visits for 30 days on March 13, 2020. Public health experts are unanimous in their opinion that incarcerated individuals “are at special risk of infection, given their living situations,” and “may also be less able to participate in proactive measures to keep themselves safe,” and “infection control is challenging in these settings.” *See* “Achieving a Fair and Effective COVID-19 Response: An Open Letter to Vice-President Mike Pence, and Other Federal, State, and Local Leaders from Public Health and Legal Experts in the United States” (March 2, 2020), at <https://bit.ly/2W9V6oS>.

Mr. Wragg is powerless to take the preventative self-care measures directed by the CDC for his high-risk group to remain safe from COVID-19 infection. He cannot self-quarantine or partake in “social distancing” in his prison facility. He is housed in a community dormitory environment that beds numerous inmates together. There are also community spaces where inmates and prison staff gather, often hundreds at a time, including a common room, laundry facilities, barber shop, medical areas, dining hall, small library and gym.

These high-density areas are precisely the kind of spaces that have caused the alarmingly high-

spread rates of COVID-19 in New York City. Hand sanitizer, an effective disinfectant recommended by the CDC to reduce transmission rates, is contraband in jails and prisons because of its alcohol content. Keri Blakinger and Beth Schwarzapfel, “How Can Prisons Contain Coronavirus When Purell is Contraband?” ABA Journal (March 13, 2020), available at: <https://www.abajournal.com/news/article/when-purell-is-contraband-how-can-prisons-contain-coronavirus>.

Correctional health experts worry that no matter what precautions are taken by crowded prisons, these facilities may become incubators for the COVID-19 disease. See Michael Kaste, “Prisons and Jails Worry About Becoming Coronavirus ‘Incubators,’” NPR (March 13, 2020), available at: <https://www.npr.org/2020/03/13/815002735/prisons-and-jails-worry-about-becoming-coronavirus-incubators>.

During the H1N1 epidemic in 2009, many jails and prisons dealt with high numbers of cases because they could not maintain the level of separation and sanitation necessary to prevent widespread infection. The Prison Policy Initiative has called on American jails and prisons to release medically fragile and older adults, noting that these persons are at high risk for serious complications and even death from COVID-19. Courts are beginning to recognize the risk as well. On March 18, 2020, in *United States v. Stephens*, 15-cr-95 (AJN) (S.D.N.Y. Mar. 18, 2020), the Court granted the defendant’s emergency motion for reconsideration of the denial of bail and ordered the defendant released with conditions. See *id.*, Doc. 2798. The Court noted “the unprecedented and extraordinarily dangerous nature of the COVID-19 pandemic” and the “heightened risks” inmates face “of contracting COVID-19 should an outbreak develop.” *Id.* at 2. (citing Joseph A. Bick, *Infection Control in Jails and Prisons*, 45 *Clinical Infectious Diseases* 1047 (Oct. 2007). Similarly, members of Congress have written to the BOP to urge that efforts be made to allow immediate release of non-violent, elderly inmates. See *Letter of Representatives Jerrold Nadler and Karen Bass* (March 19, 2020) (“DOJ and BOP must also do all they can to release as many people as possible who are currently behind bars and at risk of getting sick. Pursuant to 18 U.S.C. 3582(c)(1)(A), the Director of the Bureau of Prisons may move the court to reduce an inmate’s term of imprisonment for “extraordinary and compelling reasons.”).

Brie Williams, M.D., Professor of Law at the University of California, San Francisco, in the Geriatric Division, has submitted an affidavit in support of Mr. Wragg’s release. According to Dr. Williams, the risk of infection and accelerated transmission of COVID-19 in prisons is

extraordinarily high, particularly for older inmates. Id. ¶ 5-8. Dr. Williams further avers that social distancing is “virtually impossible,” due to crowding and the lack of necessary sanitation. Id. ¶7. Dr. Williams’ affidavit is attached at Exhibit I.

Mr. Wragg is 38 years old. Despite his younger age he suffers from a severely weakened immune system. His wife, Megan, advises counsel that he has always been prone to sickness and respiratory infection such as coughing and sore throats and has always been particularly susceptible to the flu. Additionally, he is diagnosed with severe uncontrolled Epilepsy which puts Mr. Wragg in a greatly weakened state post-seizure episode. This weakened and highly susceptible condition is supported by the attached medical report from Dr. Brittany Jones, M.D., Medical Director of Behavioral Health at Christina Care Hospital, who has retreated Mr. Wragg extensively for his Eplipsey and mental health illnesses. In her May 6, 2020 letter attached, Dr. Jones states that Mr. Wragg is **“at heightened risk of death secondary to his medical conditions.”** There is no dispute that should Mr. Wragg contract COVID-19, these conditions place him at a much higher risk of serious with far more serious complications than the general public. The factors, including his psychiatric conditions and resulting physical weakness, are compelling and extraordinary circumstances supporting compassionate release at this unique time in this country’s history. There is an urgent need to act now, before the virus spreads further within the prison and Mr. Wragg becomes infected.

In summary, the COVID-19 virus is highly transmissible, extraordinarily dangerous, and poses a severe threat of death to Troy Wragg. The conditions at FCI Ft. Dix do not allow Mr. Wragg to take the self-care measures required by the CDC to protect his safety.

IV. THE RELEVANT § 3553(a) FACTORS, INCLUDING MR. WRAGG’S RELEASE PLAN, FAVOR RESENTENCING

When extraordinary and compelling reasons are established, the Court must consider the relevant sentencing factors in §3553(a) to determine whether a sentencing reduction is warranted. 18 U.S.C. § 3582(c)(1)(A)(i).

In this case, a review of the Section 3553(a) factors, and Mr. Wragg’s release plan of supervisory release and home confinement under electronic G.P.S. monitoring for the remainder of his unserved original term of imprisonment, favor granting Mr. Wragg’s compassionate release.

First, Mr. Wragg’s offense conduct, while concededly serious, involved no violence. Mr. Wragg’s precarious health present reasons combined with the COVID-19 crisis for the Court to conclude that his current personal history and characteristics favor resentencing under the Section 3553(a) factors.

While conceding that Mr. Wragg's offense conduct was serious, his lack of criminal history prior to the instant offense and his nonviolent nature weigh in favor of resentencing. The government cannot dispute the serious physical danger created by the current pandemic to someone with Mr. Wragg's conditions. It also cannot guarantee or provide any sense of confidence that this widespread virus will not further worsen at FCI Ft. Dix. If the virus further spreads inside that prison, as it surely will do it likely would kill Mr. Wragg. This Court never intended to impose such a risk at the time of Mr. Wragg's original sentencing.

It is respectfully submitted that as part of Mr. Wragg's continued punishment in this case that the Court convert the remaining period of his expected term of imprisonment, to strict home detention as a condition of supervised release. In this way, Mr. Wragg continues to face confinement as a measure of due punishment, but without the serious risk to his physical health. Similar relief has been granted by courts recently in the Eastern District of Virginia in *USA v. Paul Manafort, Jr.* 18-CR-83. In this well-publicised case, the defendant was sentenced to a lengthy term of incarceration, served less than fifty- percent of his sentence, and was resentenced to serve the remainder of his sentence on house arrest because of the risk of death posed by his poor health conditions and the COID-19 virus.

The recently amended compassionate release statute, at § 3582(c)(1)(A), authorizes the Court to extend supervised release in this way. See 18 U.S.C. § 3582(c)(1)(A) (the court "may impose a term of probation or supervised release with or without conditions that does not exceed the unserved portion of the original term of imprisonment"). Such a prolonged period of home confinement will meet Section 3553(a)'s purpose to give due respect for the law and to acknowledge the seriousness of the offense.

Congress's expansion of the compassionate release statute by § 603(b) of the First Step Act reflects congressional intent for courts to have greater flexibility to reduce sentences when compelling circumstances justify a later review. The title of the amendment, "Increasing the Use and Transparency of Compassionate Release," accentuates that intent. The evolving case law also demonstrates that courts have construed their discretion generously to effectuate Congressional desire to increase the use of the compassionate release statute encouraged by this amendment.

Significantly, courts weighing § 3553(a) factors have granted release to defendants with

convictions for serious crimes and with histories of violence, finding that changed health circumstances, post-offense rehabilitation, and carefully crafted conditions of supervised release ameliorate public safety concerns.

In the recent case of *United States v. Damian Campagna*, 2020 WL 1489829 (S.D.N.Y. filed March 27, 2020), the Court granted the defendant's application, based upon his health and the fear COVID-19 would spread to have the balance of his sentence reduced to allow him to immediately transfer to home incarceration. In *United States v. Bailey*, the defendant was sentenced to 30 years for "an extensive racketeering scheme," including a specific finding that the defendant committed offenses relating to a murder. *Bailey*, No. 94-cr-481 (N.D. Ill. July 24, 2019) (slip op. at 1). The parties agreed that the defendant, who was almost 90 years old and suffered from multiple health issues, had satisfied the statutory requirements for compassionate release.

However, the government opposed release under the Section 3553(a) factors due to the "reprehensible nature of the offense." The court acknowledged that the defendant's criminal history and serious offense conduct supported a denial of the requested reduced sentence. However the court weighed the more recent factors in the defendant's favor, including his institutional adjustment, lack of disciplinary infractions, his advanced age, and his release plan, and concluded that they "point in the opposite direction[]." *Id.* In weighing these more recent favorable factors over the defendant's past criminal history, the court granted the reduced sentencing request, concluding that release at this stage of the defendant's life would not minimize the severity of the offense and the defendant no longer posed any credible threat to the public. *Id.* at 2.

In a District of Oregon case, the court likewise granted compassionate release to a defendant, who also was serving a 30-year sentence for leading a "major drug conspiracy." *United States v. Spears*, No. 3:98-Cr.-208-SI-22, 2019 WL 5190877, at *4 (D. Or. Oct. 15, 2019). As explained in the court's opinion granting release, the defendant's history included crimes of violence, his performance on supervised release had been poor, and he committed the last serious offense for which he was serving imprisonment when he was in his fifties. *Id.* at *4.

Despite these findings, the district court found that the defendant was now 76 years old and suffered from "multiple chronic serious medical conditions and limited life expectancy." *Id.* at *1. Although the government persisted that the defendant remained dangerous, the Court disagreed. The Court concluded that, in light of the defendant's strong family support, the age of his prior convictions,

and his diminished physical condition, “appropriate supervision conditions can mitigate any limited risk” to public safety and provide sufficient specific deterrence. *Id.* at 5.

Similarly, in *United States v. McGraw*, No. 02 Cr. 18 (LJM-CMM), 2019 WL 2059488 (S.D. Ind. May 9, 2019), the court granted compassionate release from the defendant’s life sentence for a drug trafficking conspiracy based on the defendant’s serious health concerns and diminished ability to provide self-care under commentary note 1(A)(ii) of U.S.S.G. § 1B1.13. The defendant, who was approximately 55 years old at the time of the offense, was 72 years old at the time of the court’s release opinion and suffered from limited mobility, diabetes, and chronic kidney disease. *Id.* at *2. The government argued that the defendant remained a danger to the community because of his leadership in a notorious motorcycle gang, noting that he could continue his criminal activity with simple access to a telephone. *Id.* at *4. The court, however, concluded that given the defendant’s frail health, his positive record at the institution, and the ability of the court to impose conditions that would reasonable assure the safety of the community upon release, the more flexible compassionate release statute, as amended by the First Step Act, favored granting the defendant’s motion. *Id.* With respect to the Section 3553(a) factors, the court concluded that the “significant sanction” the defendant had already served was sufficient:

But further incarceration is not needed to deter Mr. McGraw from further offenses; nor for reasons described above, is it necessary to protect the public from future crimes. Finally, Mr. McGraw has served much of his sentence while seriously ill and in physical discomfort. This means that his sentence has been significantly more laborious than that served by most inmates. It also means that further incarceration in his condition would be greater than necessary to serve the purposes of punishment set forth in § 3553(a)(2).

Id. at *5. The court imposed lifetime supervision to “continue to serve as a sanction and general deterrent, appropriately recognizing the seriousness of Mr. McGraw’s conduct.” *Id.* at *4.

As amplified in the cited cases above, release of Mr. Wragg, who suffers from Epilepsy, a resulting weakened immune system, and therefore infection prone when sick, presents serious and diagnosed conditions that under the current extraordinary and compelling circumstances of the threat of a novel contagion contaminating the prison would not serve to diminish the seriousness of the offense of

conviction, but would fulfill Congress's intent in offering courts greater flexibility to reduce sentences when changed circumstances justify a later review.

Mr. Wragg's health conditions and the rapidly advancing COVID-19 outbreak, together with the prison's inflexibility to give Mr. Wragg the ability to take self-care measures directed by the CDC to remain safe during the outbreak, warrant a reduced sentence in his case. This is particularly so given the March 26, 2020 directive from Attorney General Barr's Office.

CONCLUSION

Mr. Wragg should be granted Compassionate Release. Mr. Wragg urgently needs to be released to home where he can be in a more secure environment in which social distancing is possible and in which he is able to see the medical professionals who know his unique medical conditions and can help him get the attention that he needs in order to protect his health.

Notwithstanding his poor physical health, Mr. Wragg has demonstrated efforts toward rehabilitation as a teacher of ACE Classes and other programs at FCI Ft. Dix. He has been a model inmate and has stayed away from drugs, alcohol, and contraband, and he has utilized the last 18.5 months of incarcerated time to think, reflect, and repent. Mr. Wragg has demonstrated many viable re-entry skills that translate to a positive reentry to society. He has a safe and loving home, wife, and community to return to whether it be under the conditions of home confinement or community supervision. Also, his town has one of the lowest rates of COVID-19 infection in the state of Maryland.

It is respectfully requested that you grant this Compassionate Release for Mr. Wragg as it is necessary to save his life.

Respectfully submitted,

/S/

EVAN T.L. HUGHES, ESQ.

VERIFICATION

All statements and factual assertions made herein are made to Counsel's good-faith based information and belief, and are made subject to penalty of perjury.

/S/

Dated: May 13, 2020

Evan T.L. Hughes, Esquire

CERTIFICATE OF SERVICE

The forgoing motion for compassionate release was served by way of ECF on the date indicated below.

/S/

Dated: May 13, 2020

Evan T.L. Hughes, Esquire

Exhibit "A"

UNITED STATES DISTRICT COURT

Eastern District of Pennsylvania

UNITED STATES OF AMERICA
v.
TROY WRAGG

JUDGMENT IN A CRIMINAL CASE

Case Number: DPAE2:18CR000465-001

USM Number: 67165-019

JOSEPH D. MANCANO, ESQ.

Defendant's Attorney

FILED
AUG 21 2019
KATE BARKMAN, Clerk
By _____ Dep. Clerk

THE DEFENDANT:

pleaded guilty to count(s) 1 December 7, 2018

pleaded nolo contendere to count(s) _____
which was accepted by the court.

was found guilty on count(s) _____
after a plea of not guilty.

The defendant is adjudicated guilty of these offenses:

Title & Section	Nature of Offense	Offense Ended	Count
18:134B	Wire Fraud	12/30/2017	1

The defendant is sentenced as provided in pages 2 through 7 of this judgment. The sentence is imposed pursuant to the Sentencing Reform Act of 1984.

The defendant has been found not guilty on count(s) _____

Count(s) _____ is are dismissed on the motion of the United States.

It is ordered that the defendant must notify the United States attorney for this district within 30 days of any change of name, residence or mailing address until all fines, restitution, costs, and special assessments imposed by this judgment are fully paid. If ordered to pay restitution the defendant must notify the court and United States attorney of material changes in economic circumstances.

cc: R. LIVERMORE, AUSA
J. MANCANO, ESQ., Defense Attorney
R. KASARDA, U.S. Probation
J. GOMEZ, U.S. PreTrial
U.S. Marshal (2)
FLU

8/20/2019
Date of Imposition of Judgment

Joel Slomsky
Signature of Judge

Joel H. Slomsky, USDJ
Name and Title of Judge

August 20, 2019
Date

ko

DEFENDANT: TROY WRAGG
CASE NUMBER: DPAE2:18CR000465-001

IMPRISONMENT

The defendant is hereby committed to the custody of the Federal Bureau of Prisons to be imprisoned for a total term of:

120 Months on Count 1.

This term shall run consecutively to the Sentence imposed in 15-CR-398-01.

The court makes the following recommendations to the Bureau of Prisons:

That the defendant participate in the Residential Drug and Alcohol Treatment Program.
That the defendant participate in any available mental health programs.

The defendant is remanded to the custody of the United States Marshal.

The defendant shall surrender to the United States Marshal for this district

at _____ a.m. p.m. on _____

as notified by the United States Marshal.

The defendant shall surrender for service of sentence at the institution designated by the Bureau of Prisons.

before 2 p.m on _____

as notified by the United States Marshal.

as notified by the Probation or Pretrial Services Office.

RETURN

I have executed this judgment as follows:

Defendant delivered on _____ to _____
at _____, with a certified copy of this judgment.

UNITED STATES MARSHAL

By _____
DEPUTY UNITED STATES MARSHAL

DEFENDANT: TROY WRAGG
CASE NUMBER: DPAE2:18CR000465-001

SUPERVISED RELEASE

Upon release from imprisonment, you will be on supervised release for a term of :

3 Years on Count 1.

This term is to run concurrently with the Sentence imposed in 15-CR-398-01.

MANDATORY CONDITIONS

1. You must not commit another federal, state or local crime.
2. You must not unlawfully possess a controlled substance.
3. You must refrain from any unlawful use of a controlled substance. You must submit to one drug test within 15 days of release from imprisonment and at least two periodic drug tests thereafter, as determined by the court.
 - The above drug testing condition is suspended, based on the court's determination that you pose a low risk of future substance abuse *(check if applicable)*
4. You must make restitution in accordance with 18 U.S.C. §§ 3663 and 3663A or any other statute authorizing a sentence of restitution. *(check if applicable)*
5. You must cooperate in the collection of DNA as directed by the probation officer. *(check if applicable)*
6. You must comply with the requirements of the Sex Offender Registration and Notification Act (34 U.S.C. § 20901, *et seq.*) as directed by the probation officer, the Bureau of Prisons, or any state sex offender registration agency in the location where you reside, work, are a student, or were convicted of a qualifying offense. *(check if applicable)*
7. You must participate in an approved program for domestic violence. *(check if applicable)*

You must comply with the standard conditions that have been adopted by this court as well as with any other conditions on the attached page.

DEFENDANT: TROY WRAGG
CASE NUMBER: DPAE2:18CR000465-001

STANDARD CONDITIONS OF SUPERVISION

As part of your supervised release, you must comply with the following standard conditions of supervision. These conditions are imposed because they establish the basic expectations for your behavior while on supervision and identify the minimum tools needed by probation officers to keep informed, report to the court about, and bring about improvements in your conduct and condition.

1. You must report to the probation office in the federal judicial district where you are authorized to reside within 72 hours of your release from imprisonment, unless the probation officer instructs you to report to a different probation office or within a different time frame.
2. After initially reporting to the probation office, you will receive instructions from the court or the probation officer about how and when you must report to the probation officer, and you must report to the probation officer as instructed.
3. You must not knowingly leave the federal judicial district where you are authorized to reside without first getting permission from the court or the probation officer.
4. You must answer truthfully the questions asked by your probation officer.
5. You must live at a place approved by the probation officer. If you plan to change where you live or anything about your living arrangements (such as the people you live with), you must notify the probation officer at least 10 days before the change. If notifying the probation officer in advance is not possible due to unanticipated circumstances, you must notify the probation officer within 72 hours of becoming aware of a change or expected change.
6. You must allow the probation officer to visit you at any time at your home or elsewhere, and you must permit the probation officer to take any items prohibited by the conditions of your supervision that he or she observes in plain view.
7. You must work full time (at least 30 hours per week) at a lawful type of employment, unless the probation officer excuses you from doing so. If you do not have full-time employment you must try to find full-time employment, unless the probation officer excuses you from doing so. If you plan to change where you work or anything about your work (such as your position or your job responsibilities), you must notify the probation officer at least 10 days before the change. If notifying the probation officer at least 10 days in advance is not possible due to unanticipated circumstances, you must notify the probation officer within 72 hours of becoming aware of a change or expected change.
8. You must not communicate or interact with someone you know is engaged in criminal activity. If you know someone has been convicted of a felony, you must not knowingly communicate or interact with that person without first getting the permission of the probation officer.
9. If you are arrested or questioned by a law enforcement officer, you must notify the probation officer within 72 hours.
10. You must not own, possess, or have access to a firearm, ammunition, destructive device, or dangerous weapon (i.e., anything that was designed, or was modified for, the specific purpose of causing bodily injury or death to another person such as nunchakus or tasers).
11. You must not act or make any agreement with a law enforcement agency to act as a confidential human source or informant without first getting the permission of the court.
12. If the probation officer determines that you pose a risk to another person (including an organization), the probation officer may require you to notify the person about the risk and you must comply with that instruction. The probation officer may contact the person and confirm that you have notified the person about the risk.
13. You must follow the instructions of the probation officer related to the conditions of supervision.

U.S. Probation Office Use Only

A U.S. probation officer has instructed me on the conditions specified by the court and has provided me with a written copy of this judgment containing these conditions. For further information regarding these conditions, see *Overview of Probation and Supervised Release Conditions*, available at: www.uscourts.gov.

Defendant's Signature _____

Date _____

DEFENDANT: TROY WRAGG
CASE NUMBER: DPAE2:18CR000465-001

ADDITIONAL SUPERVISED RELEASE TERMS

The defendant shall refrain from the illegal possession and/or use of drugs and shall submit to urinalysis or other forms of testing to ensure compliance.

The defendant shall refrain from the use of alcohol and shall submit to urinalysis or other forms of testing to ensure compliance. It is further Ordered that the defendant shall participate in alcohol treatment and abide by the rules of any such program until satisfactorily discharged.

The defendant shall participate in a mental health program for evaluation and/or treatment and abide by the rules of any such program until satisfactorily discharged.

The defendant shall provide the U.S. Probation Office with full disclosure of his financial records to include yearly income tax returns upon the request of the U.S. Probation Office. The defendant shall cooperate with the probation officer in the investigation of his financial dealings and shall provide monthly statements of his income.

The defendant is prohibited from incurring any new credit charges or opening additional lines of credit without the approval of the probation officer, unless the defendant is in compliance with a payment schedule for the restitution obligation. The defendant shall not encumber or liquidate interest in any assets unless it is in direct service of the restitution obligation or otherwise has the express approval of the Court.

DEFENDANT: TROY WRAGG
CASE NUMBER: DPAE2:18CR000465-001

SCHEDULE OF PAYMENTS

Having assessed the defendant's ability to pay, payment of the total criminal monetary penalties is due as follows:

- A Lump sum payment of \$ 100.00 due immediately, balance due
 - not later than _____, or
 - in accordance with C, D, E, or F below; or
- B Payment to begin immediately (may be combined with C, D, or F below); or
- C Payment in equal _____ (e.g., weekly, monthly, quarterly) installments of \$ _____ over a period of _____ (e.g., months or years), to commence _____ (e.g., 30 or 60 days) after the date of this judgment; or
- D Payment in equal monthly (e.g., weekly, monthly, quarterly) installments of \$ 150.00 over a period of 60 month (e.g., months or years), to commence 30 days (e.g., 30 or 60 days) after release from imprisonment to a term of supervision; or
- E Payment during the term of supervised release will commence within _____ (e.g., 30 or 60 days) after release from imprisonment. The court will set the payment plan based on an assessment of the defendant's ability to pay at that time; or
- F Special instructions regarding the payment of criminal monetary penalties:

Unless the court has expressly ordered otherwise, if this judgment imposes imprisonment, payment of criminal monetary penalties is due during the period of imprisonment. All criminal monetary penalties, except those payments made through the Federal Bureau of Prisons' Inmate Financial Responsibility Program, are made to the clerk of the court.

The defendant shall receive credit for all payments previously made toward any criminal monetary penalties imposed.

Joint and Several

Defendant and Co-Defendant Names and Case Numbers (including defendant number), Total Amount, Joint and Several Amount, and corresponding payee, if appropriate.

- The defendant shall pay the cost of prosecution.
- The defendant shall pay the following court cost(s)
- The defendant shall forfeit the defendant's interest in the following property to the United States:

Payments shall be applied in the following order: (1) assessment, (2) restitution principal, (3) restitution interest, (4) fine principal, (5) fine interest, (6) community restitution, (7) JVTA assessment, (8) penalties, and (9) costs, including cost of prosecution and court costs.

Exhibit "B"

UNITED STATES DISTRICT COURT

Eastern District of Pennsylvania

UNITED STATES OF AMERICA

JUDGMENT IN A CRIMINAL CASE

v.

TROY WRAGG

FILED

AUG 21 2019

Case Number: DPAA2:15CR000398-001

USM Number: 67165-019

KATE BARKMAN, Clerk
By _____ Dep. Clerk

JOSEPH D. MANCANO, ESQ.
Defendant's Attorney

THE DEFENDANT:

pleaded guilty to count(s) 1 to 10 on March 2, 2017

pleaded nolo contendere to count(s) _____
which was accepted by the court.

was found guilty on count(s) _____
after a plea of not guilty.

The defendant is adjudicated guilty of these offenses:

Title & Section	Nature of Offense	Offense Ended	Count
18:371	Conspiracy to Commit Wire Fraud	4/30/2010	1
18:1343 ; 18:2	Wire Fraud and Aiding and Abetting	4/30/2010	2 - 8
18:371	Conspiracy to Engage in Securities Fraud	4/30/2010	9

The defendant is sentenced as provided in pages 2 through 8 of this judgment. The sentence is imposed pursuant to the Sentencing Reform Act of 1984.

The defendant has been found not guilty on count(s) _____

Count(s) _____ is are dismissed on the motion of the United States.

It is ordered that the defendant must notify the United States attorney for this district within 30 days of any change of name, residence or mailing address until all fines, restitution, costs, and special assessments imposed by this judgment are fully paid. If ordered to pay restitution the defendant must notify the court and United States attorney of material changes in economic circumstances.

cc: R. LIVERMORE, AUSA
J. MANCANO, ESQ., Defense Attorney
R. KASARDA, U.S. Probation
J. GOMEZ, U.S. PreTrial
U.S. Marshal (2)
FLU

8/20/2019
Date of Imposition of Judgment

Joel Slomsky
Signature of Judge

Joel H. Slomsky, USDJ
Name and Title of Judge

August 20, 2019
Date

1/0

DEFENDANT: TROY WRAGG
CASE NUMBER: DPAE2:15CR000398-001

IMPRISONMENT

The defendant is hereby committed to the custody of the Federal Bureau of Prisons to be imprisoned for a total term of:

60 MONTHS on each of Counts 1 and 9; to run concurrently with each other.
144 MONTHS on Counts 2 - 8 and 10; to run concurrently with each other and Counts 1 and 9.

The court makes the following recommendations to the Bureau of Prisons:

That the defendant participate in the Residential Drug and Alcohol Treatment Program.
That the defendant participate in any available mental health programs.

The defendant is remanded to the custody of the United States Marshal.

The defendant shall surrender to the United States Marshal for this district:

at _____ a.m. p.m. on _____

as notified by the United States Marshal

The defendant shall surrender for service of sentence at the institution designated by the Bureau of Prisons.

before 2 p.m. on _____

as notified by the United States Marshal.

as notified by the Probation or Pretrial Services Office.

RETURN

I have executed this judgment as follows:

Defendant delivered on _____ to _____

at _____, with a certified copy of this judgment.

UNITED STATES MARSHAL

By _____
DEPUTY UNITED STATES MARSHAL

DEFENDANT: TROY WRAGG
CASE NUMBER: DPAE2:15CR000398-001

SUPERVISED RELEASE

Upon release from imprisonment, you will be on supervised release for a term of :

5 YEARS to be served as follows:

Counts 1, 9 and 10; 3 years on each Count to run concurrently with each other.

Counts 2-8; 5 Years; to run concurrently with each other and concurrently with the terms on Counts 1, 9 and 10.

MANDATORY CONDITIONS

1. You must not commit another federal, state or local crime.
2. You must not unlawfully possess a controlled substance.
3. You must refrain from any unlawful use of a controlled substance. You must submit to one drug test within 15 days of release from imprisonment and at least two periodic drug tests thereafter, as determined by the court.
 - The above drug testing condition is suspended, based on the court's determination that you pose a low risk of future substance abuse *(check if applicable)*
4. You must make restitution in accordance with 18 U.S.C. §§ 3663 and 3663A or any other statute authorizing a sentence of restitution. *(check if applicable)*
5. You must cooperate in the collection of DNA as directed by the probation officer. *(check if applicable)*
6. You must comply with the requirements of the Sex Offender Registration and Notification Act (34 U.S.C. § 20901, *et seq.*) directed by the probation officer, the Bureau of Prisons, or any state sex offender registration agency in the location where you reside, work, are a student, or were convicted of a qualifying offense. *(check if applicable)*
7. You must participate in an approved program for domestic violence. *(check if applicable)*

You must comply with the standard conditions that have been adopted by this court as well as with any other conditions on the attached page.

DEFENDANT: TROY WRAGG
CASE NUMBER: DPAE2:15CR000398-001

STANDARD CONDITIONS OF SUPERVISION

As part of your supervised release, you must comply with the following standard conditions of supervision. These conditions are imposed because they establish the basic expectations for your behavior while on supervision and identify the minimum tools needed by probation officers to keep informed, report to the court about, and bring about improvements in your conduct and condition.

1. You must report to the probation office in the federal judicial district where you are authorized to reside within 72 hours of your release from imprisonment, unless the probation officer instructs you to report to a different probation office or within a different time frame.
2. After initially reporting to the probation office, you will receive instructions from the court or the probation officer about how and when you must report to the probation officer, and you must report to the probation officer as instructed.
3. You must not knowingly leave the federal judicial district where you are authorized to reside without first getting permission from the court or the probation officer.
4. You must answer truthfully the questions asked by your probation officer.
5. You must live at a place approved by the probation officer. If you plan to change where you live or anything about your living arrangements (such as the people you live with), you must notify the probation officer at least 10 days before the change. If notifying the probation officer in advance is not possible due to unanticipated circumstances, you must notify the probation officer within 72 hours of becoming aware of a change or expected change.
6. You must allow the probation officer to visit you at any time at your home or elsewhere, and you must permit the probation officer to take any items prohibited by the conditions of your supervision that he or she observes in plain view.
7. You must work full time (at least 30 hours per week) at a lawful type of employment, unless the probation officer excuses you from doing so. If you do not have full-time employment you must try to find full-time employment, unless the probation officer excuses you from doing so. If you plan to change where you work or anything about your work (such as your position or your job responsibilities), you must notify the probation officer at least 10 days before the change. If notifying the probation officer at least 10 days in advance is not possible due to unanticipated circumstances, you must notify the probation officer within 72 hours of becoming aware of a change or expected change.
8. You must not communicate or interact with someone you know is engaged in criminal activity. If you know someone has been convicted of a felony, you must not knowingly communicate or interact with that person without first getting the permission of the probation officer.
9. If you are arrested or questioned by a law enforcement officer, you must notify the probation officer within 72 hours.
10. You must not own, possess, or have access to a firearm, ammunition, destructive device, or dangerous weapon (i.e., anything that was designed, or was modified for, the specific purpose of causing bodily injury or death to another person such as nunchakus or tasers).
11. You must not act or make any agreement with a law enforcement agency to act as a confidential human source or informant without first getting the permission of the court.
12. If the probation officer determines that you pose a risk to another person (including an organization), the probation officer may require you to notify the person about the risk and you must comply with that instruction. The probation officer may contact the person and confirm that you have notified the person about the risk.
13. You must follow the instructions of the probation officer related to the conditions of supervision.

U.S. Probation Office Use Only

A U.S. probation officer has instructed me on the conditions specified by the court and has provided me with a written copy of this judgment containing these conditions. For further information regarding these conditions, see *Overview of Probation and Supervised Release Conditions*, available at: www.uscourts.gov.

Defendant's Signature _____

Date _____

DEFENDANT: TROY WRAGG
CASE NUMBER: DPAE2:15CR000398-001

ADDITIONAL SUPERVISED RELEASE TERMS

The defendant shall refrain from the illegal possession and/or use of drugs and shall submit to urinalysis or other forms of testing to ensure compliance.

The defendant shall refrain from the use of alcohol and shall submit to urinalysis or other forms of testing to ensure compliance. It is further Ordered that the defendant shall participate in alcohol treatment and abide by the rules of any such program until satisfactorily discharged.

The defendant shall participate in a mental health program for evaluation and/or treatment and abide by the rules of any such program until satisfactorily discharged.

The defendant shall provide the U.S. Probation Office with full disclosure of his financial records to include yearly income tax returns upon the request of the U.S. Probation Office. The defendant shall cooperate with the probation officer in the investigation of his financial dealings and shall provide monthly statements of his income.

The defendant is prohibited from incurring any new credit charges or opening additional lines of credit without the approval of the probation officer, unless the defendant is in compliance with a payment schedule for the restitution obligation. The defendant shall not encumber or liquidate interest in any assets unless it is in direct service of the restitution obligation or otherwise has the express approval of the Court.

DEFENDANT: TROY WRAGG
CASE NUMBER: DPAE2:15CR000398-001

CRIMINAL MONETARY PENALTIES

The defendant must pay the total criminal monetary penalties under the schedule of payments on Sheet 6.

	<u>Assessment</u>	<u>JVTA Assessment*</u>	<u>Fine</u>	<u>Restitution</u>
TOTALS	\$ 1,000.00	\$	\$	\$ 54,531,488.57

The determination of restitution is deferred until _____. An *Amended Judgment in a Criminal Case (AO 245C)* will be entered after such determination.

The defendant must make restitution (including community restitution) to the following payees in the amount listed below.

If the defendant makes a partial payment, each payee shall receive an approximately proportioned payment, unless specified otherwise the priority order or percentage payment column below. However, pursuant to 18 U.S.C. § 3664(i), all nonfederal victims must be paid before the United States is paid.

Name of Payee	Total Loss**	Restitution Ordered	Priority or Percentage
SEE ATTACHMENT	\$54,531,488.57	\$54,531,488.57	100%

TOTALS	\$ 54,531,488.57	\$ 54,531,488.57
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- Restitution amount ordered pursuant to plea agreement \$ _____
- The defendant must pay interest on restitution and a fine of more than \$2,500, unless the restitution or fine is paid in full before the fifteenth day after the date of the judgment, pursuant to 18 U.S.C. § 3612(f). All of the payment options on Sheet 6 may be subject to penalties for delinquency and default, pursuant to 18 U.S.C. § 3612(g)
- The court determined that the defendant does not have the ability to pay interest and it is ordered that:
 - the interest requirement is waived for the fine restitution.
 - the interest requirement for the fine restitution is modified as follows:

* Justice for Victims of Trafficking Act of 2015, Pub L. No 114-22
 ** Findings for the total amount of losses are required under Chapters 109A, 110, 110A, and 113A of Title 18 for offenses committed on or after September 13, 1994, but before April 23, 1996.

CLAIM#	FIRST NAME	LAST NAME	TOTAL LOSS	RESTITUTION ORDERED
299	TIM	ACHENBACH	156,000.41	156,000.41
358	MICHAEL & KAREN	ACHENBACH	91,228.31	91,228.31
65	Patrick	Adams	45,614.16	45,614.16
402	John	Adams	34,474.91	34,474.91
531	Hem Lat	Agrawal	49,331.26	49,331.26
532	Om	Agrawal	1,524,241.74	1,524,241.74
533	Anjali	Agrawal	60,126.64	60,126.64
534	Rishi	Agrawal	13,980.05	13,980.05
134	Linda	Ainsworth	4,196.50	4,196.50
438	Judy	Anderson	8,575.46	8,575.46
187	George	Anderson, III	68,421.23	68,421.23
140	Donald	Andrews	9,122.83	9,122.83
237	Bruce J	Andrews	16,009.78	16,009.78
255	Labrina	Apuya	21,898.43	21,898.43
315	Labrina	Apuya	18,245.66	18,245.66
250	Doug	Arendell	28,969.02	28,969.02
251	Doug	Arendell	35,635.97	35,635.97
316	Joanne	Arendell	103,956.63	103,956.63
435	Kristina	Azbell	149,008.80	149,008.80
512	Kristina	Azbell	22,451.48	22,451.48
103	Basil	Badwan	172,294.52	172,294.52
203	John C	Baker	36,491.33	36,491.33
48	Larry	Barta	22,807.08	22,807.08
273	Inge	Barthe	22,807.08	22,807.08
352	Paul & Karin	Bartholomew	81,010.74	81,010.74
	Michael	Bartlett	43,600	43,600
373	Michael	Baudendistel	50,859.78	50,859.78
342	Randolph	Baus	28,218.74	28,218.74
343	Randy	Baus	97,205.17	97,205.17
394	Laura	Beard	42,877.31	42,877.31
36	Michael	Beck	15,805.31	15,805.31
56	David & Diane	Beck	63,859.82	63,859.82
446	Dave	Beckmann	16,550.18	16,550.18
354	GEORGE	BEDDINGFIELD	91,228.31	91,228.31
109	David & Patricia	Belletete	41,965.02	41,965.02
523	David & Patricia	Belletete	23,035.15	23,035.15
	Joel	Benavides	\$25,000	\$25,000
31	Roger J	Benson	20,982.51	20,982.51
150	Matthew J	Bernhardt	44,852.13	44,852.13
	Shirley	Berry	\$20,000	\$20,000
413	Linza	Bethea	92,393.33	92,393.33
	Margaret	Bethea	\$31,000	\$31,000
313	Arthur J.	Biggio	94,019.90	94,019.90
314	Arthur J	Biggio	122,639.87	122,639.87
412	John A	Birmingham	35,931.89	35,931.89
	Justin	Blake	\$10,000	\$10,000
484	Susan	Blaylock	113,625.73	113,625.73
486	Susan	Blaylock	50,569.82	50,569.82
168	Robert	Boller	245,851.35	245,851.35
111	Gabriel	Boloca	74,788.40	74,788.40
189	Gabriel	Boloca	26,696.08	26,696.08
417	Charles R	Bonenberger	16,170.22	16,170.22
223	Myron	Booth	3,967.80	3,967.80
497	BRUCE & ALISSA	BORRETT	22,807.08	22,807.08

194	John M	Brancucci	7,239.39	7,239.39
39	Catherine D	Braunlich	9,122.83	9,122.83
192	Robert	Brecke	25,726.38	25,726.38
238	Rod	Brecke	128,804.27	128,804.27
416	Valentin	Bromberg	109,813.31	109,813.31
80	Tom	Brown	3,706.15	3,706.15
	Kristin	Brown	\$16,000	\$16,000
468	Janice M	Browne	99,549.11	99,549.11
444	Dana S. & Kevin E.	Bryan	228,070.78	228,070.78
	Susan	Bryan	235,000.00	235,000.00
1	Marilyn	Buckler	13,775.48	13,775.48
2	James M	Buckler	55,403.68	55,403.68
6	Marilyn K	Buckler	90,658.14	90,658.14
7	James M	Buckler	234,086.92	234,086.92
337	James M	Buckler	18,696.33	18,696.33
366	Nancy & Jon	Burianek	79,367.92	79,367.92
	Jason	Burianek	\$40,000	\$40,000
117	Brad J	Bush	22,807.08	22,807.08
431	Patricia R	Butcher	22,807.08	22,807.08
432	Frank S	Butcher	109,473.98	109,473.98
156	James	Carley	85,632.39	85,632.39
14	Charles	Carty	36,491.33	36,491.33
45	Marlene	Carty	82,683.29	82,683.29
46	James Chris	Carty	11,403.08	11,403.08
47	James Chris	Carty	14,825.70	14,825.70
120	Diana	Caswell	17,833.26	17,833.26
28	Deborah	Cavallaro	17,394.17	17,394.17
521	Anthony	Chau	44,245.73	44,245.73
91	Timothy J	Chavez	15,724.02	15,724.02
143	Joe	Chen	7,237.14	7,237.14
144	Joe	Chen	14,542.23	14,542.23
381	CHRIS WEI	CHEN	34,603.13	34,603.13
430	Larry	Chojnowski	64,065.58	64,065.58
30	Joseph	Coenen	63,940.20	63,940.20
205	Terri	Coltin	42,877.31	42,877.31
433	Verda and Byron	Comin	7,397.24	7,397.24
17	Thomas & Christine	Conner	198,081.71	198,081.71
18	Tom	Conner	73,739.85	73,739.85
159	Pamela	Connors	103,766.91	103,766.91
449	Pamela	Connors	90,731.85	90,731.85
475	WAYNE & JUDITH	CORLEY	22,006.82	22,006.82
415	Greg	Cowan	72,237.58	72,237.58
359	Mark	Crubaugh	68,421.23	68,421.23
400	John T	Culler	32,658.05	32,658.05
422	Van T	Curtis	59,134.41	59,134.41
281	William	Daney	21,438.65	21,438.65
53	Donna	Dark	22,807.08	22,807.08
252	Christopher	Davis	7,982.48	7,982.48
254	D. Gail	Davis	4,600.78	4,600.78
221	Joaquin	de Oliveira	114,317.14	114,317.14
72	Richard J	Deis Jr	91,212.52	91,212.52
73	Richard	Deis, Jr	51,756.69	51,756.69
	Jesse	Delgado	\$74,635.00	\$74,635.00
256	Maria D	Dellaplain	153,867.96	153,867.96
236	Andrea	Devito	16,758.17	16,758.17
404	Karen	DeVries	9,122.83	9,122.83
264	Michelle	DiAmore	18,400.50	18,400.50

59	Tom	Dickinson	45,614.16	45,614.16
179	Tim	Diesel	49,320.31	49,320.31
196	Rebecca	Dillon	14,610.71	14,610.71
	Michael	Disler	\$50,000.00	\$50,000.00
274	Ira & Lois	Dockins	38,977.30	38,977.30
374	Mary Ann	Dornfeld	55,017.48	55,017.48
217	LINDA C	DOTTER-ROTH	5,108.79	5,108.79
	Cindy	Douma	\$15,000.00	\$15,000.00
19	Patrick	Doyle	20,982.51	20,982.51
207	Cornell	Drentea	76,858.97	76,858.97
501	Domnica	Drentea	31,564.96	31,564.96
300	Peggy	Dubach	253,414.24	253,414.24
	Robert C.	Earley	\$10,000.00	\$10,000.00
21	Ernest	Ebner	18,428.12	18,428.12
57	Judy	Ebner	33,759.80	33,759.80
249	Charles	Edmondson	72,070.37	72,070.37
50	Clarence	Ellebracht	23,035.15	23,035.15
149	Clarence	Ellebracht	23,035.15	23,035.15
467	Jon	Elliott	65,349.81	65,349.81
71	Steve	Elmore	6,872.23	6,872.23
364	Barbara	Esau	76,551.96	76,551.96
37	William M	Evert	426,819.98	426,819.98
	Tom	Evert	\$15,000.00	\$15,000.00
331	George	Ferrell	9,122.83	9,122.83
459	Wayne	Fester	45,614.16	45,614.16
234	Winifred	Fields	7,692.72	7,692.72
241	Cory	Filkins	29,238.67	29,238.67
68	John & Julie	Fincher	9,122.83	9,122.83
357	First Pinkston Limited Partnership		91,228.31	91,228.31
293	Susan	Fischer	68,251.79	68,251.79
258	Charles K	Fisher	68,421.23	68,421.23
338	Arthur	Fisk	45,914.89	45,914.89
173	Patricia	FitzGerald	42,147.48	42,147.48
	Donald Denis	Fitzsimmons	\$10,000.00	\$10,000.00
495	Mary	Flanigan	50,295.13	50,295.13
93	Karen	Fleming	39,939.57	39,939.57
95	Stacy	Fleming	31,929.91	31,929.91
96	Brian	Fleming	30,561.48	30,561.48
519	Erica	Fluckus	12,726.32	12,726.32
206	Don	Frew	3,432.47	3,432.47
517	Barry	Fried	3,706.15	3,706.15
440	Deborah	Frye	81,706.60	81,706.60
441	Deborah	Frye	196,076.57	196,076.57
310	Dwayne	Gaeddert	71,614.23	71,614.23
386	Eliseo	Garza	253,980.65	253,980.65
387	Nelda M	Garza	144,177.82	144,177.82
	Christopher	Gay	\$20,000.00	\$20,000.00
410	Donna & Kelton	Gibson	51,339.26	51,339.26
411	Donna	Gibson	42,447.95	42,447.95
242	DR. A LAMAR & JUANICE	GLAZE	18,245.66	18,245.66
	Arthur & Juanice Gandy	Glaze	\$20,000.00	\$20,000.00
146	Nick E	Goldman	13,684.25	13,684.25
248	Ernest	Gonzales	34,301.85	34,301.85
89	Donna L	Goodwin	246,149.44	246,149.44
270	Gregory A	Gordon	22,350.94	22,350.94
271	Gregory A	Gordon	21,256.20	21,256.20
27	Michel	Goudreau	46,037.79	46,037.79

123	Stephen T	Grabowski	145,965.30	145,965.30
228	Margaret	Greenspan	237,714.10	237,714.10
229	Ronald A	Greenspan	410,527.41	410,527.41
345	Renet	Greer	6,427.03	6,427.03
87	Ben	Greinke	79,824.77	79,824.77
320	Russell	Grimm	114,102.16	114,102.16
524	Russell	Grimm	41,052.74	41,052.74
535	DAVE	GRONEWOLD	42,877.31	42,877.31
94	Thomas J	Gross	45,614.16	45,614.16
395	Sean	Hackett	186,780.69	186,780.69
363	Hans J & Dawn M	Haenert	155,807.97	155,807.97
63	Miki	Harkin	4,561.42	4,561.42
243	Elsa	Havel	66,460.52	66,460.52
169	Betty	Haxton	24,164.66	24,164.66
503	Walker B and Lauren R	Hayes	51,148.73	51,148.73
504	Walker M	Hayes	9,729.66	9,729.66
505	Madison T	Hayes	13,783.49	13,783.49
507	Lauren	Hayes	118,916.40	118,916.40
508	Walker B.	Hayes	370,267.91	370,267.91
528	Walker B.	Hayes	9,122.83	9,122.83
529	Lauren	Hayes	9,122.83	9,122.83
66	David	Hays	22,457.27	22,457.27
67	David	Hays	66,373.16	66,373.16
	Mike	Hays	\$20,000.00	\$20,000.00
142	Frances Hui	He	45,614.16	45,614.16
	Diego	Herrera	\$31,948.00	\$31,948.00
427	Nathan	Hinojosa	48,027.15	48,027.15
428	LUIS B	HINOJOSA	112,170.14	112,170.14
429	Dolores	Hinojosa	39,035.27	39,035.27
112	ROBERT & MARGARET	HIRSCHFELD	228.07	228.07
113	Margaret	Hirschfeld	22,807.08	22,807.08
	ROBERT & MARGARET	HIRSCHFELD	\$20,000.00	\$20,000.00
62	Dee	Holl	155,088.13	155,088.13
49	Anne R	Honan	12,771.96	12,771.96
101	Anna M	Honan	58,112.44	58,112.44
460	Stephen J	Honan	5,473.70	5,473.70
180	Sean	Hovis	31,929.91	31,929.91
322	Terry	Huber	49,325.06	49,325.06
9	Ron	Hunt	35,201.88	35,201.88
188	Katy Jo	Idler	7,442.67	7,442.67
163	Andrea	Jeffery	3,706.15	3,706.15
224	Curtis	Jeffery	3,582.99	3,582.99
445	Kevin B & Carole L	Jeffery	14,331.97	14,331.97
479	KEVIN B	JEFFREY	17,313.38	17,313.38
480	KEVIN B	JEFFREY	23,307.11	23,307.11
131	Christine	Jensen	13,684.25	13,684.25
356	Christine	Jensen	45,614.16	45,614.16
489	Henrik	Jensen	32,626.60	32,626.60
491	Henrik	Jensen	182,456.63	182,456.63
492	Henrik	Jensen	591,828.43	591,828.43
496	Per Rumann	Jensen	22,807.08	22,807.08
420	Dennis	Jessen	255,300.91	255,300.91
336	Steven A	Johnson	18,245.66	18,245.66
368	Max	Jones	523,504.40	523,504.40
158	John	Jung	16,329.87	16,329.87
161	Carolyn D.	Jung	20,982.51	20,982.51
162	John	Jung	23,952.91	23,952.91

235	Dolores	Jung	49,628.20	49,628.20
282	Bruce	Kalish	134,726.49	134,726.49
283	Katherine	Kalish	56,938.75	56,938.75
284	Bruce & Kathy	Kalish	264,476.32	264,476.32
414	Patrick M and Monica	Kappes	13,821.09	13,821.09
384	Hagop	Karahagopian	89,722.32	89,722.32
385	Alisa	Karahagopian	8,575.46	8,575.46
376	Antoinette	Kesicki	12,991.82	12,991.82
448	Dan	Klein	53,416.43	53,416.43
401	Victoria	Kloster	9,214.06	9,214.06
	Walter	Knox	\$25,000.00	\$25,000.00
86	John	Kozel	25,087.33	25,087.33
88	Matt	Krusoe	13,136.88	13,136.88
	Mary	Kuchman	\$25,000.00	\$25,000.00
	Simon	LaLonde	\$169,176.00	\$169,176.00
32	Doug	Lambert	41,235.27	41,235.27
160	AJ	Landgraf	4,561.42	4,561.42
216	James A	Landgraf	26,570.32	26,570.32
350	James	Landgraf	91,228.31	91,228.31
351	James & Naomi	Landgraf	305,612.11	305,612.11
247	Gary	Landreman	51,206.45	51,206.45
498	GARY P & DEBORAH T	LANDREMAN	6,514.51	6,514.51
301	Brenda	Lantz	29,993.77	29,993.77
321	Frederick	Lantz	82,880.66	82,880.66
166	Lance	Larkin	24,627.08	24,627.08
40	Iver D	Larson	45,614.16	45,614.16
105	Louetta B	Larson	110,694.08	110,694.08
473	Iver D	Larson	136,842.47	136,842.47
369	David P. & Ottilie E.	Le Hoy	100,351.14	100,351.14
79	Peggy	Lee	75,579.13	75,579.13
329	Henry M	Leiman	30,323.96	30,323.96
141	James	Leonard	17,394.17	17,394.17
44	Mark	Lewin	9,122.83	9,122.83
434	Wayne	Little	160,023.06	160,023.06
482	Edward	Lochrie	74,350.16	74,350.16
500	Edward Robert	Lochrie	19,614.09	19,614.09
121	Cynthia Burgess	Long	23,615.75	23,615.75
285	Mark David	Long	81,060.64	81,060.64
311	Mike	Lowe	34,210.62	34,210.62
339	Ed P	Lowry	25,658.82	25,658.82
340	ED	LOWRY	98,848.03	98,848.03
5	LINDA	LUTHER-VENO	22,807.08	22,807.08
	Angie	Lutterman	\$15,000.00	\$15,000.00
	Doria	Luttrell	\$60,000.00	\$60,000.00
287	Ashley	Lynch	8,153.53	8,153.53
294	Maria	Macsay	52,150.09	52,150.09
421	Thomas	Macsay	4,380.78	4,380.78
78	Carla	Madrid	264,562.11	264,562.11
232	Djanyl	Mailikova	7,956.22	7,956.22
4	Robert	Mann	147,242.50	147,242.50
3	Jennifer	Manuel	8,575.46	8,575.46
35	Brad	Manuel	143,509.09	143,509.09
436	Brenda & Gregg	Marousek	613,598.87	613,598.87
477	Gregg	Marousek	21,148.02	21,148.02
518	Brenda	Marousek	232,058.81	232,058.81
239	Roberto	Martinez	9,122.83	9,122.83
275	Rosemary	Martinez	57,897.14	57,897.14

319	Jose V	Martinez	97,369.80	97,369.80
469	John & Peggy	Marvin	249,185.87	249,185.87
458	Reynolds	Mary	110,778.15	110,778.15
360	Isabelle	Mathon	61,669.88	61,669.88
220	Mont	McAllister	3,706.15	3,706.15
22	RICK & PEIWEN	MCBRIDE	26,182.53	26,182.53
	Jason	McBride	\$15,000.00	\$15,000.00
	Rick & Stacie	McBride	\$28,700.00	\$28,700.00
418	Robert E	McDonald	216,935.90	216,935.90
419	Robert E	McDonald	84,872.23	84,872.23
	Betty Ann	McDonald	\$10,000.00	\$10,000.00
	Gerald & Carol	McGowan	31,250.00	31,250.00
	Tricia	McGowan	20,000.00	20,000.00
464	Rebecca Jane	McKelvy	20,800.06	20,800.06
456	Lane	McKnight	110,244.69	110,244.69
465	John	McIellan	84,785.31	84,785.31
405	Maggie	McMahon	18,245.66	18,245.66
184	Timothy S	McNamara	39,958.00	39,958.00
185	Timothy S	McNamara	40,140.46	40,140.46
190	Timothy S	McNamara	3,649.13	3,649.13
110	Brandon	McNeil	8,393.00	8,393.00
371	Murray	McNeil	66,696.61	66,696.61
82	Stephen	McSpadden	92,446.14	92,446.14
51	Deborah A	Melton	7,271.10	7,271.10
349	Scott	Mercer	85,158.35	85,158.35
195	Tura Kaye	Meyer	21,903.92	21,903.92
502	Allen	Meyer	74,940.03	74,940.03
509	Sharon	Meyer	96,499.19	96,499.19
97	Joseph	Michalek	9,122.83	9,122.83
119	Clayton	Michalek	9,122.83	9,122.83
16	James L	Mickel	7,412.30	7,412.30
276	SHANNON	MICKELSEN	4,561.42	4,561.42
278	Brett	Mickelsen	22,807.08	22,807.08
102	Sheila C	Middendorf	9,122.83	9,122.83
8	John	Mikrut	20,982.51	20,982.51
165	Charles	Mikrut	39,752.74	39,752.74
64	Gregg F	Miller	13,684.25	13,684.25
335	Roy G	Miller	44,063.24	44,063.24
361	Wendy	Miller	\$0	\$0
372	Eugene	Miller	101,922.06	101,922.06
	Rachel	Mireles	\$25,000.00	\$25,000.00
225	Randall	Mittelstet	54,280.85	54,280.85
227	Randall	Mittelstet	14,862.52	14,862.52
135	Cherie	Monson	14,532.21	14,532.21
355	Lisa K	Moran	104,410.90	104,410.90
344	Dolores	Morell	173,176.88	173,176.88
13	Masami	Morikawa	160,214.58	160,214.58
	Donna M	Morris	\$15,000.00	\$15,000.00
296	Boneta	Morrison	20,982.51	20,982.51
297	Debra	Morrison	195,228.59	195,228.59
172	Marcus	Motte	332,901.24	332,901.24
122	Jean	Mulcahy	21,849.18	21,849.18
12	Amy	Newsom	7,862.04	7,862.04
470	Paul	Nielsen	68,419.96	68,419.96
474	Paul	Nielsen	9,122.83	9,122.83
231	Nicola	Nucci	142,582.87	142,582.87
367	Nalini	Nucci	7,955.39	7,955.39

186	Peter	O'Connor	34,955.70	34,955.70
	Sean	Otte	\$5,000.00	\$5,000.00
462	Jim & Deanna	Padrick	10,309.53	10,309.53
455	Donna M	Paine	298,720.50	298,720.50
	Donald	Parker	\$36,622.80	\$36,622.80
75	Rex Allen	Parr	60,586.23	60,586.23
	Robert	Parsons	\$50,000	\$50,000
375	Sandra	Patchen	18,245.66	18,245.66
108	Scott & Chantel	Patterson	46,374.83	46,374.83
38	John	Paulus	217,579.53	217,579.53
182	Helen	Penny-Hunt	162,997.72	162,997.72
269	Clint	Petersen	58,391.36	58,391.36
244	Rose	Pettibone	28,736.92	28,736.92
245	Jerry	Pettibone	43,783.71	43,783.71
	Gerald	Pettibone	\$55,609.00	\$55,609.00
208	Trevor & Mary Lou	Phillips	163,015.44	163,015.44
209	Mary	Phillips	9,122.83	9,122.83
210	Trevor & Mary Lou	Phillips	93,485.30	93,485.30
211	Trevor	Phillips	5,188.61	5,188.61
246	Brian	Phipps	119,005.51	119,005.51
183	Alexandra	Pierce	3,928.52	3,928.52
104	Jane	Plattner	43,789.59	43,789.59
81	Mark	Pledger	22,807.08	22,807.08
291	RUTH	POLLAK	21,894.80	21,894.80
292	Ruth N	Pollak	18,245.66	18,245.66
	Lawrence	Polman	\$25,000.00	\$25,000.00
272	ANTHONY J	PORTER	36,491.33	36,491.33
	Anthony	Porter	\$40,000.00	\$40,000.00
226	Colleen & Mike	Pott	272,772.65	272,772.65
76	Robert	Potter	18,245.66	18,245.66
466	Kent	Powell	22,807.08	22,807.08
437	Coree	Pulver	91,228.31	91,228.31
193	Vincent James	Quick	8,933.17	8,933.17
267	Charlotte	Rabadi	30,135.45	30,135.45
341	Ronald	Radhoff	81,314.76	81,314.76
527	Joanne	Radhoff	18,455.48	18,455.48
83	Randy	Rae	20,070.23	20,070.23
84	Randy	Rae	22,807.08	22,807.08
125	Celeste & Gary	Reeves	213,929.48	213,929.48
52	Sandi	Rehborn	3,706.15	3,706.15
118	Bruce	Reilly	128,554.64	128,554.64
69	Jon	Reynolds	16,572.54	16,572.54
70	Jon	Reynolds	50,784.19	50,784.19
129	Beverly	Reynolds	19,511.15	19,511.15
177	Mary	Reynolds	65,440.94	65,440.94
178	Mary	Reynolds	175,943.02	175,943.02
	Ernest	Reynolds	\$10,000.00	\$10,000.00
20	Jeffery J & Patricia J	Rhodes	196,136.54	196,136.54
126	Leland D & Myra H	Rhodes	526,806.72	526,806.72
127	Leland D & Myra H	Rhodes	11,640.42	11,640.42
137	Jeffery	Rhodes	69,912.57	69,912.57
29	Darralane	Roark	30,105.34	30,105.34
309	Alfred Lee	Roark	35,579.04	35,579.04
463	Al & Darralene	Roark	116,138.60	116,138.60
378	Karen	Rodriguez	35,381.99	35,381.99
379	Karen & Richard	Rodriguez	8,663.04	8,663.04
380	Richard	Rodriguez	22,113.74	22,113.74

439	Ryan	Rodriguez	7,412.30	7,412.30
478	Belinda O	Rodriguez	18,801.22	18,801.22
147	TODD	ROMSDAHL	45,612.33	45,612.33
	Todd Allan	Romsdahl	\$60,000.00	\$60,000.00
307	Patsy	Rosales	100,886.89	100,886.89
308	Mark	Rosales	73,318.75	73,318.75
353	Mark A & Pat C	Rosales	91,228.31	91,228.31
106	Michael J	Rosedale	7,861.86	7,861.86
317	STEPHEN	ROSENBERG	19,292.06	19,292.06
174	James	Ross	22,353.08	22,353.08
175	Kristi Anne	Ross	5,788.11	5,788.11
176	James & Kristi	Ross	88,494.61	88,494.61
132	Mary Jean	Rowe	134,975.48	134,975.48
133	Merrill F	Rowe	1,434,426.21	1,434,426.21
396	Maxwell	Rowe	8,210.55	8,210.55
302	Andre	Rozo	22,761.91	22,761.91
303	Carole M	Rozo	10,581.15	10,581.15
164	Paul	Ruiz	54,736.99	54,736.99
124	Stephanie	Ryan	135,723.21	135,723.21
288	Austin	Samber	96,291.48	96,291.48
289	Rocky	Samber	107,861.51	107,861.51
290	MARILYN	SAMBER	82,907.15	82,907.15
295	Rocky	Samber	54,508.92	54,508.92
74	Deborah	Sanders	39,342.21	39,342.21
298	Patrick	Sanders	53,776.81	53,776.81
259	Erika Syroid, Lillianne Syoid, Amanda Wagner,	Sasha Vermel & Luke Swearingen	91,228.31	91,228.31
	Paul	Sauer	\$25,000.00	\$25,000.00
442	Colleen	Schaefgen	10,874.41	10,874.41
443	Colleen	Schaefgen	192,035.60	192,035.60
139	Stephanie	Schindler	9,122.83	9,122.83
60	James & Deborah	Schwartz	43,569.63	43,569.63
318	Brent	Scott	18,245.66	18,245.66
325	Ron	Scott	58,568.58	58,568.58
326	Ron	Scott	40,198.29	40,198.29
334	Pamela	Scott	13,684.25	13,684.25
268	Samuel P	Sears	7,271.10	7,271.10
33	Thomas D	Seifert	9,122.83	9,122.83
200	Yoshiko	Seino	45,614.16	45,614.16
201	Yoshiko	Seino	52,000.14	52,000.14
365	Yoshiko	Seino	57,359.80	57,359.80
476	Paul	Sepan	9,122.83	9,122.83
171	Carter	Shaver	21,096.55	21,096.55
170	James D	Sheridan	15,964.50	15,964.50
408	Jie Jing	Shi	7,228.77	7,228.77
85	Gerald & Jayne	Short	207,196.82	207,196.82
	Barbara	Shuman	\$10,000.00	\$10,000.00
99	Joe M	Skelton	28,543.06	28,543.06
15	Paula	Slepicka	105,892.26	105,892.26
151	Rudy E & Karen A	Smith	96,793.20	96,793.20
	Russell	Smith	\$51,000.00	\$51,000.00
330	Michael	Sonner	27,368.49	27,368.49
23	Lee	Staszak	30,180.49	30,180.49
24	Lee	Staszak	45,005.66	45,005.66
25	Lee	Staszak	45,158.01	45,158.01
26	Rita	Staszak	6,081.28	6,081.28

	Cindy	Staszak	\$15,100.00	\$15,100.00
	Jodi	Staszak	\$15,100.00	\$15,100.00
447	Toby	Steele	37,359.42	37,359.42
41	Marjorie	Steinfeld	13,136.88	13,136.88
403	Kevin	Stoelb	3,614.92	3,614.92
383	Dwight	Stone	121,393.86	121,393.86
222	Robert E	Straley	59,827.76	59,827.76
323	Heidi J	Swearingen	13,421.38	13,421.38
324	Heidi	Swearingen	342,635.34	342,635.34
128	Peter B	Swindall	157,689.13	157,689.13
397	Gregg	Talbert	196,131.53	196,131.53
398	Gregg	Talbert	49,263.29	49,263.29
399	Kathleen	Talbert	27,368.49	27,368.49
10	Riva	Teem	16,517.52	16,517.52
11	Riva	Teem	9,122.83	9,122.83
58	Carlton	Tharet	57,473.84	57,473.84
461	Jens Christian	Therkildsen	18,245.66	18,245.66
487	ERIK	THERKILDSEN	182,433.82	182,433.82
	Eric	Therkildsen	\$449,975.00	\$449,975.00
263	Ruth	Thoman	4,561.42	4,561.42
34	GERALD L	THOMAS JR	45,614.16	45,614.16
157	Marc & Christine	Tillinghast	133,288.35	133,288.35
362	Marc	Tillinghast	151,986.37	151,986.37
388	Allen Ray	Tillinghast	16,082.80	16,082.80
390	Marjorie Jane	Tillinghast	9,122.83	9,122.83
391	Allen	Tillinghast	22,236.90	22,236.90
392	Allen Ray and Marjorie Jane	Tillinghast	31,683.59	31,683.59
494	Allen	Tillinghast	40,478.20	40,478.20
526	Marjorie Jane	Tillinghast	31,929.91	31,929.91
202	Holly Ann	Tompkins	163,350.32	163,350.32
525	David	Toon	99,821.03	99,821.03
42	JONATHAN	TREBILCOCK	199,693.98	199,693.98
43	Sondra A	Trebilcock	58,020.29	58,020.29
312	Paul	Tripp	91,228.31	91,228.31
370	RODNEY & DONNA	TRUSTY	45,614.16	45,614.16
115	Linda K	Turner	104,912.56	104,912.56
77	Paulette	Tuttle	44,289.63	44,289.63
98	Dennis	Uyeda	13,227.58	13,227.58
191	Douglas V.	Valentine	133,368.49	133,368.49
332	Mark A	Van Hoesen	55,491.27	55,491.27
333	Mark	Van Hoesen	8,959.30	8,959.30
54	Alvin	Van Stelton	9,214.06	9,214.06
116	John J	Vandemoer	203,612.22	203,612.22
265	Gautam	Venkatesan	48,891.70	48,891.70
406	Raguveer	Venkatesan	13,684.25	13,684.25
	Antonio J.	Villioch	\$27,000.00	\$27,000.00
260	Prasad	Vindia	117,797.46	117,797.46
261	Prasad	Vindia	97,083.25	97,083.25
262	Prasad	Vindia	85,754.61	85,754.61
266	Mike	Vreeke	98,640.61	98,640.61
145	Terri	Wagner	24,600.63	24,600.63
152	Phil	Wahl	20,040.51	20,040.51
153	María	Wahl	49,320.31	49,320.31
154	Eugenia	Wahl	12,697.74	12,697.74
155	Phil & Eugenia	Wahl	240,946.69	240,946.69
305	Fred	Wahl	82,105.48	82,105.48
393	Patrick M	Walker	107,712.32	107,712.32

423	Celine B	Walker	10,345.29	10,345.29
424	Matt & Celine	Walker	62,851.51	62,851.51
425	Matthew P & Celine B	Walker	16,370.01	16,370.01
426	Matthew P	Walker	21,840.06	21,840.06
114	James M	Warner	7,387.64	7,387.64
138	Jeffery & Brenda	Warner	95,789.73	95,789.73
218	James R	Warner	45,461.35	45,461.35
55	Bob T	Watts	22,332.92	22,332.92
92	Elaine	Wauchope	120,552.47	120,552.47
90	Katie & David	Wellington	87,556.15	87,556.15
136	Margaret	Wellington	93,777.23	93,777.23
327	Patricia	Wenzel	110,652.34	110,652.34
240	Julia	Weskamp	22,807.08	22,807.08
346	Mark J & Sara W	Wetzig	91,228.31	91,228.31
347	Mark	Wetzig	21,439.19	21,439.19
348	Mark	Wetzig	93,052.88	93,052.88
61	Charleen & Griffin	Wetzstein	21,019.00	21,019.00
181	Andrea	Weule	1,920.06	1,920.06
233	Frank	Whipple	18,245.66	18,245.66
	Laverna M.	Whipple	\$20,000.00	\$20,000.00
471	Tina	White	110,397.48	110,397.48
472	Tina	White	289,461.79	289,461.79
167	Haley	Whiteley	9,122.83	9,122.83
279	Jared	Whiteley	9,122.83	9,122.83
280	Ken	Whiteley	13,684.25	13,684.25
450	Tom	Wilkinson	24,231.87	24,231.87
483	Steve & Kathryn	Williams	249,311.72	249,311.72
100	Tharalynn	Williamson	25,755.70	25,755.70
107	Carolyn	Woolley	289,345.79	289,345.79
197	Victor M	Worthington	30,139.31	30,139.31
212	Susan & Victor	Worthington	86,670.66	86,670.66
213	Susan D	Worthington	19,529.99	19,529.99
214	Susan D	Worthington	7,545.06	7,545.06
215	Susan D	Worthington	8,028.09	8,028.09
219	Susan D	Worthington	7,934.76	7,934.76
230	Chris	Worthington	27,368.49	27,368.49
451	Susan D	Worthington	8,028.09	8,028.09
	Aaron	Wright	\$65,000.00	\$65,000.00
409	Tzu-Wen	Wu	183,833.49	183,833.49
148	TAR INVESTMENTS LLC		25,179.01	25,179.01
198	BUSINESS CONCEPTS INC		9,122.83	9,122.83
199	Kim Buchwald & Wendy Miller		44,211.77	44,211.77
204	NOMISDICEDOTCOM LLC		102,872.43	102,872.43
253	We Can Do It, LLC		90,685.50	90,685.50
257	KH & MA INVESTMENTS LLC		22,236.90	22,236.90
277	MICKELSEN CONSTRUCTION CO.		18,245.66	18,245.66
286	Wayne Little & Kristina Azbell		47,493.46	47,493.46
328	HML, LLC		27,322.54	27,322.54
389	PERPETUAL MOTION LLC		15,578.15	15,578.15
407	Buddhist Assoc of Colorado		126,441.78	126,441.78
452	Gateway Consolidated Corp		749,758.52	749,758.52
453	LSJ Alliance, LLC		465,889.07	465,889.07
454	MOMIS RIVERS LLC		319,299.09	319,299.09
481	PROTEA LP		13,684.25	13,684.25
490	Noburo, LLC		136,279.45	136,279.45
493	TORUMA INC		729,872.12	729,872.12
506	BULAWAMA SERVICES LLC		46,800.12	46,800.12

510	WK HADDEN INVESTMENTS LLC	27,368.49	27,368.49
511	WK HADDEN INVESTMENTS LLC	68,115.62	68,115.62
516	Agrawal Group, LLC	879,432.27	879,432.27
522	DIVERSIFY CAPITAL LLC	23,035.15	23,035.15
530	THE PADRICK TRUST DATED 8/4/92	133,958.09	133,958.09
		<u>42,847,425.58</u>	<u>42,847,425.58</u>

DEFENDANT: TROY WRAGG
CASE NUMBER: DPAE2:15CR000398-001

SCHEDULE OF PAYMENTS

Having assessed the defendant's ability to pay, payment of the total criminal monetary penalties is due as follows:

- A Lump sum payment of \$ 1,000.00 due immediately, balance due
 - not later than _____, or
 - in accordance with C, D, E, or F below; or
- B Payment to begin immediately (may be combined with C, D, or F below); or
- C Payment in equal _____ (e.g., weekly, monthly, quarterly) installments of \$ _____ over a period of _____ (e.g., months or years), to commence _____ (e.g., 30 or 60 days) after the date of this judgment; or
- D Payment in equal monthly (e.g., weekly, monthly, quarterly) installments of \$ 150.00 over a period of 60 month (e.g., months or years), to commence 30 days (e.g., 30 or 60 days) after release from imprisonment to a term of supervision; or
- E Payment during the term of supervised release will commence within _____ (e.g., 30 or 60 days) after release from imprisonment. The court will set the payment plan based on an assessment of the defendant's ability to pay at that time; or
- F Special instructions regarding the payment of criminal monetary penalties:

Unless the court has expressly ordered otherwise, if this judgment imposes imprisonment, payment of criminal monetary penalties is due during the period of imprisonment. All criminal monetary penalties, except those payments made through the Federal Bureau of Prisons' Inmat Financial Responsibility Program, are made to the clerk of the court.

The defendant shall receive credit for all payments previously made toward any criminal monetary penalties imposed.

Joint and Several

Defendant and Co-Defendant Names and Case Numbers (including defendant number), Total Amount, Joint and Several Amount, and corresponding payee, if appropriate.

AMANDA KNORR 15-CR-398-02 \$54,531,488.57

- The defendant shall pay the cost of prosecution.
- The defendant shall pay the following court cost(s)
- The defendant shall forfeit the defendant's interest in the following property to the United States

Payments shall be applied in the following order: (1) assessment, (2) restitution principal, (3) restitution interest, (4) fine principal, (5) fine interest, (6) community restitution, (7) JVT A assessment, (8) penalties, and (9) costs, including cost of prosecution and court costs.

Exhibit "C"

Wragg, Troy Benjamin
Register Number: 67165-019
Unit 5812 (Q)

INMATE REQUEST TO STAFF RESPONSE

You requested a reduction in sentence (RIS) based on concerns about COVID-19. After careful consideration, your request is denied.

Title 18 of the United States Code, section 3582(c)(1)(A), allows a sentencing court, on motion of the Director of the BOP, to reduce a term of imprisonment for extraordinary or compelling reasons. BOP Program Statement No. 5050.50, Compassionate Release/Reduction in Sentence: Procedures for Implementation of 18 U.S.C. §§ 3582(c)(1)(A) and 4205(g), provides guidance on the types of circumstances that present extraordinary or compelling reasons, such as the inmate's terminal medical condition; debilitated medical condition; status as a "new law" elderly inmate, an elderly inmate with medical conditions, or an "other elderly inmate"; the death or incapacitation of the family member caregiver of the inmate's child; or the incapacitation of the inmate's spouse or registered partner. Your request has been evaluated consistent with this general guidance.

The BOP is taking extraordinary measures to contain the spread of COVID-19 and treat any affected inmates. We recognize that you, like all of us, have legitimate concerns and fears about the spread and effects of the virus. However, your concern about being potentially exposed to, or possibly contracting, COVID-19 does not currently warrant an early release from your sentence. Accordingly, your RIS request is denied at this time.

If you are not satisfied with this response to your request, you may commence an appeal of this decision via the administrative remedy process by submitting your concerns on the appropriate form (BF-9) within 20 days of the receipt of this response.



David E. Ortiz
Warden

4/17/20
Date

Exhibit "D"



Dr. Brittini Jones

Medical Director of Behavioral Health

Christiana Care Union Hospital

May 6, 2020

Re: Troy Wragg date of birth 10/21/1981

To Whom It May Concern:

My name is Dr. Brittini Jones and I am the Medical Director of Behavioral Health at Christiana Care Union Hospital in Elkton Maryland. I am writing this letter on behalf of Troy Wragg who I cared for multiple times during his psychiatric hospitalizations at Christiana Care Union Hospital. On these admissions, he was diagnosed with Major Depressive Disorder severe without psychotic features, Generalized Anxiety Disorder, Severe Posttraumatic Stress disorder, suspected Obsessive Compulsive Disorder and Epilepsy severe uncontrolled. At that time Mr. Wragg was treated with Thorazine 100 mg p.o. nightly, Remeron 30 mg p.o. nightly, Lamictal 100 mg p.o. nightly, Lamictal 1000 mg p.o. twice daily.

I am writing this letter attesting to Mr. Wragg's mental health issues and severely uncontrolled epilepsy. When off of his psychotropic medications, he quickly decompensates and becomes suicidal with significant history of suicide attempts including drinking bleach and not taking his seizure medication in order to kill himself via grand mal seizure. In my experience, even when missing one dose of Keppra Mr. Wragg has experience grand mal seizures. Mr. Wragg's wife contacted me this week informing me of his 22 year sentence and current emotional and medical condition.

I do recommend compassionate release, if this is a possibility, secondary to the nonviolent nature of his crime and the current dangers of incarceration secondary to severe outbreaks of COVID-19 in the penial system. I do believe that Mr. Wragg would be at a heightened risk of death secondary to his medical conditions.

If you have any questions please do not hesitate to contact me at 410-392-2689. Thank you for your time and consideration.

Sincerely,

Dr. Brittany Jones

Medical director of behavioral health at Christiana care Union Hospital

106 Bow St., Elkton, MD 21921

bjones@uhcc.com

UNION BEHAVIORAL HEALTH

111 West High Street, Suite 204 • Elkton, MD 21921

P 410-620-0008 • F 410-620-1999

Exhibit "E"

Troy Wragg
BOP Medical File

I entered the Federal BOP as a Chronic Care inmate immediately upon my R&D intake examination on November 9, 2018.

I was taken to the hospital for alcohol withdrawal and seizures on November 10, 2018 and stayed for approximately 8 hours.

I was on suicide watch from November 16th to November 20th 2018 at FDC Philadelphia.

I broke my wrist due to a terrible grand-mal seizure that I suffered in January of 2019 at FDC Philadelphia. I wore a cast put on by the BOP for 7 weeks. I received no pain medicine despite me having broken a major bone in my wrist.

In January of 2019 my diagnosis that I received "on the street" of ALS by a Neurologist in Gordon County, Georgia; was changed to MG by a PA specialist that worked on my medical file at FDC Philadelphia, which is a BOP facility.

I was taken off of Lamictal, another seizure medication, in March of 2019 at FDC Philadelphia.

I was on suicide watch again from September 10th to September 15th 2019 at FCI Fort Dix West.

I was put back on Lamictal in September of 2019 at FCI Fort Dix West.

I was put on and taken off of Thorazine, an extreme mental health medication, within one month between September 15th 2019 and October 15th 2019.

I was taken back off of Lamictal in November of 2019 at FCI Fort Dix West.

On March 21, 2020 I tried to pick up my Keppra which I was completely out of, and it was not ready for pick up, despite me ordering it over 3 days prior. I wrote a cop-out to AW Operations (Assistant Warden Smith responded on March 23, 2020 saying that they had contacted Health Services despite not handling that department) telling them about my prescription issue. No medicine was made available still. I suffered seizures every single night from March 21, 2020 to March 27, 2020 when Dr. Housman, a Psychologist, helped me get the Keppra medicine that I needed on March 27, 2020.

On April 1, 2020 I was told that I was given a 3-month supply of all of my current medicines. This is what actually transpired:

- I received not even a full month supply of Keppra. I only received 60 tablets. A one month supply is 90 tablets. A three month supply is 270 tablets. I take 1 1,000MG tablet 3x per day. This is a very high dosage of Keppra and I am still suffering from seizures as I did on March

30th, 2020, and March 31st, 2020 in the middle of the night, witnessed by my bunkie Quame Herd.

- I received a 3 month supply of my MG medicine - Calcium Carbonate & Vit. D.
- I received a 2 month supply of my heart disease and hypertension medicines - Linsinopril, HCTZ, and Astovastatin.

On April 2, 2020 I told a nurse who came to my building, 5812, about these issues. She said I needed to discuss it with pill-line and that she couldn't order it in the system as it did not give her the option to click on "refill".

On April 2, 2020 during a town hall meeting, Counselor Watson stated publicly "The biggest complaint about Fort Dix is Health Services." This was heard by 100-200 inmates in 5812.

On April 3, 2020 I wrote a cop-out to AW Services about this matter that started on April 1, 2020.

On April 5, 2020 at 2:52pm EST I wrote another cop-out, this time to AW Operations (given AW Smith replied last time although it didn't get me any support or on a call-out) because AW Services has still not replied to my April 3, 2020 cop-out.

On April 6, 2020 at approximately 1:25am, I suffered a grand-mal seizure that was witnessed by my bunkmate who could feel the bed shaking.

On April 12, 2020, the staff lectured us about wearing the one flimsy paper mask they gave us to wear. I asked, "I would like an honest answer since you are the Director of Medical for the West Compound here at FCI Fort Dix—How many inmates are REALLY infected? I want the truth, sir." He looked at me sideways and almost scared and said very quickly- "4 inmates, 2 staff; the inmates are all campers."

It is 9:54am on 4/13/2020

I had another seizure last night so my sleep was quite horrific. I woke up barely able to arch my back, and my body is incredibly weak. Given that the BOP will not send the meds over to me, I will have to risk another seizure and walk over to pill line this evening to collect my meds or even inquire if they are there. It will most likely be another complete waste. This is the second time, as you know, in less than a month that they have made an issue out of my life-threatening condition, by refusing to address the seriousness of my medical conditions. My blood pressure is highly elevated and I had to take two blood pressure pills, and two MG pills, and two heart disease (Astovastatin) pills just to try and gain a semblance of a normal reality. These seizures affect not only my immune system, but my heart diseases and hypertension condition as well. Prayer and action are the only way I will make it out of here alive.

It is 9:35am EST on 4/15/2020:

I have still not been able to turn in the Inmate Sick Call slip that I created yesterday. Yesterday, as you will recall, I tried giving it to the CO, who said take it to "Staff Alley." I took it to Case Manager White and left her a copy, Counselor Thomson copied it for me 5 times, and I gave Counselor Watson a copy. All three of these people are in "Staff Alley." This morning I went to the CO at 8:27am and asked them - "Have they announced for sick call slips yet?" There were two CO's in the office. Only one was wearing a mask and the door was wide open. I had my mask on. The one CO said "You have to do that at morning pill line now." I just shook my head and walked away as this was contrary to what I was told by Counselor Watson yesterday afternoon that they would announce for sick call slips when medical came, but he (Watson) also said he doubted that they did sick call on Wednesdays, so it may have to wait until Thursday. He said this after having my slip and viewing its content about my seizures and that I have had 8 in the last 11 days. Sampson "Sam" Lee awoke at 3:34am this morning (4/15/2020). This is why I went in to talk to the CO's. When they told me about this now, yet again, conflicting information, I just walked away. I rested for an hour just laying down as I still feel incredibly weak from last night. Although I do not remember the seizure, my entire body feels incredibly tight and I feel very, very, weak. I came in to check the computer to see if this new protocol for inmate sick call is on the BOP Bulletin Board or elsewhere in the system. It is not. When Sam Lee wakes up, as I will have a witness, I am going to go back to the CO and request to see Medical ASAP. I know this is a risk considering how Health Services as stated by Counselor Watson at our last town hall meeting (which I sent you the details and quotes of in front of over 100+ witnesses) "The biggest complaint about Ft Dix is Health Services/Medical." I am paraphrasing, but the exact wording was wrote in that addition to my BOP Medical Doc you have been keeping at home. If you do not hear from me today, or again, it is because I have been held by health services due to my seizures. I am very sorry for the constant fear and worrying. I am just praying that I get the proper medication and can come back to the unit if the Doctor believes that is the right thing to do. It has now been 9 seizures in the last 12 days given this issue with the lack of medicine of Keppra where I got only 60 tablets as opposed to the 90-270 I was told I received.

Important and Urgent Medical Update 4/23/2020:

I am sending this email to as many people as possible given my latest medical incident that just occurred at 1:32pm EST on 4/23/2020 here at FCI Fort Dix West. Megan - please I beg you to add this to my Troy BOP Medical Doc file. At approximately 1:17pm (All times EST), I heard our CO (Curko; the nice one from visit; white guy; crew cut) announce that Medical was in the building. Given I still have not been seen by medical since the cop-out I've turned in on April 14th, which clearly showed how I've had more than 8 seizures. It has now been 12 in 15 days. I went to the "nurse" who was administering a urine test and after she was done, I said to - "My name is Troy Wragg, I have not been put out on callout for my seizure condition that I turned in on the 14th of this month - is there any way you can help me?" Her reply was "They are backed up right now and only doing one building at a time, they will get to the emergencies first - then you." I quizzically replied: "So seizures, while life-threatening, are not considered emergencies

anymore? The last I checked the BOP had a protocol for clearing floors when a seizure occurred. I've had 12 in 15 days." She walked away. The CO, Curko, having overheard this, and being a helpful CO, said - "Wragg, come here," referring to the "bubble"/CO's office. I went in and described everything that has been going on and he immediately called Dr. Chinwalla, who I have only seen once since I got here; however, she is my physician on file. He described everything to her as I was telling him. He advocated for me greatly. At the end he said -"I understand. I will let him know." Dr. Chinwalla told CO Curko to tell me: "Since my medicine issue has been fixed and I am now taking the proper medicine, I should stop having seizures in a few days and it will go back to normal." She didn't see me. She made a phone diagnosis about my serious, life-threatening, medical situation. CO Curko gave me another Inmate Sick Call and told me to fill it out and hand it in again tomorrow and keep doing it until they agree to see me. Like Counselor Watson, CO Curko has been the only other member of the Fort Dix staff to help me with my serious condition. This conversation ended at 1:32pm EST.

For anyone reading this - if you even get it as it will most likely be intercepted by the BOP - please help me.

I am not only terrified of catching COVID-19, but I am incredibly weak from having 12 seizures now in 15 days.

I cannot advocate for myself. I have tried and I have gotten nowhere.

I am begging you - please help save my life. My first time, white collar, non-violent offense (which isn't even what they claimed it was) not only got me an unjust, and harsh, 22 year sentence - but now - it feels like I got a death sentence also.

Sincerely,
Troy Wragg
67165-019

It is now 1:54pm EST on 4/23/2020.

On Wednesday, April 29, 2020, the following email was received from Troy to Megan (his wife) at 2:51am:

I woke up with my chest pounding and came to call you and check email.

I am feeling better now.

It is 11:22pm now.

On Wednesday, April 29, 2020, the following email was received from Troy to Megan (his wife) at 9:14am:

"I am feeling better chest pain wise....but that chest pounding last night led to another seizure. Please update my records. Put in the date and time you received this email now. I sent one earlier too about how it hurt me. Sorry, typing hurts. Please add the details."

My Trip To Medical | 5/4/2020 | 10:58am

I just returned from my trip to medical this morning. Here is what I learned/saw/heard, etc.:

First, at 7:44am I asked CO Battles if Sampson Lee could come with me given the seizures that I've been having and he knows what to do in the case of an emergency. He said with everything going on, he couldn't come, but he said, I will make sure someone watches out for you and I will walk with you all most of the way. He did neither.

We get to Medical at 8:16am.

I was the first one called for MLP4 - That is the code I was on the callout for. I learned that it stands for Mid-Level-Practitioner 4, which is C. IBE, as I saw on his nametag. He is a PA. Not a Doctor.

My entire meeting with him lasted approximately 10 minutes.

I told him that I had, now, a total of 15 seizures in 21 days.

He said "That is serious. Seizures are warfare on the nervous system. If you've seen a panic attack now multiply it by 1,000 and you have a seizure."

In the end, he decided to give me Lamictal 100MG, once per day. Essentially, this is because I told him that I took Lamictal previously "on the street" (the term inside for being at home). He said he was going to prescribe me Dilantin, which I also have taken before, but in the end, he went with the Lamictal.

When I asked about an MRI, I was told - Not now, let's see how the Lamictal works, it should become effective in 3 weeks, yet no follow-up was scheduled.

When I asked about blood work to check my Keppra levels - I was told the exact same thing.

Additionally, here were my vitals as of 8:34am:

- Blood Pressure: 127/85 (PA Ibe said that this was approaching the "danger zone" for hypertension and is elevated, which is odd because I am on medicine for it. Especially my bottom number, as ideal blood pressure is 120/70.

- Oxygen: 100% (perfect)

- Pulse: 82 (normal range)

- Temperature: 99.1 (which he said was elevated but ok).

Now, let me describe the process:

- In my building 23 of us went over there. It was only people from 5812, with the exception of inmate workers who were from other buildings. We all sat in a waiting room area where the floors were still dirty with insulin orange needle tops and other refuse.

- Some inmates wore their masks barely at all, some did part-time, some (like myself) wore the mask full-time. I would estimate from my mental counting that it was 33% in each of those three categories.

- We learned from an inmate that does facilities and plumbing that it is CAMP inmates in building 5851. They brought the symptomatic to the WEST compound! Additionally, he told me they are preparing building 5803 (previously condemned) to be used to house symptomatic inmates from the EAST and WEST side. That means the West side, where I temporarily reside, will house ALL of the inmates who are sick from all areas of Fort Dix - East, West, and Camp.

Also, my weight [with clothes on] was 205.8, which at 5'8 [height] is overweight, as well as my BMI being considered Obese, which is a risk factor for COVID-19 listed by the CDC.

It is now 11:14am on 5/4/2020.

At 6:14am on 5/8/2020 I turned in a sick call slip (3rd one) for an emergency medicine reaction from my Lamictal.

5/8/2020

I was just called twice to the officers station and to the counselors office.

I am supposed to go to Health Services....the odd thing too is that they called Sam and Worm too.

I think we are being set up.

If you don't hear from me - you know why.

Worm, Sam, and I all put in our 3rd sick call slips this morning as well...it is incredibly odd we are being called over mid-day as this is unprecedented.

Please take note of all of this and add it to my Troy BOP Medical Doc file.

I am very worried that they are trying to quarantine us to keep us from speaking to attorneys and our families.

Please pray for me. I am weak and scared for my life right now.

It is 1:33pm now on 5/8/2020 (Friday).

It is 3:48pm on 5/8/2020 (Friday).

Hello all,

I am back from medical. Other than keeping the three of us there for 2 hours everything is fine, except for my health.

We walked across the entire compound, just the 3 of us. We feared being quarantined more than ever thought possible. This was retaliation is all we could think.

The nurse was incredibly rude to me when I got to the door. I politely asked - "What is callout to medical for?"

She replied - "You'll find out"

Later I asked her after she took my vitals - "Am I going to be seeing a doctor?"

She replied - "I don't know yet"

My vitals:

- Weight: 224.6 pounds. Yes, I gained 19 pounds in 4 days. I dont know how. The doctor associated it to the Lamictal medication

- Blood pressure: 167/87

- Pulse rate: 110 to 136 at one point

- OX: 100%

I met with Dr. Chinwalla. She is the doctor I was assigned to. I've seen her once for my intake in September. I was back with her for 40 minutes.

She told me - You need to report every seizure directly to the CO. We have NO documentation of you having seizures. I said - "With all due respect, I put in 3 sick calls, a CO (Curko) called you about them, and a Counselor (Watson) called the Pharmacist about them." She said - "Please report them directly to the CO so we can come over and see how you are doing immediately after the seizure. If they are bad like you are saying then we will take you to the hospital."

I did not tell her this but I fear going to the hospital as it is automatic 14 days of quarantine upon coming back to the facility and getting put in 5851. I confirmed all of this while over there.

Essentially, when I have a seizure from now on I have to go to the CO, who will call medical,

they will determine if I need to go to the hospital, and if I do - I am quarantined for 14 days as I was "outside the institution" and "I am potentially exposed to it while in a hospital."

I truly am damned if I do, and damned if I don't.

She said that I need to taper off the Lamictal which I just started taking on Tuesday. She said (from looking into my files) - Dr. Laughingwell at FDC Philadelphia took you off of Lamictal before but it didn't say why. PA Ibe should have never put me on it then, that is obvious. She said I will begin to taper off of it by cutting my pills into half and taking 50mg for a week, and then cut them into quarters and take 25mg for a week. She also said she is not going to prescribe any higher of a dose than 3,000 as that is the highest she is comfortable giving me. She said - "I know your neurologists have prescribed this before as you said, but they are specialists. I am not a neurologist." She also then prescribed me a new medication called Zalproic Acid to treat, specifically, the grand-mal seizures.

She also said, when I asked her about my extreme weakness, that it was normal and that I should try to walk around more to loosen up and not stay in my bed to rest, despite me being tired. Bed rest will make it worse, and she didn't offer me a sick pass, which many inmates get which allows them to stay in bed and generally ensures that Counselors and CO's dont bother them as much given they are documented as being weak and ill. Basically, I get nothing for my sore muscles and pain and weakness other than to walk around more. I got nothing for my chest pain either, or than her listening to my heart and saying it sounded good. **No EKG.**

Overall, I got nowhere with my health. Except for medication - which I have to wait till Monday for, despite me telling her that I was completely out of Keppra. She ordered me a one-time additional prescription for the Keppra, but both the Keppra and Zalproic Acid won't be available until Monday. This means I have to pray I don't have another severe grand-mal seizure from now until then. She also said it was normal for me to feel weak and confused in my "post-ictal state."

That is all I have. I feel even worse now.

Megan - please add this to the Troy BOP Medical Doc.

Best regards to all,
Troy Wragg

It is 3:48pm on 5/8/2020.

On 5/11/2020 at 10:24am I was called to the officer's station for bloodwork.

The nurse told me specifically that this bloodwork was for:

-Kidney levels

-Liver levels

-Sodium, Potassium levels

-AND...Medication Levels (Interesting as the Doctor never asked me about this and the only time it has EVER been mentioned is VIA EMAIL to you and my attorneys)

That is all it was for.

5/11/2020 8:39pm

I am going to go back to Pill Line in the morning and see if my Keppra is in.

I can't believe I got 5 bottles of Valproic Acid, **but I got NO Keppra, which has long been prescribed as my main medication.**

I specifically asked about it too and she said she was going to put it in as a one-time emergency and it would be ready Monday!

5/12/2020

At 7:04am, during AM pill line, I was finally able to pick up my Keppra. But, as I wrote to Megan earlier this morning prior to going to pill line - It was unfortunately too little too late. Sampson Lee said he would write another affidavit about this incident if needed. My physical situation is now at all-time low. I struggled even walking over there and I constantly felt like I was going to fall or fall out. Perhaps, if I would've gotten this yesterday, as I was told by the doctor on Friday, than I wouldn't have been in this situation. I will never know though. I've been out of this medication since Wednesday evening. So no matter what, my Keppra levels in my blood work will show up low anyways, despite them being taken just yesterday. I have immediately taken my correct dosage this morning to ensure any further issues are mitigated; however, with as inconsistent as it has been, and the fact I am not on a higher dose in the first place as I was on the outside, I can only pray now that this will cease or slow down.

URGENT It is 9:35am on 5/12/2020.

I was just called by the loudspeaker and told I am being PICKED UP to go to health services to see a DOCTOR.

I did not put in any sick call slips.

I am incredibly worried that this in relation to what was sent this morning.

If I lose contact with you all, you know what has happened.

To Mr. Hughes and Ms. Tess Borden- If they try and take me to quarantine please call the facility ASAP and ask them what is going on?

I did not put in ANY sick calls. I simply went to pick up my medicine.

The CO wouldn't tell me anything more than the first line above.

It is 9:35am on 5/1/2020.

It is now 10:20am on 5/12/2020 (Tuesday).

Hello All,

Sorry for the second email, but I just wanted to let you know that I am back from Health Services. In lasted about 25 minutes.

I met with Dr. Ragone, the prison psychiatrist, who I last saw in October 2019. He walked me over to medical and walked me back. Very nice and understanding doctor. He told me that Dr. Chinwalla told him - **"That you are NOT taking your medicine."** To which I replied, **"Sir, there must be a misunderstanding, as I just picked up medicine yesterday, and medicine today. I've been taking more Keppra than usual, which is why Dr. Chinwalla ordered my emergency refill."**

He asked me if I was having any psychotic episodes such as hallucinations and hearing voices, like I previously had back in September 2019. I let him know - "I am very weak physically because of the seizures, but I am very strong mentally, and I have been having no episodes related to mental health at all." I am very strong mentally is what I repeated to him several times. He asked me about anxiety and depression, and I let him know that I am very anxious. In the end, he prescribed me Buspar 15mg as needed. He told me I can pick it up first thing tomorrow. Overall, it was a good talk. We discussed my pushing for Compassionate Release, and he asked me about home life, and I told him how amazing and strong my wife (Megan) has been through all of this and that we are stable on the outside as she has a tenured job and a steady salary. He told me that this was all good to hear and then we discussed living in Perryville Maryland and the area as a whole. I let him know we have strong community and Church ties there and that my wife is attending mass regularly via the computer given COVID-19. He was pleased to hear all of this.

Overall, that is it. It is now 10:19am, and I am safely back in the unit.

After the surprise medical call on Monday, and the issues with meds, and my email to you all this morning, which I haven't gotten any confirmations back on so I was concerned if you all got them, I apologize for the urgent message; however, it is better safe than sorry with everything that is going on.

5-13-2020: 7:47am

Got my pills from pill line at 7:20am. Buspar generic - take one tablet 4 times a day by mouth. Different from what he told me yesterday which would be as needed.

I am currently listed in the BOP system as a "Chronic Care" inmate three (3) times:

- 1). Mental Health (MDD, GAD, and Schizo-affective)**
- 2). Heart Disease & Hypertension**
- 3). Severe Epilepsy**

My primary medications and diseases they help mitigate that I am on now are:

- Lisinopril for Hypertension**
- Hydrochlorothiazide for Hypertension**
- Astovastatin for Heart Disease**
- Calcium Carbonate & 600MG Vit. D for MG**
- Keppra - 3,000MG daily for Severe Epilepsy**
- 15MG Buspar as needed for Mental Health/Anxiety/Depression**
- 1500MG (6 250 MG tablets) a day of Valproic Acid**
- 50MG of Lamictal a day for Epilepsy**

Exhibit "F"

May 3rd, 2020
Felix, Jr. Driver
Address: Quinn's [unclear]
[unclear]

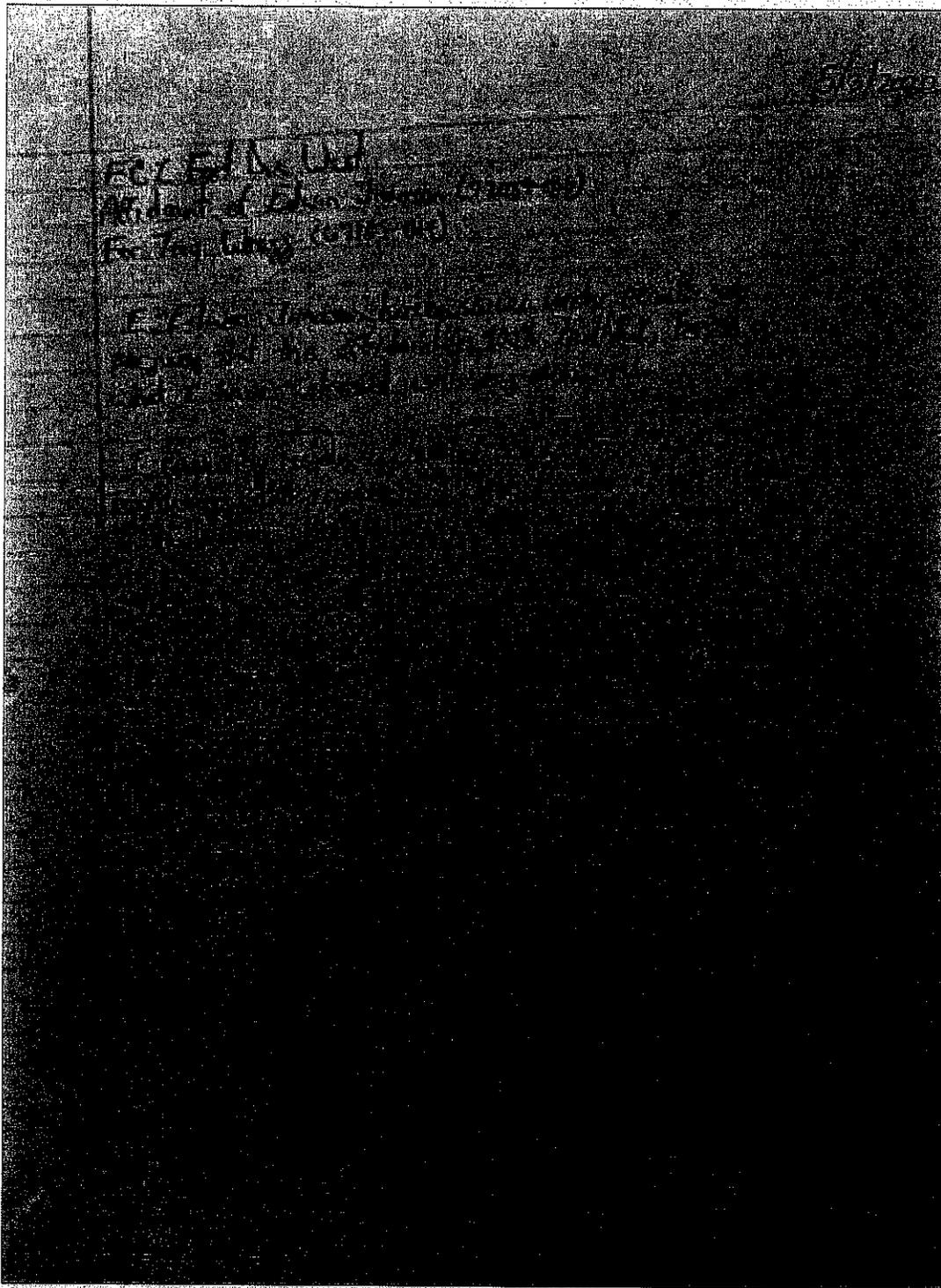
I, Quinn's [unclear], here by swear with the aid
of my wife, [unclear] a duly qualified
person who I have viewed with my own eyes

I live in Banking Hall, Room 43, Box 50
Troy, Michigan 48066. I have known [unclear] since
on Box 50, which is directly behind me. Troy is one
of the most beautiful cities in the world.
I speak highly of his good character and hold
up to Troy as a close brother.

Troy has had several cases of impetigo which
which make him very weak. He is 5'10" tall.
Troy also says that middle finger is [unclear] 50
me as long as his last finger. He has to sit up and
drink a cup of water. I, Quinn's [unclear] have witnessed Troy
having a violent shaking seizures which he manages
to pull through. I am very concerned for my friend
well-being and his life that scare me.
Please if you can give any trials etc.
I hope all is well with you and your love ones.

Signed: Quinn's [unclear]
Date: 5/3/20

Witness by: [Signature]
Date: 5-3-20



May 3rd, 2020
FCT Fort Dix West
Affidavit of Sampson Lee
for Troy Wragg

I, Sampson Lee, here by Swear under Penalty of Perjury That this affidavit is 100% Truthful, based on what I have witnessed with my own eyes.

I live in Building 5812, Room 115, bed 6u. Troy Wragg (67165-019) is in The lower bunk to my Right. I also Share a quad Space with only him.

Troy has a Severe Case of epilepsy. I have witnessed and helped him during 13 Seizures in the last 3 weeks, I keep him on his side, and keep him from banging his head. I've seen blood come out of his mouth from him biting his tongue, and I've helped him into his bed, from off the floor during his seizures. Troy also has a condition called Myostenias Gravis, which makes his walking difficult. Troy rarely leaves the room, and often stays in his bed, and has a constant weak cough. The BOP has to date, refused to see Troy or provide him with any medical care, or adequate medication. I am very concerned for his well-being and life if he contracts COVID-19. This disease is rapidly spreading here. Please help save my friend's life.

Signed: [Signature]
Simpson Lee 65391-479
Date: 5-3-20

Witnessed by: [Signature]
Quinn Ford 71477-050
Date: 5/3/20

Exhibit "G"

DECLARATION OF TROY WRAGG

I, Troy Wragg, am over the age of 18 and fully competent to make the following declaration:

1. I am currently incarcerated at the Federal Correctional Institution at Fort Dix. My Federal Bureau of Prisons Register Number is 67165-019. I was convicted of conspiracy and wire and securities fraud. I have served approximately 17.5 months of my 264-month sentence. My current release date is August 7, 2037. I have no prior offenses of any kind.

2. I am 38 years old. I am classified as a BOP “chronic care inmate” for several serious medical conditions, which are documented in my BOP medical record. My health conditions make me medically vulnerable to COVID-19, and I am terrified that I will not survive if I contract the virus.

3. I have severe epilepsy and suffer from grand-mal seizures that can be so violent and debilitating that I have broken bones during seizures. While in BOP custody in January 2019, I broke my wrist during a seizure and was in a cast for seven weeks. As a result of these seizures, my entire body is incredibly tight and extremely weak. I am prescribed Keppra to treat my epilepsy and, before my incarceration in November 2018, had been on it consistently for four years since my epilepsy diagnosis in November 2014.

4. I need Keppra to survive, but over the past three months, the BOP has not provided me with consistent medication. I have been forced to ration my supply to make it last longer. As a result, my epilepsy has not been controlled and I have suffered frequent seizures. When I have seizures at night, the sound of my bed shaking wakes one of my bunkmates. He jumps down and holds my head to prevent a concussion, and monitors me throughout the episode to make sure I don't die. Between April 8 and April 23, I suffered 12 seizures. I had another

seizure in the early morning hours of April 26, and I recovered to find my bunkmate holding my head again.

5. Contracting COVID-19 would make my conditions worse. From research I did for my compassionate release requests, I learned that symptoms of the virus, especially fever, as well as the physical and emotional stress of being sick, can trigger more seizures. Given the inadequacy of the prison's response to my epilepsy, I am scared that if I do get sick, I won't receive proper care. Beginning April 14, I've made repeated requests (in writing and verbally) to be seen by the medical department. I have submitted two official sick call requests and two electronic cop-out requests, and a corrections officer and a counselor have each made calls on my behalf. As of today, I am still not scheduled to be seen by medical.

6. I also have hypertension and heart disease. I was diagnosed with hypertension in 2011 and had a heart attack in 2012. I take three different medications daily for heart disease and hypertension. Due to my recent seizures and anxiety about COVID-19, my blood pressure has been highly elevated even with medication.

7. Finally, I also have Myasthenia Gravis, a chronic autoimmune neuromuscular disease.

8. I have been in BOP custody since November 2018 and have been at Fort Dix since September 2019. I have completed six programs and have taught four classes as an ACE instructor while at FDC Philadelphia and Fort Dix. Before the COVID-19 outbreak, I was teaching a Business Management and a Business Marketing class to fellow inmates. I am extremely passionate about teaching and helping other inmates further their education. I also completed the Non-Residential Drug Abuse Program ("NRDAP") with a 100%.

9. I am currently housed on the west compound in Building 5812. There are a total of about 250 to 300 men across three floors. The vast majority of rooms at Fort Dix (in both west and east compounds) are 12-man rooms, with approximately 10 two-man rooms per building. We are currently confined to our buildings because of the lockdown, but we are allowed to mingle freely with the 250 to 300 men inside.

10. I sleep on a bottom bunk in a 12-man room on the first floor. Nine of the twelve beds are filled right now. I believe our approximately 430-square-foot room is the smallest in the building. There are six double bunkbeds in that space, approximately five feet apart, as well as twelve lockers and a small table. It is physically impossible for nine of us to get six feet apart in this space, as I know we are supposed to be doing now. I frequently run into my bunkmates by accident because the space is so cramped.

11. On the first floor, there is one bathroom shared by about 50 men (although there may be a handicap bathroom for inmates in wheelchairs which I have not seen). Our main bathroom has approximately five toilets, six urinals, twelve sinks, and four working showers. The bathroom is filthy, with urine all over the floor, and usually cleaned only once per week, twice at most. Because the pipes are leaking, water actively drips on our shoulders when we use the restroom and the floor is corroded. There are only four soap dispensers, which sometimes contain watered-down soap, but they run out daily and are often empty. We are given two four-ounce travel size bottles of all-in-one shampoo/conditioner/shave gel once a month, which is all we get by way of cleaning product. Otherwise, we have to buy soap off commissary. Some people buy bar soap, which costs between \$1 and \$2 each. I usually buy body wash, but it is currently out of stock. People told me there were signs posted in early April instructing us to give

any unused shampoo to an orderly to fill the bathroom soap dispensers. Instead, I give my all-in-ones to my bunkmate who uses it to mop the floor of our room each day.

12. Men from the top two floors spend much of their time on our floor because we have four TV rooms, as well as all of the building's computers and telephones. The TV rooms on the first floor are the most active. The main TV room is closest to my room. It has a total of twelve computers, and the building's eight phones line the wall of a narrow adjoining room. At any given time now, there are usually about 30 to 40 people in a TV room, but I have seen a lot more, probably closer to 100 when we watch the news, especially during coverage of the COVID-19 pandemic. Men from other floors use our bathroom as well. I believe our bathroom is the most used bathroom in the building.

13. When we walk to meals at the dining hall, it is impossible to stay six feet apart. The whole building is ushered together to the dining hall at the same time. Staff announce meal time on the loudspeaker, and all 250 to 300 of us are herded to the dining hall to pick up our food and bring it back to our building to eat in our rooms. We only have five minutes to get to the dining hall and five minutes to get back. It is impossible to social distance.

14. I have been following the updates from the BOP about the COVID-19 outbreak at the camp. I have heard that Building 5851, which is the laundry facility, is also being used to house inmates who have tested positive. It is at the far end of the west compound.

15. I believe prison staff move around the compound and go between the camp and main facility. I have also heard that corrections officers from the camp are now working in my building. Sometimes the corrections officers and other staff do not wear masks.

16. We began receiving one mask per week in mid-April, but have not received any gloves. When the elastic band on my mask snapped last week, I was told I could not get a new one. Staff only recently began mandating that inmates wear masks for meal pick-up at the dining hall.

17. We have virtually no cleaning supplies. We are provided no chemicals or cleaning agents, hand sanitizers, or spray bottles. We are not provided any towels to wipe surfaces down and have to use the four small rolls of toilet paper, which shred easily, given out once a month. Some people use toilet paper they buy off commissary, but many commissary items are often out of stock.

18. Staff have started doing temperature checks, but they are inconsistent and occur only about every two or three days. During the check, staff come to our room, and we line up at the door.

19. On April 17, I was using one of the computers in the main TV room on my floor. I heard another inmate, who was sitting right behind me, say that he was not feeling well. He complained that his chest hurt and he was short of breath. About four or five minutes later, a medical staff person and a corrections officer came in and asked him questions. The sick inmate left with them, and I have not seen him since. Many people in my building are worried about exposure to the virus. We have been talking about news of an inmate in Building 5811 who fainted during temperature checks and was dragged out of his room on April 23.

20. On April 25, we all filed out to the dining hall as usual to pick up lunch. I saw medics going in and out of Building 5851 with at least 20 stretchers in a matter of 30 seconds. Although I was still far away, it was terrifying to see men who appeared extremely sick and

nonresponsive. A corrections officer yelled at my bunkmate and me: “Keep it moving, get to chow and get back, that’s all you should be worried about.”

21. Since then, a lot of people have been talking about this incident. I experience the feeling here to be one of tension, helplessness, and hopelessness. People have opened up to me. They feel like the end is here, like we are going to die. We all laugh and joke about things from time to time, but it is simply to mask the sheer torture that we are feeling internally.

22. This morning, at 8:30am, the first floor of our building was released for monthly commissary, supply pickup, and linen exchange. I walked up to the first floor of Building 5851. Staff opened the door and I dropped my dirty linens into a bin. An inmate worker handed me clean linens in return. When I looked up, I saw more than ten inmates at the second and third floor windows. Some were in a window together, some alone. Some but not all were wearing masks. Two were pounding at the windows trying to get our attention, yelling for us. I’ve been talking with my bunkmates and we are in shock. What I saw there has changed me.

23. I have applied to Warden Ortiz three times requesting Compassionate Release and Home Confinement. I wrote the first letter on March 23. The warden denied my requests on April 24, saying he understood my fear about COVID-19 but they were taking precautions. I also wrote requests to the Attorney General and my case manager.

24. If I were released, I would return to a safe and stable home environment with my wife in Perryville, Maryland. At home, I have a cardiologist, neurologists, and a psychiatrist who are very familiar with my chronic medical conditions and much better equipped to take care of me if I do contract COVID-19.

25. Fort Dix’s handling of the infection here, especially given my medical vulnerabilities, has left me panicked, afraid, and at times depressed. I have trouble sleeping and

often have nightmares when I do sleep. I believe that my chance of contracting COVID-19 is very high, especially now that there are people in the west compound who have it. I often cry when I call my wife now. We worry that contracting COVID-19 would be a death sentence for me.

/s/ Troy Wragg (by consent)

I, Tess Borden, certify that I reviewed the information contained in this declaration with Troy Wragg by telephone on April 28, 2020 and that, at that time, he certified that the information contained in this declaration was true and accurate to the best of his knowledge.

/s/ Tess Borden

Tess Borden (260892018)
American Civil Liberties Union of
New Jersey Foundation
P.O. Box 32159
Newark, New Jersey 07102
(973) 854-1733
tborden@aclu-nj.org

Exhibit "H"

Release Plan of Troy Benjamin Wragg (67165-019):

I, Troy Benjamin Wragg, upon being released via Compassionate Release, will return to society as follows:

I will first address all of my vast medical ailments with my primary care physician (Megan look up his name he is in Cecil), my neurologist (Dr.. Mahmood or his replacement as he was retiring), my cardiologist (Megan look up his name as he is in Cecil also), my psychiatrist (Dr. B. Jones) and my psychologist (Christina Taylor). All 5 of these health care professionals will be able to help get me physically and mentally stable via their consistent care. I have full plans of admitting myself to the hospital within 72 hours of my release. My health, and the health of my wife, are my primary objectives.

After I am deemed medically stable and I am consistently not having seizures and chest pains (as I am right now), I will be returning to teaching business classes, as I have 4 classes taught as credentials under my belt. All of my students/peers in these classes have gotten passing grades, with the majority receiving 90's and 100's. Given my wife is a teacher at Perryville High School in Perryville, Maryland; she will be able to get me a meeting with the Principal where I can gain part-time employment. I want to teach business classes to High-School Juniors and Seniors. Given the fact I am already very well known and liked by the faculty at Perryville High School and throughout Cecil County (as even the town police allowed us to block off our street briefly for our wedding given we are close friends of The Sickels Family) obtaining this job, part-time, will be easy to accomplish. Additionally, it will be very fulfilling to me as a person.

The other part of my time I will be obtaining disability as I will not be able to work standing up for long periods of time. While I am only 38 years old, I have been hospitalized over 40 times in my life, as my records will indicate. My health has been a tremendous long-standing problem (both physical and mental) and I need to focus on me. Disability will allow me the additional time to make more appointments and remain stabilized.

I will also be able to join my wife's (Megan Chelsey Hallett Wragg's) healthcare, which is excellent healthcare offered through her employer (Cecil County Public Schools), without any problem. HR has already given my wife the paperwork needed to add me on when I get home. This will allow me to not be a complete burden to the tax system as my expensive and expansive healthcare needs will be covered.

While on part-time work and disability, I plan on pursuing an online Doctorate in Business via one of the top online programs in the country. Given my very high GPA at Temple University, where I graduated Magna Cum Laude and top of my class (Beta Gamma Sigma; International Business Honors Society; only given to the top 10% of students in the country) in Business, Corporate Finance, and Risk Management; I am highly confident I get into well-recognized business school without any problem at all.. I have the grades and writing ability and I look forward to the challenge.

Additionally, I plan to continue to write books. I already have one book published (in May 2018) and for sale on Amazon, which has even been selling during my incarceration. These books are all about my experiences in life, and how my life lessons and mistakes can be avoided and help someone else achieve the best life possible by utilizing positivity to overcome adversity. I have already wrote 3 books while in the BOP and can provide proof as my wife has typed two of the three (I mail her written letters and she types them up) and she can email that to you for your review, to show how serious I am, and to prove my claims. This will provide my wife and I (my family) an additional income stream to help us live our middle-class life in rural Maryland.

I am dedicating the rest of my life to helping others. I will be advocating for both The Ronald McDonald House and The Reform Alliance as well, given the help they have given to me and my loved ones. I will also be volunteering time for local organizations, and attending church regularly as I am a devout Catholic and plan on being even more involved in the Church than I already was.

I know that my life, while as bottom of the barrel as it can possibly seem, can mean something to others. They can find inspiration in everything that I have been through and survived. I want people to live full and meaningful lives, and do better than I did. Because of my mistakes, I know how to help others best, as I know now what NOT to do. I know now HOW to help best.

My story is very unique in that throughout: The tragic loss of my Mother (sudden stroke and died in my arms) and Uncle (suicide); the murder of my Father (and a man given only 25 years for doing it); my abuse as a child; my being homeless several times; the companies I have built and watched some fall while others did well; the relationships I have flourished in and those that I have lost; and my arrest/incarceration --- I have learned that in all of my terrible losses, there is always a positive message from God. A message that can provide hope and new direction. I will share God's word and my stories to other people to help them mitigate the negatives and increase their positivity as it relates to life. My books and my teaching are life-centric, not business-centric. Money is secondary. PEOPLE come first.

My incarceration has changed me in a profound way. It is through my incarceration that I have learned how to write all of my thoughts down and focus on helping others. I have wrote Compassionate Release letters for illiterate and indigent inmates. I have tutored soon-to-be-released inmates on how to incorporate businesses to help them achieve a better life when they are home. At least 20 fellow inmates have already read my one book, which is about how to use mobile technology as a building block for your life, and the people in here are inspiring me to keep writing, and I am inspiring them to keep thriving. My incarceration has proved to me, beyond the shadow of a doubt, that I was put on earth to help other people do better than I ever could. It is in that which I find my salvation.

Thank you for listening to me and I appreciate your consideration of this matter.

Sincerely,

Troy Benjamin Wragg
67165-019

Exhibit "I"

4. I submit this affidavit in support of any defendant seeking release from custody during the COVID-19 pandemic, so long as such release does not jeopardize public safety and the inmate can be released to a residence in which the inmate can comply with CDC social distancing guidelines. The statements in this affidavit are based only on the current state of emergency and the circumstances described below.

The Risk of Infection and Accelerated Transmission of COVID-19 within Jails and Prisons is Extraordinarily High.

5. Prisons and jails are not actually isolated from our communities: hundreds of thousands of correctional officers and correctional healthcare workers enter these facilities every day, returning to their families and to our communities at the end of their shifts, bringing back and forth to their families and neighbors and to incarcerated patients any exposures they have had during the day. Access to testing for correctional staff has been “extremely limited,” guards have reported a “short supply” of protective equipment, and prisons are not routinely or consistently screening correctional officers for symptoms.¹

6. The risk of exposure is particularly acute in pre-trial facilities where the inmate populations shift frequently.² For example, despite the federal government’s guidance to stay

¹ Keegan Hamilton, *Sick Staff, Inmate Transfers, and No Tests: How the U.S. Is Failing Federal Inmates as Coronavirus Hits*, Vice (Mar. 24, 2020), https://www.vice.com/en_ca/article/jge4vg/sick-staff-inmate-transfers-and-no-tests-how-the-us-is-failing-federal-inmates-as-coronavirus-hits.

See also Daniel A. Gross, “It Spreads Like Wildfire”: *The Coronavirus Comes to New York’s Prisons*, The New Yorker (Mar. 24, 2020), <https://www.newyorker.com/news/news-desk/it-spreads-like-wildfire-covid-19-comes-to-new-yorks-prisons>; Josiah Bates, ‘We Feel Like All of Us Are Gonna Get Corona.’ *Anticipating COVID-19 Outbreaks, Rikers Island Offers Warning for U.S. Jails, Prisons*, Time (Mar. 24, 2020), <https://time.com/5808020/rikers-island-coronavirus/>; Sadie Gurman, *Bureau of Prisons Imposes 14-Day Quarantine to Contain Coronavirus*, WSJ (Mar. 24, 2020), <https://www.wsj.com/articles/bureau-of-prisons-imposes-14-day-quarantine-to-contain-coronavirus-11585093075>; Cassidy McDonald, *Federal Prison Workers Say Conflicting Orders on Coronavirus Response Is Putting Lives at Risk*, CBS News (Mar. 19, 2020), <https://www.cbsnews.com/news/coronavirus-prison-federal-employees-say-conflicting-orders-putting-lives-at-risk-2020-03-19/>.

² Emma Grey Ellis, *Covid-19 Poses a Heightened Threat in Jails and Prisons*, Wired (Mar. 24, 2020), <https://www.wired.com/story/coronavirus-covid-19-jails-prisons/>.

inside and many states' stay-in-place orders, many prosecutors are still arresting individuals and seeking detention.³ Pre-trial detention facilities are still accepting new inmates who are coming from communities where COVID-19 infection is rampant. As of today's date, the Bureau of Prisons is still moving inmates from facility to facility, including prisoners in New York.⁴

7. Because inmates live in close quarters, there is an extraordinarily high risk of accelerated transmission of COVID-19 within jails and prisons. Inmates share small cells, eat together and use the same bathrooms and sinks. They eat together at small tables that are cleaned only irregularly. Some are not given tissues or sufficient hygiene supplies.⁵ Effective social distancing in most facilities is virtually impossible, and crowding problems are often compounded by inadequate sanitation, such as a lack of hand sanitizer or sufficient opportunities to wash hands.⁶

Inmate Populations Also Have the Highest Risk of Acute Illness and Poor Health Outcomes if Infected with COVID-19.

8. There are more than 2.3 million people incarcerated in the United States⁷

³ Stephen Rex Brown, *'Business as Usual' For Federal Prosecutors Despite Coronavirus, Nadler Writes, Calling for Release of Inmates*, N.Y. Daily News (Mar. 20, 2020), <https://www.nydailynews.com/new-york/ny-nadler-doj-inmates-20200320-d6hbdjcu5aitppi3ui2xz7tjy-story.html>.

⁴ Courtney Bubl , *Lawmakers, Union Urge Halt to All Prison Inmate Transfers*, Government Executive (Mar. 25, 2020), <https://www.govexec.com/management/2020/03/lawmakers-union-urge-halt-all-prison-inmate-transfers/164104/>; Hamilton, *Sick Staff, Inmate Transfers*; Luke Barr, *Despite Coronavirus Warnings, Federal Bureau of Prisons Still Transporting Inmates*, ABC News (Mar. 23, 2020), <https://abcnews.go.com/Health/warnings-bureau-prisons-transporting-inmates-sources/story?id=69747416>.

⁵ Justine van der Leun, *The Incarcerated Person Who Knows How Bad It Can Get*, Medium (Mar. 19, 2020), <https://gen.medium.com/what-its-like-to-be-in-prison-during-the-coronavirus-pandemic-1e770d0ca3c5> ("If you don't have money, you don't have soap or tissues."); Keri Blakinger and Beth Schwartzapfel, *How Can Prisons Contain Coronavirus When Purrell Is a Contraband?*, ABA Journal (Mar. 13, 2020), <https://www.abajournal.com/news/article/when-purrell-is-contraband-how-can-prisons-contain-coronavirus>.

⁶ Rosa Schwartzburg, *The Only Plan the Prison Has Is to Leave Us To Die in Our Beds*, The Nation (Mar. 25, 2020), <https://www.thenation.com/article/society/coronavirus-jails-mdc/>.

⁷ Kimberly Kindy et al., *'Disaster Waiting to Happen': Thousands of Inmates Released as Jails and Prisons Face Coronavirus Threat*, Washington Post (Mar. 25, 2020), https://www.washingtonpost.com/national/disaster-waiting-to-happen-thousands-of-inmates-released-as-jails-face-coronavirus-threat/2020/03/24/761c2d84-6b8c-11ea-b313-df458622c2cc_story.html.

approximately 16% of whom are age 50 or older.⁸ The risk of coronavirus to incarcerated seniors is high. “Their advanced age, coupled with the challenges of practicing even the most basic disease prevention measures in prison, is a potentially lethal combination.”⁹ To make matters worse, correctional facilities are often ill-equipped to care for aging prisoners, who are more likely to suffer from chronic health conditions than the general public.

9. An estimated 39-43% of all prisoners, and over 70% of older prisoners, have at least one chronic condition, some of the most common of which are diabetes, hypertension, and heart problems.¹⁰ According to the CDC, each of these conditions—as well as chronic bronchitis, emphysema, heart failure, blood disorders, chronic kidney disease, chronic liver disease, any condition or treatment that weakens the immune response, current or recent pregnancy in the last two weeks, inherited metabolic disorders and mitochondrial disorders, heart disease, lung disease, and certain neurological and neurologic and neurodevelopment conditions¹¹—puts them at a “high-risk for severe illness from COVID-19.”¹²

⁸ Brie Williams *et al.*, *Strategies to Optimize the Use of Compassionate Release from US Prisons*, 110 *AJPH* S1, S28 (2020), available at <https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2019.305434>; Kimberly A. Skarupski, *The Health of America’s Aging Prison Population*, 40 *Epidemiologic Rev.* 157, 157 (2018), available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5982810/>.

⁹ Weihua Li and Nicole Lewis, *This Chart Shows Why the Prison Population is So Vulnerable to COVID-19*, The Marshall Project (Mar. 19, 2020), <https://www.themarshallproject.org/2020/03/19/this-chart-shows-why-the-prison-population-is-so-vulnerable-to-covid-19>.

¹⁰ Brie A. Williams *et al.*, *How Health Care Reform Can Transform the Health of Criminal Justice-Involved Individuals*, 33 *Health Affairs* 462-67 (2014), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4034754/>; Brie A. Williams *et al.*, *Coming Home: Health Status and Homelessness Risk of Older Pre-release Prisoners*, 25 *J. Gen. Internal Med.* 1038-44 (2010), available at <https://link.springer.com/content/pdf/10.1007/s11606-010-1416-8.pdf>; Laura M. Maruschak *et al.*, *Medical Problems of State and Federal Prisoners and Jail Inmates, 2011-12*, U.S. Dept of Justice (Oct. 4, 2016), at 5, available at <https://www.bjs.gov/content/pub/pdf/mpsfj1112.pdf>.

¹¹ Harvard Health Publishing, *Coronavirus Research Center*, Harvard Medical School (Mar. 25, 2020), <https://www.health.harvard.edu/diseases-and-conditions/coronavirus-resource-center>.

¹² Centers for Disease Control and Prevention, *Coronavirus Disease 2019: People Who Are at Higher Risk*, <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/people-at-higher-risk.html> (last updated Mar. 22, 2020).

10. However, even many young federal prisoners suffer from asthma, rendering them also very vulnerable to coronavirus.¹³

11. But it is not only the elderly, or those with preexisting medical conditions that are at risk of coronavirus in a correctional setting. As of March 23, 2020, New York City reported that “[p]eople ranging in ages from 18 to 44 have accounted for 46 percent of positive tests.”¹⁴ Across the United States, 38% of those hospitalized are between the ages of 20 and 54 and 12% of the intensive care patients are between 20 and 44.¹⁵

12. This data is of particular concern for inmate populations, since prisoners’ physiological age *averages 10 to 15 years older* than their chronological age.¹⁶ Therefore, the consensus of those who study correctional health is that inmates are considered “geriatric, by the age of 50 or 55 years.”¹⁷ It is not clear that prison health care administrations are taking accelerated ageing into account when determining the eligibility criteria for age-related screening tools and medical care protocols for coronavirus, potentially leaving large swathes of the prison population at risk.¹⁸

¹³ Laura Maruschak, *Medical Problems of Jail Inmates*, Dep’t of Justice (Nov. 2006), at p. 2, *available at* <https://www.bjs.gov/content/pub/pdf/mpji.pdf>.

¹⁴ Kimiko de Freytas-Tamura, *20-Somethings Now Realizing That They Can Get Coronavirus, Too*, N.Y. Times (Mar. 23, 2020), <https://www.nytimes.com/2020/03/23/nyregion/nyc-coronavirus-young.html>.

¹⁵ *Id.*

¹⁶ Brie A. Williams *et al.*, *Aging in Correctional Custody: Setting a Policy Agenda for Older Prisoner Health Care*, 102 *Am. J. Public Health* 1475-81 (2012), *available at* <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3464842/>; *see also* Brie Williams *et al.*, *Detained and Distressed: Persistent Distressing Symptoms in a Population of Older Jail Inmates*, 64 *J. Am. Geriatrics Soc.* 2349-55 (2016), <https://onlinelibrary.wiley.com/doi/pdf/10.1111/jgs.14310> (“For example, older jail inmates with an average age of 60 in this study reported poor or fair health [and] chronic lung disease . . . at rates similar to those reported by community-based lower income older adults with an average age of 72.”).

¹⁷ Brie A. Williams *et al.*, *The Older Prisoner and Complex Chronic Medical Care* 165-70 in World Health Organization, *Prisons and Health* (2014), <https://pdfs.semanticscholar.org/64aa/10d3cff6800ed42dd152fcf4e13440b6f139.pdf>.

13. In one study, we found that inmates who died in hospitals were, on average, nearly two decades younger than non-incarcerated decedents, had significantly shorter hospitalizations, and had higher rates of several chronic conditions including cancer, liver disease and/or hepatitis, mental health conditions, and HIV/AIDS.”¹⁹

The Entire Community is at Risk If Prison Populations Are Not Reduced

14. As the World Health Organization has warned, prisons around the world can expect “huge mortality rates” from Covid-19 unless they take immediate action including screening for the disease.²⁰

15. As of March 24, 2020, at least 38 people involved in the New York City correctional system have tested positive for Covid-19.²¹ Already, three inmates and three staff at federal correctional facilities across the United States have tested positive for the coronavirus, according to the Federal Bureau of Prisons.²²

16. Jails and prisons are fundamentally ill-equipped to handle a pandemic.

17. Medical treatment capacity is not at the same level in a correctional setting as it is in a hospital. Some correctional facilities have no formal medical ward and no place to quarantine

¹⁸ Brie A. Williams *et al.*, *Differences Between Incarcerated and Non-Incarcerated Patients Who Die in Community Hospitals Highlight the Need For Palliative Care Services For Seriously Ill Prisoners in Correctional Facilities and in Community Hospitals: a Cross-Sectional Study*, 32 *J. Palliative Med.* 17-22 (2018), available at <https://journals.sagepub.com/doi/pdf/10.1177/0269216317731547>.

¹⁹ *Id.* at 20.

²⁰ Hannah Summers, ‘Everyone Will Be Contaminated’: Prisons Face Strict Coronavirus Controls, *The Guardian* (Mar. 23, 2020), <https://www.theguardian.com/global-development/2020/mar/23/everyone-will-be-contaminated-prisons-face-strict-coronavirus-controls>.

²¹ Ellis, *Covid-19 Poses a Heightened Threat in Jails and Prisons*.

²² Ryan Lucas, *As COVID-19 Spreads, Calls Grow to Protect Inmates in Federal Prisons*, NPR (Mar. 24, 2020), <https://www.npr.org/sections/coronavirus-live-updates/2020/03/24/820618140/as-covid-19-spreads-calls-grow-to-protect-inmates-in-federal-prisons>.

sick inmates, other than the facilities' Special Housing Unit (SHU).²³ While the cells in the SHU have solid doors to minimize the threat of viral spread in otherwise overcrowded facilities, they rarely have intercoms or other ways for sick inmates to contact officers in an emergency.²⁴ This is particularly dangerous for those with COVID-19 infection since many patients with COVID-19 descend suddenly and rapidly into respiratory distress.²⁵

18. Even those facilities that do have healthcare centers can only treat relatively mild types of respiratory problems for a very limited number of people.²⁶ This means that people who become seriously ill while in prisons and jails will be transferred to community hospitals for care. At present, access to palliative care in prison is also limited.

19. Corrections officers may also be particularly vulnerable to coronavirus due to documented high rates of diabetes and heart disease.²⁷ Prison staff in Pennsylvania, Michigan, New York and Washington state have tested positive for the virus, resulting in inmate quarantines. In Washington, D.C., a U.S. marshal who works in proximity to new arrestees tested positive for the virus, meaning dozens of defendants headed for jail could have been exposed.²⁸ In New York,

²³ MCC New York COVID 19 Policy Memo, Mar. 19, 2020, <https://www.documentcloud.org/documents/6818073-MCC-New-York-COVID-19-Policy-Memo.html>; Danielle Ivory, *'We Are Not a Hospital': A Prison Braces for the Coronavirus*, N.Y. Times (Mar. 17, 2020), <https://www.nytimes.com/2020/03/17/us/coronavirus-prisons-jails.html>.

²⁴ Brie Williams *et al.*, *Correctional Facilities in the Shadow of COVID-19: Unique Challenges and Proposed Solutions*, Health Affairs (Mar. 26, 2020), <https://www.healthaffairs.org/doi/10.1377/hblog20200324.784502/full/>.

²⁵ Lizzie Presser, *A Medical Worker Describes Terrifying Lung Failure From COVID-19—Even in His Young Patients*, ProPublica (Mar. 21, 2020), <https://www.propublica.org/article/a-medical-worker-describes--terrifying-lung-failure-from-covid19-even-in-his-young-patients>.

²⁶ Ellis, *Covid-19 Poses a Heightened Threat in Jails and Prisons*; Li and Lewis, *This Chart Shows Why the Prison Population is So Vulnerable to COVID-19*.

²⁷ Brie Williams, *Role of US-Norway Exchange in Placing Health and Well-Being at the Center of US Prison Reform*, <https://ajph.aphapublications.org/doi/10.2105/AJPH.2019.305444> (published Jan. 22, 2020).

²⁸ Zusha Elinson and Deanna Paul, *Jails Release Prisoners, Fearing Coronavirus Outbreak*, WSJ (Mar. 22, 2020), <https://www.wsj.com/articles/jails-release-prisoners-fearing-coronavirus-outbreak-11584885600> (“We’re all headed for some dire consequences,” said Daniel Vasquez, a former warden of San Quentin and Soledad state prisons in

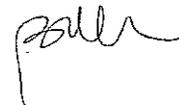
236 members of the New York Police Department have tested positive for coronavirus and 3,200 employees are sick, triple the normal sick rate.²⁹ Two federal prison staffers have also tested positive.³⁰

20. For this reason, correctional health is public health. Decreasing risk in prisons and jails decreases risk to our communities.

21. Reducing the overall population within correctional facilities will also help medical professionals spread their clinical care services throughout the remaining population more efficiently. With a smaller population to manage and care for, healthcare and correctional leadership will be better able to institute shelter in place and quarantine protocols for those who remain. This will serve to protect the health of both inmates as well as correctional and healthcare staff.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: San Francisco, California
March 27, 2020



Dr. Brie Williams

California. “They’re in such close quarters—some double- and triple-celled—I think it’s going to be impossible to stop it from spreading.”).

²⁹ Erin Durkin, *Thousands of NYPD Officers Out Sick Amid Coronavirus Crisis*, Politico (Mar. 25, 2020), <https://www.politico.com/states/new-york/albany/story/2020/03/25/thousands-of-nypd-officers-out-sick-amid-coronavirus-crisis-1268960>.

³⁰ Elinson and Paul, *Jails Release Prisoners, Fearing Coronavirus Outbreak*.