

JUL 28 2020

FILED
Clerk of Court

Ronald H. Van Den Heuvel's (RVDH)

New Compassionate Reconsideration Motion

Care's Act Law Regarding the Covid-19
Epidemic And its Risk of Death to RVDH,

RVDH Here by will Show the Difference
between the Inadequate Health Care
being Received at the BOP Duluth Prison.

Causes Incarceration compared to the
BOP Home Incarceration being Requested
(needed)

A. RVDH has Pre-Set Auto-Lumbar Type 1 Diabetes!

B. RVDH is BOP Retail Care Level 3 and in a Care Level 2 Facility.

C. RVDH is 66 Years Old is 6'3" and weighs 227 LBS.

D. RVDH Suffers With Pain Nightly and Requires Surgery.

E. RVDH has lost 5 Molar Teeth Since Here

F. RVDH's Immune System Fights his large Doses of Insulin.

G. RVDH's Immune System is 29% of Normal, Spent 14 weeks in the
Chair to Heal A Blister and nearly lost his Foot.

H. RVDH Requires by the BOP 5 Root Canal Surgeries

I. RVDH Was Told by DOS that the BOP
could handle his Case level Three Diabetes,
And thus with My Wifes Agreement Took Plea

J. RVDH Needs to be on A Constant Test Monitor
and also be on the Insulin Pump to Recieve
Smaller Doses of Insulin (10 uN) 10 Times
Per Day Not (56 uN) Twice Daily. This Causes Bad Pains

K. RVDH had Trouble when first Incarcerated
in Max Jail (11 Month - 2 Facilities). Lost 65 LBS
and constant Vomiting until Your Honorable
Judge William Eric Beck ordered them to get
RVDH Proper Care. The BOP Found RVDH to Have
Auto Immune Diabetes and Kelly was Allowed
to Bring in RVDH's Testing and Two Types
of Insulin Pens and RVDH was Allowed to
take Insulin 4 to 5 Times Daily. RVDH
was also then Given Diabetic Meals.

L. No Diabetic Meals here at Duluth Camp

M. RVDH Has lost his Hearing since in DPC.

N. Covid has caused my Two High School
Children to be Home Schooled (They Need their

O. Pandemic has caused no Visits for the last 6 Months

P. BOP Home Incarceration would Allow RUDH to Assist with Math & Science and Religious Theology, Kelly is a converted Catholic.

Q. Henry and Lites Mood Swings and Depression is of Great Concern as they worry constantly for their DAD'S Health in Prison. Internet sometimes HOOK!

R. RUDH'S 7 teenage Grand Children Text Grampa Always asking if I AM OK!

S. Both Children and Grandchildren know that Covid-19 is in Duluth And Do Not Understand RUDH'S Status Here. Kids are very Smart!

T. RUDH'S 20-Children + Grandchildren + Great Grand Child + In laws + Wife Need RUDH,

U. RUDH Needs A proper Diabetic Diet Every Day

V. RUDH Needs his 10 Mile a Day Stationary Bike.

W. IS RUDH Safe in a Dorm with over 100 BOP Inmates using Common Hand rails & Bath Rooms & Washers & Dryers & Chairs & Drinking Fountains & Tee Machines & Phones & E-Mails or All Alone in BOP Home Incarceration in All Guaranties

X. The Communities of the County of St. Louis Inmates, P.O's, Medical Staff, City of Duluth Reserve And Must be made Safer. Changing location of RVDH's Incarceration Makes Them Safer!

Y. RVDH is A Host For Covid And is A Receptor due to his 29% Immune System.

Z. RVDH's Teeth Infections make treating Covid-19 very difficult and Must be Fixed.

AA. Covid-19 is here in DPC and RVDH is A Care level 3 On-Set-Holo-Immune type-1-Diabetic in A Care level 2 Facility Receiving inadequate Care!

BB. The Cares Act Law is to Protect All Parties Against these Previously Stated Issues. Covid-19 is why the Care Act Law was Written.

CC. The Cares Act Law states to use Elderly Compassion to Incarcerate RVDH to his Home to Protect All Parties. RVDH would Still be in BOP Custody.

DD. The Inmates Released under the Care Act are to Numerous to list but have set President, Many with More Sewerage to Serve on Much less Sewerage.

EE. RVDH with this Continued Trade to
Cave will have More Amputations +
Infections + Pain + Vision loss and
Most Assuredly get Covid if left in
the DPC. This would be an Alone
Wrong death decision and why!

FF RVDH Has No Air Conditioning or Air
Circulation in a Dorm Type Building
Shaved with 100 other Men. High Air
humidity with High Temperatures make RVDH
Sheets stick to him. RVDH Remembers
for I grew up without Air Conditioning!
This is very Unhealthy for an Old Man etc.

GG. RVDH has been in Quarantine for Over 100
Days. Tension is rising in the Dakota Camp
for it is no longer a Camp Prison Setting. A
Recent Fight in the kitchen with a knife and
other Party receiving a Broken Arm Shows this.

HH. RVDH has Chronic Underlying Conditions of
Onset Auto-Immune Type 2 Diabetes with
Continued Progressing Severe Hypertension. This
Hypertension has caused Amputations and lost teeth
and Neck Blockage that causes Balance and Dizziness
etc.

MALE PATTERN RISK SCORING

Register Number:

15653-089

Date: 7/16/2020

Inmate Name:

VANDEN HEUVEL, Ronald H

MALE RISK ITEM SCORING	CATEGORY	GENERAL SCORE	Enter Score	VIOLENT SCORE	Enter Score
1. Current Age	> 60	0	0	0	0
Click on gray dropdown box to select, then click on dropdown arrow	51-60	7		4	
	41-50	14		8	
	30-40	21		12	
	26-29	28		16	
	< 26	35		20	
2. Walsh w/Conviction	No	0	0	0	0
3. Violent Offense (PATTERN)	No	0	0	0	0
4. Criminal History Points	2 - 3 Points	8	8	0	4
	2 - 3 Points	8		4	
	4 - 6 Points	16		8	
	7 - 9 Points	24		12	
	10 - 12 Points	32		16	
	> 12 Points	40		20	
5. History of Escapes	None	0	0	0	0
	> 10 Years Minor	2		1	
	5 - 10 Years Minor	4		2	
	< 5 Years Minor/Any Serious	6		3	
6. History of Violence	None	0	0	0	0
	> 10 Years Minor	1		1	
	> 15 Years Serious	2		2	
	5 - 10 Years Minor	3		3	
	10 - 15 Years Serious	4		4	
	< 5 Years Minor	5		5	
	5 - 10 Years Serious	6		6	
	< 5 Years Serious	7		7	
7. Education Score	HS Degree /GED	-4	-4	0	-2
	Enrolled in GED	-2		-1	
	HS Degree / GED	-4		-2	
8. Drug Program Status	No DAP Completed	0	-9	0	-3
	NRDAP Complete	-3		-1	
	RDAP Complete	-6		-2	
	No Need	-9		-3	
9. All Incident Reports (120 months)	2	2	2	0	2
	1	1		1	
	2	2		2	
	> 2	3		3	
10. Serious Incident Reports (120 months)	1	2	2	0	2
	1	2		2	
	2	4		4	
	> 2	6		6	
11. Time Since Last Incident Report	7-12 months	2	2	0	1
	7-12 months	2		1	
	3-6 months	4		2	
	<3	6		3	
12. Time Since Last Serious Incident Report	12+ months or no incidents	0	0	0	0
	7-12 months	1		2	
	3-6 months	2		4	
	<3	3		6	
13. FRP Refuse	NO	0	0	0	0
	YES	1		1	
14. Programs Completed	0	0	0	0	0
	1	-2		-1	
	2-3	-4		-2	
	4-10	-6		-3	
	> 10	-8		-4	
15. Work Programs	0 Programs	0	0	0	0
	1 Program	-1		-1	
	>1 Program	-2		-2	
Total Score (Sum of Columns)		General:	1	Violent:	4
General/Violent Risk Levels		General:	Minimum	Violent:	Minimum
Case 1:17-mj-00160-WOG Document 120-1					

Bureau of Prisons
Health Services
Medical Duty Status

Reg #: 15653-089

Inmate Name: VANDEN HEUVEL, RONALD H

Housing Status:

☐ confined to the living quarters except ☐ meals ☐ pill line ☐ treatments Exp. Date: _____
☐ on complete bed rest: ☐ bathroom privileges only Exp. Date: _____
☒ cell: ☐ cell on first floor ☐ single cell ☒ lower bunk ☐ airborne infection isolation Exp. Date: 04/24/2020
☐ other: _____ Exp. Date: _____

Physical Limitation/Restriction:

☐ all sports Exp. Date: _____
☐ weightlifting: ☐ upper body ☐ lower body Exp. Date: _____
☐ cardiovascular exercise: ☐ running ☐ jogging ☐ walking ☐ softball Exp. Date: _____
☐ football ☐ basketball ☐ handball ☐ stationary equipment
☐ other: _____ Exp. Date: _____

May have the following equipment in his/her possession:

Equipment	Start Date	End Date	Return Date
Alternate Institutional Shoes	04/23/2019		
diabetic soft shoes			

Work Restriction/Limitation:

Cleared for Food Service: No
Restriction: _____
No Work Requiring Safety Shoes: _____
Expiration Date: 04/24/2020

Comments: care level 3

Rice, Benjamin MD, CD

Care level 2
Solo

04/24/2019

Health Services Staff:

Date

Inmate Name: VANDEN HEUVEL, RONALD H

Reg #:

15653-089

Quarters:

003

ALL EXPIRATION DATES ARE AT 24:00

If an inmate has a chronic medical condition that has been identified by the CDC as elevating the inmate's risk of becoming seriously ill from COVID-19,² that condition may satisfy the standard of "extraordinary and compelling reasons." Under these circumstances, a chronic condition (*i.e.*, one "from which [the defendant] is not expected to recover") reasonably may be found to be "serious" and to "substantially diminish[] the ability of the defendant to provide self-care within the environment of a correctional facility," even if that condition would not have constituted an "extraordinary and compelling reason" absent the risk of COVID-19. USSG § 1B1.13, cmt. n.1(A)(ii)(I). Among the chronic medical conditions identified by the CDC as elevating the inmate risk during the pandemic are diabetes, serious heart conditions, and being over 65 years old.

The United States does not dispute that the defendant is 66 and has medical conditions that make him vulnerable to life threatening complications if he were to become infected with the COVID-19 virus. The United States takes these medical conditions seriously. However, the defendant is not currently infected with COVID-19 at this time according to his motion, and the defendant is housed in a federal prison camp that currently has no known infections. As the Third Circuit has held, "the mere existence of COVID-19 in society and the possibility that it may spread

WRONG

² See Centers for Disease Control, *At Risk for Severe Illness*, available at <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups-at-higher-risk.html> (last modified May 18, 2020).



Connected for Life

Dear Detention Center:

The American Diabetes Association, in its position as a global authority on diabetes and author of the *Standards of Care for Diabetes*, writes to share information that is important for facilities that detain people under criminal or civil law during the COVID-19 pandemic.

Medical Information Concerning Diabetes and COVID-19

During the COVID-19 pandemic, the American Diabetes Association recommends that people with diabetes avoid crowds, especially in poorly ventilated spaces. This is because the risk of exposure to COVID-19 increases in crowded, closed-in settings with little air circulation if there are people in the crowd who are sick.

People with diabetes face a higher chance of experiencing serious complications from COVID-19.

In general, people with diabetes are more likely to experience severe symptoms and complications when infected with a virus.

When people with diabetes experience fluctuating blood sugars, they are generally at risk for a number of diabetes-related complications. Having heart disease or other complications in addition to diabetes could worsen the chance of getting seriously ill from COVID-19, like other viral infections, because the body's ability to fight off an infection is compromised.

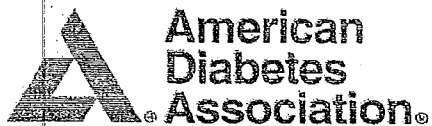
Viral infections can also increase inflammation, or internal swelling, in people with diabetes. This is also caused by above-target blood sugars, and both could contribute to more severe complications.

When sick with a viral infection, people with diabetes face an increased risk of DKA (diabetic ketoacidosis), commonly experienced by people with type 1 diabetes. DKA can make it challenging to manage fluid intake and electrolyte levels—which is important in managing sepsis. Sepsis and septic shock are some of the more serious complications that people with COVID-19 have experienced.

In general, we don't know of any reason to think COVID-19 will pose a difference in risk between type 1 and type 2 diabetes.

2451 Crystal Drive
Suite 900
Arlington, VA 22202

1-800-DIABETES (342-2383)



Connected for Life

Conclusion

Thank you for considering this information as you work to ensure that detainees with diabetes are safe during a difficult time for all. For more information on this topic, the ADA has additional resources here: <https://www.diabetes.org/diabetes/treatment-care/planning-sick-days/coronavirus> and here: https://care.diabetesjournals.org/content/37/Supplement_1/S104.

2451 Crystal Drive
Suite 900
Arlington, VA 22202

1-800-DIABETES (342-2383)

diabetes.org

Case 1:17-cr-00160-WCG Filed 07/28/20 Page 5 of 11 Document 170-2 AmDiabetesAssn

DESTROY IN 30 DAYS / 7-20-2020

**TIMELINE OF DEFENDANT'S ADHERENCE TO ADMINISTRATIVE REMEDIES IN
HIS REQUEST FOR COMPASSIONATE RELEASE**

DATE:

March 6, 2020	Defendant requested and was granted a meeting with his case worker, Mr. Johnson to discuss his health concerns, the First Step Act, the C.A.R.E.S Act and Compassionate Release.
March 26, 2020	Defendant filed a Motion for Compassionate Release.
April 2, 2020	Defendant's Motion was denied by the Court citing that the defendant had 'failed to exhaust his administrative remedies' as required under 18 U.S.C. 3582(C)(1)(A).
April 9, 2020	Defendant filed a request with the BOP for a Reduction in Sentence.
April 29, 2020	Defendant submitted a Petition for Commutation of Sentence.
April 17, 2020	Defendant was provided a copy of the BOP's denial of his 'Request for Sentence Reduction' signed by Warden Birkholz citing "the BOP is taking extraordinary measures to contain the spread of COVID-19 and treat any infected inmates and the defendant's concerns and fears of being exposed to, or contracting the virus does not currently warrant an early release at this time".
May 11, 2020	Defendant received a receipt from the Court acknowledging his request for a Reduction of Sentence/Compassionate Release.
May 12, 2020	The Honorable Judge Griesbach signed an order directing the Government and Probation to file a response to defendant's Motion for Compassionate Release and Custody on or before May 19, 2020.
May 18, 2020	The Government filed a Response to Defendant's Motion for Compassionate Release.

ASSERTIONS MADE BY THE GOVERNMENT IN IT'S RESPONSE TO THE
DEFENDANT'S MOTION FOR COMPASSIONATE RELEASE

1. At the time of the request defendant had only been detained for 23 months; *24 Months + 6 months **
2. The facility that the defendant is located does not, at the time of this writing (5-18-2020), report any cases of COVID-19 amongst inmates or staff; *4 cases*
3. The defendant had not 'exhausted his administrative remedies' within the BOP as stated by the court; *400 Total 100 Don't No Plan*
4. The defendant was relying on the threat 'posed' by COVID-19 as it relates to his health and wellbeing given his age and underlying preexisting medical conditions, to which the government stated that 'the BOP has taken significant measures to protect the health of the of its inmates citing the BOP COVID-19 Action Plan: Inmate Movement (March 19, 2020) as well as the BOP Health Services Division, Pandemic Influenza Plan- Module 1: Surveillance and Infection Control (Oct. 2012)'; *Keep Covid Away Except Home Guard*
5. The defendant had failed to present any 'Extraordinary and Compelling Reasons' warranting a Sentence Reduction; *See No. List*
6. The defendant is not 'currently infected' with COVID-19 at this time; *New Violent with Minimum housed Resid. on*
7. The defendant is a threat to society. *Health Threat to Dublin & St. Louis County*

* 8. Six Additional Months with Concurrent Case (R) totaling 30 Months under BOP Custody & Have Nightly called incarceration, 6 AM + 6 PM Calls - weekly meetings - RUSH. Can not go more than 20 miles (Locator Phone) from 2303 Home Home was Inspected & Visited Twice, RUSH Could not go to Father in laws Funeral (Childs Grandfather), Not allowed to handle over 500⁰⁰ Dollars (violated) by handling Company Envelope, FSA is 1/3 of 90 or 60

"The Google Search on Ron Unruh Howell tells the world what RUSH has Plans to!"

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COVID-19 Coronavirus

The Bureau of Prisons (BOP) is carefully monitoring the spread of the COVID-19 virus. As with any type of emergency situation, we carefully assess how to best ensure the safety of staff, inmates and the public.

[BOP COVID-19 Modified Operations Plan](#)



BOP's Emergency Response

Every Institution is like a small city and to cope with major emergencies or other significant interruptions of normal operations, they each have continuity of operations (COOP) plans that provide guidance to staff.



BOP's COVID-19 Response

In February 2020, the BOP's Public Health Service (PHS) staff were placed in operational dress uniforms to be ready to respond to COVID-19 incidents by the Assistant Secretary for Health.



BOP's COVID-19 Collaboration Efforts

BOP PHS Officers have been deployed for national travel-related screening at airports and NIC has been asked to share BOP-related guidance with state and local corrections.



Coronavirus.gov

The primary lane of information for the public regarding Coronavirus (COVID-19) is a portal for public information published by the Coronavirus (COVID-19) Task Force at the White House, working in conjunction with CDC, HHS and other agency stakeholders.



CDC.gov

The Centers for Disease Control and Prevention (CDC) has established a resource portal on [CDC.gov](https://www.cdc.gov) with the latest information from CDC and the overarching medical community on COVID-19.



USA.gov

To learn about international travel restrictions, how you can prepare for coronavirus, and what the U.S. government is doing in response to the virus, visit <https://www.usa.gov/coronavirus>

COVID-19 Cases

07/08/2020 - The BOP has **130,398** federal inmates in BOP-managed institutions and **13,524** in community-based facilities. The BOP staff complement is approximately **36,000**. There are **2,267 federal inmates** and **211 BOP staff** who have confirmed positive test results for COVID-19 nationwide. Currently, **5,128** inmates and **603** staff have recovered. There have been **94** federal inmate deaths and **1** BOP staff member death attributed to COVID-19 disease.

Due to the rapidly evolving nature of this public health crisis, the BOP will update the open COVID-19 confirmed positive test numbers, recoveries, and the number of COVID-19 related deaths daily at 3:00 p.m. The positive test numbers are based on the most recently available **confirmed lab results** involving **open cases** from across the agency as reported by the BOP's Office of Occupational Health and Safety at 11:00 a.m. each day.

BOP field sites may report additional updates throughout the day. Data is subject to change based on additional reporting.

The BOP has begun additional testing of asymptomatic inmates to assist in slowing transmissions within a correctional setting. As such, our data reflects an increase in the number of COVID-19 positive tests reflected in the table below. The BOP is able to better utilize this information for the management of an outbreak at the relevant, affected facility.

The inmate totals listed do not include inmates participating in the Federal Location Monitoring program, inmates supervised under the USPO, or being held in privately managed prisons. Additionally, the reference to the FCI Butner Low below refers to an isolation unit that is physically separated from the rest of the LSCI.

Dismas Charities Albuquerque (RRC)	27	0	0	0	20	0	Albuquerque	1
Fort Worth FMC	24	2	12	0	579	6	Fort Worth	-
Yazoo City USP	22	3	1	0	51	12	Yazoo City	1
Volunteers of America Texas, Inc. (RRC)	21	0	1	0	22	0	Hutchins	-
Miami FCI	16	4	0	0	0	0	Miami	1
Fort Dix FCI	14	0	0	0	25	5	Joint Base Mdl	1

Confirmed active cases at 93 BOP facilities and 37 RRCs

CHERRY STREET SERVICES INC (RRC)	1	0	1
CHERRY STREET SERVICES INC. (RRC)	7	0	7
CHICAGO MCC	562	9	129
CITY FAITH LITTLE ROCK AR (RRC)	2	0	2
COLEMAN I USP	32	4	1
COLEMAN II USP	93	21	79
COLEMAN LOW FCI	70	136	2
COLEMAN MEDIUM FCI	134	42	6
COMMUNITY EDUCATION CENTERS IN (RRC)	1	0	1
COMMUNITY EXTENDED NUCLEAR TRA (RRC)	1	0	1
COMMUNITY SOLUTIONS INC (RRC)	2	0	1
COOLIDGE HOUSE (RRC)	12	0	8
CORRECTIONAL ALTERNATIVES INC. (RRC)	4	0	2
CROSSPOINT SAN ANTONIO (RRC)	5	2	5
CSC-DISMAS CHARITIES INC (RRC)	8	0	8
CUMBERLAND FCI	50	0	5
DANBURY FCI	798	2	92
DEVENS FMC	918	0	52
DIERSEN - NASHVILLE (RRC)	0	1	0
DISMAS CCC (RRC)	3	1	3
DISMAS CHARITIES ALBUQUERQUE (RRC)	58	10	58
DISMAS CHARITIES COMM.CORR.CTR (RRC)	4	0	4
DISMAS CHARITIES INC (RRC)	1	0	1
DISMAS CHARITIES OF ORLANDO (RRC)	1	0	0
DISMAS CORPUS CHRISTI (RRC)	14	0	14
DISMAS DEL RIO (RRC)	1	0	1
DISMAS HOUSE CHARITIES INC. (RRC)	2	0	2
DISMAS HOUSE OF ST. LOUIS (RRC)	2	0	2
DISMAS LAREDO (RRC)	2	0	2
DISMAS OF LEXINGTON (RRC)	1	0	1
DISMAS OF MANCHESTER (RRC)	3	0	3
DRC DAY REPORTING CENTER - GEO (RRC)	1	1	1
DUBLIN FCI	94	11	1
DULUTH FRC	43	5	4
EDGEFIELD FCI	96	6	0
EL RENO FCI	156	4	4
ELKTON FCI	2223	0	942
ENGLEWOOD FCI	68	77	6
ESTILL FCI	6	4	0
FAIRTON FCI	785	202	104
FLORENCE ADMAX USP	6	1	0
FLORENCE - HIGH USP	40	1	0
FLORENCE FCI	53	8	0
FORREST CITY LOW FCI	1705	1	671
FORREST CITY MEDIUM FCI	82	199	4

The commissary, where inmates can usually purchase hygiene products and other items, closed once inmates started testing positive for coronavirus but reopened on Monday.

In a letter Steven shared with the Star-Telegram, his wife wrote that her unit ran out of toilet paper and cleaning supplies. Two other inmates who requested anonymity also said they are running short on cleaning supplies.

LOCKDOWN

Women at Carswell are afraid the virus will spread quickly, multiple inmates told the Star-Telegram.

The women have been on lockdown since March 31. That limits their contact with other units and the outside world, but also traps them in close quarters with one another.

They have been given cloth masks, common areas are sanitized multiple times a day and cells are cleaned at least once a day, according to the bureau.

Staff bring inmates cold sandwiches in paper bags for lunch and dinner, Shoulders said. Video and in-person visitations have not been allowed since March. Steven said he and his daughter have not seen or touched his wife in a year.

"It's constant that she has a fear that she won't ever see us again," he said.

Caroline, a former inmate who asked not to be identified by her full name because she is violating her probation by speaking to people with criminal records, said her friends tell her they may use the phone once a day for 10 minutes. With other communication cut off, women are emailing so much that the computers' keys have started to break off, she said.

"They have not had fresh air in over a week," Caroline said. "The door is never opened for them to be able to go outside. Inside, there is still no air circulating and it is extremely hot."

Steven said his wife fears she won't make it home alive. She is serving a 40-month sentence on a fraud charge. He agrees she deserved to go to prison, but that she and the other women do not deserve the horror that's happening to them.

"That woman is my everything. My best friend," Steven said. "And I got her calling me, crying constantly, fearing for my life, fearing for her life. And she has guards acting like it's a joke."

LIVING IN FEAR

On Monday, Caroline's friend emailed her to tell her she wants to be cremated if she dies.

In the email, which Caroline shared with the Star-Telegram, the woman told Caroline that she asked her dad "to bury my ashes with my Aunt Sadie and Grandma Helen."

"If it comes to that, he may not have the strength, so please ensure that it gets done," she wrote.

A doctor told Steven and his wife that her medical conditions put her at high risk of becoming seriously ill from COVID-19, but their lawyer has told them a compassionate release is unlikely.

To alleviate crowding in response to the spread of coronavirus, Attorney General William Barr directed the Bureau of Prisons on March 26 to identify and release inmates to temporary home confinement if they have COVID-19 risk factors.

Shoulders said very few women have been granted home confinement. The prison did not respond to questions about how many women have applied for or been granted home confinement.

Inmates do not need to apply to be considered for home confinement, according to the bureau's website, and case management staff are currently reviewing all inmates for eligibility, which poses more than 100 criteria for it.