

Dear Clerk of Court

125 S. Jefferson Street

Attn: Honorable Judge William Greisdach

Green Bay, Wisconsin 54301-2490

United States

Please add these Answers to
DOJ and others Comments Regarding
Ron Van Der Heuvels Re-Consideration Motion
for Compassionate Release regarding Cases
17-CR-160 + 18-CR-060. Sorry DPL Took
away our ability to make copies (5 weeks)
and our Typist Inmate. DPL even two
sided copies your Honor Documents, Misses Wang

①

Ronald H Van Der Heuvel 66 Years Old

BOP Rated Care level 3 Inmate
With Quarantine Covid-19 Rules RVDH'S Care is Inmate
Why RVDH is a Care level 3 Inmate

- A. Rated So At First BOP Facility Inmate
- B. Rated So By DR. Rice First Day in Duluth
- C. On-Set-Auto-Immune-Type 1- Diabetic
- D. 29% Immune System Very Hard to Heal.
- E. RVDH has uncontrolable Blood Sugars
- F. RVDH'S Immune System Attacks his large Intestine
- G. RVDH Receives Two 50ML Morning and 50 ML Nightly.
- H. RVDH Needs Constant Testing & Pump for Insulin
- I. Pump which RVDH Had gives 10 Doses of 10 ML A Day
- J. RVDH can not Control his Blood Sugars!
- K. RVDH can not Control his A1C, 7.4 First Year 9.6
- L. This has Caused Severe Hypertension.
- M. RVDH has lost his Hearing in BOP Custody (80%)
- N. RVDH has lost his left Big Toe & So on Others,
- O. RVDH has lost 3 Teeth in BOP Care due to Hypertension,
- P. Impacted Teeth Need Root Canal Surgeries,
- Q. Lost Teeth (1-18) (4-19) (9-19) ~~(11-19)~~ ~~(12-19)~~ Two More
- R. Urine Tract Infections and Cuts (Antibiotics 6 Times)
- S. 4 Blisters 2 Real Bad Took 14 Weeks in Med Clinic to Heal.
- T. Neck Clogs with Pain & Dizziness & Balance Issues
- U. Hypertension with Blood Sugar Swings affects Vision.
- V. TARS is on Teeth Fused Base Size. Anti-Burst Mouths Salt & Aspirin white.

2

DOS Personnel live 128 miles away in Milwaukee
Please STOP not telling the whole Truth
to the Federal Justice System
and the Honorable Judge W. Ciesbach,
Please see and correct these Statements,
DOS And Agents gave Orieda EYE Private Info Daily,

#1 "Ron Van Der Heuvel (RVDH) does not
have the Covid-19 Virus at this time!"

Truth RVDH has never been tested
for Covid-19. Truth less than 10%
of Inmates & Correction Employees
have been tested @ DPC. This is a great
way to not know what's happening!

#2 "Wife Kelly searches in ADA - American Diabetes
Association Medical information for Facilities
that Detain people."

Truth: Elderly over 65 with Diabetes the
ADA Recommends they Avoid Crowds (over 100 men)
And Poorly ventilated Spaces. There is no Ventilation
in Dorm 208. In any Big City RVDH Age 66 should
be relocated from his High Humidity and Temp-
erature Area. BOP Stated Dorm 208 has Ventilation
wrong (Zero) only A Window No Ventilation.

③

Sheets and Blankets Stick to RVDH's Body. This Condition Along with RVDH's DKH makes managing Sepsis very Difficult. Covid-19 Quarantine Restrictions @ DPE make these Health Concerns Cause Congestion and RVDH on Hot & Humid Nights must Sleep Sitting up.

#3. "RVDH walks in how put on wheel chair confinement / Confinement." RVDH's Dorm 208 with 100 other Men does not have wheel chair Access. BOP States Incorrectly that All 4 Dorms have wheel chair Access.

Truth: Dorms 209, 210 & 211 Have wheel chair Access and Dorm 208 has None and RVDH's Room 119 is over 100 Feet from the only Allowed Entrance therefore RVDH was told to Heal Walk Every Day (2 times).

#4. "RVDH is only a Care level #3 Inmate because he has an Amputated Big Toe on his left Foot and he is Diabetic."

Truth: RVDH is care level 3 because Honorable Judge William Griesbach ordered DAS to get BOP to understand RVDH's Disease of On-Set Auto-Immune-Type 1 Diabetes and give Adequate Care. This Disease has Genetic Ingeous Fatherhood!

④

The BOP allowed RVDH's wife to bring in his two type insulin pens and RVDH could receive 6 to 8 shots per day as he received at home care and at home while in BOP custody. RVDH is care level 3 due to a high level of hypertension in blood stream and lungs. RVDH lost his hearing. Hypertension has caused RVDH to lose 4 teeth and need 4 root canal surgeries due to infections. RVDH can not control his blood sugars with only two shots per day. RVDH has neck blockage dizziness

"RVDH was told on first meeting with Dr. Rice that he could be transferred to a care level 3 BOP facility. Two weeks later he was told he was not eligible for transfer.

Truth: RVDH is worst Diabetic @ DPL in last two years. RVDH takes over 111 mL of Insulin in two doses which are given only twice per day. This causes huge blood sugar swings. RVDH can not receive adequate medical care @ the care level 2 Duluth Prison Camp. This inadequate care does not allow enough doses of insulin and this causes kidney pain.

Truth RVDH is only diabetic over 65 but in DPL out of 18 elderly when RVDH first arrived. All others have been released by a judge or BOP.

③

RVDH Does not follow his Diet was told to the Judicial System by BOPE DR. DR. Rice also Stated losing teeth is only a Dental Problem.

Truth. DR Rice reviews RVDH's Purchases At Commissary, (Food Store) which is Fine, However DR Rice has No Idea What RVDH Eats or How he is allowed to Exercise, RVDH Buys Commissary Items for the Poor, Indigent - Christian Prayer Groups - Catholic Mass Group And Other Groups. RVDH does not Eat 10 Candy Bars (Zero) or 6 Bags of Chips, OR Drink Soda's 1 (Zero) No Dental Problem lack of Blood Flow due to Hypertension is the Cause of teeth loss.

"RVDH is A Danger to the Community" was told to the Judicial System And to the Honorable Judge William Eriesbach in A Response to RVDH Compassionate Release Request. RVDH Can Work in Michigan & 3 Other Drive for Three Years At \$2⁰⁰ Per Hour with A Royalty.

Truth: RVDH has given his Time & Support & Dollars to Our Greater Green Bay Community \$920k Per Year (See Tax Returns) over the last 38 Years (Per Year Average). RVDH has Received 470 letters with only Two Negative. Chinese EB-5 Parties that are going to be US Citizens must be Repaid.

6

38 People in Court at Sentencing Only Two Against Girl Friend
+ Brazilian ER Doctor Marco Arcio (now US Citizen)
Marco + Claudia Moved Family to school in Dallas TX.
Oldest son Group that came to Green Box Society.
thru Company of Officers from Canada. All
Foreign investors will be Repaid. All are Personally
Guaranteed Notes. Community 20 Year Plus Friends
Dave Willgoette and DR. Eddie Lin were Partners
in Green Boxes Packer Box. DR Lin put
Braces on RUDH's Children after Charges. free
RUDH has Received over 290 Million Dollars of
State Grants and Tax Exempt Bonds and Training
Funds and has Repaid All Monies Back Except
for \$1,100,000 of WELC which is First
Restitution to be Repaid. Government
States RUDH May have Damaged US-China
Relationship they Must Be Sinking China
Stole Green Box 100% Reclamation of
Food Contaminated Waste to Tissue & Biotech
Technology. Signed Papers with AIC-Asia
Investment Corp Shows they owe 7050
Millions of Dollars, (They have Built 5)
and US State Department is helping Recoup.

RUDH loves the Greater Green Bay Community
AREA and Citizens. No Party will Ever be
hurt by RUDH. RUDH has 80⁰⁰ An Hour Design
Job And Royalties from Equipment Sales and
Social Security to Pay Back the things done Wrong.

⑦

RVDH has read the Entire Cares Act,
No where does the Cares Act State (32%)
that A Vulnerable Inmate Non-Violent Must Serve X Time.
"66 Years old Vulnerable Inmate with 32% of Sentence Served.
(RVDH's Minor Children) (2) Minor
Grandchildren (9) And Great Grandson
need RVDH to Visit with + Help with
Home Schooling. (Protected Quarantine)
7 Adult Children + In-laws need Help Also
Covid-19 has taken away Visits that
No One talks about but are very Critical.

RVDH Needs to Sell Assets to Pay all his
Restitutions as soon as possible. RVDH
has Finalized Patent and kept all licenses (56) up.
RVDH Worked 90 HR Weeks for 11 Years to
Patent 100% Sanitation and 100% Reclamation of the
Worlds Food Contaminated Waste Stream to
Tissue and Bio-Fuel Products with Zero waste
Water Discharge - Zero handling - Zero Transportation
And Requiring No Third Party Utilities,

The World need this Sanitation + Reclamation
Patented System Right Now Today. Over
100 large Corporations continue to ask
for the Patents use but need RVDH's Help.
RVDH has been severely punished Google RVDH!

(8)

RVDH Stock Sales: RVDH thought and still believes when you sell Personal Stock to Others you may use that Money As you Wish, Both Agent Hager and Officer Schartner knew this but would Movies usage that they found as part of the General Search so that it's usage sounded Incredibly to RVDH also they did not copy to Relativity! Why!

RVDH'S Old Tires and Used Plastic Recovery Equipment (DBAT) System, "Degradation Gasification and Liquefaction Thermally" Closed loop System works continuously and is World Changing. This DBAT System has been approved by the DNR And has run Over 1000 Tons! With Covid-19 this is Needed Now, Offers from Multi Billion Companies for this Patent Pending Equipment are for Several Systems. RVDH Receives Nothing until Operating! Each MMRC - Mini Mill Reclamation Center could be put in down town Milwaukee and Create over 407 Jobs Each while Eliminating up to 830 Tons per day to landfills! With No Incineration or Waste Water Discharge or no landfilling or with no Required Outside third Party Utilities Required. This 100% Sanitizing to 100% Reclamation Patent Pending System is needed Now to Defeat Covid-19.

9

~~_____~~ RUDH will only Allow large
Corporations to Use this Technology
And Save the Planet's Oceans, Lakes
And Aquatic Water And Improve Human Health. RUDH
will never Hurt Anyone And now
will let China Proceed with Others.

Religion: My Catholic Religion has
Always been My Strength! Many
Rosaries with My Mother, Do not DOS
laugh at it. Since in Prison my
older Children & Brothers and Sisters
have stopped going to Mass & Prayers
Prepared Masses. Little sister says
they need Big Brothers Push. They lost
Mom and Big Brother within 3 Months
Hugh Shock to our Family!

IQ: They laugh at (Smart RUDH) see IQ tests and say how vain RUDH is to keep taking IQ tests. They do not even understand that it is a Requirement to work with certain Companies Research and Development Divisions. It is OK for None of whom RUDH at DAS or Agents met would Pass! RUDH never failed any test he has Ever Taken, Banking and legal included, RUDH uses IQ to Help Other Always!!!

10

EX-Wife: This is another misunderstood lie told by the two corrupt Agents and Officers. They fought to get RVDH's Sealed Divorce Marital Property Asset Division Documents Released and Got them. So now they both knew the Honorable Judge Rowdell Kelly's Order that upon sales of certain stocks that Jan Van Den Heuvel must be paid a percentage of that sale minus certain bank debts such as Associated Bank or Wicab Bank or African Bank or Johnson Bank or Citizens Bank that her personal guarantees she was released from! Now Judge Hammer and John Hiede presided over and drafted this document. How can these two crooked Agents not tell Your Honor the truth! Jan Van Den Heuvel's release was on the stock purchased by EB-5 Group and Cliff Town Group and Doctor Aurgio why not tell Your Honor or Not Copy to the Reativity Documents! Instead they tell the Onieda EYE and Your Honor that RVDH used these movies to pay obligations to his Exwife. ALSO on WEPC Funding WEPC took a lien in which Ex-Wife Required a certain Release Payment so that WEPC could lien. Your Honor they know this but held the whole story truth from you. As Bell said their minds were playing

(91)

Your Honor A Sentencing ISSUE has been brought up by the DOP. They have in some records that Ron VanDortland was Sentenced to 36 Months on January 3th 2018 and was taken into Custody. RVDH was Released to Home Confinement with A Bond. RVDH had to call in twice a day - See his Parole Officer Weekly - Stay within 20 miles of home without permission which was never given - Put in Hard tell line at 2303 Home - Had to Remove All Guns - Had 2303 Home Inspected 4 times. Could not stay out past PM without permission which was granted 6 times for weddings and church or kids school functions. Could not have over \$500.00 cash on RVDH. This is very Important Right Now! The 36 Month Sentence with the First Step Act has been completed As RVDH has been notified. Was the sentence to Home Confinement on the 36 Month Sentence in case CR-0160 Running Concurrent with the 90 Month Sentence Count as True Sentence?

Thank You

John VanDortland

12 A. Care level #3 Inmate in a Care level #2 Facility!
 Inadequate Care now Compared to Home Continue
 Improved Health Care for RUDH Able Year Old with A1C 9.6
 RUDH has Earned Maximum Medicare Benefits:

- 1 • RUDH Uses the Insulin Pump for Insulin as Needed 12 times a Day
- 2 • Constant Testing provides Insulin as Needed
- 3 • Dental Benefits for Four Root Canal Surgeries
- 4 • Impacted Teeth & Their Infections Must be Fixed
- 5 • Lack of Dental Care can hurt RUDH's Covid 19 treatments
- 6 • Bike Exercise so as not to get Blisters
- 7 • Complete Isolations Glass Partitions at Home
- 8 • Base Insulin Pen for Four Time a Day Injections
- 9 • Not living with 100 Plus Inmates Plus CO's
- 10 • Maximus Social Security \$4223 a Month Retired
- 11 • Perfect Diet with Balanced Calories and Nutrition
- 12 • Continued Medication for Blood Pressure 108/80
- 13 • Continued Medication for Cholesterol Good & Bad
- 14 • Nurse Practitioner Niece weekly visits (Ashley)
- 15 • Nutritionist constant Review at Allens (Kelly)
- 16 • 29% Immune System - RUDH an Auto Immune On Set Type 1 Insulin Dependent

B. RUDH Should not have to sleep with his
 teeth and kidney pain every Night.

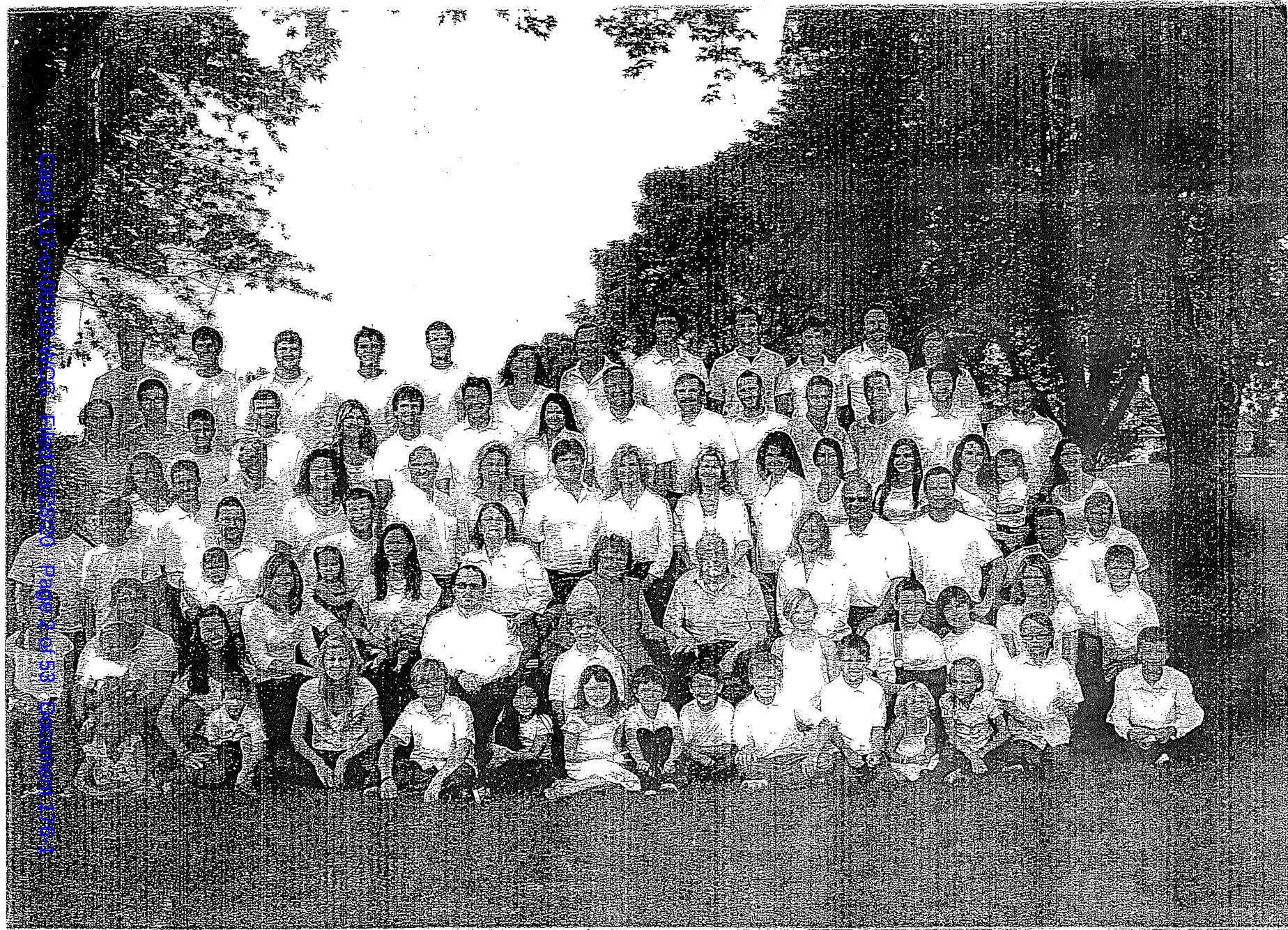
C. Hearing loss may improve with Better
 control of RUDH's A1C 9.6 (legally Deaf)

D. Blurry vision will improve with Better
 Control of RUDH's A1C

E. The Neuropathy in RUDH's Toes & Fingers
 will Improve as A1C is under Control.

F. RUDH is Dangerous for other Inmates +
 Medical Staff and CO's for he is a Receptor (sponge)
 Van Duyn - 7-10-2020

CASE 1:17-cv-00186-JAG Document 20-1 Filed 05/15/18 Page 1 of 1



Currently over 111 Family Unit be Dacta



Mom + Dad after

Rebecca's funeral "You stay don't cry, go home"

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	> 60	0	0	0	0
	51-60	7	4			
	41-50	14	8			
	30-40	21	12			
	26-29	28	16			
	< 26	35	20			
2. Walsh w/Conviction	No	No	0	0	0	0
	Yes	1	0			
3. Violent Offense (PATTERN)	No	No	0	0	0	0
	Yes	5	5			
4. Criminal History Points	0 - 1 Points	0	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	None	0	0	0	0
	> 10 Years Minor	2	1			
	5 - 10 Years Minor	4	2			
	< 5 Years Minor/Any Serious	5	3			
6. History of Violence	None	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	Not Enrolled	0	-4	0	-2	
	HS Degree / GED	-2		-1		
	HS Degree / GED	-4		-2		
8. Drug Program Status	No Need	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)	0	0	2	0	2	
	1	1		1		
	2	2		2		
	> 2	3		3		
10. Serious Incident Reports (120 months)	0	0	2	0	2	
	1	2		2		
	2	4		4		
	> 2	6		6		
11. Time Since Last Incident Report	12+ months or no incidents	0	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	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

DPE SAY Minimum lowest Value of Residuum



Centers for Disease
Control and Prevention

Coronavirus Disease 2019 (COVID-19)

Groups at Higher Risk for Severe Illness

COVID-19 is a new disease and there is limited information regarding risk factors for severe illness. Based on currently available information and clinical expertise, older adults and people of any age who have serious underlying medical conditions might be at higher risk for severe illness from COVID-19.

We are learning more about COVID-19 every day; CDC will update the advice below as new information becomes available.

Reduce your risk of getting sick with COVID-19

- Continue your medications and do not change your treatment plan without talking to your doctor.
- Have at least a 2-week supply of prescription and non-prescription medications. Talk to your healthcare provider, insurer, and pharmacist about getting an extra supply (i.e., more than two weeks) of prescription medications, if possible, to reduce trips to the pharmacy.
- Talk to your healthcare provider about whether your vaccinations are up-to-date. People older than 65 years, and those with many underlying conditions, such as those who are immunocompromised or with significant liver disease, are recommended to receive vaccinations against influenza and pneumococcal disease.
- Do not delay getting emergency care for your underlying condition because of COVID-19. Emergency departments have contingency infection prevention plans to protect you from getting COVID-19 if you need care for your underlying condition.
- Call your healthcare provider if you have any concerns about your underlying medical conditions or if you get sick and think that you may have COVID-19. If you need emergency help, call 911.

Learn what else you can do as someone who may be at higher risk for severe illness, including staying home and away from other people as much as possible.

Actions you can take based on your conditions and other risk factors

Asthma (moderate-to-severe)

Moderate-to-severe asthma may put people at higher risk for severe illness from COVID-19.

Actions to take

- Follow your Asthma Action Plan.
- Keep your asthma under control.
- Continue your current medications, including any inhalers with steroids in them ("steroids" is another word for corticosteroids).
- Know how to use your inhaler.
- Avoid your asthma triggers.
- If possible, have another member of your household who doesn't have asthma clean and disinfect your house for you. When they use cleaning and disinfecting products, have them:
 - Make sure that people with asthma are not in the room.
 - Minimize use of disinfectants that can cause an asthma attack.
 - Open windows or doors and use a fan that blows air outdoors.
 - Always follow the instructions on the product label.

Insurance Business

Coup - FBI - CIA - ...

Not 2 to
Coherent wife charged
Treason

Teaks & Fiser

Stop Trump

Judge in La Rouge

Briet Legle O'Brien

Prager of Judge

Burman - Clinton

In Political Judges

Exhibit Sollner

Terrance

Little true Appointed Wack Job

U.S. DEPARTMENT OF JUSTICE

Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From:

LAST NAME, FIRST, MIDDLE INITIAL

REG. NO.

UNIT

INSTITUTION

Part A- INMATE REQUEST

Ronald Van Den Heuvel (RVDH) is a BOP Designated Case Level #3 Inmate held in a Case Level #2 Rated Facility. Had RVDH Been Transferred to Terre Haute or Boekwer how RVDH would have Already Been Reclassified to BOP Controlled Home Confinement. Now with No Transfers RVDH's Health has been further jeopardized by staying here in DPC. DPC needs to Reclassify any held Case Level #3 over 65 Years Old with over 30% Severe Inmate to Home Confinement for the safety of All Parties. RVDH has a 29% Immune System and is Dangerous to other Inmates - Medical Staff - PO's - Deputies & Staff Court AS A RECEPTOR! RVDH has the Rights to Proper Health Care by himself.

DATE

SIGNATURE OF REQUESTER

Part B- RESPONSE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

SECOND COPY: RETURN TO INMATE

CASE NUMBER:

CASE NUMBER:

Part C- RECEIPT

Return to:

LAST NAME, FIRST, MIDDLE INITIAL

REG. NO.

UNIT

INSTITUTION

SUBJECT:

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)

USP LVN



PRINTED ON RECYCLED PAPER

BP-229(13)
APRIL 1982

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: VanDewHeuvel Ronald H. 15653089 208 Duluth Prison Camp
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST This Request is being written on Behalf of Care Level 13 (Hearth) Ronald Dew Heuvel + St. Louis County + City of Duluth + DCP Staff + Inmates + Guards Health Care Team. RUDH is 66 Years Old with a Chronic Disease - Auto Immune On-Set-Type 1 Diabetes (9.6 A1C) RUDH's Immune System is only 27% of Normal. RUDH is a Reseptor (sponge) carrier very dangerous to others and should be Isolated Alone not with over 100 Inmates. RUDH Should be Reclassified From DPC to Home confinement under the POP. The Amount of Sentence Rules must be Flexible to Protect Our Communities. Covid is very Dangerous and Carriers must be Isolated. A 66 Year old with An Underlying Condition is A Carrier! RUDH has 30 Year of managing over 5600 Wd's And understands Policies And Rules And has had to be Flexible to insure the Best Results for the Many At Times. Attorney General Ban and the Center for Disease Control has No Sentence time in their Directive. They only wanted to Protect Communities And RUDH. Ronald Dew Heuvel De Home!
DATE July 1st 2020 SIGNATURE OF REQUESTER

Part B- RESPONSE

RUDH has served over 29%
over 50% with First Step Applied 1/3.

Received FPL Packet
Mondroff 7/29/2020

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 1036611-F1

CASE NUMBER: _____

Part C- RECEIPT

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

DATE

Case 1:17-cr-00160-WCG Filed 08/28/20 Page 8 of 53 Document 176-1

RECIPIENT'S SIGNATURE (STAFF MEMBER)

**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: can wear own purchased tennis shoes (includes old pair of diabetic soft shoe) Exp. Date: 01/13/2021

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
Shower Protection Bag, Leg	02/03/2020	03/31/2020	
Wheelchair	01/09/2020	02/06/2020	
Hearing Aid-L	12/23/2019		
Hearing Aid-R	12/23/2019		
Alternate Institutional Shoes	12/13/2019	01/13/2020	
Diabetic composite Toe Shoes			
Glucose Meter	08/26/2019		
Serial # EL241180 issued 9/3/19			

Work Restriction / Limitation:

Cleared for Food Service: No

Restriction

Medical Convalescence

Expiration Date
02/18/2020

Comments: care level 3- toe amputation

Peterson, Ashley FNP-BC

02/04/2020

Health Services Staff

Date

Inmate Name: VANDEN HEUVEL, RONALD H Reg #: 15653-089 Quarters: 002

ALL EXPIRATION DATES ARE AT 24:00

FPC Duluth Inmate Bulletin

Gentlemen,

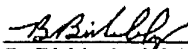
As many of you may have seen in the news, St. Louis County (the county we are in) is experiencing an increase in community spread COVID-19 cases. While we currently have zero (0) active staff or inmate cases, the chances of our staff contracting COVID-19 is higher now than it has ever been. We will continue to work hard to prevent the disease from being brought inside the institution, but I ask that each of you also renew your commitment to preventing the potential spread of this disease amongst the population.

Now more than ever, we need to ensure high levels of sanitation are maintained. High touch surfaces need to be cleaned regularly throughout the day. Additionally, keyboards and phones need to be cleaned after each use, and the provided protective barriers should be used on the phones as well. Please ensure you are maintaining proper social distancing, thorough hand washing, and coughing or sneezing into your elbow throughout your day.

Furthermore, face coverings **MUST BE WORN AT ALL TIMES** while within six feet of another inmate or staff member, and when in ANY congregate areas (i.e. TV rooms, Library, Phone Room, Commissary, Theatre, Barbershop, etc). Failure to manage this responsibility will result in closure of these areas. Effective immediately, staff have been notified to secure these areas indefinitely if inmates are not following this guidance.

Additional cleaning supplies and face coverings are readily available. It is your responsibility to utilize the tools available to you to keep yourselves and one another protected from transmission of this virus should it enter this institution. I trust you will all do your part.

Thank you!


B. Birkholz, Warden

August 6, 2020

**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 **
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; *6 Months **
3. The defendant had not 'exhausted his administrative remedies' within the BOP as stated by the court;
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)';
5. The defendant had failed to present any 'Extraordinary and Compelling Reasons' warranting a Sentence Reduction;
6. The defendant is not 'currently infected' with COVID-19 at this time;
7. The defendant is a threat to society. *Totally Wrong*

** 8. Six Additional Months with Concurrent Case CR-14
Total 30 Months under BOP Custody & Home Nightly Transfers.
(Called)
6AM+6PM Calls - Weekly Meetings - Could not go 20 Miles
Phone Center From 2303 Home - Home Inspected Twice,
Could not go Father in-laws funeral. (Children Could Not)
Not allowed to handle over 500⁰⁰ Dollars! (Violated)
by handling Company Envelope.*

The policy statement includes an application note that specifies the types of medical conditions that qualify as “extraordinary and compelling reasons.” First, that standard is met if the defendant is “suffering from a terminal illness,” such as “metastatic solid-tumor cancer, amyotrophic lateral sclerosis (ALS), end-stage organ disease, [or] advanced dementia.” USSG § 1B1.13, cmt. n.1(A)(i). Second, the standard is met if the defendant is:

- (I) suffering from a serious physical or medical condition,
- (II) suffering from a serious functional or cognitive impairment, or
- (III) experiencing deteriorating physical or mental health because of the aging process,

that substantially diminishes the ability of the defendant to provide self-care within the environment of a correctional facility and from which he or she is not expected to recover.

USSG § 1B1.13, cmt. n.1(A)(ii). The application note also sets out other conditions and characteristics that qualify as “extraordinary and compelling reasons” related to the defendant’s age and family circumstances. USSG § 1B1.13, cmt. n.1(B)-(C). Finally, the note recognizes the possibility that BOP could identify other grounds that amount to “extraordinary and compelling reasons.” USSG § 1B1.13, cmt. n.1(D).

ARGUMENT

The Court Should Deny The Motion Because Van Den Heuvel Has Failed to Present Any “Extraordinary and Compelling Reasons” Warranting a Sentence Reduction and Because the § 3553 Factors Counsel Against Early Release.

First, Van Den Heuvel has not identified “extraordinary and compelling reasons” for that reduction within the meaning of § 3582(c)(1)(A) and the Sentencing Commission’s policy statement. Second, the statutory sentencing factors weigh against his early release.

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.

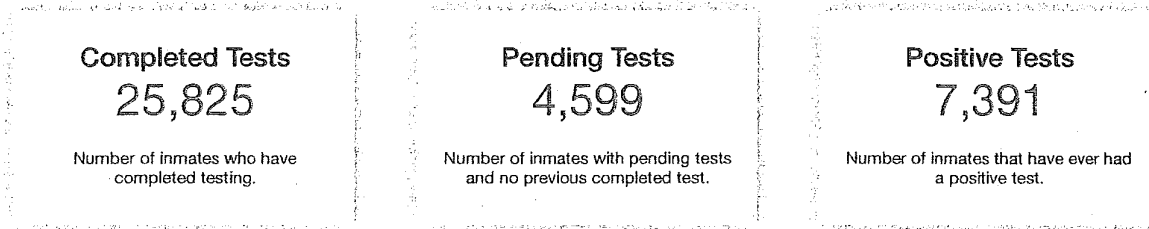
The United States does not dispute that the defendant is 66 and has medical conditions that make him vulnerable to life threatening complications if he were to become infected with the COVID-19 virus. The United States takes these medical conditions seriously. However, the defendant is not currently 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

RVDH has Not been Tested!
Wrong of Cases

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).

[Mouseover facility markers for more information. Zoom in to densely clustered marker areas to see additional locations.]

COVID-19 Inmate Test Information



About the Data

These data are compiled from a variety of sources and reviewed by BOP Health Services staff before documented for reporting. **Not all tests are conducted by and/or reported to BOP.** The number of positive tests at a facility is not equal to the number of cases, as one person may be tested more than once. The number of tests recorded per site reflects the number of persons at the specific facility who have been tested, whether at that site or at a prior facility.

Facility Name ▲	No. of Inmates with Completed Tests	No. of Inmates with Pending Tests	No. of Inmates with Positive Tests
ALDERSON FPC	37	16	0
ALICEVILLE FCI	90	5	9
ALLENWOOD LOW FCI	32	0	0
ALLENWOOD MEDIUM FCI	81	0	0
ALLENWOOD USP	18	0	0
ASHLAND FCI	26	10	0
ATLANTA USP	88	0	13
ATWATER USP	57	12	0
AVALON AUSTIN CORECIVIC (RRC)	4	1	2
BANNUM INC (RRC)	1	0	0



Home

About Us

Inmates

Locations

Careers

Business

Resources

Contact Us

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

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 FPC	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



Home

About Us

Inmates

Locations

Careers

Business

Resources

Contact Us

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

On Set Auto-Immune Type 1 Diabetes

In the spring of 2005 Elizabeth Perkins had just wrapped filming the first season of *Weeds* when she started feeling incredibly fatigued. "I just wasn't myself," says the actress, 57. "I was so thirsty and losing weight. I thought I had some sort of mono-nucleosis." She went to the doctor for a routine blood test and found herself being rushed to the hospital in an ambulance. "The doctor told me my blood sugar was 640. Normal is 100," she says. "Boom. I had diabetes."

But unlike many adults who develop diabetes in midlife, Perkins was diagnosed not with type 2—a resistance to insulin that can be common in people who are overweight—but with late-onset autoimmune type 1 diabetes, a disorder in which the immune system attacks the cells in the

Lifelong Challenge

"It was a huge adjustment to know that I'll have this the rest of my life," says Perkins.

ELIZABETH PERKINS

My Battle with Type 1 Diabetes

WHEN THE ACTRESS STARTED FEELING TIRED 13 YEARS AGO, SHE HAD NO IDEA IT WAS A SYMPTOM OF A SERIOUS AUTOIMMUNE DISEASE

By GILLIAN TELLING

Case 1:17-cr-00160-WCG Filed 08/28/20 Page 18 of 53 Document 176-1

Photographs by VICTORIA WILL

PEOPLE July 2, 2018 77

Peoplehealth

Adult-Onset Diabetes
Officially called latent autoimmune diabetes of adulthood (LADA), type 1 diabetes occurs in adults when the pancreas suddenly stops producing insulin. "I don't fully understand why," says Dr. Carol Levy, Director of the Mount Sinai Diabetes Center in New York. "Where could the immune system go wrong and attack the pancreas, but leave the rest of the body unaffected?" Symptoms include excessive thirst and urination, fatigue and unexplained weight loss.



Family Circle
Perkins (center) with (from left) stepson Alexander, 25, daughter Hannah Phillips, 26, stepson Andreas, 25, husband Julio Macat and stepson Max, 29.



pancreas that make insulin. Only 5 to 10 percent of diabetics have this form of the disease. "It's so bizarrely rare," she says. "I stopped producing insulin. I'm now fully insulin dependent."

For Perkins, who rose to fame in the '80s, starring in films such as *About Last Night* and *Big*, the diagnosis brought huge changes to both her life and career. Put on a strict regimen in which she had to inject herself with insulin five or six times a day, she immediately gained 40 lbs. "You're injecting a hormone that stores fat," she says. "I just puffed up like a basketball. I was on *Weeds*, and everyone saw me get bigger and bigger. It's been challenging as hell."

But 13 years later the actress, who currently plays Mandy Moore's mom in *This Is Us* and an alcoholic gossip in HBO's *Sharp Objects*, has both her weight and the disease under control. She carries injectable insulin pens with her everywhere, since a strap-on pump interferes with the sound transmission on-set. "Everybody on-set

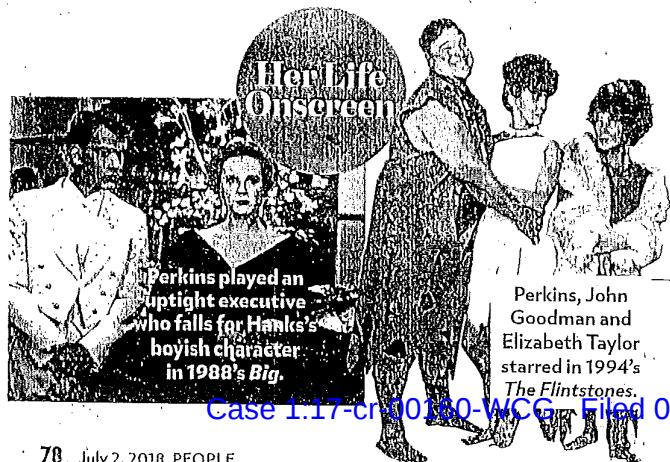
is just used to me raising my skirt and sticking myself in the thigh," she says. "It's like breastfeeding. Sorry if it bothers you!" She closely monitors her blood-sugar levels. "First thing in the morning, last thing in the evening and four or five times in between, checking, checking, checking. It's the only way to manage it." She is also careful to stick to a low-carbohydrate diet and works out five days a week. "I have to keep my heart in check

to keep my circulation going." The hardest part, she says, is knowing she will have to cope with the disease for the rest of her life. "It's a lonely disease because you're managing it all on your own. Outside you appear 100 percent fine, but inside you are battling something deadly."

One thing that hasn't suffered? Her marriage to cinematographer Julio Macat, 60. The duo of 18 years are suddenly empty-nesters now that his three sons and her daughter have grown up and left home. "It's crazy ex-

citing," she says of the change. "You get a chance to reignite your relationship. We've discovered that we're best friends who have a fantastic time when we're alone together." And there's an added bonus to all that alone time. Perkins smiles and whispers, "We're having more sex now than we ever did!"

'People say, 'Oh with diet and exercise you can get off insulin' but no, that's the other form of diabetes'
—ELIZABETH PERKINS



Perkins played an uptight executive who falls for Hank's boyish character in 1988's *Big*.

Her Life Onscreen

Perkins, John Goodman and Elizabeth Taylor starred in 1994's *The Flintstones*.

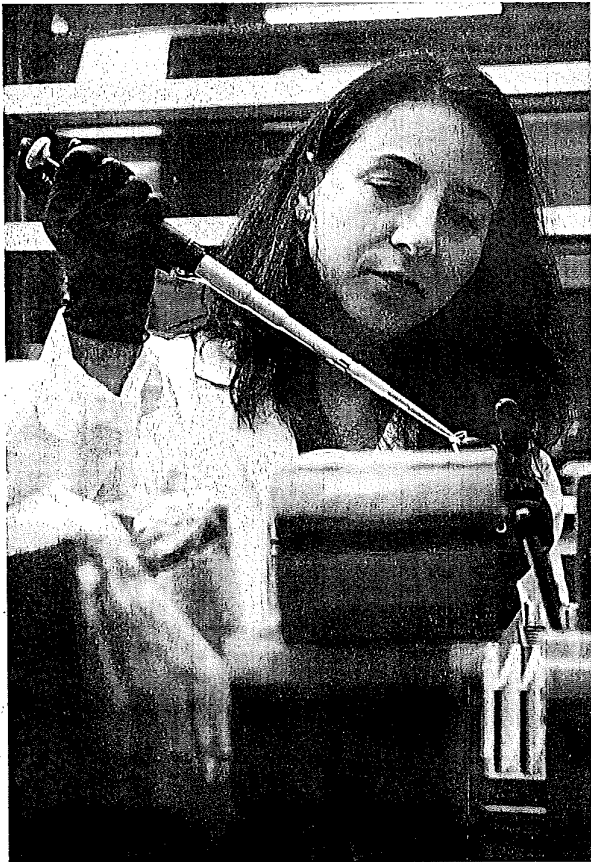


For five seasons Perkins played Celia, Mary-Louise Parker's weed-dealing frenemy on the Showtime drama *Weeds*.



In HBO's new dark thriller *Sharp Objects*, Perkins plays an alcoholic who's hiding an ugly secret.

T-SHIRT: WULF; AVAILABLE AT BLOOMINGDALE'S 87TH STREET. JEANS: A&A; BONE: AVAILABLE AT BLOOMINGDALE'S 87TH STREET. ROBE: BLANKNYC. NEW YORK: BING; JENNIFER FISHER; CLOOEWIE: FLOOM; TOP: RIGHT: BRIGGS; DESIGNS: WINTERMAY; ANNE MARIE FOX; H&B; EVERETT



GROUNDBREAKING RESEARCH

"I don't think anyone else in the country has made as many contributions to diabetes research as the scientists at City of Hope," said Arthur Riggs, Ph.D., who, along with Keiichi Itakura, Ph.D., synthesized the first human-made gene and used it to produce human insulin, which has become the standard of care for diabetes worldwide.

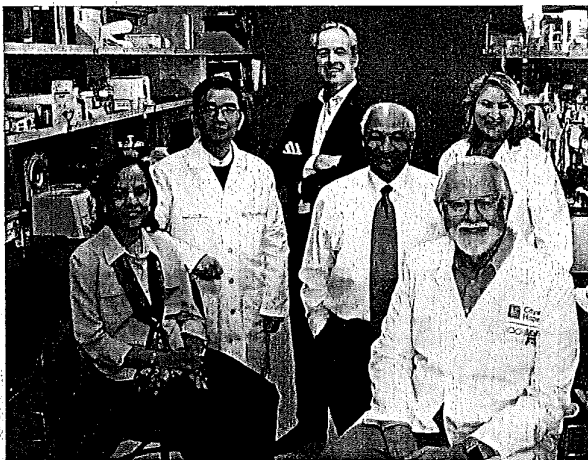
That history is part inspiration and part prelude for today's City of Hope diabetes researchers. Building on past milestones, as well as the institution's acute understanding of the power of the immune system, diabetes investigators are working on an integrated approach to the disease. Collaborating with colleagues around the world, they are speeding toward a common goal: eradicating type 1 diabetes.

'NEGOTIATING' WITH THE IMMUNE SYSTEM

City of Hope's strategies for fighting type 1 diabetes center on three key features of the disease: dysfunction in the insulin-producing beta cells of the pancreas, the immune system's role in attacking those cells, and potentially deadly complications.

"What we try to do at City of Hope is not bombard the immune system into submission, but negotiate with it," said Bart Roep, Ph.D., director of The Wanek Family Project for Type 1 Diabetes. "We try to teach the immune system to preserve beta cells."

City of Hope's integrated approach suggests a vision for the future of type 1 diabetes care — one where there is a therapy appropriate for every patient. The mix of cellular therapies that renew and protect beta cells, immunotherapy, islet cell transplantation and treatments for mitigating complications could be adjusted to the needs of each case.

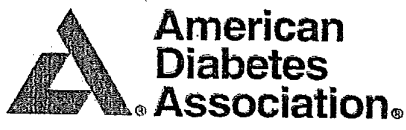


Rama Natarajan, Ph.D., National Business Products Industry Professor in Diabetes Research; Defu Zeng, professor, Diabetes & Metabolism Research Institute; Bart Roep, Ph.D., Chan Soon-Shiong Shapiro Distinguished Chair in Diabetes; Fouad Kandeel, M.D., Ph.D., Arthur D. Riggs Distinguished Chair in Diabetes & Metabolism Research; Arthur Riggs, Ph.D., Samuel Rahbar Chair in Diabetes & Drug Discovery; Debbie Thurmond, Ph.D., Ruth B. & Robert K. Lanman Chair in Gene Regulation & Drug Discovery Research

To learn more about City of Hope and The Wanek Family Project, visit CityofHope.org/Diabetes



City of
Hope®



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.

ENCLOSURE

2451 Crystal Drive
Suite 900
Arlington, VA 22202

1-800-DIABETES (342-2383)

diabetes.org

@AmDiabetesAssn

**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;
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;
3. The defendant had not 'exhausted his administrative remedies' within the BOP as stated by the court;
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)';
5. The defendant had failed to present any 'Extraordinary and Compelling Reasons' warranting a Sentence Reduction;
6. The defendant is not 'currently infected' with COVID-19 at this time;
7. The defendant is a threat to society.

Dr, Rice,

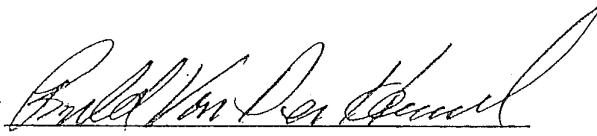
Thank you and your staff for the continued care given to Ronald Van Den Heuvel. I would like to discuss with you a request for compassionate release to self quarantined Home Confinement. As per the first step act of 2018. I am 66 years old with "Late onset auto immune type I diabetes. Officially called Latent Autoimmune diabetes of Adulthood". Even with diet and exercise I can never get off insulins. The auto immune part makes healing extreamly difficult as your staff knows. It has spread to four infections and pain in my lower jaw and has resulted in the loss of four teeth. I have also lost hearing and had my left big toe amputated. I would never survive Corona 19.

My only cure is the insulin pump with full time testing. That requires 10 doses small 8 ml rather than 2 of the 40 ml which is now being given. I am a care level 3 in a care level 2 facility. Compassionate release so I can be put back on the pump and pen is my only care remedy. The constant dysfunction of my insulin Beta cells of my pancrease and the immune systems role in attacking those cells can cause potentially deadly complications and constant pain. At quarantine home confinement cell therapy is available and works on me.

The DOJ and BOP promised me and my breast cancer recovering wife with two minor children that in the BOP the same level of care would be administered. After over two years we now know this was not a correct statement. I took the plea offer based on that promise.

I am a 66 year old first time non-violent offender who does not deserve this type of inadequate medical care! I understand that you and your staff have done everything possible. The facilities available to me at your institution are just not adquate to protect me from further deterioration of my health. The only way I will be safe from the virus and from further det&ration of my health is for me to get compassionate release to home confinement. In addition as you know an infection has put me in a wheel chair for 12 weeks. Infections can be better managed during home quarantine and confinement.

Thank you,

A handwritten signature in black ink, appearing to read "Ronald Van Den Heuvel", written over a horizontal line.

Ronald Van Den Heuvel

OTHER VIEWS

PROTECT INMATES

Those in jails and prisons face greater COVID-19 risk

Like cruise ship passengers and nursing home residents, inmates in jails and prisons are at heightened risk of contracting and rapidly transmitting the coronavirus — with the added peril of violent combustion that is ever present in an incarcerated population.

Prisoners at two dozen institutions in Italy rioted this month after the government, seeking to contain the virus, imposed a countrywide lockdown that curtailed prison visits by relatives and others; in the chaos, at least six inmates died and dozens escaped. It is critical that U.S. officials focus right now on how to limit the pandemic's effects in federal and state facilities.

There are no known major outbreaks yet in prisons and jails, though that may reflect the absence of testing, not the absence of COVID-19, in the facilities. Many of them are perfect incubators for the disease, housing packed-in populations more likely than others to have a chronic condition or infectious disease.

Social distancing, the most effective means of impeding the spread of the virus, is all but impossible at most prisons and jails. Overcrowding; broken sinks; unreliable soap supplies; a steady influx of new inmates; and, at many institutions, substandard medical care — these are the ingredients that

could all too easily fuel the pandemic behind bars.

(Some 2.2 million prisoners are in U.S. prisons and jails. They are in danger, so are hundreds of thousands of corrections officers and others who work in such institutions and then circulate in their communities. All of them need timely and complete information on protocols and best practices.)

Even with full notice, however, intensive mitigation will be required, including shifts in policy designed to thin the ranks of prisoners, especially those most at risk. Prisoner advocate organizations have offered suggestions worth considering. Those include supervised release for nonviolent inmates, especially those who suffer from chronic diseases, and, for some elderly prisoners, expedited parole hearings.

Many state and local institutions that house prisoners are already limiting visits by outsiders, including relatives and lawyers. They would be well advised to compensate by expanding inmates' telephone privileges to the extent practicable, and supplementing them with video links.

The danger is in doing nothing, on the belief that what takes place in penal institutions is less critical or somehow separate from society — or that the lives of convicts themselves are worth less than those of free men and women.

FROM AN EDITORIAL IN
THE WASHINGTON POST



(EX 2)

STEVE SACK STAR TRIBUNE

STAR TRIBUNE
SACK





BUSINESS DEVELOPMENT AGREEMENT

This Business Development Agreement is made and entered into and is effective as of the ___ day of October, 2006 ("Agreement"), by and between Cargill, Incorporated, a Delaware corporation ("Cargill") and Tissue Technology, LLC, a Wisconsin limited liability company ("Company").

RECITALS

WHEREAS, Cargill is engaged in the sale of the Product (as defined below) and to engage Company to market and promote the Product in North America;

WHEREAS, Company toll processes raw fiber for the Product in accordance with a Toll Processing Agreement between Cargill and Company, as of August 1, 2006, as amended (the "Toll Agreement");

WHEREAS, Company has extensive experience and contacts with and in the Tissue Market (as defined below) and desires a non-exclusive right to assist Cargill in marketing and promoting the Product in the Tissue Market.

WHEREAS, Cargill is willing to engage Company to market and promote the Product in the Tissue Market upon the terms and conditions set forth in this Agreement.

NOW, THEREFORE, in consideration of the premises and the mutual covenants stated below, the parties agree as follows:

1. Certain Defined Terms

- 1.1 "Commission Period" has the meaning given to it in Schedule A.
- 1.2 "Discount Period" has the meaning given to it in Schedule A.
- 1.3 "Effective Date" means March 1, 2007.
- 1.4 "Expense Cap" has the meaning given to it in Section 6.2.
- 1.5 "Marketing Materials" has the meaning given to it in Section 6.
- 1.6 "Product" means enhanced fiber additive.
- 1.7 "Services" mean Company's services hereunder to generate awareness and interest in the Tissue Market for the Product, to market and promote the

DOJ could
not find
where RPT
was Partner
with Cargill.
This was
Missed in
Copy to Relativity



IN WITNESS WHEREOF the parties have caused this Agreement to be executed by their authorized representative as of the date first above written.

Cargill, Incorporated

Tissue Technology, LLC.

By: _____

Name: _____

Title: _____

By: _____

Name: _____

Title: _____



CONFIDENTIALITY AGREEMENT

This Confidentiality Agreement ("Agreement"), effective the 29th day of September, 2009 ("Effective Date") is made by and between Cargill, Incorporated through its Emerging Business Accelerator, a Delaware corporation with a principal place of business at 15407 McGinty Road West, Wayzata, MN 55391, its employees and agents (hereinafter "Cargill") and ECO FIBRE, INC., a Wisconsin corporation with a principal place of business at 500 Fortune Avenue, DePere, WI 54115, its employees and agents (hereinafter "Company"). Cargill and Company are collectively referred to herein as "Parties", in singular or plural usage, as required by context.

Section 1. Purpose of This Agreement

The intent of this Agreement is for the Parties to discuss a potential business relationship related to Company providing toll processing for Cargill in the field of bagasse pulp processing ("Purpose") and to protect the confidential nature of such discussions. In order to facilitate the discussions contemplated hereunder, Cargill may provide to Company certain Confidential Information, as defined below. This information is proprietary, secret, and confidential, and will be disclosed to Company only on the following conditions.

Section 2. Definition of Confidential Information

"Confidential Information" shall mean any information related to the Purpose set forth above and disclosed by Cargill to Company, either directly or indirectly. Confidential Information may include, by way of example but without limitation, products, specifications, formulae, equipment, business strategies, customer lists, know-how, drawings, pricing information, inventions, ideas, and other information, or its potential use, that is owned by or in possession of Cargill. Confidential Information shall not include that which: (a) is in the public domain prior to disclosure by Cargill to Company; (b) becomes part of the public domain, by publication or otherwise, through no unauthorized act or omission on the part of Company; or (c) is lawfully in Company's possession prior to disclosure by Cargill.

Section 3. Obligations of Protection

Proper and appropriate steps shall be taken and maintained by Company to protect Confidential Information. Dissemination of Confidential Information shall be limited to



employees or agents that are directly involved with discussions contemplated by this Agreement, and even then only to such extent as is necessary and essential. Company shall inform their employees and agents of the confidential nature of the information disclosed hereunder and cause all such employees and agents to abide by the terms of this Agreement.

Section 4. Obligations of Non-disclosure

Company shall not disclose Confidential Information to any unauthorized party without prior express written consent of Cargill or unless required by law or court order. If Company is required by law or court order to disclose Confidential Information, Company shall provide Cargill prompt written notice of such requirement so that an appropriate protective order or other relief may be sought. The obligations imposed by this Agreement, including but not limited to non-disclosure and non-use, however, shall endure so long as the Confidential Information does not become part of the public domain.

Section 5. Authorized Use and Ownership of Confidential Information

Confidential Information will be used only in connection with discussions contemplated by this Agreement; no other use of Confidential Information will be made by Company, it being recognized that Cargill has reserved all rights to Confidential Information not expressly granted herein. All documents containing Confidential Information and provided by Cargill shall remain the property of Cargill, and all such documents, and copies thereof, shall be returned or destroyed upon the request of Cargill. Documents prepared by Company using Confidential Information, or derived therefrom, shall be destroyed upon request of Cargill, confirmation of which shall be provided in writing. Company, however, may keep one copy of any document requested to be returned or destroyed in the files of its legal department or outside counsel for record purposes only.

Section 6. Ownership of Intellectual Property

Any intellectual property conceived or developed during the course of discussions entered into under this Agreement based upon or arising from Confidential Information shall be solely owned by Cargill. Except as expressly provided herein, no license or right is granted hereby to the Company, by implication or otherwise, with respect to or under any patent application, patent, claims of patent or proprietary rights of Cargill.

People with poorly controlled diabetes are at greater risk for dental problems.

High blood sugar may also cause dry mouth and make gum disease worse. Less saliva can allow more tooth-decaying bacteria and plaque buildup.

Symptoms to Watch for

- Have bleeding or sore gums
- Get infections often
- Have bad breath that won't go away

Take good care of your gums and teeth. Brush and floss at least twice a day. Rinse with an antiseptic mouthwash daily. Get a dental checkup every 6 months. Let your dentist know that you have diabetes.

If you smoke, quit.

Sources [^]

© 2017 WebMD, LLC. All rights reserved.

Why People with Diabetes Are More Prone to Gum Disease

All people have more tiny bacteria living in their mouth now than there are people on this planet. If they make their home in your gums, you can end up with periodontal disease. This chronic, inflammatory disease can destroy your gums, all the tissues holding your teeth and even your bones.

Periodontal disease is the most common dental disease affecting those living with diabetes, affecting nearly 22% of those diagnosed. Especially with increasing age, poor blood sugar control increases the risk for gum problems. In fact, people with diabetes are at a higher risk for gum problems because of poor blood sugar control. As with all infections, serious gum disease may cause blood sugar to rise. This makes diabetes harder to control because you are more susceptible to infections and are less able to fight the bacteria invading the gums.

How Your Dentist Can Help You Fight Diabetes

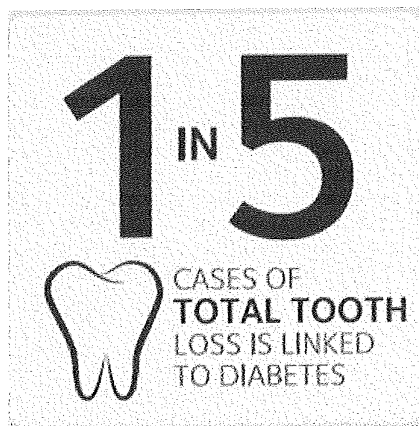
Regular dental visits are important. Research suggests that treating gum disease can help improve blood sugar control in patients living with diabetes, decreasing the progression of the disease. Practicing good oral hygiene and having professional deep cleanings done by your dentist can help to lower your HbA1c. (This is a lab test that shows your average level of blood sugar over the previous three months. It indicates how well you are controlling your diabetes.)

Your Diabetes Dental Health Action Plan

Teamwork involving self-care and professional care from your dentist will be beneficial in keeping your healthy smile as well as potentially slowing progression of diabetes. Here are five oral health-related things you can do to for optimal wellness:

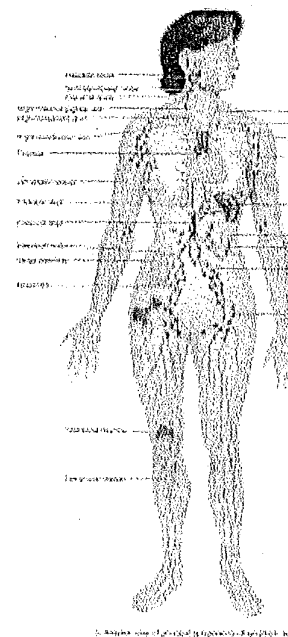
- Control your blood sugar levels. Use your diabetes-related medications as directed, changing to a healthier diet and even exercising more can help. Good blood sugar control will also help your body fight any bacterial or fungal infections in your mouth and help relieve dry mouth caused by diabetes.
- Avoid smoking.
- If you wear any type of denture, clean it each day.
- Make sure to brush twice a day with a soft brush and clean between your teeth daily.
- See your dentist for regular checkups.

Download this helpful infographic to learn more:

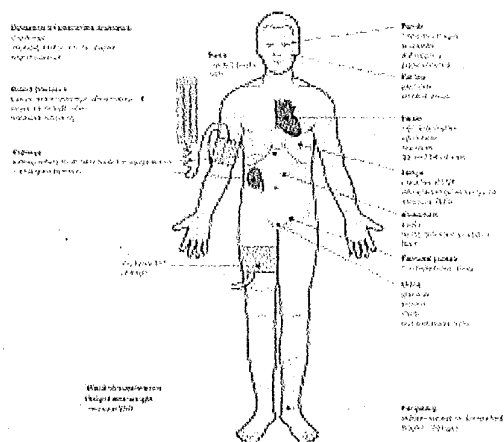


Manage Your ABCs: National Diabetes Education Program

Diabetic vascular disease effects at
researchgate.net

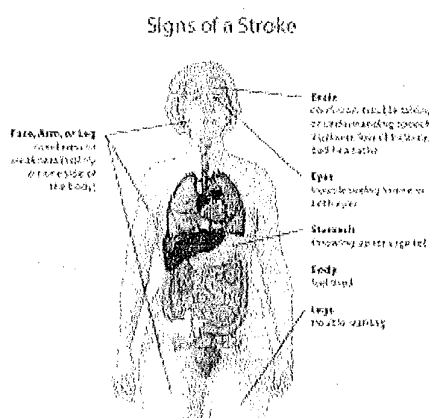


Effects of Wolfram Syndrome | chronic | Type 1 d...
pinterest.com



View Large | Murtagh Collection | McGraw-Hill M...
murtagh.mhmedical.com

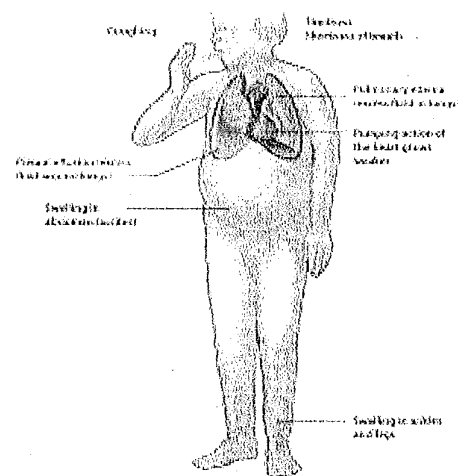
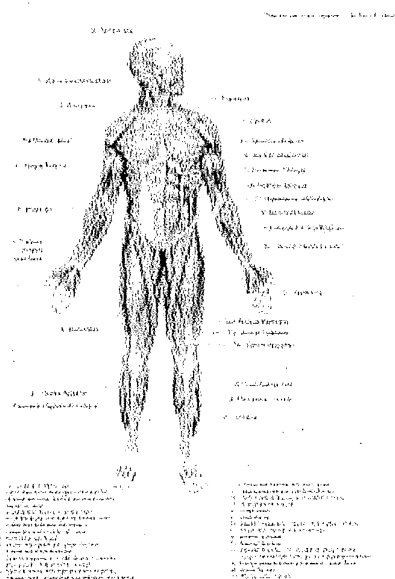
Acupuncture For High Blood Pressure Orlando FL
harmonywellnesscenter.com



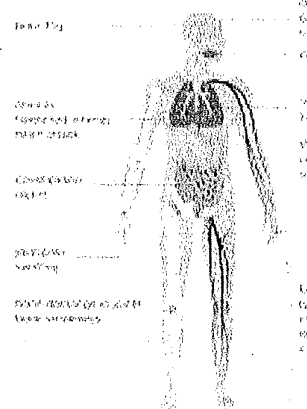
Lymphatic Enhancement Therapy -
seedoflifearts.com

32130-25410

Anatomy of a Stroke | News | ideastream
ideastream.org



Effects on the Body



How does RA affect different parts of the body?

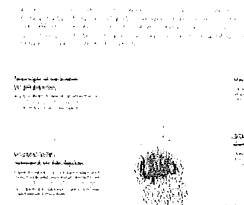
Study carefully. Shoulder muscles called? Chest...
pinterest.cl



Fluid Overload | CHF Solutions
chf-solutions.com



CH VOL. 9, PAGE 1





System runs at 800 gallons of oil per day on tires
1,200 gallons of oil per day of plastic

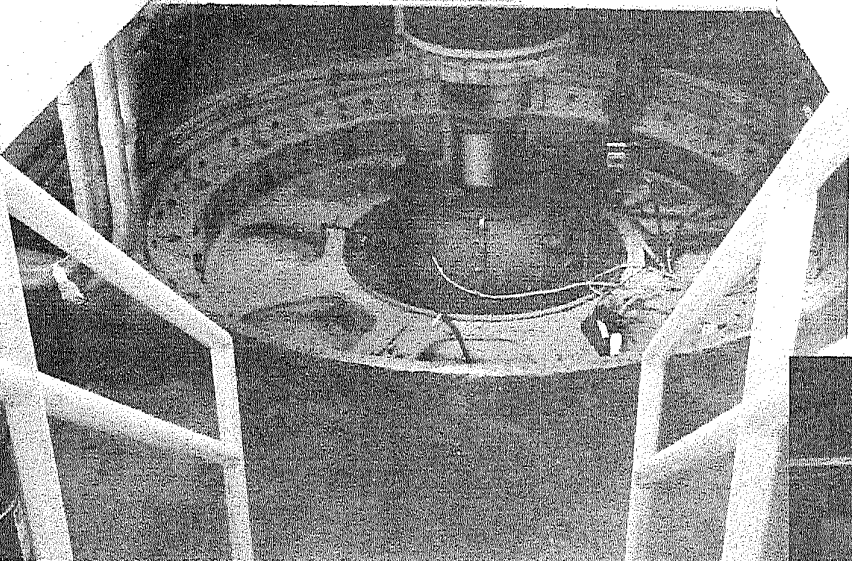
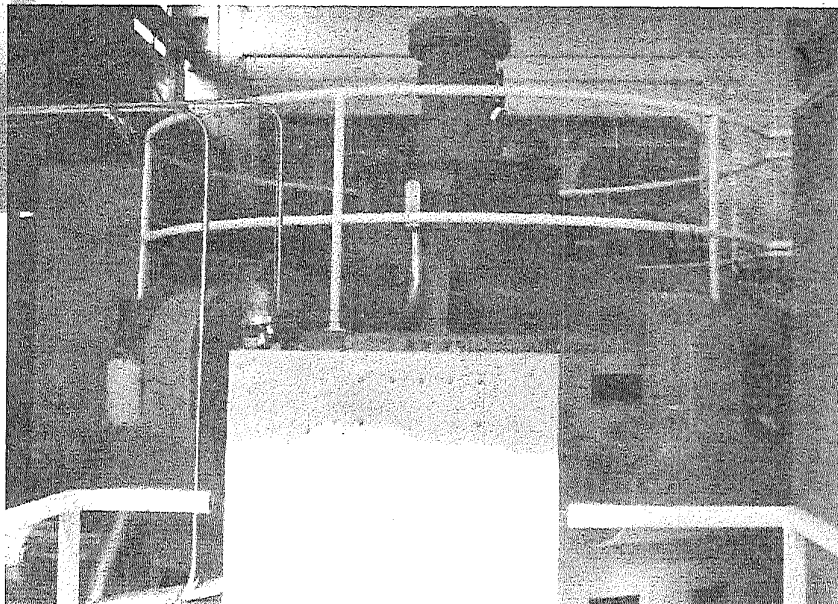
RUDH can sell These DBALT Systems (51 Buyers)



29,000 Paper Poly Coated Cups = 1 Tow



Ribbon cutting for tax exempt bond debt tissue machine
Annual Tissue Product Production of 60,000 tons (ran for 10 years)



1.0 – 2.0 MW Hydro Plant

FDA Approval of the Process

See Back



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

Food and Drug Administration
College Park, MD 20740

May 19, 2010

Ron Van Den Heuvel
PC Fibre Technology, LLC
2077-B Lawrence Drive
De Pere, WI 54115

Dear Mr. Van Den Heuvel:

This letter is in response to your request on behalf of PC Fibre Technology, LLC (PC Fibre), for FDA's opinion regarding the suitability of their secondary recycling process to produce post-consumer recycled (PCR) pulp fiber suitable for food-contact use provided only post-consumer polyethylene-coated food containers are included in the feedstock. This PCR-fiber pulp would then be blended with virgin pulp at a maximum level of 40 weight percent PCR-fiber pulp. The resultant blended pulp will be used to manufacture polyethylene coated, disposable articles for use in contact with hot and cold beverages (food type VI-B "Beverages - nonalcoholic" as defined in Table 1 in 21 CFR 176.170(c)). This request has been logged into our correspondence tracking system (CTS) as CTS 10-89.

The use of PCR-fiber pulp, or "salvage from used paper and paperboard", in the manufacture of food-contact paper/paperboard is regulated under 21 CFR 176.260(c) "Pulp from reclaimed fiber". As such, any producer capable of manufacturing pulp from reclaimed fiber which is in compliance with the identity, specifications, and limitations of 21 CFR 176.260 may utilize such fiber in food contact applications without interaction with FDA. CTS 10-89 does not include analytical information demonstrating that PC Fibre's recycling process removes potential contamination from their recycled feedstock. Instead, PC Fibre relies on a controlled feedstock to ensure that articles manufactured utilizing their reclaimed fiber pulp is of a purity suitable for food-contact use and as such complies with 21 CFR 176.170(e) and 21 CFR 174.5(a)(2) "General provisions applicable to indirect food additives".

In CTS 10-89 you state that PC Fibre obtains their feedstock from a secondary party, which purchases pre-sorted, post-consumer, polyethylene-coated paper or paperboard containers which have been used solely for food contact applications (polycoated cups, and milk and juice cartons). This secondary party shreds, washes, and bleaches these paper materials prior to delivery to PC Fibre. PC Fibre further processes this post-consumer paper feedstock, including steps to remove the remains of the polyethylene coating and inks which may remain from the feedstock's previous use. PC Fibre then sells this PCR-fiber pulp to paper manufacturers. These paper manufacturers blend the PCR fiber pulp with virgin pulp to make paper and/or paperboard which will be used to manufacture polyethylene coated, single-use disposable beverage cups.

Page 2 Mr. Van Den Heuvel

FDA has evaluated your submission and has concluded that PC Fibre's recycling process is sufficient to produce PCR fiber pulp suitable for food-contact use under the following use limitations, as specified in CTS 10-89:

- PC Fibre utilizes a controlled feedstock, which consists solely of pre-sorted, post-consumer, polyethylene-coated paper or paperboard food-contact containers.
- The PCR-fiber pulp will be blended with virgin pulp at a level not to exceed 40 weight percent of PCR fiber pulp in the final paper/paperboard.
- The resultant paper/paperboard will be used solely to manufacture single-use disposable beverage cups.¹
- A polyethylene coating will be applied to the food-contact side of the final article (cup). This coating will have a minimum thickness of 0.5 mil.²

In conclusion, FDA has evaluated PC Fibre Technology, LLC's recycling process for post-consumer pulp fiber salvaged from used food-contact paper and paperboard as outlined in CTS 10-89. Based upon our review of the process and use information, we have concluded that PC Fibre Technology, LLC's recycling process is sufficient to produce PCR fiber pulp suitable for food-contact use under the limitations specified in CTS 10-89. This conclusion covers the use of a feedstock consisting of salvaged post-consumer polyethylene-coated food containers which is processed by PC Fibre Technology, LLC and then blended with virgin pulp at a maximum level of 40% PCR-fiber pulp. The resultant blended pulp will be used to manufacture polyethylene coated, disposable articles for use in contact with hot and cold beverages (food type VI-B "Beverages - nonalcoholic" as defined in Table 1 in 21 CFR 176.170(c)). If the feedstock source, use limitations, or PC Fibre Technology, LLC's recycling process is modified from that presented in CTS 10-89, new data would need to be evaluated.

If you have any further questions concerning this matter, please do not hesitate to contact us.

Sincerely,

Paul Honigfort, Ph.D.
Consumer Safety Officer
Division of Food Contact Notifications, HFS-275
Office of Food Additive Safety
Center for Food Safety
and Applied Nutrition

¹ Disposable beverage cups are not intended to store food or beverages for an extended period of time. As such, contact time between the cup and the consumed beverage will be minimal. This limits the potential for any migration to occur between the cup and the consumed beverage.

² FDA has not made a determination as to the suitability of polyethylene as a functional barrier. However, due to the polyethylene coating, the PCR-fiber blended paper will not have direct contact with the consumed beverage. As such, the potential for any migration to occur between the PCR-fiber blended paper and the consumed beverage is limited further.

DESTROY IN 30 DAYS / 8-5-2020

FDA Approval

Old Cup to New Cup, Soiled Napkin to New Napkin



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

Food and Drug Administration
College Park, MD 20740

December 10, 2010

Ron Van Den Heuvel
PC Fibre Technology, LLC
2877-B Lawrence Drive
De Pere, WI 54115

Dear Mr. Van Den Heuvel:

This letter is in response to your October 26, 2010 request for clarification pertaining to FDA's May 19, 2010 opinion letter regarding the suitability of PC Fibre Technology, LLC's (PC Fibre) secondary recycling process to produce post-consumer recycled (PCR) pulp fiber suitable for food-contact use provided only post-consumer polyethylene-coated food containers are included in the feedstock. FDA's May 19, 2010 letter stated that PC Fibre's recycling process is sufficient to produce PCR-fiber pulp suitable for food-contact use under the limitations specified in CTS 10-89. CTS 10-89 specified the use of a feedstock consisting of salvaged post-consumer polyethylene-coated food containers which are processed by PC Fibre and then blended with virgin pulp at a maximum level of 40% PCR-fiber pulp. The resultant blended pulp would be used to manufacture polyethylene coated, disposable articles for use in contact with hot and cold non-alcoholic beverages. Your October 26, 2010 correspondence requests clarification on whether FDA's opinion that the blended pulp is acceptable for "hot beverages" is applicable to beverages at temperatures in excess of 150 degrees Fahrenheit. Your October 26, 2010 correspondence also requests expansion of the intended use to include alcoholic beverages.

In CTS 10-89, FDA's evaluation considered the following use limitations:

- PC Fibre utilizes a controlled feedstock, which consists solely of pre-sorted, post-consumer, polyethylene-coated paper or paperboard food-contact containers.
- The PCR-fiber pulp will be blended with virgin pulp at a level not to exceed 40 weight percent of PCR-fiber pulp in the final paper/paperboard.
- The resultant paper/paperboard will be used solely to manufacture single-use disposable beverage cups.¹
- A polyethylene coating will be applied to the food-contact side of the final article (cup). This coating will have a minimum thickness of 0.5 mil.²

¹ Disposable beverage cups are not intended to store food or beverages for an extended period of time. As such contact time between the cup and the consumed beverage will be minimal. This limits the potential for any migration to occur between the cup and the consumed beverage.

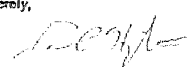
² FDA has not made a determination as to the suitability of polyethylene as a functional barrier. However, due to the polyethylene coating, the PCR-fiber blended paper will not have direct contact with the consumed beverage. As such, the potential for any migration to occur between the PCR-fiber blended paper and the consumed beverage is limited further.

Page 2- Mr. Van Den Heuvel

FDA has reviewed your October 26, 2010 clarification of the intended use of your product in the context of our review of the manufacturing process, pulp, and product specifications provided in CTS 10-89. Based upon this review, FDA has concluded that PC Fibre Technology, LLC's recycling process is sufficient to produce PCR-fiber pulp suitable for food-contact use under the limitations specified in CTS 10-89 and clarified in your October 26, 2010 correspondence. This conclusion covers the use of a feedstock consisting of salvaged post-consumer polyethylene-coated food containers which is processed by PC Fibre Technology, LLC and then blended with virgin pulp at a maximum level of 40% PCR-fiber pulp. The resultant blended pulp will be used to manufacture polyethylene coated, disposable articles for use in contact with beverages (food type VI as defined in Table 1 in 21 CFR 176.170(c)) at temperatures up to and exceeding 150 degrees Fahrenheit.³ If the feedstock source, use limitations, or PC Fibre Technology, LLC's recycling process is modified from that presented in CTS 10-89, new data would need to be evaluated.

If you have any further questions concerning this matter, please do not hesitate to contact us.

Sincerely,


Paul Honigfort, Ph.D.
Consumer Safety Officer
Division of Food Contact Notifications, HFS-275
Office of Food Additive Safety
Center for Food Safety
and Applied Nutrition

³ Note that food type VI includes food types VI-A "Containing up to 8 percent alcohol", VI-B "Nonalcoholic", and VI-C "Containing more than 8 percent alcohol".



Template: COVID-19 Accelerated Release Letter [fill-in / check box where indicated]

The following letter documents the medical rationale for recommending this patient's immediate release in response to the risks posed by the ongoing COVID-19 pandemic. A copy has been forwarded to the appropriate authority and is included in the patient's medical record.

Based on current knowledge, AGE is the greatest risk factor for ICU need and mortality from COVID-19.

[Patient name] is a [age]-year-old who falls into the following high-risk category [choose one]:

- ☒ Age 60 – 69
- ☐ Age 70-79
- ☐ Age 80 years or older**

**As currently understood, age 80 years or older confers the greatest risk of ICU need or death among all known risk factors. Being age 60 - 79 also substantially increases risks (risk increasing as age increases). Risks may also be elevated for those age 50-59.

Based on current knowledge, the following comorbid conditions substantially increase risks for ICU need and mortality. This patient has the following high-risk comorbid conditions:

- ☒ Cardiovascular disease
- ☐ Chronic lung disease (including COPD and asthma)
- ☒ Diabetes
- ☒ Hypertension
- ☐ Obesity
- ☐ Liver disease
- ☒ Immunosuppression
- ☐ Other major medical conditions that likely increase risk of serious illness, hospitalization, and/or mortality in the event of COVID-19 infection: [list other major medical conditions such as chronic kidney disease, cancer, etc.]

Type 1 Autoimmune

This patient is also male, which confers additional risk for severe illness due to COVID-19. [include if appropriate]

This patient has ☒ has not [circle one] been hospitalized in the past year for:

Page 1 of 2

Template Letter last updated June 14, 2020

Please visit <https://amend.us/covid> for additional information and to ensure that you are using our most up-to-date recommendations.



Due to his/her poor health, this patient requires the following:

- ☐ wheelchair
- ☐ walker
- ☐ supplemental oxygen
- ☐ assistance with basic functions, such as bathing, dressing, feeding, transferring, and/or toileting
- ☐ other: *list any other special needs the patient may have*

In his/her current health status, this patient requires significant medical resources, including:

- ☒ medical appointments weekly / monthly / every 2 months *[circle one]*
- ☒ frequent adjustment of medications and/or laboratory evaluation (e.g. at least once a month)
- ☐ frequent specialty care (e.g. at least every two months)

Given the above health factors, this patient poses a high risk of critical care need and mortality if s/he contracts COVID-19. Our facility has _____ *[enter brief description of number of medical beds at your facility, if any].* If s/he were living in the community, this patient would be able to shelter-in-place and practice appropriate physical distancing, which would significantly decrease his/her risk of contracting COVID-19. Such physical distancing is not feasible in our institution, particularly given that our facility has dormitory style housing units *[include if appropriate].*

Of note, the nearest community hospital has _____ *[fill in number if known; can also write "<5" or "<10" if only an approximate number is known]* ICU beds and cases of COVID-19 have been identified in our surrounding communities *[include if appropriate].*

[If patient has changed his/her behavior in any way out of fear of COVID-19, enter a narrative description here.]

Managing this patient's health requires significant medical resources from correctional and community healthcare staff. Upon this patient's release from custody, these critical resources could be reallocated to care for the expected surge in patients affected by COVID-19.

For these reasons, the healthcare team strongly recommends this patient's immediate release, pending an appropriate housing and medical discharge plan.

Page 2 of 2

Template Letter last updated June 14, 2020

Please visit <https://amend.us/covid> for additional information and to ensure that you are using our most up-to-date recommendations.



COVID-19 Conditional Medical Release Process

[\(Versión en Español\) \(/doc/community-supervision/covid-19-conditional-medical-release-process/covid-19-conditional-medical-release-spanish/index.jsp\)](#)

Under Minn. Stat. § 244.05, subd. 8, the commissioner of corrections has the authority to place adult inmates on conditional medical release before they have reached their supervised release date if they suffer from a grave medical condition and their release poses no threat to the public. Because COVID-19 presents a new threat to the health of people with particular medical conditions, adult inmates who previously would not have qualified for conditional medical release may do so now if their underlying medical condition puts them at risk of grave harm from COVID-19. In recognition of this new threat, the Department of Corrections (DOC) has created a process through which adult inmates who have a serious medical condition that puts them at higher risk of grave harm from COVID-19 can apply for early release. This process will temporarily replace existing DOC policy concerning medical release related to COVID-19.

Adult inmates who wish to be considered for medical release related to COVID-19 may, with or without outside assistance, submit applications through CMRrequest@state.mn.us (<mailto:CMRrequest@state.mn.us>) or by mail addressed to the following address. **Applications MUST be signed by applicants.**

[Guide to COVID-19 Conditional Medical Release Application \(/doc/assets/Guide%20to%20COVID-19%20CMR%20Application_tcm1089-428527.pdf\)](#)

[COVID-19 Conditional Medical Release Application \(/doc/assets/COVID-19%20Conditional%20Medical%20Release%20Application%20-%20Final%20%28rev.%205-11%29_tcm1089-428528.pdf\)](#)

Minnesota Department of Corrections
ATTN: Conditional Medical Release Process Contact
1450 Energy Park Dr., Suite 200
St. Paul, MN 55108

Once received, an application will go through a thorough review process:

- A medical review by the DOC's Medical Director to determine whether the applicant has an underlying medical condition that is currently serious and, if so, whether it puts them at higher risk of grave harm if they were to contract COVID-19.
- A public safety review by multiple DOC staff to determine whether the applicant's release would pose no threat to the public given an appropriate level of community supervision.
- Applications that pass these reviews will then be forwarded to the commissioner of corrections, deputy commissioners, or a designee for possible granting of conditional medical release.

Inmates whose applications have been granted following the review process can be released once a final release plan has been developed and conditions of release have been approved.

Questions concerning this process can be submitted at CMRrequest@state.mn.us (<mailto:CMRrequest@state.mn.us>) or through the mailing address listed above.

Conditional Medical Release Frequently Asked Questions

What is the DOC's conditional medical release (CMR) review process? DOC's CMR statutory authority allows us to release individuals who:

1. Have a serious medical condition that puts the applicant at higher risk of grave harm if they were to contract COVID-19; AND
2. Can be released without posing a threat to the public given an appropriate level of community supervision.

DOC reviews both medical eligibility AND public safety eligibility before approval or denial of an application. From there, an approved individual still must undergo release planning for supervision, including verification of suitable housing and access to medical coverage, before they may be released under our CMR authority.

Our medical review is completed by medical professionals assessing for serious medical conditions that put someone at higher risk of grave harm if they were to contract COVID-19. Our public safety review involves looking at a number of different safety factors that contribute to risk to community safety, such as criminal and disciplinary history, as well as a number of other factors.

Who is eligible for CMR? Eligible individuals include but are not necessarily limited to:

- Individuals housed in any DOC facility who are committed to the MN Department of Corrections.
- Individuals committed to the MN DOC but housed out of facility.
- Individuals on work release whose place of confinement is a county jail. Note these individuals will first be evaluated for other release options.
- Individuals committed to the MN DOC but housed in a different state.

NOTE: Individuals housed in a MN DOC facility but committed to the authority of a different corrections agency (for instance, out of state convictions), are not eligible. They must apply for whatever is available to them under the authority of the other department of corrections.

Any questions about eligibility may be sent to CMRrequest@state.mn.us (<mailto:CMRrequest@state.mn.us>).

Are inmates subject to the parole process eligible for CMR? Individuals subject to the parole process are not eligible for the DOC's conditional medical release related to COVID-19. Changes in custody status for these individuals result in different obligations for notification, publication, and parole process review.

How long will it take DOC to review conditional medical release applications? Our process has multiple layers of review to ensure we are staying within our statutory authority for release. At this point, we do not have an estimated timeline for you as it completely depends on the volume of applications a reviewer has any given day. If that changes, we will be sure to put it on the website.

Can anyone else sign an application besides the applicant? Generally, an application must be signed by the applicant. The only exception is an attorney who is officially representing the applicant and who first reviews the declaration on the application containing notices relating to the conditional medical release process with the individual prior to signature.

Are applications available in other languages? Yes. DOC has a Spanish translated application available by request through case workers or by emailing CMRrequest@state.mn.us (<mailto:CMRrequest@state.mn.us>) or on our website: <https://mn.gov/doc/community-supervision/covid-19-conditional-medical-release-process/covid-19-conditional-medical-release-spanish/> ([/doc/community-supervision/covid-19-conditional-medical-release-process/covid-19-conditional-medical-release-spanish/index.jsp](https://mn.gov/doc/community-supervision/covid-19-conditional-medical-release-process/covid-19-conditional-medical-release-spanish/index.jsp)). If additional languages are needed, please email the above email address and we will have it translated.

How do inmates get a copy of the application? Applications are available in every unit in DOC facilities for all DOC inmates.

How will an inmate be notified of the DOC's decision on their CMR application? Once a decision is made, we notify the applicant's case worker to share the news and also any authorized people listed on the application.

Once an inmate is approved for conditional medical release, will they be released immediately? No, an inmate will still undergo a release planning process to ensure that appropriate community supports are in place. Supervision agents will be assigned to every inmate approved for CMR. Additionally, housing must be verified and any registered victims must be notified. Inmates also may not be released under DOC's CMR authority until they are approved for health insurance either through private insurance of the inmate, veteran's benefits, Medicare, or another federal or state medical assistance program. Many inmates approved for CMR will need to file an application and be approved for health benefits prior to release.

If an inmate is denied CMR, can they appeal? Inmates who have previously applied for and been denied conditional medical release may not reapply unless there is a material change in their underlying medical condition, change in information provided during the initial review, or other circumstances. An example of a material change would be if their health condition worsens and is no longer managed in the way that it was



COVID-19 Conditional Medical Release Process

[\(Versión en Español\) \(/doc/community-supervision/covid-19-conditional-medical-release-process/covid-19-conditional-medical-release-spanish/index.jsp\)](#)

Under Minn. Stat. § 244.05, subd. 8, the commissioner of corrections has the authority to place adult inmates on conditional medical release before they have reached their supervised release date if they suffer from a grave medical condition and their release poses no threat to the public. Because COVID-19 presents a new threat to the health of people with particular medical conditions, adult inmates who previously would not have qualified for conditional medical release may do so now if their underlying medical condition puts them at risk of grave harm from COVID-19. In recognition of this new threat, the Department of Corrections (DOC) has created a process through which adult inmates who have a serious medical condition that puts them at higher risk of grave harm from COVID-19 can apply for early release. This process will temporarily replace existing DOC policy concerning medical release related to COVID-19.

Adult inmates who wish to be considered for medical release related to COVID-19 may, with or without outside assistance, submit applications through CMRrequest@state.mn.us (<mailto:CMRrequest@state.mn.us>) or by mail addressed to the following address. **Applications MUST be signed by applicants.**

[Guide to COVID-19 Conditional Medical Release Application \(/doc/assets/Guide%20to%20COVID-19%20CMR%20Application_tcm1089-428527.pdf\)](#)

[COVID-19 Conditional Medical Release Application \(/doc/assets/COVID-19%20Conditional%20Medical%20Release%20Application%20-%20Final%2028rev.%205-11%29_tcm1089-428528.pdf\)](#)

Minnesota Department of Corrections
ATTN: Conditional Medical Release Process Contact
1450 Energy Park Dr., Suite 200
St. Paul, MN 55108

Once received, an application will go through a thorough review process:

- A medical review by the DOC's Medical Director to determine whether the applicant has an underlying medical condition that is currently serious and, if so, whether it puts them at higher risk of grave harm if they were to contract COVID-19.
- A public safety review by multiple DOC staff to determine whether the applicant's release would pose no threat to the public given an appropriate level of community supervision.
- Applications that pass these reviews will then be forwarded to the commissioner of corrections, deputy commissioners, or a designee for possible granting of conditional medical release.

Inmates whose applications have been granted following the review process can be released once a final release plan has been developed and conditions of release have been approved.

Questions concerning this process can be submitted at CMRrequest@state.mn.us (<mailto:CMRrequest@state.mn.us>) or through the mailing address listed above.

Conditional Medical Release Frequently Asked Questions

What is the DOC's conditional medical release (CMR) review process? DOC's CMR statutory authority allows us to release individuals who:

1. Have a serious medical condition that puts the applicant at higher risk of grave harm if they were to contract COVID-19; AND
2. Can be released without posing a threat to the public given an appropriate level of community supervision.

Explain why you believe you pose no threat to the public:

Briefly describe your release goals:

Identify and provide contact information for at least two people who will serve as your support network if released:

I understand that I have no right to conditional medical release and, even if I meet the eligibility requirements, my application may still be denied in the DOC's discretion. I understand that if I am placed on conditional medical release due to the current COVID-19 pandemic, my release may be rescinded without a hearing once the pandemic subsides or my medical condition otherwise improves to the extent that continuation on conditional medical release presents a more serious risk to the public. I also understand that my conditional medical release may be revoked if I violate any condition of my release.

I understand that any private data I provide in this application will be reviewed by DOC and non-DOC individuals to assess my eligibility for conditional medical release. I understand that failure to provide the requested information may affect the processing of my application and result in its denial. By signing this application, I acknowledge that I have reviewed it. [Note: the application process cannot begin until the inmate has reviewed and signed the application].

Inmate's Signature: _____

Date: _____

Name, email, and phone number of individual/entity providing assistance to applicant (if any):

☐ I authorize the this individual/entity to be notified of the final determination on my application.

GUIDE TO COMPLETING APPLICATION FOR COVID-19 CONDITIONAL MEDICAL RELEASE*

This guide is designed to help incarcerated individuals and their advocates complete the Application for COVID-19 Conditional Medical Release.

1. Offense(s). List the offense or offenses that are the basis for your current term of incarceration. You do not need to include a list of your entire criminal history, just the conviction(s) that is the reason you are currently incarcerated.

2. Sentence. List the length of your sentence. You should list the full term of your sentence, not just how much longer before your scheduled release date. For example, simply state "48 months" if that is the sentence that was imposed.

3. Describe your serious medical condition. This section asks what specific serious medical conditions put you at higher risk of suffering grave harm if you were to contract COVID-19. Listed below are some of the medical conditions that the Centers for Disease Control (CDC) has said *might* put people at higher risk for severe illness from COVID-19:
 - People with chronic lung disease or moderate to severe asthma
 - People who have serious heart conditions
 - People who are immunocompromised due to conditions like HIV or AIDS, cancer treatment, or organ transplantation.
 - People with diabetes
 - People with chronic kidney disease undergoing dialysis
 - People with liver disease

If you have any of these conditions, you should include them in your application along with any other medical conditions that you think are serious and put you at higher risk of grave harm if you were to contract COVID-19.

4. Identify one or more specific residences or placements where you know you can live if released, including addresses and, if a private residence the name and age of each person living there.

If you have a home to return to, or you have friends or family that are willing to let you live with them, list them. Make sure that you check with these individuals before listing them because they will be contacted to confirm their willingness to let you reside with them.

* *The information in this guide has been provided by Minnesota's law schools.*

**GUIDE TO COMPLETING APPLICATION FOR COVID-19 CONDITIONAL
MEDICAL RELEASE***

This guide is designed to help incarcerated individuals and their advocates complete the Application for COVID-19 Conditional Medical Release.

1. Offense(s). List the offense or offenses that are the basis for your current term of incarceration. You do not need to include a list of your entire criminal history, just the conviction(s) that is the reason you are currently incarcerated.
2. Sentence. List the length of your sentence. You should list the full term of your sentence, not just how much longer before your scheduled release date. For example, simply state "48 months" if that is the sentence that was imposed.
3. Describe your serious medical condition. This section asks what specific serious medical conditions put you at higher risk of suffering grave harm if you were to contract COVID-19. Listed below are some of the medical conditions that the Centers for Disease Control (CDC) has said *might* put people at higher risk for severe illness from COVID-19:
 - People with chronic lung disease or moderate to severe asthma
 - People who have serious heart conditions
 - People who are immunocompromised due to conditions like HIV or AIDS, cancer treatment, or organ transplantation.
 - People with diabetes
 - People with chronic kidney disease undergoing dialysis
 - People with liver disease

If you have any of these conditions, you should include them in your application along with any other medical conditions that you think are serious and put you at higher risk of grave harm if you were to contract COVID-19.

4. Identify one or more specific residences or placements where you know you can live if released, including addresses and, if a private residence the name and age of each person living there.

If you have a home to return to, or you have friends or family that are willing to let you live with them, list them. Make sure that you check with these individuals before listing them because they will be contacted to confirm their willingness to let you reside with them.

* *The information in this guide has been provided by Minnesota's law schools.*

5. Do you know if you are eligible for veteran's benefits or other state or federal healthcare coverage?

If you are a veteran and have access to veteran's medical coverage, say so on the form. If you think you are eligible for health insurance under a spouse or other family member's private health insurance, identify the holder of the policy. Medical Assistance (MA) is available for individuals who are low-income and do not have the resources to pay for private medical care. If you are low-income and cannot pay for private medical care, state that you believe you are eligible for MA and plan to apply for MA.

6. Explain why you believe that you pose no threat to the public.

Explain what you have done to show rehabilitation since your conviction. What treatment or programming have you completed while incarcerated? What changes have you made that show you would not pose a risk to the public? Be specific.

Do not assert that you are innocent of the offense for which you are incarcerated, or that you were never a threat to the public. Rather, focus on who you are today and why you are not a threat to others.

7. Describe your release goals.

Explain what you will do if you are conditionally released. This might include obtaining employment and housing, or maintaining mental health and sobriety. List your goals and briefly explain how you plan to meet them.

8. Identify and provide contact information for at least two people who will serve as your support network if released.

Provide detailed contact information for these individuals. Provide email, cell number, or other contact information. Make sure that these individuals are willing to act as your support during your release because they will be contacted to verify their willingness to act as your support network.

Additional Questions?

If you have any additional questions about completing the application, you may contact your caseworker.

Law students and clinicians at the three area law schools have also volunteered to offer assistance in completing the application. If you would like assistance from them, please contact Mitchell Hamline School of Law's Lamp and Reentry Clinics at 651-695-7706 or covidrelease@mitchellhamline.edu.

Minnesota Department of Corrections
APPLICATION FOR COVID-19 CONDITIONAL MEDICAL RELEASE

Inmates may be eligible for conditional medical release if they suffer from a grave medical condition, their release poses no threat to the public, and their health costs are likely to be borne by the inmate, medical assistance, Medicare, or veteran's benefits. Those who wish to be considered for conditional medical release based on the current COVID-19 situation should complete this application and submit it to the CMR Process Contact at CMRrequest@state.mn.us or the following mailing address:

Minnesota Department of Corrections
 ATTN: Conditional Medical Release Process Contact
 1450 Energy Park Dr., Suite 200
 St. Paul, MN 55108

Do not attach additional pages or documents to this application, as they will not be considered.
Inmates who have previously applied for and been denied conditional medical release may not reapply absent a material change in their underlying medical condition or other circumstances.
Inmates subject to the parole process are ineligible for CMR.

NAME: _____ OID: _____
 AGE: _____ OFFENSE(S): _____
 SENTENCE: _____ SUPERVISED RELEASE DATE: _____
 CURRENT FACILITY: _____ CUSTODY CLASSIFICATION: _____

Describe your serious medical condition:

Identify one or more specific residences or placements where you know you can live if released, including addresses and, if a private residence, the name and age of each person living there:

Do you know if you are eligible for veteran's benefits or other state or federal healthcare coverage?

5. Do you know if you are eligible for veteran's benefits or other state or federal healthcare coverage?

If you are a veteran and have access to veteran's medical coverage, say so on the form. If you think you are eligible for health insurance under a spouse or other family member's private health insurance, identify the holder of the policy. Medical Assistance (MA) is available for individuals who are low-income and do not have the resources to pay for private medical care. If you are low-income and cannot pay for private medical care, state that you believe you are eligible for MA and plan to apply for MA.

6. Explain why you believe that you pose no threat to the public.

Explain what you have done to show rehabilitation since your conviction. What treatment or programming have you completed while incarcerated? What changes have you made that show you would not pose a risk to the public? Be specific.

Do not assert that you are innocent of the offense for which you are incarcerated, or that you were never a threat to the public. Rather, focus on who you are today and why you are not a threat to others.

7. Describe your release goals.

Explain what you will do if you are conditionally released. This might include obtaining employment and housing, or maintaining mental health and sobriety. List your goals and briefly explain how you plan to meet them.

8. Identify and provide contact information for at least two people who will serve as your support network if released.

Provide detailed contact information for these individuals. Provide email, cell number, or other contact information. Make sure that these individuals are willing to act as your support during your release because they will be contacted to verify their willingness to act as your support network.

Additional Questions?

If you have any additional questions about completing the application, you may contact your caseworker.

Law students and clinicians at the three area law schools have also volunteered to offer assistance in completing the application. If you would like assistance from them, please contact Mitchell Hamline School of Law's Lamp and Reentry Clinics at 651-695-7706 or covidrelease@mitchellhamline.edu.

Minnesota Department of Corrections
APPLICATION FOR COVID-19 CONDITIONAL MEDICAL RELEASE

Inmates may be eligible for conditional medical release if they suffer from a grave medical condition, their release poses no threat to the public, and their health costs are likely to be borne by the inmate, medical assistance, Medicare, or veteran's benefits. Those who wish to be considered for conditional medical release based on the current COVID-19 situation should complete this application and submit it to the CMR Process Contact at CMRrequest@state.mn.us or the following mailing address:

Minnesota Department of Corrections
 ATTN: Conditional Medical Release Process Contact
 1450 Energy Park Dr., Suite 200
 St. Paul, MN 55108

Do not attach additional pages or documents to this application, as they will not be considered.
Inmates who have previously applied for and been denied conditional medical release may not reapply absent a material change in their underlying medical condition or other circumstances.
Inmates subject to the parole process are ineligible for CMR.

NAME: OID:

AGE: OFFENSE(S):

SENTENCE: SUPERVISED RELEASE DATE:

CURRENT FACILITY: CUSTODY CLASSIFICATION:

Describe your serious medical condition:

Identify one or more specific residences or placements where you know you can live if released, including addresses and, if a private residence, the name and age of each person living there:

Do you know if you are eligible for veteran's benefits or other state or federal healthcare coverage?

Explain why you believe you pose no threat to the public:

Briefly describe your release goals:

Identify and provide contact information for at least two people who will serve as your support network if released:

I understand that I have no right to conditional medical release and, even if I meet the eligibility requirements, my application may still be denied in the DOC's discretion. I understand that if I am placed on conditional medical release due to the current COVID-19 pandemic, my release may be rescinded without a hearing once the pandemic subsides or my medical condition otherwise improves to the extent that continuation on conditional medical release presents a more serious risk to the public. I also understand that my conditional medical release may be revoked if I violate any condition of my release.

I understand that any private data I provide in this application will be reviewed by DOC and non-DOC individuals to assess my eligibility for conditional medical release. I understand that failure to provide the requested information may affect the processing of my application and result in its denial. By signing this application, I acknowledge that I have reviewed it. [Note: the application process cannot begin until the inmate has reviewed and signed the application].

Inmate's Signature:

Date:

Name, email, and phone number of individual/entity providing assistance to applicant (if any):

☐ I authorize the this individual/entity to be notified of the final determination on my application.