SAPONE & PETRILLO, LLP

MANHATTAN
40 Fulton Street, 17th Floor
New York, New York 10038
Telephone: (212) 349-9000
Facsimile: (347) 408-0492
E-mail: ed@saponepetrillo.com

LONG ISLAND
1103 Stewart Avenue, Suite 200
Garden City, New York 11530
Telephone: (516) 678-2800
Facsimile: (516) 977-1977
E-mail: bill@saponepetrillo.com

June 29, 2023

BY ECF
The Honorable Andrew L. Carter, Jr.
United States District Court for the
Southern District of New York
40 Foley Square
New York, NY 10007

Re: United States v. Reginald Fowler
Docket No. 19 Cr. 254 (ALC)

Dear Judge Carter:

I am counsel to Defendant Reginald Fowler.

I write to ask Your Honor to modify Mr. Fowler's conditions of pre-trial release to permit him to self-surrender at the Bureau of Prison's (BOP) facility to which he will be designated instead of surrendering tomorrow to the United States Marshal's Service. We make this request due to Mr. Fowler's current medical condition.

On June 6, 2023, Your Honor sentenced Mr. Fowler to 75 months of imprisonment on counts 1, 2, and 5 of the indictment, and to 60 months imprisonment on counts 3 and 4, with each count to run concurrently. Your Honor also ordered that Mr. Fowler surrender himself to the United States Marshal's Service tomorrow, June 30, 2023, at 10:00 a.m. In light of a medical condition that Mr. Fowler is now suffering, we respectfully request that he be permitted to self-surrender directly to the BOP once he is designated.

For the past year, Mr. Fowler has been suffering from severe Uncontrolled Diabetes Mellitus Type -2, and other illnesses. Three days following Mr. Fowler's sentencing, he learned from a doctor that he was experiencing dangerously high blood sugar levels. As a result, his treating physician has indicated that his levels must be closely monitored by a doctor. (I am attaching hereto Mr. Fowler's medical records and a letter from his treating physician confirming his current condition). Although Mr. Fowler's blood sugar levels have been improving since spiking earlier this month, his continued need for regular monitoring by a physician militates in favor of granting him a brief reprieve before

surrendering to his designated BOP facility. If Mr. Fowler were forced to surrender tomorrow to the United States Marshals Service, he would be forced to suffer detention at a local detention facility in downtown Phoenix, Arizona, where he is likely to not receive adequate medical care. For example, he uses on a nightly basis a particular medical device (a continuous positive airway pressure (CPAP) machine) that would not be available to him at a local detention facility.

We are hopeful that the BOP will finalize Mr. Fowler's designation within the next couple of weeks.

Since Your Honor released Mr. Fowler following his sentencing, he has not committed any new crimes and has adhered to his conditions of release.[1]

Therefore, for the reasons stated above, we respectfully request that the Court grant the requested modifications of Mr. Fowler's release.

The government objects to this request. As always, Your Honor's consideration is very much appreciated.

Respectfully submitted,

Respectfully Submitted,

Edward V. Sapone

Edward V. Sapone (ES-2553)
Sapone & Petrillo, LLP
40 Fulton Street, 17th Floor
New York, New York 10038
Telephone: (212) 349-9000
Email: ed@saponepetrillo.com

Attorneys for Reginald Fowler

[1] A condition of Mr. Fowler's sentencing was to arrange to have a monitoring device affixed to his ankle. Notwithstanding his efforts to cause that to happen, he was instructed on June 8, 2023, by his assigned United States Pretrial Services Officer Francisco Gonzalez-Hernandez that he did not need to use the monitoring device.

ISH PATEL, M.D.
BRISAS MEDICAL CLINIC
124 S. KYRENE RD.
CHANDLER, AZ 85226
PH: 480-753-5490
FAX: 480-598-9364

JUNE 26, 2023

RE: REGINALD FOWLER

MR. REGINALD FOWLER (DOB: 02/04/1959) is a patient in our clinic.

He is suffering with severe Uncontrolled Diabetes Mellitus Type -2 for past 1 year.
His last HgbA1c is 16.3 on 6/8/23 which is critically High requiring him close monitoring by Physician every 2 weeks.

I advise him not to travel or leave out of town for next 3 months, until his DM-2 is under control with HgbA1c below 7.0

He also has chronic persistent allergies and asthma, so he avoids perfumes and other respiratory irritants. He also suffers with Obstructive Sleep Apnea.

Due to his chronic illness and disabling medical conditions, he would benefit by regular doctor visits every 2 weeks.

If I can provide any more information, please, contact me.

Thank you.

Ish Patel, M.D.

ISH PATEL,M.D.

Report Status FINAL
Route 1017 Ordered by:
Brisas Medical Clinic
124 S Kyrene Rd
Chandler, AZ 85226

Sonora Quest Laboratories™
A Subsidiary of Laboratory Sciences of Arizona

Ishvarlal Patel, MD

Patient Information:
FOWLER, REGINALD
Order #: 8887-A25254 / NL88875339

Account: 8887
ID/MR#:
Patient Lab ID: 0128264454

Collected: 06/08/2023 03:20 PM
Received: 06/08/2023 10:18 PM
Reported: 06/09/2023 02:43 PM

DOB: 02/04/1959 Age: 64Y-4M-4D
Sex: M Fasting: Unknown
Patient Phone:

CHEMISTRY

Chempanel Basic,Lipid Panel

TEST	RESULTS	REFERENCE RANGES	UNITS
Glucose	**432 H ***	70 - 99	mg/dL
Urea Nitrogen (BUN)	15	7 - 28	mg/dL
Creatinine	1.36	0.68 - 1.37	mg/dL
eGFRcr CKD-EPI	**58 L ***	≥60	mL/min/1.73m2
BUN/Creatinine Ratio	11.0	10.0 - 28.0	
Uric Acid	**3.5 L**	3.7 - 7.7	mg/dL
Sodium	138	135 - 145	mmol/L
Potassium	4.6	3.6 - 5.3	mmol/L
Chloride	99	95 - 109	mmol/L
Carbon Dioxide (CO2)	24	20 - 31	mmol/L
Anion Gap	15	4 - 18	
Osmolality, Calculated	**301 H**	275 - 295	mOsm/kg
Protein, Total	7.0	6.0 - 7.7	g/dL
Albumin	4.5	3.8 - 5.1	g/dL
Globulin	2.5	1.7 - 3.3	g/dL
Albumin/Globulin Ratio	1.8	1.3 - 2.7	
Cholesterol	**244 H**	≤199	mg/dL
Triglyceride	**154 H**	≤149	mg/dL
Calcium	9.5	8.7 - 10.4	mg/dL
Phosphorus (Inorganic)	2.8	2.4 - 4.8	mg/dL
Alkaline Phosphatase	79	40 - 140	IU/L
GGT	17*	5 - 91	IU/L
Alanine Aminotransferase	18	5 - 60	IU/L
Aspartate Aminotransferase	12	12 - 47	IU/L
Lactate Dehydrogenase	173	112 - 245	IU/L
Bilirubin, Total	0.7	≤1.3	mg/dL
Cholesterol/HDL Ratio	3.9	≤4.9	
HDL Cholesterol	63	≥40	mg/dL
Non-HDL Cholesterol	**181 H**	≤129	mg/dL
LDL Cholesterol, Calculated	**154 H ***	≤99	mg/dL
VLDL Cholesterol	28	≤29	mg/dL

*Glucose: Glucose reference range reflects fasting state.

*eGFRcr CKD-EPI: eGFRcr calculated using the CKD-EPI 2021 equation

NKF KDOQI and KDIGO guidelines recommend confirming any eGFRcr of 45-59 mL/min/1.73m^2 accompanied by a urine albumin-creatinine ratio of < 30 mg/g using an eGFR calculated using cystatin C and creatinine.

*GGT: New reference range effective 5/1/2023.

*LDL Cholesterol, Calculated: LDL-C is calculated by using the Martin-Hopkins equation. (JAMA. 2013;310(19):2061-2068)

For moderately high risk and high risk cardiac patients, reference levels of <100 mg/dL and <70 mg/dL, respectively, should be considered. Circulation 2004; 110:227-239.

Report Status FINAL
Route 1017 Ordered by:
Brisas Medical Clinic
124 S Kyrene Rd
Chandler, AZ 85226

Sonora Quest Laboratories™
A Subsidiary of Laboratory Sciences of Arizona

Ishvarlal Patel, MD

Patient Information:
FOWLER, REGINALD
Order #: 8887-A25254 / NL88875339

Account: 8887
ID/MR#:
Patient Lab ID: 0128264454

Collected: 06/08/2023 03:20 PM
Received: 06/08/2023 10:18 PM
Reported: 06/09/2023 02:43 PM

DOB: 02/04/1959 Age: 64Y-4M-4D
Sex: M Fasting: Unknown
Patient Phone:

Hemoglobin A1c With eAG*

Hemoglobin A1c	**16.3 H ***	≤5.6	%
Estimated Average Glucose (eAG)	421	Not Established	

*Hemoglobin A1c: The American Diabetes Association (ADA) guidelines for interpreting Hemoglobin A1c are as follows:

Non-Diabetic patient:	<=5.6%
Increased risk for future Diabetes:	5.7-6.4%
ADA diagnostic criteria for Diabetes:	>=6.5%

Values for patients with Diabetes:

Meets ADA's recommended goal for therapy:	<7.0%
Exceeds ADA's recommended goal:	7.0-8.0%
ADA recommends reevaluation of therapy:	>8.0%

*Hemoglobin A1c With eAG: If the presence of a hemoglobin variant is suspected, do not use % HbA1c results for diagnosis of diabetes mellitus.

In uncontrolled diabetics, high levels of Hemoglobin F (Hb F) may be present. Presence of Hb F greater than 7% of total may result in lower than expected % HbA1c.

Any cause that shortens erythrocyte survival or decreases mean erythrocyte age may reduce expected % HbA1c values even in the presence of elevated average blood glucose. Causes may include hemolytic disease, homozygous sickle cell trait, pregnancy, and recent significant/chronic blood loss. In addition, recent blood transfusions can alter expected % HbA1c values.

Tests Ordered: Hemoglobin A1c With eAG; CPB,Lipid Panel

Values Outside of Reference Range

TEST	RESULTS	REFERENCE RANGES	UNITS
Glucose	**432 H**	70 - 99	mg/dL
eGFRcr CKD-EPI	**58 L**	≥60	mL/min/1.73m2
Uric Acid	**3.5 L**	3.7 - 7.7	mg/dL
Osmolality, Calculated	**301 H**	275 - 295	mOsm/kg
Cholesterol	**244 H**	≤199	mg/dL
Triglyceride	**154 H**	≤149	mg/dL
Non-HDL Cholesterol	**181 H**	≤129	mg/dL
LDL Cholesterol, Calculated	**154 H**	≤99	mg/dL
Hemoglobin A1c	**16.3 H**	≤5.6	%

Values listed above may not include all results considered abnormal for this patient (e.g., text-only results, such as those for some pathology/cytology specimens, and results for analytes without established reference ranges will not appear). Always review the entire patient report and correlate all results with the patient's clinical condition.

Unless otherwise noted, testing performed by: Sonora Quest Laboratories, 424 S 56th St, Phoenix, AZ 85034 800.766.6721

End of Report

FOWLER, REGINALD Order #: 8887-A25254 / NL88875339 - FINAL Report

L=Low, H=High, C=Critical Abnormal, CL=Critical Low, CH=Critical High, *=Comment Distribution #: 629266506-629266506