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Attorney for Defendant

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

**PETITIONER, TROY WRAGG’S, REPLY TO THE GOVERNMENT’S RESPONSE TO  
PETITIONER’S MOTION FOR REDUCTION OF SENTENCE  
AND COMPASSIONATE RELEASE**

**I. MR. WRAGG HAS EXHAUSTED HIS ADMINISTRATIVE REMEDIES AND HAS  
RECEIVED A SECOND DENIAL LETTER FROM WARDEN ORTIZ**

On Friday, May 29, 2020, Mr. Wragg received a second denial letter for Compassionate Release from Warden David E. Ortiz at FCI Fort Dix (which was dated for Friday May 22, 2020). (See Exhibit A). In this letter, Warden Ortiz describes Mr. Wragg’s condition as not being “debilitating” enough for him to be considered for Compassionate Release. Additionally, Warden Ortiz claims in this letter that Mr.

Wragg's extensive list of medical conditions are not severe enough because he, "must be completely disabled, meaning the inmate cannot carry on any self-care and is totally confined to a bed or chair, or capable of only limited self-care and is confined to a bed or chair more than 50% of walking hours." Such a matrix would be nearly impossible to apply to Mr. Wragg given the difficulties in measuring what percentage of the time Mr. Wragg is and is not walking around his facility. However, it is important to note that affidavits from inmates in Mr. Wragg's building state that he is physically unable to stand up and walk to the phone or computers sometimes to get in contact with his wife and that these men are often helping Mr. Wragg walk to the restroom, to get his meals, or to go to his counselor's office or the medical unit to attempt to seek help.

## **II. GOVERNMENT CLAIM OF 3<sup>RD</sup> FRAUD CASE IS FALSE AND UNSUPPORTED AND NOT RELEVANT TO THE MATTER BEFORE THE COURT**

The government has created several claims in their argument that are not supported by any factual evidence, affidavits, or citations, thus giving us the need to refute them. To begin by going sequentially through the government's opposition document, the government states that, "the defendant committed at least one additional fraud offense while on pretrial release" and again states, "there is also a third fraud scheme relating to another business run by Wragg called 'iappbetter,' which the victim reported to the state authorities". To state that there is "at least" one additional fraud offense, in an attempt to make others believe there could be more than one is wrong and baseless. Additionally, bringing up a "third fraud scheme" which has never been brought to the attention of Wragg in the state of Maryland is only irrelevant to the true matter at hand—his severe medical needs. To end any speculation regarding a "third fraud scheme", it is important to state that this dissatisfied customer is still using the product that Mr. Wragg created and is generating revenue from it to this day. This app, which was created by Mr. Wragg's company, Ymerodraeth Corporation, not 'iappbetter' which is nothing more than his former website domain and social media handle, was built for a fraction of the cost of most apps in the United States and

as documentation states, the clients actually owe Ymerodraeth Corporation \$10,600 still. With that being said, as long as this former client continues to use a fully-functioning mobile application that can be downloaded in the App Store to this day, promote it on several platforms and in several different news articles, and make money from it, it is outrageous to assume any fraud was evident, especially when this client still owes Mr. Wragg's company a large amount of money that was agreed upon via an email when they did not request their own new contract. Additionally, Mr. Wragg made this client fully aware of his past as to promote complete transparency as he only wanted to move forward doing everything the right way. He was sure to do this, only for this client to respond and state, "To be honest after you were upfront and told me about the charges I didn't do any research." With that being said, it is only fair and just to not consider this baseless claim that is only created out of assuming the worst of Mr. Wragg because of his alleged past. Given that this would be a private, civil, corporate matter (if it were one at all), that the government wants to make public, we have compiled a supplementary exhibit to prove Mr. Wragg did no wrong and that there is no existence of a third fraud case anywhere. In fact, our evidence shows he operated a successful company that built an incredible mobile application for this client that is equipped with facial recognition and state of the art messaging that you can purchase in various mobile app stores to this present day.

### **III. THE GOVERNMENT INCORRECTLY STATES THAT TROY WRAGG'S SEIZURE DISORDER IS MANUFACTURED DUE TO THE COVID 19 VIRUS.**

Mr. Wragg's History of Severe Epilepsy: According to the Merriam-Webster dictionary, the word "debilitating" means, "to impair the health or strength of; synonyms: weaken, disable." As seen in the initial emergency motion for Mr. Wragg's Compassionate Release, followed by the supplemental motion, Mr. Wragg's seizures caused by his severe and uncontrollable epilepsy only continued to get worse, thus "debilitating" his health, unlike the claim Warden Ortiz has made in his second denial letter. In our first emergency motion, it was stated that Mr. Wragg has suffered from 16 seizures in a 21-day period since

the COVID-19 outbreak. At the time we filed the supplemental motion on May 22, 2020, this number of severe seizures had risen to 26 grand-mal seizures. Presently, Mr. Wragg has now suffered from 37 grand-mal seizures as of June 10, 2020. This was due to Mr. Wragg not having proper access to his Keppra medicine which must be taken multiple times a day, every day, to ensure that his seizures are under control. The website, "Focus for Health" states in their article, "The State of Epilepsy," that, "Neurological disorders are on the rise in our most vulnerable populations –children and older adults. Among the most debilitating is epilepsy. This chronic illness creates a tremendous burden on the individuals, families, and healthcare systems affected. Many seizure disorders can be correlated with environmental factors." Although Mr. Wragg has suffered from epilepsy for many years of his life, the neglect to have proper medication to handle his seizures will only create even more health scares for him in the future if he is not compassionately released.

Eight days after filing the initial motion, a supplementary motion was filed updating the seizure count to 26 (now 37), demonstrating that epilepsy is a debilitating disorder that is only continuing to get worse while Mr. Wragg remains incarcerated at FCI Fort Dix. Additionally, it can be seen in a new and updated affidavit from inmate Sampson Lee that when it comes to witnessing Mr. Wragg's seizures, he has, "picked Troy off the floor numerous times during and after seizures." Additionally, in his updated affidavit, which is from June 3, 2020, he states, "It seems to me his seizures have been worse since starting his new medication, he seizes longer, sometimes in excess of 60 seconds, and more frequently, sometimes daily" (see Exhibit B). Ken Harris of OSF Healthcare states in his article titled, "The dangers of seizures: Why you need immediate treatment" that, "there's more to epilepsy-- a seizure disorder with several variants -- you should know. Not all seizures look like a grand mal seizure. They can look vastly different, in fact. Plus, there are devastating side effects and dangers that aren't as easily portrayed on screen." While Mr. Wragg has suffered from 37 grand mal seizures presently, most of which were tended to and witnessed by his bunkmates in his room, it's horrifying to think how many of these were petit mal

seizures that happened in the middle of the night while he was sleeping, which at any point could have made it so that Mr. Wragg did not wake up to see the next day.

With this continued rise in Mr. Wragg's seizures, both due to his stressful environment and his lack of consistent medication that he is required to take three times a day, it must be recognized that this disorder alone can kill Mr. Wragg. As stated by Harris, "There is also the specter of sudden unexpected death in epilepsy (SUDEP), in which a person with epilepsy unexpectedly dies, either with or without evidence of a seizure [and] the risk of death is greater for people with uncontrolled seizures than people with controlled seizures." Given the dangers posed by seizures, the rise in Mr. Wragg's seizures, and the concerns raised in the affidavit previously provided by Dr. Brittini Jones, the government's assertion that Mr. Wragg's seizures can be "well controlled" and are "manufactured" fails.

#### **IV. THE GOVERNMENT INCORRECTLY STATES THAT TROY WRAGG'S ONLY RISK FACTOR FOR COVID 19 IS OBESITY**

In addition to epilepsy, Troy Wragg suffers from serious hypertension and heart disease. After suffering from a heart attack in the year of 2012, Mr. Wragg has had to take extra precaution and make sure that he is always taking the medications needed to control his blood pressure and this severe condition. Marion Delcroix and Luke Howard of the European Respiratory Review state in their journal, "Pulmonary arterial hypertension: the burden of disease and impact on quality of life" that, "Pulmonary arterial hypertension (PAH) is a debilitating disease that pervades all aspects of a patient's daily life." Additionally, when it comes to those who suffer from this disease, it is important to note that it, "can be hugely devastating and exert an adverse impact on all aspects of life: physical, social and emotional." Additionally, the Mayo Clinic Staff states that, "High blood pressure (hypertension) can quietly damage your body for years before symptoms develop. Uncontrolled high blood pressure can lead to disability, a poor quality of life, or even a fatal heart attack or stroke." While Mr. Wragg has tried several times to see


a health care provider in the medical unit at FCI Fort Dix, he has either been denied seeing someone for help, or has been put on a new medication to “try out” for his Epilepsy (Valproic Acid), only resulting in terrible side effects that his body has had to endure. Without proper medical treatment, two very serious conditions like epilepsy and hypertension by themselves could kill Mr. Wragg and the additional danger posed by the COVID 19 virus to Troy Wragg’s life is immeasurable.

The government has asserted in their responsive brief that the type of hypertension that Mr. Wragg suffers from is not of a type that increases his risk of serious complications and heightened risk of death from COVID 19 exposure and that only pulmonary hypertension poses such a risk. This unsupported argument is reckless. The Pulmonary Hypertension Association did release information regarding persons who suffer from hypertension and the risks that are presented to them if they contract COVID-19. This article states, "According to the CDC, there is no evidence to suggest that people with underlying health conditions are at higher risk of becoming infected with the COVID-19 virus. However, there is evidence that people with underlying health conditions, including all types of heart and lung diseases, have a higher risk of developing serious illness from the COVID-19 virus if they become infected." See

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>

In looking at the following chart from the American Heart Association's article titled, "Why High Blood Pressure is a 'Silent Killer'", we can see in Mr. Wragg's medical records that while under the BOP's care, he has fallen into the ranges of "High Blood Pressure (Hypertension) Stage 2" for his Systolic number and "High Blood Pressure (Hypertension) Stage 1" for his Diastolic number. In Mr. Wragg's original emergency motion for Compassionate Release, we stated that Mr. Wragg's blood pressure read as a 167/85 during a doctor's appointment he was able to have. If Mr. Wragg's hypertension is not treated with the proper care, he is likely to reach the level of "Hypertensive Crisis", which did occur in 2012

when he suffered from a heart attack and had a blood pressure level of 225/175 See below chart from the American Heart Association [www.heart.org/bplevels](http://www.heart.org/bplevels):



## Blood Pressure Categories

BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (upper number)		DIASTOLIC mm Hg (lower number)
<b>NORMAL</b>	<b>LESS THAN 120</b>	<b>and</b>	<b>LESS THAN 80</b>
<b>ELEVATED</b>	<b>120 – 129</b>	<b>and</b>	<b>LESS THAN 80</b>
<b>HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1</b>	<b>130 – 139</b>	<b>or</b>	<b>80 – 89</b>
<b>HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 2</b>	<b>140 OR HIGHER</b>	<b>or</b>	<b>90 OR HIGHER</b>
<b>HYPERTENSIVE CRISIS (consult your doctor immediately)</b>	<b>HIGHER THAN 180</b>	<b>and/or</b>	<b>HIGHER THAN 120</b>

©American Heart Association

**heart.org/bplevels**

Mr. Wragg's elevated blood pressure places him in the Hypertension sections of this chart and qualifies as a "serious heart condition".

**V. TROY WRAGG SUFFERS FROM AN ADDITIONAL RISK FACTOR NOT PREVIOUSLY KNOWN OR IDENTIFIED, HYPERLIPIDEMIA**

The recently received second administrative denial of Compassionate Release cited in the government's memorandum mentions the condition of Hyperlipidemia, also known as Hypercholesterolemia, or more commonly known as a severe level of high cholesterol. In the National Library of Medicine's academic journal titled, "Genetic Determinants of Inherited Susceptibility to Hypercholesterolemia- A Comprehensive Literature Review", authors Paththinige, Sirisena, and Dissanayake state that, "Hypercholesterolemia is a strong determinant of mortality and morbidity

associated with cardiovascular diseases and a major contributor to the global disease burden." While this condition is already severely detrimental and dangerous towards one's health, the Journal of Internal Medicine's author's Vuorio, Watts, and Kovanen found in their research journal titled, "Familial hypercholesterolaemia and COVID-19: triggering of increased sustained cardiovascular risk" that there are even greater risks of complications to COVID-19 for those who suffer from Hyperlipidemia and its more common form, Hypercholesterolaemia. See "Patients With Familial Hypercholesterolemia at Higher Risk for Cardiac Complications From COVID-19 (on April 29, 2020, Dibash Kumar Das, PhD stated in a "Cardiology Advisor" article titled, "Patients With Familial Hypercholesterolemia at Higher Risk for Cardiac Complications From COVID-19" that, "Individuals with novel coronavirus disease 2019 (COVID-19) who have familial hypercholesterolemia (FH) may be at higher risk for cardiac complications and atherosclerotic cardiovascular disease (ASCVD) in the long-term, according to a study published in the Journal of Internal Medicine."

## **VI. THE GOVERNMENT'S CLAIM OF SELF-SABOTAGE IS UNSUPPORTED**

The government provided several examples of what they consider to be "Wragg's repeated attempts to sabotage their [the BOP's] efforts" to treat his medical conditions. However, when we align these instances with where they are listed in Mr. Wragg's medical records, we will see that Mr. Wragg, did in fact, state the issues he was having with the medications he was prescribed and actually was open to considering new options that would keep him healthy and allow him to get control over his conditions.

To begin, in looking at the first claim made by the government that cites Mr. Wragg's visit to the Medical Unit on September 16, 2019, it is stated by the government that "Wragg noted that he had experienced a seizure the week before". Since it was scrutinized in the government's opposition that Mr. Wragg did not always report his seizures, we want to make a note of this here. Additionally, missing "some doses of his anti-seizure medication" typically was related to running out due to his condition



being severe or not receiving enough of a supply from the Medical Unit, which becomes a bigger issue as we get closer to the arrival of the COVID-19 pandemic. We can also see that Mr. Wragg complains of his seizures getting worse, which results in the BOP medical staff raising Mr. Wragg's dosage, thus claiming that it is likely that Mr. Wragg could run out of medication prior to receiving the next month's prescription.

In the second instance, on September 23, 2019, Mr. Wragg was on suicide watch. The medications he was prescribed were ineffective and clearly doing more damage to both his body and psyche. Thus, like the government said, "the treating physician agreed to taper his current medication and replace them with medications previously found to be effective." This only continues to prove that Mr. Wragg does in fact want to be on the right combination of medications to better his health, and was willing to work with the physician to find what was best for both his mind and body.

Moving to the next day, September 24, 2019, it is stated that Mr. Wragg refused having his blood drawn. However, what is not stated is that this would require Mr. Wragg reaching his arm out of a metal hole (which he could not see the other side of being that he was on suicide watch in a terrifying environment similar to solitary confinement). Your Honor, we hope that you understand that when one is under suicide watch, the last thing they would want to do is extend their arm through a hole that they cannot see the other side of, only to have a needle placed in their arm by a person they cannot see. With that being said, it's completely understandable that a person in such a vulnerable state would not want to put themselves in such a compromising and horrific situation when their main priority at the time was fighting with their mind to want to live and not kill themselves. Additionally, Mr. Wragg already had experienced previous trauma from being on suicide watch once prior to this instance. This was during his time at FDC Philadelphia, where it was only 46 days after Mr. Wragg was on suicide watch for the first time that he would suffer from another brutal seizure - leaving him with a broken wrist and in a cast for 7

weeks. Mr. Wragg's BOP medical records, which the prosecution has supplied us with, will in fact prove this as well.

Although Mr. Wragg admitted on October 1, 2019 that after leaving suicide watch, "he was experiencing fewer hallucinations and that his new anti-psychotic medication was helpful", it didn't take long for him to notice the side effects that came with this medication, which is called Thorazine. Thorazine, which is quite a powerful drug, has primary side effects such as, "dizziness, drowsiness, anxiety, sleep problems, weight gain, and blurred vision" (Cunha, John P. DO). Having to become acclimated in the general population of a large facility like FCI Fort Dix with side effects like these can be extremely challenging. Although the doctor warned Mr. Wragg's about the dangers of not taking this medication, the government has reported an important claim *backwards*. The government has stated that during Mr. Wragg's October 15, 2019 medical visit, Mr. Wragg, "agreed to resume taking his anti-psychotic medication but none of his other medications" when in all actuality, Mr. Wragg was adamant about not taking the anti-psychotic medication due to the outrageous side effects he was experiencing, but *would* continue taking all of his other medications.

As we move forward to October 24, 2019, it is important to state that Mr. Wragg's reason for missing pill line administration is due to his weakened limbs and inability to walk given the soreness the body feels after having seizures. The prosecution claims Mr. Wragg had "no pain" after suffering from a series of grand-mal seizures. This was allegedly told by my client to the treating PA (Physician's Assistant Ibe; not a Doctor as the prosecution claimed). Your Honor, when the human body goes through a seizure, the entire brain shuts down and succumbs to the woes of the nervous system. Every limb, joint, bone, artery, and vessel all immediately constrict, lock, and contract, and in the case of a grand-mal seizure as my client, Mr. Wragg, frequently suffers from - shakes violently and uncontrollably. This leaves the victim in an extreme state of depression, confusion, sadness, pain, and torment. This happens

with every single seizure. My client has now had 37 (in only 9 weeks) as of today, June 10, 2020. Finally, after consulting with the physician, both parties agreed to discontinue the psychiatric medication, like the government stated, which also proves that the statement the government made regarding the October 15, 2019 appointment was backwards and that Mr. Wragg had fully agreed and intended on taking all other medications except for this one that was just discontinued with the physician.

On January 23, 2020, Mr. Wragg made it a point to report his seizures to the physician again. Please keep in mind this is the *second* time that Mr. Wragg reported his seizures and the severity of them before the COVID-19 pandemic, thus proving that Mr. Wragg is in no way using a pandemic to his advantage to be released because of his medical condition and that he is, as a matter of fact, reporting his seizures when he is finally able to see someone in the Medical Unit.

In regards to receiving medication, on March 15, 2020, the BOP stated that all inmates who receive medications from the Medical Unit would be receiving a 3-month supply as to limit the traffic to the pharmacy given the COVID-19 pandemic. While this is a logical process, Mr. Wragg did not receive all of his medication prescribed for his Epilepsy. Mr. Wragg takes Keppra 3 times a day, which means he would take 90 pills a month, and 270 pills in 3 months. My client only received and documented receiving 60 Keppra tablets, which is not even enough to last him a month, causing him to ration when he would take his limited supply of medicine. Because Mr. Wragg knows how important it is to take every dosage of Keppra for his seizures, he knew he had to remedy this situation as soon as possible.

What the government failed to include were two pivotal moments in the months of March and April of 2020. Mr. Wragg had submitted two inmate sick call slips at this point which had not been addressed (see motion and supplementary motion filed). These sick call slips were to address not receiving the appropriate amount of Keppra in Mr. Wragg's three-month supply. Because Mr. Wragg knew how important it was to have all of this medicine, and because he knew he'd have another two

months to go before receiving another supply of it, he reached out to a Correctional Officer with the last name Curko, who graciously made attempts to call the Medical Unit and get Mr. Wragg's prescription issue resolved, as well as speak with Dr. Chinwalla. Thankfully, this issue was in the process of being resolved, but unfortunately, the damage was already done. As Mr. Wragg's doctor, Dr. Brittini Jones from Mr. Wragg's hometown stated, even missing "just one dosage" of Keppra can put the body into shock and do irreversible damage, which is what happened. Although Mr. Wragg had finally received the appropriate amount of Keppra to last him for the next month (still not the remainder of the 3-month period), his body had already suffered from a series of seizures that should have been prevented by the BOP and were in no way in Mr. Wragg's control. This was not self-sabotage by any means; this was absolute neglect on the BOP's end.

In an effort to try to see a doctor for this rise in seizures, Mr. Wragg tried for a third time to submit an inmate sick call slip, but again, it was not addressed. With this being the case, Mr. Wragg went to his counselor, Counselor Watson, who graciously called the Pharmacy on Mr. Wragg's behalf for an emergency refill of his medication. While he was able to assist Mr. Wragg in getting this refill, which would be ready at the Pharmacy in a few days, he was also told to give the medicine a few days to kick in and he should be back to normal. Thankfully, those few days did not result in a more tragic outcome for Mr. Wragg's body. This brings us to May 4, 2020, when Mr. Wragg reported his seizures for a third time, despite the claim the government makes that he has not been reporting his medical issues and concerns. And like the government said, this report of seizures allowed for the physician assistant to modify Mr. Wragg's prescription.

Again, on May 8, 2020, Mr. Wragg reported his seizures for the fourth time to the BOP, which at this point showed that Mr. Wragg had suffered from 16 seizures in the past three weeks. While the government noted that on this day, "the doctor noted that Wragg had not been compliant in taking his

prescribed medications,” it’s equally important to note that this was not possible for Mr. Wragg because only up until a couple weeks ago, Mr. Wragg couldn’t take his prescribed medications because they were not actually given to him to take. Counselor Watson can confirm that he needed to call the Pharmacy in the Medical Unit on Mr. Wragg’s behalf to get him an emergency refill because he was not given enough medicine in the first place. This is the blatant proof that is needed to prove Mr. Wragg could not be compliant in taking his medication because at the time, the medication did not exist for him to take. Mr. Wragg could not make more Keppra appear out of thin air, but he would have if he could have because his body is now currently suffering from irreversible damage due to the neglect of the BOP when it comes to administering the proper amount of medication for the 3-month span of time given the COVID-19 pandemic.

Lastly, on May 12, 2020, Mr. Wragg “expressed concern whether the medications he had been taking were effective” which allowed for both him and the physician to work together to find the right combination of medications to help improve Mr. Wragg’s condition. This in no way indicates that Mr. Wragg is self-sabotaging his body when we clearly have seen on multiple occasions in Mr. Wragg’s medical records that he is open to looking for new combinations of medicines that can help his body stay healthy so that he can fight to survive such a lengthy sentence. Mr. Wragg wants nothing more than to be able to one day go back home to live with his wife in their small and quiet town, so the last thing he would ever do is sabotage his body and put it through damage that could result in his 22-year sentence being a death sentence.

## **VII. GOVERNMENT CLAIM OF MEDICAL EXAGGERATION IS UNSUPPORTED**

Mr. Wragg has several serious medical conditions from which he has suffered long before the COVID-19 pandemic. The government claims that Mr. Wragg, “has continuously exaggerated the extent

of [these] conditions, lied about their characteristics, and deliberat[ely] exacerbated his situation by failing to take his prescribed medications.” This is not supported by the record. Mr. Wragg's medical conditions have long been an issue before The Court and have been recognized on many occasions by pretrial. Counsel is informed that Pretrial Officer Weisman observed Mr. Wragg's delicate condition on an occasion during which she she met with Mr. Wragg, and his wife, in Baltimore Maryland in July 2018. On that day, Mr. Wragg had suffered from a seizure only 20 minutes' prior while driving through the "Baltimore Tunnel", which is an underground tunnel that is rigged with extensive lighting that caused Mr. Wragg to suffer from a grand-mal seizure for approximately 45 seconds. Mr. Wragg entered that meeting walking on a cane and was completely disoriented. Counsel is further informed that, Officer Weisman, upon seeing his state of confusion, kindly offered her encouragement to go to Johns Hopkins Hospital only minutes away. Additionally, and for the avoidance of doubt, she also used a breathalyzer on him, as it is general protocol, and Mr. Wragg passed without question. Again, let the government's own records indicate this extraordinary and compelling incident.

As Mr. Wragg's medical records show, since being incarcerated with the BOP, Mr. Wragg has been seeing physician's assistants and a doctor for his epilepsy and high blood pressure several times prior to the COVID-19 pandemic and its arrival in our prison system. These issues are so severe that Mr. Wragg was being seen for a fractured wrist that occurred due to hitting his wrist on a metal bed post during one of his seizures in BOP custody (see pg 80 of Mr. Wragg's Medical Records- diagnosed on 12/21/2018). This objectively contradicts the government's claim that Mr. Wragg's "motion is part and parcel of a continued course of action to use the misfortune of others in the COVID-19 situation for his own personal benefit and attempt to escape justice for his egregious criminal conduct." What would be "egregious" in this circumstance is not protecting Mr. Wragg from the high risk of death he is facing in custody as is the duty of the government to all of its prisoners.

WHEREFORE, it is respectfully requested that Mr. Wragg's petition for compassionate release be granted.

Respectfully submitted,

/S/

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Evan T.L. Hughes, Esquire

**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: June 15, 2020

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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: June 15, 2020

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Evan T.L. Hughes, Esquire

Exhibit A: Warden Ortiz's Second Inmate Denial Letter

Wragg, Troy

Register No. 67165-019

Unit: 5812

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**INMATE REQUEST TO STAFF RESPONSE**

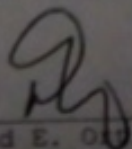
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This is in response to your request for consideration for a Compassionate Release/Reduction in Sentence (RIS) in accordance with Program Statement 5050.50. Specifically, you request a RIS/Compassionate Release as an inmate with a "Debilitated Medical Condition."

In accordance with Program Statement 5050.50, Compassionate Release/Reduction in Sentence, Procedures for Implementation, 18 U.S.C. 3582(c)(1)(A) and 4205 (g), an inmate may initiate a request for consideration only when there are particularly extraordinary or compelling circumstances which could not reasonably have been foreseen by the court at the time of sentencing. In order to meet the criteria as an inmate with a Debilitated Medical Condition, an inmate must be completely disabled, meaning the inmate cannot carry on any self-care and is totally confined to a bed or chair, or capable of only limited self-care and is confined to a bed or chair more than 50% of waking hours.

A review of your current medical status reveals you are a 38-year old inmate who has hypertension, seizure disorder, and a history of hyperlipidemia, and schizoaffective disorder. While you are at a higher risk for severe COVID-19 due to your hypertension, your medical condition is well controlled. The medical department at FCI Fort Dix advises that your current condition is stable, you have no terminal illness, and your medical conditions are not debilitating. Additionally, you are able to carry out self-care without assistance, and can fully function in the correctional environment. Accordingly, your request for compassionate release is denied.

If you are dissatisfied with this response, you may appeal the decision through the Administrative Remedy process.

  
\_\_\_\_\_  
David E. Ortiz  
Warden

5/21/20  
\_\_\_\_\_  
Date

Exhibit B: Second Inmate Affidavit- Sampson Lee #65391-479

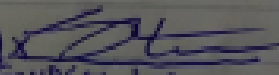
6-3-2020

I, Sampson Lee, Federal Inmate Number 65391-479, here by Swear Under Penalty of Perjury this Affidavit is 100% truthful, and accurate.

I Share a room With Troy Wragg, Federal Inmate Number 67165-019 And I Share a 30 seft Common area With him. With in the last 8 Weeks or So, I have helped Troy Suffer through 32 Seizures, they happen da and Night. I help Troy out of his bed, Walk him to the phone, email, Chow, and even to the bathroom. I've Picked Troy off the Floor Numerous times during and after Seizures. It Seems to Me his Seizures have been worse Since Starting his New Medication, he Seizes longer, Sometimes in excess OF 60 Seconds, and More Frequently, Sometimes daily.

As bad as Troy's Condition is, and as Weak as he is, Troy Still Manages to read his bible, and teach others about the bible. Troy Prays Numerous times daily, and teaches a Make Shift business Class in our room to atleast 10 of us in the building. People are always Coming to our room to Troy for help, even he is Sick, No Matter Their age, race, or Religion, Troy is Their to help anyone in need. Troy is a good person, and a good friend.

I Can only Pray for Troy's release, so he Can Seek the Proper Medical attention to Save his life before it's too late, as its Obvious he his Not receiving in BOP's Custody.

Signed:   
Sampson Lee  
# 65391-479

Dated: 6-3-2020