Date: 12/20/2023
Time: 06:37:21 AM
Location: ALD

Federal Bureau of Prisons
TRULINCS Account Transactions - Commissary
Personal Inmate Information

Inmate No: 63267509 Inmate Name: BRUEY, AMBER REWIS Available Balance: $2.25

Date	Reference #	Transaction Type	Sender Last name	Amount
12/19/2023	TL1219	TRUL Withdrawal		-$5.00
12/13/2023	TL1213	TRUL Withdrawal		-$10.00
12/11/2023	TL1211	TRUL Withdrawal		-$10.00
12/11/2023	20	Sales		-$47.60
12/07/2023	ZFRP1223	FRP Monthly Pymt		-$223.00
12/07/2023	ZIPP1123	Payroll - IPP		$47.85
12/06/2023	TL1206	TRUL Withdrawal		-$2.00
12/06/2023	33323340	Western Union	WHITFIELD	$225.00
12/04/2023	21	Sales		-$54.45
12/03/2023	33323337	Western Union	BRUEY	$60.00
11/27/2023	35	Sales		-$54.60
11/25/2023	33323329	Western Union	WHITFIELD	$75.00
11/24/2023	TL1124	TRUL Withdrawal		-$10.00

I give permission for records to be obtained as needed to approve my compassionate release request on behalf of myself, & children.

Amber Bruey
12/20/23

Children

Andrew Bruey 12/16/09
Aidan Bruey 7/12/11
Avery Bruey 5/16/13
Asher Bruey 10/30/19
Autumn Bruey 1/21/23

UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF FLORIDA
TAMPA DIVISION

CLERK'S MINUTES

CASE NO.	2:21-cr-74-TPB-KCD	**DATE:**	May 10, 2023
HONORABLE THOMAS P. BARBER		**INTERPRETER:**	N/A
UNITED STATES OF AMERICA **v.** **AMBER REWIS BRUEY**		**GOVERNMENT COUNSEL** Trenton Reichling, AUSA **DEFENSE COUNSEL** Shenoor Grewal & Kathleen Sweeney, AFPD	
COURT REPORTER: Rebekah Lockwood		**DEPUTY CLERK:**	Sonya Cohn
TIME: 1:36 – 1:55 p.m.	**TOTAL:** 19 mins.	**PROBATION:**	N/A
		COURTROOM:	14A

PROCEEDINGS: **MOTION HEARING**

Court addresses motion for 90-day extension of reporting date (Doc. 144). – granted in part and denie in part..

Defendant requests BOP designation that would allow participation in the MINT program – this would allow dft to be in a half-way house while nursing (infant cannot accept formula). Government advises this program is normally reserved for defendants that give birth while in custody and not sure she will qualify.

Court grants in part and denies in part Defendant's motion (Doc. 144). Defendant is directed to self-surrender to FPC Alderson on 5/12/2023 and Court will recommend participation in the MINT program to BOP.

RESPONSE TO ADMINISTRATIVE REMEDY

1170497-F1

This is in response to your Request for Administrative Remedy, received on July 16, 2023, in which you are appealing the denial of your Compassionate Release request, received on June 2, 2023, and subsequently denied on June 28, 2023. You state that you applied under other extraordinary and compelling reasons. Your reasons center on your children's needs, particularly your infant needing breastmilk, your own medical conditions, and your mother's health, whom you state is your only available caregiver for your children.

Reduction in Sentence (RIS)/Compassionate Release requests are evaluated based upon current policy as dictated in Program Statement 5050.50, Compassionate Release/Reduction in Sentence: Procedures for Implementation of 18 U.S.C. §§ 3582 and 4205(g). Family and medical related requests are evaluated under existing categories and their related criteria as dictated in policy. Your request was evaluated under the medical-related criteria for your own health conditions and the family-related category regarding your children. Medical records have been reviewed and it is noted that while you do have underlying medical conditions, they are not debilitating nor terminal. This means you can carry out self-care and you are not confined to a bed or chair more than 50% of waking hours. These factors are part of the qualifying criteria for the medical-related categories of RIS. Regarding your family situation, as noted in your denial, there are no family categories related to the health status of an inmate's child. The child related category, titled Incapacitation of a Family Member Caregiver, requires that an inmate's child or children are "suddenly without a family member caregiver due to that caregiver's death or incapacitation." Policy defines "incapacitation" to mean that the family member caregiver suffered a severe injury, such as an auto accident, or a severe illness, such as cancer, that renders the caregiver incapable of caring for the child. There must be no other family member caregivers available. It is noted in your Pre-Sentence Investigation Report (PSIR) that you have four siblings, one of which you are particularly close to. Furthermore, your mother's health conditions are noted in your PSIR, and RIS is used in situations that could not be foreseen by the court at the time of sentencing. Therefore, your request does not meet the criteria for RIS as stated in policy.

Based on the above information, your request for Administrative Remedy is denied. If you are dissatisfied with this response, you may appeal to the Regional Director, Mid-Atlantic Regional Office, 302 Sentinel Drive, Suite 200, Annapolis Junction, MD 20701. Your appeal must be received in the Regional Office within twenty (20) calendar days from the date of this response.

C. Brammer, Acting Warden

8/11/2023
Date

Federal Bureau of Prisons

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

From: Bruey, Amber R | 43267-509 | B3 | FPC Alderson
LAST NAME, FIRST, MIDDLE INITIAL | REG. NO. | UNIT | INSTITUTION

Part A- INMATE REQUEST I am requesting an appeal and reconsideration of my compassionate release request denial. I applied under other extraordinary & compelling reasons. I believe my kids needs (especially the baby) as well as my own medical conditions & my mom who is the only available caregiver & in bad health & can no longer drive warrants consideration under this category. All records were included in my compassionate release request. The baby can still only have breastmilk until she turns atleast 1, my 3 & 10 year old have autism along with many other medical issues requiring daily dr. appts that my mom can't get them to. I am not trying to diminish the seriousness of my crime or just to walk away free, but I am asking for consideration of my circumstances & for options. I would also cover any costs associated with any additional imposed conditions. I am not a threat to society & will not be a threat to commit any future crimes. I have a release plan including housing & medical insurance. Being granted compassionate release, RIS, or moved to home confinement would not take away from the seriousness of my offense. There have been people with similar charges put on home confinement & similar situations granted compassionate release. Please look at the following cases: US vs. Woolfolk (5:19-cr-37), US v. Sheena String (18-00147-MG-03), US v. Diana Garcia Zuniga (19cr4139JM), US v. Ivana Yantzelli (19-CR-4693-GPC). I have completed 7 programs since arriving including Drug Ed & 2 ACE classes. I am actively enrolled in 3 classes & waitlisted for several more. I had a very favorable report from 20 months on pretrial w/no incidents. I have been rehabilitated during all this time and pose no threat of reoffending. Thank you for your consideration of my request.

7/13/23
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.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 1170497-F1

CASE NUMBER: _____

Part C- RECEIPT

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

SUBJECT: _____

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)

BP-229(13)
APRIL 1982

USP LVN

PRINTED ON RECYCLED PAPER

U. S. Department of Justice

Federal Bureau of Prisons

Federal Prison Camp

Glen Ray Road, Box A
Alderson, West Virginia 24910

Office of the Warden

June 28, 2023

Amber Bruey
63267-509
FPC Alderson
Glen Ray Road, Box A
Alderson, WV 24910

Re: Compassionate Release Request

Dear Ms. Bruey:

Your request for Reduction in Sentence (RIS)/Compassionate Release based on your children's health conditions, as well as your own medical conditions, has been reviewed. After careful consideration, your request is denied. Please note that RIS is a separate program from home confinement.

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

The child related category of RIS is limited to the death or incapacitation of the family member caregiver of a minor child. Per policy, this category requires that an inmate's minor children are "suddenly without a family member caregiver due to that caregiver's death or incapacitation". Incapacitation is defined as an injury or illness that "renders the caregiver incapable of caring for the child". Additionally, there must be no other family member caregivers available. There are no categories related to the health of your children. Your medical records have been reviewed and you do not meet the criteria for any of the medical related categories of RIS. Your request cannot be considered for an "other extraordinary and compelling" category. Accordingly, your RIS request is denied at this time.

You have the right to appeal this decision via the Administrative Remedy Procedure as outlined in policy. Please be advised the First Step Act allows inmates to petition their sentencing court directly. Please refer to Program Statement 5050.50 for more information.

Sincerely,

C. Brammer, Acting Warden

cc: Unit Team

EXTENSION OF TIME FOR RESPONSE - ADMINISTRATIVE REMEDY

DATE: AUGUST 29, 2023

FROM: ADMINISTRATIVE REMEDY COORDINATOR
MID-ATLANTIC REGIONAL OFFICE

TO : AMBER REWIS BRUEY, 63267-509
ALDERSON FPC UNT: 2 GP QTR: B03-271L

ADDITIONAL TIME IS NEEDED TO RESPOND TO THE REGIONAL APPEAL IDENTIFIED BELOW. WE ARE EXTENDING THE TIME FOR RESPONSE AS PROVIDED FOR IN THE ADMINISTRATIVE REMEDY PROGRAM STATEMENT.

REMEDY ID	: 1170497-R1
DATE RECEIVED	: AUGUST 25, 2023
RESPONSE DUE	: OCTOBER 24, 2023
SUBJECT 1	: REDUCTION-IN-SENTENCE REQUEST
SUBJECT 2	:

RECEIPT - ADMINISTRATIVE REMEDY

DATE: AUGUST 29, 2023

FROM: ADMINISTRATIVE REMEDY COORDINATOR
MID-ATLANTIC REGIONAL OFFICE

TO : AMBER REWIS BRUEY, 63267-509
ALDERSON FPC UNT: 2 GP QTR: B03-271L

THIS ACKNOWLEDGES THE RECEIPT OF THE REGIONAL APPEAL IDENTIFIED BELOW:

REMEDY ID	: 1170497-R1
DATE RECEIVED	: AUGUST 25, 2023
RESPONSE DUE	: OCTOBER 24, 2023
SUBJECT 1	: REDUCTION-IN-SENTENCE REQUEST
SUBJECT 2	:

REGIONAL ADMINISTRATIVE REMEDY APPEAL
Part B - Response

Date Filed: August 25, 2023 Remedy ID No. 1170497-R1

You appeal the Warden's response to your administrative remedy. You are requesting to be considered for Compassionate Release to care for your children.

BOP Program Statement (PS) 5050.50, Compassionate Release/Reduction in Sentence: Procedures for Implementation of 18 U.S.C. §§ 3582(c)(1)(A) and 4205(g), provides guidance on the types of circumstances that present extraordinary or compelling reasons, such as the inmate's terminal medical condition; debilitated medical condition; status as a "new law" elderly inmate, an elderly inmate with medical conditions, or an "other elderly inmate"; the death or incapacitation of the family member caregiver of the inmate's child; or the incapacitation of the inmate's spouse or registered partner. Your request has been evaluated consistent with this general guidance.

According to Program Statement 5050.50, Compassionate Release/Reduction in Sentence: Procedures for Implementation of 18 U.S.C. §§ 3582(c)(1)(A) and 4205(g), for requests based on an incapacitated family member caregiver, the inmate must provide both verifiable medical documentation of the incapacitation and verifiable documentation that the inmate is the parent of the child. Acceptable documentation includes birth certificates, adoption papers, or verification of the inmate's paternity. Additionally, the inmate must provide verifiable documentation providing the name and age of the child, a clear statement and documentation that the inmate has a release plan, including housing, and the financial means to care for the child immediately upon the inmate's release, authorization from the inmate for the BOP to obtain any information or documents from any individual, medical entity or doctor, or any government agency about the inmate, family members, and minor child. The Warden may deny the inmate's request at the institution level of review if the Warden finds that the inmate has not provided adequate information and documentation as set forth above.

Upon review of your appeal, you did not provide the required documentation. Therefore, you do not meet the criteria for a compassionate release.

Your appeal is denied. If you are dissatisfied with this response, you may appeal to the General Counsel, Federal Bureau of Prisons, 320 First Street, N.W., Washington, D.C. 20534. Your appeal must be received in the General Counsel's Office within 30 days from the date of this response.

OCT 18 2023
Date

C. Gomez
Regional Director
Mid-Atlantic Region

U.S. Department of Justice

Federal Bureau of Prisons

Regional Administrative Remedy Appeal

Type or use ball-point pen. If attachments are needed, submit four copies. One copy of the completed BP-DIR-9 including any attachments must be submitted with this appeal.

From: Bruce, Amber R (LAST NAME, FIRST, MIDDLE INITIAL) | 63216750 (REG. NO.) | B3 (UNIT) | FPC Alderson (INSTITUTION)

Part A—REASON FOR APPEAL I am requesting an appeal + reconsideration of my compassionate release request. I applied under extraordinary + compelling reasons citing my children's needs (most notably the baby who requires only breastmilk + evidence was included from her dr + BOP has not been able to help me meet these needs at Alderson + 2 of my kids recent autism diagnosis as well as my own medical conditions which my doctors stated I needed to remain on my meds + recieve close monitoring. I was taken off most of my meds + have not seen any specialists. By asking for compassionate release, RIS, or transfer to home confinement, I am not trying to diminish the seriousness of my crimes. I am trying to get access to the care + meds I need + to be able to meet the needs of my kids + be a contributing member of society where I can begin to repay my debt. I have housing + medical insurance in place + I am not a threat to society. I have completed 11 programs + I am near completion on 2 more. There have been similar cases granted home confinement or compassionate release. Please look at the following cases: US vs. Woodfolk (5:19-cr-37), US v. Sheena Strong (18-00167-MG-03), US v. Diana Espinal Zuniga (19cr4139JM), US v. Ivana Yartizelli (19-cr-4693-GPC). In one of these cases the judge even said moms + babies should only be separated in extreme cases. I have had a very favorable report in pretrial for 20 months + no incidents while in pretrial or incarcerated. I am not a risk to reoffend. My mom's health is worse since sentencing + while I do have siblings due to their own mental or physical health they can't care for my kids.

8/22/23 (DATE) | Amber Bruce (SIGNATURE OF REQUESTER)

Part B—RESPONSE

AUG 25 2023

DATE | REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the General Counsel. Your appeal must be received in the General Counsel's Office within 30 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE | CASE NUMBER: 1170497-A1

Part C—RECEIPT | CASE NUMBER: _____

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

SUBJECT: _____

USP LVN | DATE | Previous editions not usable | SIGNATURE, RECIPIENT OF REGIONAL APPEAL

BP-230(13) APRIL 1982

U.S. Department of Justice

Federal Bureau of Prisons

Central Office Administrative Remedy Appeal

Type or use ball-point pen. If attachments are needed, submit four copies. One copy each of the completed BP-229(13) and BP-230(13), including any attachments must be submitted with this appeal.

From: Bruey, Amber R (LAST NAME, FIRST, MIDDLE INITIAL) 63267509 (REG. NO.) B3 (UNIT) FPC Alderson (INSTITUTION)

Part A - REASON FOR APPEAL

I am writing to appeal my compassionate release denial for extraordinary + compelling reasons. The extraordinary + compelling reasons are my health - including heart failure, tachycardia, tricuspid valve disease, severe asthma, rheumatoid arthritis, cervical dystonia, spinal stenosis, arthritis + scoliosis, anaphylactic allergies to multiple things including mold present in our units, migraines, seizures, depression + anxiety + I can't have many of my meds I was on before coming here. In my records it said I needed close follow up which I have not received + when I ask I am told just wait for chronic care appt. In addition my children that are all noted in my PSR have severe health issues. Autumn (DOB: 11/21/23) has formula intolerance + heart issues, Asher (10/30/19) has level 3 autism, Avery (5/14/13) has level 1 autism, ADHD, intermittent explosive disorder, severe allergies + requires OT. Due to his issues he has to be homeschooled. The only caretaker is my mom, Vivian Higginbotham, who is also in my PSR + has many health issues. She is blind + has muscular dystrophy + can no longer drive making it almost impossible to care for my 5 kids who have weekly appointments + require a lot of care.

10/27/23 (DATE) Amb B (SIGNATURE OF REQUESTER)

Part B - RESPONSE

DATE GENERAL COUNSEL

ORIGINAL: RETURN TO INMATE CASE NUMBER: _____

Part C - RECEIPT CASE NUMBER: ___

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

SUBJECT: _____

DATE SIGNATURE OF RECIPIENT OF CENTRAL OFFICE APPEAL

20

U.S. Department of Justice

Federal Bureau of Prisons

Regional Administrative Remedy Appeal

Type or use ball-point pen. If attachments are needed, submit four copies. One copy of the completed BP-DIR-9 including any attachments must be submitted with this appeal.

From: Bruey, Amber R (LAST NAME, FIRST, MIDDLE INITIAL) | 63267-509 (REG. NO.) | B3 (UNIT) | FPC Alderson (INSTITUTION)

Part A—REASON FOR APPEAL

My premature baby is 3 months old. She cannot tolerate formula & needs breastmilk per her dr for the 1st 12 months. Before surrendering to Alderson both my lawyers & myself were told that I could go to the MINT program & then transition back to the prison. Even though MINT is typically for pregnant inmates we were told exceptions could be made. We took the baby's breastmilk requirement in front of the judge and he recommended the MINT program because she could not tolerate formula. The letter from her dr says she needs breastmilk or it could result in her becoming malnourished, dehydrated, failure to thrive or death. I asked health services & our Brammer to get a solution asking to be sent as an exception to the MINT program, be granted compassionate release, placed on home confinement or any other available solution. I would like one of these options granted to prevent endangering my daughter's life by not providing the only form of nutrition she has in have

DATE

Amber Bruey
SIGNATURE OF REQUESTER

Part B—RESPONSE

DATE

REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the General Counsel. Your appeal must be received in the General Counsel's Office within 30 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: _____

Part C—RECEIPT

CASE NUMBER: _____

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

SUBJECT: _____

BP-230(13)

RECEIPT - ADMINISTRATIVE REMEDY

DATE: JUNE 22, 2023

FROM: ADMINISTRATIVE REMEDY COORDINATOR
ALDERSON FPC

TO : AMBER REWIS BRUEY, 63267-509
ALDERSON FPC UNT: 2 GP QTR: B03-271L

THIS ACKNOWLEDGES THE RECEIPT OF THE ADMINISTRATIVE REMEDY REQUEST IDENTIFIED BELOW:

REMEDY ID : 1165405-F1
DATE RECEIVED : JUNE 9, 2023
RESPONSE DUE : JUNE 29, 2023
SUBJECT 1 : OTHER MEDICAL MATTERS
SUBJECT 2 : TRANSFER - OTHER

Dear Honorable Judge Barber,

My name is April Huff, and I am an inmate at Alderson Federal Prison Camp in Alderson, WV. I have been cube mates with Amber Bruey for the past 7 months. This has given me ample opportunity to learn of Amber's ways and get to know her as a person. She is a woman who has made mistakes in life and is indeed remorseful for her actions and is doing what has been sentenced to her. However, this time has not altered Amber from being the loving, caring, and beneficial person she is. Amber is a teacher's aide in the education department here at FPC Alderson and helps other inmates to learn and progress their abilities and skills daily. I've seen several students/inmates approach Amber with questions even after classes are over, and she never turns them away. She always greets people with a smile and is willing to give a helping hand if needed. Being her roommate, I can honestly and first-handedly say Amber is a positive aspect to our daily routines here and is very dependable when called upon. Amber also makes time to stay involved with her 5 beautiful children as much as she

possibly can while being at FPC Alderson. As much as Amber has progressed, learned, and achieved since she has been here, Amber would be a much greater benefit to herself as well as her family by finishing her sentence being monitored from home.

Sincerely,
April Huff
#31933-076
FPC Alderson

December 4, 2023

Dear Honorable Court,

I am writing this letter of support for Amber R. Brey. While I have only known Amber for approximately seven months as a fellow person incarcerated here at Alderson Federal Prison Camp. She has shown extraordinary strength as a mother, wife, and friend. Amber has done everything possible to ensure that her five children receive the absolute best care while she is here. She has fought tooth and nail with the administration process to send breast milk home to her baby girl, Autumn who was diagnosed with severe formula intolerance and under developed GI tract. She was able to prevail when the administration agreed that she would be able to pump and store her milk on the here in a freezer until her mother can make the trip from North Carolina with someone to pick it up. Before this was put into place I watched as Amber went to Health Services about 8 times a day to pump and dump valuable/vital nutrition for Autumn. All the while her mother paying for breast milk from a breast milk bank once her stocked supply ran out. Her determination

to do all that she can do under these circumstances is unmatched. The fact that she can now pump and store has set a precedent for other mothers who may still need to send breast milk home along with her, a right that should not be denied to any woman here at Alderson. This would not be available as an option if Amber had given up.

As an English as a second language, teacher's aide in the education department Amber is one of the most sought after teacher's aides because she really cares about her students. She takes her time with students to ensure that they comprehend what she is going over in her lesson that day. Even outside of the classroom students tend to stop Amber to ask her questions reguarding paperwork they receive and may not understand, as there is no spanish translator here on the premises. As a First Step Act Peer Mentor she assists new persons here at Alderson with signing up for classes that will allow them to earn programming credits that will allow them to earn programming credits which will lower their recidivism levels and

earn home confinement / half way house time. She goes above and beyond assisting others on the compand whenever possibe.

Amber is a great friend and person to confide in like myself as a first-time offender prison was a terrifying experience. Whenever I am having a rough day Amber is exactly the person I go to because I know that She is a reasonable thinker. She usually reminds to create a plan of action to work at whatever issue life may throw at me. I am often inspired by her compassion and persistence, especially considering where we currently are. I am grateful to have met a light such as Amber Brey in a facility that tends to dim. I respectfully submit this letter of support.

Respectfully Submitted
Amanda Christian
Amanda Christian
#55989-509

Dear Judge Barber,

My name is Juanita Mendoza de Sona, I met Amber at Alderson Federal Camp. We work together as teacher's Aids at the Education Building at this place. Since I met her I notice how pasionate she is about helping people in every way. Her effort goes out and beyond, her patience is incredible with her students, she makes them feel very special, and her ability to teach is unique. She makes the students feel like family and all the students are able to build a good and special friendship.

Amber is a good candidate for the 2 points sentence reduction. I see how she'll make a good impact in her community. For this and also for her family I ask you to consider her for reduction of her sentence. if there's one person in this camp that deserves this benefit is her.

Thank you
Sincerely.

12/11/23

I am writing you in Suppurt of a readuction in Sentena for Amber Bruey. I met Amber at FPC alderson where she is my ESL teacher. I believe. She Should be granted the Sentence reduction under the amendment 821 Change because She is a good Person who Cares about helping others and seeing them Suceed. She is kind, helpful, honest, hard working - can do so much good for others. Please approve her Sentence reduction request so She can return Sooner to her Community where She can truly help others in need.

Thank you for your time in reading this request.

-Sincerely-
Padilla

Judge Barber

My name is Samantha Stevens, and I met Amber Bruey when I began studies towards earning my Ged. She is my amazing teacher, and I feel blessed to receive her kindness each day I learn.

She is a loveing, caring mother who glows as she shares stories about her children. In fact Amber Bruey faced many obstacle's in the BoP in order to provide necessary breast milk for her baby (who was allergic to formula milk.)

Throughout any struggles she has faced Amber has been incredibly giving of her time.

She is passionaet about helping me and others grow. I am 51 years old and barely have an elementary school education. She is a large part of my continued academic growth.

Overall, I can't begin to describe how phenomenal Amber is. I hope to see her receive a sentence reduction so that she can return home to her family! as soon as possible, She deserves it!

Kindly and most respectfully

Samantha Stevens

VIDANT HEALTH

VPG - Internal Medicine Suite H - Kinston
701 DOCTORS DRIVE, SUITE H
KINSTON NC 28504
Phone: 252-559-2200
No information on file.

4/27/2023

Re: Amber Rewis Bruey
DOB: 2/21/1987

Patient is a current patient here at the Kinston multispecialty clinics. She has current hospital diagnosis noted below:

Patient Active Problem List

Diagnosis	Code
• SI Pre-E w/SF	O11.9
• SOB	R06.02
• Chest pain	R07.9
• Pre-eclampsia superimposed on chronic hypertension	O11.9
• Mild intermittent asthma	J45.20
• Anxiety	F41.9
• Migraine without aura	G43.009

Past Medical History

Past Medical History:

Diagnosis	Date
• ADHD	
• Anxiety state	
• Asthma	
• Cardiomyopathy (CMS/HCC)	12/23/2022
• Depression	
• Essential hypertension	
• RA (rheumatoid arthritis) (CMS/HCC)	
• Scoliosis	
• Seizures (CMS/HCC)	

37

VIDANT HEALTH

VPG - Internal Medicine Suite H - Kinston
701 DOCTORS DRIVE, SUITE H
KINSTON NC 28504
Phone: 252-559-2200
No information on file.

Current Outpatient Medications:

- albuterol (PROVENTIL) 2.5 mg /3 mL (0.083 %) Inhalation Solution for Nebulization, Take 3 mL by inhalation every 6 hours as needed for Wheezing., Disp: 90 mL, Rfl: 3
- buPROPion XL (WELLBUTRIN XL) 300 mg Oral Tablet Sustained Release 24HR, Take 1 Tablet by mouth daily., Disp: , Rfl:
- busPIRone (BUSPAR) 10 mg Oral Tablet, Take 1 Tablet by mouth three times a day., Disp: , Rfl:
- butalbital-acetaminophen-caff (FIORICET, ESGIC) 50-325-40 mg Oral Tablet, Take 1 Tablet by mouth every 6 hours as needed for Headache., Disp: 20 Tablet, Rfl: 3
- carvediloL (COREG) 25 mg Oral Tablet, Take 1 Tablet by mouth twice a day., Disp: , Rfl:
- celecoxib (CeleBREX) 200 mg Oral Capsule, Take 1 Capsule by mouth twice a day., Disp: , Rfl:
- cholecalciferol (VITAMIN D3) 125 mcg (5,000 unit) Oral Tablet, Take 1 Tablet by mouth daily., Disp: , Rfl:
- clonazePAM (KlonoPIN) 1 mg Oral Tablet, Take 1 Tablet by mouth three times a day., Disp: , Rfl:
- cyclobenzaprine (FLEXERIL) 10 mg Oral Tablet, Take 1 Tablet by mouth three times a day as needed for Muscle spasms., Disp: 30 Tablet, Rfl: 3
- empagliflozin (JARDIANCE) 10 mg Oral Tablet, Take 1 Tablet by mouth daily., Disp: , Rfl:
- EPINEPHrine (EPIPEN) 0.3 mg/0.3 mL (1:1,000) Injection Auto-Injector, Give 0.3 mL intramuscular as directed. For severe allergic reaction, Disp: 0.3 Each, Rfl: 2
- etonogestreL (Nexplanon) 68 mg Subdermal Implant, Nexplanon 68 mg implant, Disp: , Rfl:
- fluticasone propionate (FLONASE) 50 mcg/actuation Nasal Spray, Suspension, 1 Spray by Nasal route daily., Disp: 9.9 g, Rfl: 11
- furosemide (LASIX) 20 mg Oral Tablet, Take 1 Tablet by mouth daily., Disp: 90 Tablet, Rfl: 3
- galcanezumab-gnlm (Emgality Syringe) 120 mg/mL Subcutaneous Syringe, Give 240 mg subcutaneous every 4 weeks for 1 day, THEN 120 mg every 4 weeks., Disp: 2 mL, Rfl: 11
- labetaloL (NORMODYNE) 200 mg Oral Tablet, Take 1 Tablet by mouth three times a day., Disp: , Rfl:
- meloxicam (MOBIC) 15 mg Oral Tablet, Take 1 Tablet by mouth daily., Disp: 30 Tablet, Rfl: 3
- metoprolol succinate XL (TOPROL-XL) 100 mg Oral Tablet Sustained Release 24HR, Take 1 Tablet by mouth daily., Disp: 30 Tablet, Rfl: 12
- montelukast (SINGULAIR) 10 mg Oral Tablet, Take 1 Tablet by mouth every evening., Disp: 30 Tablet, Rfl: 3
- ondansetron ODT (ZOFRAN-ODT) 4 mg Oral Tablet, Rapid Dissolve, Take 1 Tablet by mouth., Disp: , Rfl:
- potassium chloride (MICRO-K) 10 mEq Oral Capsule, Sustained Release, Take 1 Capsule by mouth daily., Disp: , Rfl:

VIDANT HEALTH

VPG - Internal Medicine Suite H - Kinston
701 DOCTORS DRIVE, SUITE H
KINSTON NC 28504
Phone: 252-559-2200
No information on file.

- Pump In Style Advanced Misc.(Non-Drug; Combo Route) Device, 1 kit as directed Electric breast pump of patient's choice IDC-10 E0603 - electric breast pump Z39.1 - for lactation, Disp: , Rfl:
- Spiriva Respimat 2.5 mcg/actuation Inhalation Mist, SMARTSIG:2 Puff(s) Via Inhaler Every Morning, Disp: , Rfl:
- SUMAtriptan (IMITREX) 20 mg/actuation Nasal Spray, Non-Aerosol, SMARTSIG:Both Nares, Disp: , Rfl:
- topiramate (TOPAMAX) 100 mg Oral Tablet, Take 1 Tablet by mouth daily., Disp: , Rfl:
- Trelegy Ellipta 100-62.5-25 mcg Inhalation Disk with Device, Take by mouth daily., Disp: , Rfl:
- valsartan (DIOVAN) 80 mg Oral Tablet, Take 1 Tablet by mouth daily., Disp: 30 Tablet, Rfl: 12
- zolpidem (AMBIEN) 10 mg Oral Tablet, Take 1 Tablet by mouth at bedtime., Disp: , Rfl:

She does have a very fairly complex medical history along with medication regimen as noted above. She does continue also to breast-feed at the encouragement of her pediatrician. Her baby is shown to be intolerant of formula, and she continues to breast-feed based on the recommendation of her pediatrician. Therefore we do have to be mindful of medications prescribed, and it will take a collaborative effort between her pediatrician, her PCP, as well as her cardiologist to make sure we have her on a regimen that is safe and effective.

Sincerely,

Elliotte Pearson, ANP

Physicians East P.A. - Cardiology
1850 West Arlington Blvd Suite - CARD
Greenville, NC 27834
2524136725 Fax: 2524136268

04/25/2023

Amber Bruey
75 Holloman Farm Rd
Farmville, NC 27828
DOB: 02/21/1987

To Whom It May Concern:

This is to certify that the above patient is under my care regarding diagnosis of Postpartum Cardiomyopathy, AHA C NYHA Class III, she has been experiencing shortness of breath, uncontrolled HTN at home, ?syncope. We are attempting to max out guideline directed medical therapy to improve her heart function (will be repeating ECHO soon to evaluate).

Educated patient on postpartum cardiomyopathy and prognosis. I am hopeful if we get her on all four classes of GDMT we will have a good change of recovery, but traditionally speaking 1/3 recover, 1/3 stay same, 1/3 get worse. I recommended strongly that she NEVER get pregnant again. She has nexplanon birth control. It is emperiative to stay on these medications until we evaluate EF again. No transplant or ICD needed as EF is not less than 35%.

Sincerely,

AGNP-C

Steffani Letchworth, AGNP-C
Physician's East Cardiology

40

Physicians East P.A. - Greenville OB/GYN
101 Bethesda Drive
Greenville, NC 27834
2527584181 Fax: 2527582603

03/30/2023

Amber Bruey
75 Holloman Farm Rd
Farmville, NC 27828

To Whom it May Concern:

The above named person is a patient at Greenville Obstetrics and Gynecology. She was due to delivery her baby on February 25, 2023 due to severe preeclampsia she was induced early on January 21, 2023. After delivery she was rehospitalized for complications of severe preeclampsia which requires close postpartum follow up including cardiology, pulmonology, and neurology. She was diagnosed with cardiomegaly, cardiomyopathy, AHA CNYHA Class III chronic severe asthma, SOB due to HFrEF exacerbation, LE Edema due to HFrEF exacerbation, uncontrolled stage 2 hypertension, BP in office was 170s, tachycardia volume overload, migraines, syncope, HLD. Typically 1/3 of case get worse, 1/3 get better and 1/3 stay the same hope with proper treatment and medication she will be in the 1/3 that improve. She needs to remain on meds and needs regular follow up appointments. Please consider allowing her to participate in your mother and infants program so she can still have access to the time and resources needed to heal postpartum and care for and bond with her baby. Please feel free to contact our office at 252-758-4181 with any questions.

Thank you for your understanding in this matter.

Sincerely,

Lindsay McCallum, MD

tss

A1

LifeStance HEALTH

To: Legal Team of Amber Bruey

From: Ashlyn Vinson, LCMHC, LCAS

Date: 10/31/22

Re: Letter of Support

To Whom it May Concern,

I am writing this on behalf of Amber Bruey, who has been a client under my care at LifeStance Health since January 10, 2022. Through our initial assessment and subsequent appointments, she has been diagnosed with Generalized Anxiety Disorder (F41.1) and Major Depressive Disorder, Moderate severity, recurrent (F33.1).

From my professional standpoint, it would be beneficial for both patient and child if they were to remain together following delivery, with the most crucial time being the first year of a child's life. Research from the Journal of Affective Disorders has shown that parent-child separation contributes to post-partum depression (PPD), especially in mothers with a prior diagnosis of depression. Additionally, the Journal of Family Psychology found that most women experience extreme distress when separated from their children due to incarceration. It was also found that less frequent contact between a mother and her children leads to increased conflict between children and their caregivers. Again, it was shown that depressive symptoms in mothers increase when they are separated from their child or children. These are just a couple of the countless research articles showing the importance of mother-infant bonding.

It is my belief that separation of this patient, Mrs. Bruey, from her infant would result in a higher likelihood for trauma-induced disorders and worsening depressive symptoms. Patient may benefit from rehabilitation program which allows her to have close maternal contact with infant. Patient would benefit from environment in which she is provided support and resources for maternal care.

Kind regards,

Ashlyn Vinson

LifeStance Health
18852 SE 58th Street, Bellevue WA 980
(206) 390-5488 | info@lifestance

LifeStance HEALTH

To: Legal Team of Amber Bruey

From: Ashlyn Vinson, LCMHC, LCAS

Date: 4/4/2023

Re: Letter of Support

To Whom it May Concern,

I am writing this on behalf of Amber Bruey, who has been a client under my care at Lifestance Health since January 10, 2022. Through our initial assessment and subsequent appointments, she has been diagnosed with Generalized Anxiety Disorder (F41.1) and Major Depressive Disorder, Moderate severity, recurrent (F33.1).

This letter is in support of patient's involvement in programming that would allow for mother and infant to remain together during incarceration. From my professional standpoint, it would be of great benefit for both patient and child to participate in the MINT program. Studies have shown that mothers experience increase in depressive symptoms and distress following separation from children while incarcerated. Mrs. Bruey has expressed increase in symptoms of anxiety and depression due to legal stressors and expectant separation from newborn and other children at home.

It is my belief that separation of this patient, Mrs. Bruey, from her infant would result in a higher likelihood for trauma-induced disorders and worsening depressive symptoms. Patient would benefit from rehabilitation program, MINT, which allows her to have close maternal contact with infant. Please feel free to contact clinician, Ashlyn Vinson, with any questions regarding this matter. Clinician's direct number is 980-390-5040.

Kind regards,

Ashlyn Vinson, LCMHC, LCAS

43

Sacred Soarse Doula Services

April 1, 2023

To whom this may concern,

Amber Bruey is my patient/client and I am a certified birth and postpartum doula, also a certified peer lactation counselor. I have trained through DONA, and certified through Mothers Village Fayetteville. My role as a doula is to provide emotional reassurance during pregnancy and birth, along with providing knowledge about what's happening during the prenatal, birth and postpartum stages to both mother and baby. I also help support both mother and baby with breastfeeding. I am writing in support of what I believe is to be what's best for my client and her infant, as my role as her doula and lactation counselor..

As previously written, My patient/client was classified as a high-risk pregnancy requiring more frequent and ongoing monitoring which also necessitates a longer postpartum healing and care period. She developed severe preeclampsia which only occurs in only 0.6 – 1.2% of pregnancies and is potentially fatal for both mother and baby.

Preeclampsia is the new onset of hypertension in pregnancy after 20 weeks gestation with proteinuria in a previously normotensive woman. Severe features of preeclampsia include any of the following findings:

- Systolic blood pressure of 160mm Hg or higher, or diastolic blood pressure of 110mm Hg or higher on 2 occasions at least 6 hours apart on bed rest
- Thrombocytopenia (platelet count less than 100,000/microliter)o Impaired liver function o Fetal growth restriction
- Oliguria <500 mL in 24 hours
- Proteinuria ≥5g in a 24 hour urine specimen or ≥3+ on 2 random urine samples collected at least 4 hours apart
- Cerebral or visual symptoms
- Pulmonary edema or cyanosis
- Epigastric or right upper quadrant pain

Amber experienced 5 of the 7 above symptoms and was therefore ultimately diagnosed with preeclampsia with severe features by the OBGYN. It was recommended that she deliver her baby immediately at 35 week's resulting in a premature baby who required a NICU stay with CPAP machine and feeding tube. The baby, Autumn, was able to transition to breastfeeding but had a hard time gaining weight. She was born at 4 lbs 15 oz and 18 in long. She has been thriving on breast milk. In anticipation of her impending surrender date Amber has been trying different formulas for Autumn but her digestive system is not able to tolerate the formula. She has excessive, forceful vomiting, diarrhea, and pain and discomfort. She has been working closely with Autumn's pediatrician and has tried several different formula options but none have worked. Autumn's pediatrician has recommended exclusive breastfeeding being in the best interest of Autumn,

allowing her to not only have the benefits of breastfeeding that are needed by a newborn but also because there has been no formula that she can safely tolerate.

After the birth, Amber was readmitted to ECU health hospital for pulmonary edema and heart failure resulting from preeclampsia complications. She was started on medications to diurese and for the blood pressure and heart failure. A new echocardiogram was done and in the few weeks between the first and second echo her ejection fraction dropped even further. She is currently seeing cardiology for blood pressure, tachycardia, and cardiomyopathy. Pulmonology for severe chronic asthma, shortness of breath and preeclampsia complications where her lung function tests are still abnormal. She is also seeing neurology for worsening migraines and testing for autoimmune diseases and white matter disease and will soon be seeing rheumatology and physical therapy.

Maternal complications of preeclampsia include intravascular coagulation, bleeding, organ failure (hepatic and renal) following poor perfusion, seizures, development of HELLP (hemolysis, elevated liver enzymes and low platelet count) syndrome, and mortality. Fetal complications include growth retardation, mortality, and hypoxia. **Having a history of preeclampsia puts a woman at higher risk for future problems such as:heart disease, kidney disease, diabetes and chronic high blood pressure. Preeclampsia with severe features has a long term impact on the health of women. A study found that preeclampsia is becoming recognized for its long-term consequences that may manifest for up to 15 yr postpartum. These consequences include cardiac, pulmonary, kidney, and brain/memory issues. All of these conditions are being experienced by Amber and closely monitored by her care team and it's imperative that she maintain close follow up.**

Amber has had a tough postpartum recovery as a result of the severe preeclampsia, cardiomyopathy, cardiomegaly, and pulmonary issues including fluid overload and retention. Recent research has shown that a "normal" pregnancy actually requires 4-6 months of postpartum recovery mentally, physically, and emotionally, not just 6-8 weeks. And as you can tell Amber's birthing and postpartum experience is far from "normal". For all of the reasons mentioned I am advocating on behalf of Amber for the proper amount of time needed for the healthcare and stabilization of my patient/client including bonding with her premature infant. There are countless studies on the negative and lifelong impacts of maternal separation in early years and development of attachment disorders. There are also studies that indicate an increased probability of the child ending up in the criminal justice system due to parental separation/incarceration. I know the court is aware but my patient has more than just a newborn. She also has 4 boys ages 3-13. Two of the other children also have significant health issues including Autism. The 3 year old is diagnosed with level 3 autism which is the most severe form requiring the most help and care. He requires routine and consistency and with his attachment to his mom, Amber, it would be detrimental to his mental health and progress he has made. I would also like to ask the court to consider this health situation as well as the well being of her other children. One of which was bullied so bad and traumatized by guns and knives being brought on campus that even with all of her health conditions and knowing she was facing a surrender date, Amber had no choice but to withdraw her son and start homeschooling him for his mental health. Please take all of this into consideration in your decision making.

One of my favorite roles in this phases of helping women is in the postpartum phase. The postpartum stage is the most vulnerable time for a new mother both physically, mentally, and emotionally, especially when they have comorbidities like other health conditions. It's my job as a doula to support both mother and baby at this time to ensure everyone is happy and healthy. I do not believe this is a time to separate a mother from her baby, or most importantly a baby from its mother. Doing so can cause lasting harmful effects on both the baby and the mother according to research. Keeping newborns with their mothers promotes maternal-infant attachment (which research shows is imperative in up to the first three years of development), as well as sustained breastfeeding and oftentimes physiologic stability. Human milk, specifically the mother's milk, is the ideal form of infant nutrition, especially since Autumn can not tolerate formula of any kind that has been tried. The mother passes antibodies from her milk to her baby which helps to protect the baby from any

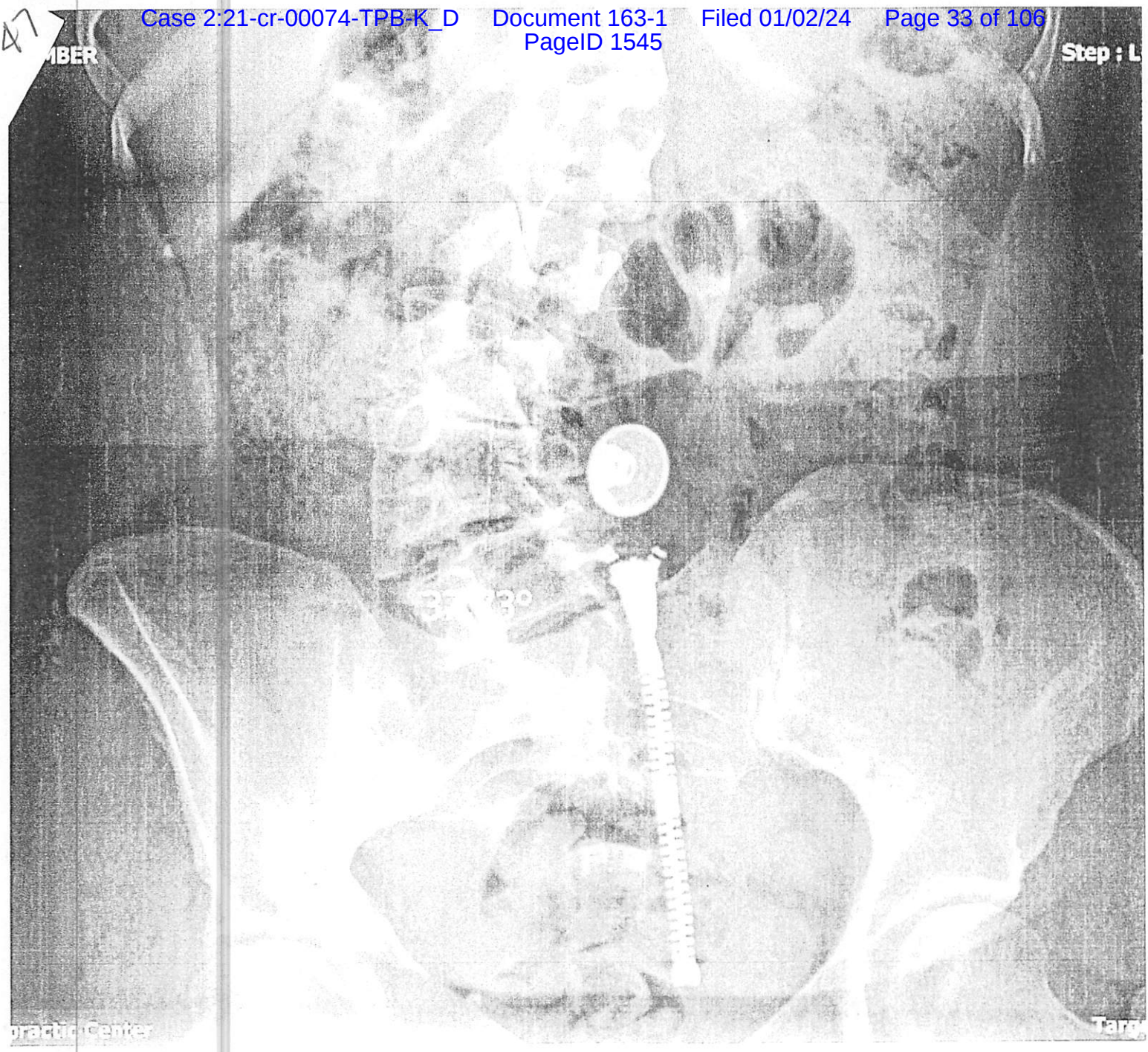
illness the baby may come in contact with, therefore promoting healthier outcomes and less health problems in breastfed babies. Another consideration is the ongoing infant formula shortages. By keeping mom and baby together for atleast the first year of life, you not only give Amber the appropriate postpartum recovery needed, but also allow Autumn to receive the only form of nutrition her digestive system can handle.. The American Academy of Pediatrics and the World Health Organization both recommend exclusive breastfeeding for the first 6 months, continuing along with the introduction of solid food for up to two years of age, or longer. It's estimated that 1.5 million children worldwide could be saved annually if everyone chose to feed this way, so I believe that fact, in itself, is self-explanatory to the importance of a mother breastfeeding, and extended breastfeeding her child, thus not separating them. For all of the reasons I have pointed out, I believe it would be best for Amber to remain in the community where she can receive proper medical care as well as care for her 5 children. I am aware that she committed a crime, but it was not a crime of violence and the sentence was not a death sentence. There is evidence of inadequate or non existent medical care in the BOP and house arrest is an option available for sentencing and which has been more available recently due to covid seeing multiple people released to serve their sentences on house arrest thanks to the CARES act. I think Amber's situation and health conditions merit consideration for placement in the community on house arrest so she can make amends for her crimes but also get proper medical care/medications, care for her children which need extensive care, feed her newborn who can't tolerate or digest formula, and maintain important relationships and attachments with all of her kids., Should you decide not to extend her the opportunity of serving on house arrest or extension of her report date, I would like to ask you to consider ordering that she report to the BOP MINT site in Greenbriar WV. I have spoken to Ms. Tripi at that location and was assured that there is bed space and that mother and baby would be kept together in this facility if placement there was ordered by the judge. The MINT program is no different than any other program that a defendant can be sentenced to complete as part of their sentence and would be a beneficial program for both Amber and baby. Assignment to this program would allow Amber to continue to receive the postpartum care she needs, allow her the time to bond with and care for her newborn but also allow justice to be served by her beginning her sentence. It is my understanding that this program has helped countless women who have found themselves in similar situations and I want to advocate for Amber to atleast be sentenced to this program in Greenbriar WV. She is currently supposed to report to FPC Alderson which from what I gather seriously lacks medical care and medications due to lack of a medical provider. While prison is not meant to be an enjoyable experience, Amber was also not sentenced to a death sentence and discontinuation of her medical follow up and medications could mean just that. With her BP being consistently around 170/110 and her having sinus tachycardia and fluid overload requiring heart failure medications and lasix daily as well as asthma medications several of which are not on the BOP approved formulary I am concerned that her health will continue to decline to the point that she has cardiac arrest or complete heart failure or worsening pulmonary edema which she was hospitalized for but in BOP custody may not receive timely or adequate care for. Amber has multiple conditions listed by the CDC as more susceptible to COVID and therefore eligible for home confinement to complete their sentences. Amber has cardiomyopathy, uncontrolled type 2 hypertension, ADHD, chronic severe asthma, hypersensitivity lung disease, depression, overweight/obese, and being immunocompromised. This not address the severe scoliosis, migraines, allergies, including the need for an epipen, shortness of breath, anxiety, seizures, and chronic severe low back pain and rheumatoid arthritis.

Given all the details of my patients unexpected decline in health, need for continued postpartum medical follow up, need for medications not offered by BOP, her need to bond and care for her newborn, Autumn's inability to digest anything other than breast milk and the seriousness of the new health issues of her other children, I respectfully ask that you please consider approving her for a change of sentence to house arrest, her request for a 90 day extension, and if granted the extension or denied it, an amended order for her to complete the MINT (Mothers and Infants Nurturing Together) program. Children were not meant to suffer because of their parents' choices. These children are already without their father because of the same

46

charges. Please take the totality of Amber's health and family situation into consideration as you are making your decision. Thank you for your time in reading this.

Katelin Turnage


MBER
Step ; L
Tam

48

Greenville Pediatric Services, Inc.

300 Bethesda Drive • Greenville NC 27834 • Tel: 252-752-7141 • Fax: 252-752-0223

Farmville Pediatrics
3444 S. Contentnea Street
Farmville NC 27828
Tel: 252-753-2226
Fax: 252-753-3522

Winterville Pediatrics
623 Old Tar Village Road
Winterville NC 28590
Tel: 252-321-9473
Fax: 252-321-9480

Date: 03/31/2023

Patient Name: Autumn Bruey

DOB: 01/21/2023

To Whom It May Concern:

Autumn Brucy is a current patient at Greenville Pediatric Services. Autumn is a newborn that was born as a premature infant at 35 weeks. Amber and the providers at this clinic have worked together to trial multiple different formula options in an attempt to transition patient from being exclusively breastmilk fed.

At this time, Autumn has not been able to successfully tolerate formula. It is in the patients best interest to continue to receive breastmilk, either by directly breastfeeding (every 2-3 hours) or pumped breastmilk via a bottle at this time. If Amber (patients mother) needs to pump, she will need to do so consistently every 2-3 hours. Autumn will continue to be manage by Greenville Pediatric Services, but will likely require breastmilk feedings for the first year of life to ensure proper nutrition and growth, until she can transition to whole milk and other nutritional sources safely.

Please allow Autumn to remain with her mother, Amber, either at home or through participation in the mother & infant program at this time.

Sincerely,

3/31/2023 11:17 AM (EDT)
Greenville Pediatric Services, Inc.

Greenville Pediatric Services, Inc.

300 Bethesda Drive • Greenville NC 27834 • Tel: 252-752-7141 • Fax: 252-752-0223

Farmville Pediatrics
3444 S. Contentnea Street
Farmville NC 27828
Tel: 252-753-2226
Fax: 252-753-3522

Winterville Pediatrics
623 Old Tar Village Road
Winterville NC 28590
Tel: 252-321-9473
Fax: 252-321-9480

05/03/2023

To Whom It May Concern:

Autumn Bruey is a patient of Greenville Pediatric Services. She was born prematurely, at 35 weeks gestation, on 1/21/2023. Autumn's mother, Amber, is breastfeeding her and should be allowed to continue to do so. She will need to either breastfeed Autumn or pump her breast milk at work in order to offer it via bottle, at least every 2-3 hours. She will also need to store her breastmilk in a refrigerator and/or a freezer, per CDC guidelines.

Both the American Academy of Pediatrics and the World Health Organization recommend breastfeeding for up to two years of age or longer. And according to the US Department of Labor, the Fair Labor Standards Act (FLSA) requires employers to "provide reasonable break time for an employee to express breastmilk for their nursing child for one year after the child's birth, each time such employee has need to express the milk." Given this information, I feel it is unnecessary to offer any further comment regarding Amber's plan for breastfeeding her child; however, if you need to know this in order to allow her to continue breastfeeding, Autumn has tried and failed multiple formulas. She has experienced weight loss, vomiting, bottle rejection, and fussiness when trying formulas.

Due to the widespread medical recommendations regarding breastfeeding ALL children, and rather inconsequentially, Autumn's formula intolerances, Autumn will need to continue to be breastfed until she is AT LEAST 12 months old. Failure to due so may cause detrimental outcomes for Autumn, including but not limited to, malnutrition, dehydration, failure to thrive, and even death.

Allowing my patient Autumn Bruey to continue to receive breastmilk, either by directly nursing at the breast or by providing pumped breastmilk via a bottle, is not only the right thing to do, it is also the legal thing to do. This will help her continue to grow and thrive.

Thank you for your time.

Sincerely,

Erin Manning, PA-C
5/3/2023 11:04 AM (EDT)

Psychological Evaluation

Individual: Asher Bruey
Date of Birth: 10/30/2019
Date of Evaluation: 12/19/2022 (ADI-R) and 12/29/2022 (AVABO)
Informant: Amber Bruey (Mother)
Evaluators: Kathleen Roszyk, MSc
William La Valle, Psy.D.

Identifying Information:
Asher Bruey is a 3-year-old, White male seeking a diagnostic evaluation to determine if he meets the criteria for an autism spectrum disorder (ASD) diagnosis. Asher has been diagnosed with developmental delay. Asher was previously enrolled in the state's Head Start program but withdrew as he could not adapt to the change in his routine. Additionally, Asher currently receives occupational therapy (OT) and has been recommended to start physical (PT) and speech therapy. Asher lives with his mother, father, grandmother, and three older brothers; Asher's mother is currently pregnant with another sibling.

Reason for Evaluation:
Asher's pediatrician referred him for an ASD assessment to determine if he meets the diagnostic criteria for ASD. The pediatrician noted that Asher was developmentally delayed and underweight; Asher has been in the less than 5th percentile for weight and has not moved out of this category. Due to delays associated with the COVID-19 pandemic, Ms. Bruey has struggled to get Asher into the appropriate therapies. At the time of assessment, Asher had attended several OT sessions to address developmental delays. Ms. Bruey noted that Asher's difficulties are disruptive to the family's lives because it limits what they can do. For example, the family cannot go to a movie theater or eat out at a restaurant because the sounds, lights, people, etc., would overwhelm Asher.

Present Concerns (History of Present Illness):
Asher displays difficulty with socialization, speech and communication, and sensory behaviors. Regarding socialization, Asher prefers to be by himself rather than with others, though he does exhibit some separation anxiety toward his mother, Ms. Bruey. Asher does not like to share or play with others unless his playmates abide by his preferences. Further, Asher does smile, but Ms. Bruey feels he smiles significantly less than her other children. Regarding speech and communication, Ms. Bruey reported delays and estimates that Asher knows about 25-50 words and mostly speaks in 3-4-word sentences. Asher mixes up pronouns like "he" and "she" and sometimes speaks in the third person. Asher also tends to repeat words or phrases from movies and television. Regarding sensory behaviors, Asher dislikes loud noises, even sounds that one might not think is very loud. Due to this sensitivity, the phones in the house must be set to

51

Bullying and/or being bullied:
None reported.

History of aggression/suicidal ideation/homicidal ideation:
None reported.

Medical History:
Asher has asthma, for which he takes an inhaler, Flovent 110mcg, two puffs twice a day, and has a rescue inhaler (Albuterol) that he has recently been using before bedtime due to the change in weather. Additionally, Asher is allergic to wheat, sesame seeds, pollen, and dust and takes liquid Zyrtec 10ml once every day for his allergies. Ms. Bruey reported that Asher does not sleep well and takes a melatonin gummy. The pediatrician told Ms. Bruey that Asher is developmentally delayed and is considered less than the 5th percentile for his weight.

Behavioral Health Treatment History and Diagnoses:
Ms. Bruey reported that the pediatrician has stated that he sees delays in Asher's development. Asher recently started OT, but due to the effects of the COVID-19 pandemic, Asher has not been able to start PT or speech therapy.

Mental Status Exam:
Ms. Bruey completed the ADI-R alone, then Ms. Bruey and Asher were present for the AVABO. Ms. Bruey appeared well-groomed and appropriately dressed for the sessions, and Asher wore a diaper. During the interview, Ms. Bruey maintained eye contact and was well-engaged and agreeable to the discussion, even asking for clarification on some questions to provide appropriate responses. Ms. Bruey's behavior appeared calm. When speaking, Ms. Bruey was clear, used an appropriate volume and speed, and her tone was suitable for the discussion. Her answers were coherent and did not veer off-topic. Ms. Bruey appeared oriented to the environment and only experienced a few distractions at the end of either session when there were interruptions coming from other rooms in the household, which indicates reliability in her answers. Asher and Ms. Bruey engaged in the evaluation together. During the observation, Ms. Bruey followed the clinician's prompts appropriately. Asher was observed engaging with Ms. Bruey and playing with various toys.

Diagnostic Measures

Gilliam Autism Rating Scale- Third Edition (GARS-3)
Asher's mother, Ms. Bruey was given the Gilliam Autism Rating Scale, Third Edition (GARS-3) to provide information related to Asher's potential diagnosis of Autism.

Subscales	Scaled Score	Percentile
Restricted/Repetitive Behaviors	33	91
Social Interaction	36	84
Social Communication	26	75
Emotional Responses	24	91

sits there for no reason. Ms. Bruey reported that Asher enjoys playing and learning about dinosaurs. When he plays, Asher lines his toys up, holds them up, and examines them; for example, Asher will spin a toy car's wheels or inspect a dinosaur's teeth. Asher likes his toys in a specific place and order; otherwise, he will have a meltdown and throw things. Additionally, Asher is clumsy and falls a lot because he has poor balance and walks on his toes; Ms. Bruey is working on getting Asher into PT.

Sensory related behaviors: Ms. Bruey reports that Asher is very sensitive to noise, especially loud and sudden sounds like a phone ringing, a toilet flushing, dogs barking, his brothers yelling, vacuum cleaners, or when the TV is too loud. If Asher is bothered by a noise, he will throw his hands on his ears and repeat, "It's too loud." Asher has an attachment to his blanket and will sleep, travel, and eat with his blanket and enjoys rubbing the silk outer lining of his blanket; Asher gets upset when the blanket needs to be washed. Asher does not like when his father, who can be away for extended periods due to his work, grows any facial hair. There are air freshener containers in the Brueys' home, and Ms. Bruey reported that Asher likes to open the container, smell it, then close it back up, saying, "smells good." Asher is limited with food as he does not like certain textures and always wants the same food. For example, Asher prefers soft foods like mashed potatoes or a specific brand of pancakes rather than crunchy foods or meats. In addition to texture, Asher does not like it when his foods touch, he has to eat off the same plate, and Ms. Bruey must be the person to give Asher his food and drink; otherwise, we will have a meltdown and not eat. Ms. Bruey reported that this might contribute to Asher's low weight.

Adaptive skills: Asher is at his best when no one else is around besides Ms. Bruey. Further, Asher does well and can follow directions when there are no loud noises or external people coming into his space.

Maladaptive Behaviors: Asher engages in meltdowns in which he screams, throws things, and sometimes hits other people who are close by and can last 20 minutes to 1 hour. These meltdowns occur when things are not going his preferred way; for example, a change in his routine, noise is too loud, or someone has touched his toys. When upset, Asher will sometimes self-injure by picking at his fingers, biting himself or others, or banging his head. Further, Asher is not toilet trained and does not seem to know when he needs his diaper changed. Ms. Bruey described that Asher is uninterested in using the bathroom and that they have tried various methods for toilet training.

The Adapted Virtual Autism Behavior Observation (AVABO)

The Minimal Nonverbal Version was administered. This semi-structured observation protocol was designed to be administered by Telehealth with younger children who are minimally non-verbal to assess for the presence of several different symptoms and behaviors often seen in children with autism spectrum disorder (ASD). The observation is designed to be completed by the child, caregiver, and examiner. This protocol is used to structure an observation in order to gather information on current behavior to aid in diagnostic decision- making and it is meant to be used in conjunction with other standardized measures of ASD symptoms. Asher and Ms. Bruey participated in the assessment and completed it while in their home.

Peek-A-Boo task, Asher was lying on the floor upset, but once Ms. Bruey began to play the game, Asher stood up and engaged with his mother.

The Childhood Autism Rating Scale—Second Edition (CARS2)

The CARS2 is an objective rating used to help identify and classify children with autism spectrum disorders. The Standard Version (CARS2-ST) is appropriate for all individuals ages 2 to 5 years. Ratings are associated with minimal, mild to moderate, and severe symptom presentations. The psychometrician completed the CARS based on observations from the AVABO supplemented with information provided during the clinical interview. The examiner reviewed the scoring. Asher scored in the Severe Symptoms of Autism Spectrum Disorder range (T=32.5). This indicates that Asher exhibited behaviors representing the presence of autism spectrum disorder.

	Rating	Category
Total Score	32.5	Mild-to-Moderate Symptoms of ASD

Biopsychosocial Formulation:

Asher is a 3-year-old male seeking a diagnostic evaluation to determine if he meets the criteria for an autism spectrum disorder (ASD) diagnosis. Asher has previously received a diagnosis of developmental delay. Asher had been enrolled in Head Start but could not adapt to the change in his routine and is now homeschooled by his grandmother, though he sometimes struggles to remember concepts like numbers and colors. Recently Asher started OT, but his mother is also trying to get him into PT and speech therapy. Per his mother, Asher prefers to play alone, does not like to share, and does not always make eye contact or look at someone when they call his name. Asher plays with his toys via their intended function and has a specific way in which he plays with and lines up his toys. When playing, Asher will sometimes fixate on a particular part of a toy, like spinning the wheel of a toy car or examining the teeth on a toy dinosaur. Asher typically does not play with noise-making toys due to his sound sensitivity. When approached by others who are not Ms. Bruey, Asher tends to ignore them. Asher prefers his mother and only talks to her. Asher's speech was delayed, and Ms. Bruey believes he only knows about 25-50 words. When Asher enjoys an activity, he dislikes switching to a new task and will display distress, like curling up in a ball on the floor. When he is anxious or upset, Ms. Bruey reported that Asher picks at his fingers, bites his hand or other people, and bangs his head against the doorframe. Further, sometimes Asher will spin in circles and squat down for no reason.

Upon completion of the GARS-3, it was determined by Ms. Bruey's ratings that Asher yielded an Autism Index Score of 128, which places him in the very likely range of having ASD. During the AVABO evaluation, Asher's language and conversation skills were appropriate. Asher mostly maintained eye contact with his mother. Asher engaged in physical affection throughout the observation as he sought comfort in Ms. Bruey's lap; however, he ran away from her during the Anticipatory Posture and Nesting into Caregiver tasks. Asher required redirection throughout the evaluation and did not imitate Ms. Bruey. Asher engaged in imaginative play appropriately and sometimes involved Ms. Bruey in his play. Asher exhibited various facial expressions and was observed engaging in various types of play with Ms. Bruey. Asher became upset when Ms. Bruey messed up the toys Asher was playing with or attempted to switch the task. Asher appeared to have difficulties shifting his attention from task to task when he became distressed.

Asher exhibited restricted and repetitive behaviors during the evaluation, such as lining up his toys. Asher was observed playing with toys appropriately.

Findings from the evaluation suggest the presence of autism spectrum disorder. Asher exhibits deficits in socialization, as he dislikes playing with others and does not make eye contact or respond to his name unless it is Ms. Bruey. Asher's speech and communication have always been delayed. Asher was observed engaging in repetitive or stereotyped behaviors, such as lining up toys and being distressed when the toys were messed up. Further, Ms. Bruey reported sensory issues to noise, food, smells, and textures.

DSM-5 Diagnosis:
Autism Spectrum Disorder (Social Communication Level 3; Restricted/Stereotypic Behaviors Level 3)

Target behavior List

- Socialization
- Sensory behaviors
- Maladaptive behaviors (meltdowns, disinterest in toilet training)

Recommendation for Intervention:
The suggested recommendations are based on evidenced-based practices and research. They are organized into specific categories, targeting areas of difficulty to improve upon, and are addressed to both Asher and Asher's parents as well as school and supportive staff.

HOME STRATEGIES

To improve effective communication:

Source: Autism Speaks, 2012

1) **Before you start:** When teaching spoken communication, the most important factor will be motivation. Before you start any communication intervention, you must know the child and find things that motivate Asher. Questions to ask:
   a) What are Asher's favorite things to do?
   b) What are Asher's favorite games, places, people?
   c) What makes Asher laugh?
   d) As you determine the items that motivate Asher, consider the following areas: physical activities (running, jumping), toys (trains, animals), edibles (food), liquids (drinks), activities (computer games), social interactions (playing with a sibling, tickle games).
   e) It will also be helpful to identify items that are considered to be repetitive or restricted patterns of behavior in which Asher engages and enjoys, such as lining up toys.
2) **When to intervene:** You should teach when Asher is motivated to communicate. This will likely be when Asher is engaged in Asher's favorite activities. Caregivers and educators can embed strategies into Asher's favorite activities and use Asher's favorite toys and foods to elicit communication.
   a) For example, if Asher loves gross motor activities, such as running, jumping on the bed, being spun and thrown in the air, then these times can be opportunities to teach Asher to communicate.

In the areas of Language and Conversation Skills, Asher displayed typical verbal communication; however, he was sometimes difficult to understand. This is consistent with Ms. Bruey's report that he will only talk to her and other people sometimes struggle to understand Asher's speech. At the end of the observation, Asher did wave goodbye to the clinician.

In the areas of Nonverbal Communication Skills, Asher maintains contact fairly consistently with his mother throughout the observation; however, he is not always responsive to her. In response to hearing his name called by Ms. Bruey, Asher immediately turned his head, looked at his mother, and said, "huh?" during subsequent trials of Ms. Bruey calling Asher's name, he began to repeat his own name and smile. During the observation, Asher pointed at various toys; however, during the Gaze Monitoring task, Asher did not follow Ms. Bruey's pointing on the first attempt. During the second and third attempts, Asher tried to follow his mother's pointing but was unsuccessful at finding the object she was pointing out. Asher used nonverbal communication by waving goodbye at the end of the assessment.

In the area of Relationships, Asher had good engagement with his mother unless he was upset about a previous situation. For example, during the first trial of the Peek-A-Boo task, Asher was still lying on the floor after being upset about an earlier task; however, when his mother began to play the game, Asher started to kick his legs in excitement and reached for Ms. Bruey. After the second Peek-A-Boo attempt, Asher reciprocated and said "peek-a-boo" to Ms. Bruey before he dropped to the floor, giggling, smiling, and kicking his legs during the rest of the Peek-A-Boo games. Additionally, Asher displayed spontaneous nestling into his mother throughout the observation; however, during the Anticipatory Posture task in which Ms. Bruey extended her arms as if she was going to pick Asher up, Asher ran the other way and eventually ran out of the room.

In the area of Emotions, Asher exhibited several facial expressions. Asher spontaneously and appropriately smiled and laughed throughout the observation while engaging with Ms. Bruey. In between tasks, when he did not want to disrupt the activity or when Ms. Bruey would follow a prompt that he did not like, Asher would become upset. Asher also displayed positive emotions when he was enjoying a task; for example, when he was engaging in pretend play with Ms. Bruey and talking into a sponge as a pretend phone.

Asher exhibited restricted and repetitive behavior during the evaluation. For example, during the Stereotypical Behavior task in which Ms. Bruey stacked and then messed up toy blocks, Asher was meticulous and agreeable to lining up the blocks each trial and looked up at Ms. Bruey for approval. However, when Ms. Bruey messed up the blocks, Asher became upset at the disturbance with various reactions, including looking at his mother with a shocked expression and holding his arms up as if to say, "What!" Asher also said things like, "Mom, what did you do? What did I say?" and "Mommy, you messed it up!" After the third trial, Asher curled up into a ball with his head between his knees and declined Ms. Bruey's offers to help fix the blocks.

Asher struggled with his ability to switch from task to task. For example, when attempting to switch from Imitation to Stereotypical Behavior tasks, Ms. Bruey asked if they could put the toys away for a minute to do something else, and Asher shook his head no and said, "uh-uh." When Ms. Bruey asked again, he began to whine and say, "no," shook his head, and put his hands to his face. However, once Ms. Bruey started putting away toys, she asked, "Are you going to help me?" Asher became agreeable and helped put the toys in the box. Additionally, after the Stereotypical Behavior task, Asher was curled up in a ball, still upset that his mother messed up the blocks, but when Ms. Bruey was setting up for the Gaze Switching task, Asher uncurled himself, laid on his stomach, and looked up at his mother. Lastly, before starting the

Autism Index Score	128 (Very Likely)	
DSM-5 Severity Level	Level 3	
Descriptor	Requiring Very Substantial Support	

Note: Scores below or equal to 54 indicate that Autism is not probable and scores of 71 or higher indicate a very likely probability.

Autism Diagnostic Interview (ADI-R)

Communication: Ms. Bruey reported that Asher has always been delayed in his speech and communication. At around 6-9 months, Asher hardly made any noises, and at about 12-18 months, Asher spoke the word "mama," though Ms. Bruey does not think Asher knew what it meant as he was not looking at her when he said it. Asher did not speak until he was over 2 years old, and currently, Ms. Bruey reported that Asher estimates that he knows about 25-50 words and mostly talks in 3-4-word sentences. Asher can speak his name clearly, although sometimes other people cannot understand him. Further, when Asher talks, Ms. Bruey stated that he only talks to her, and he typically is not the one to initiate a conversation unless he wants something. Ms. Bruey also reported that Asher roars a lot, especially when he is mad and does not know how to express himself. Asher still mixes up pronouns like "he" and "she" and will talk about himself in the third person, for example, "Asher wants…" instead of "I am hungry." Ms. Bruey described that Asher tends to take things literally, explaining that his older brother was playing with him and told him, "I've got your nose," and pretended to throw it in the trashcan. As a result, Asher became very panicked and believed his nose was actually in the trashcan. Further, Asher tends to repeat words he has heard from movies or television, like "mean mister" from the movie *The Grinch.*

Socialization: Asher does not like to share or play with his peers. For example, Thanksgiving was the first time the extended family came to the Brueys' home. Asher had a meltdown in which Ms. Bruey had to take him into the other room and sit with him because he did not want his cousins in the house since it was "his house." Ms. Bruey noted that they can no longer go places like the grocery store or church because of Asher's behavior. Asher has been observed ignoring other children who approach him or hitting or biting others when he is upset. Sometimes Asher will invite his mother to play, but if he does not want her to play, he will turn his back to her. Typically, Asher's brothers do not get to interact with him; however, sometimes Asher can play with his brothers playing as long as they play according to Asher's preference. Ms. Bruey reported that Asher does not like unfamiliar people and will typically ignore them; if someone approaches him, he acts as if they are not there. Further, when Asher's grandmother tries to do schoolwork with him, Asher usually ignores her. Asher does not understand when someone is sick/hurt and does not offer comfort to others. Ms. Bruey described an instance where one of Asher's brothers fell off his hoverboard, and Asher laughed and then turned back to what he was doing.

Repetitive/Stereotyped Behaviors: When Asher gets anxious or mad, he picks at his fingers, especially his thumb, sometimes until he bleeds. Additionally, Ms. Bruey reported that Asher will hit his head against the doorframe or bite the webbed part of his hand between his index finger and thumb, and sometimes, Asher will bite other people to the point of leaving marks. Further, Ms. Bruey explained that Asher sometimes begins spinning in circles or squatting and

57

vibrate mode so that the ringing does not upset Asher. Asher also likes the smell of air fresheners and to rub the material on his blanket. Ms. Bruey described Asher as a picky eater as he only wants to eat soft foods on a specific plate served by his mother. Further, when upset, Asher uses self-soothing methods such as hitting his head, picking his fingers, biting, and spinning around.

Family and Social History:
Asher resides with his mother, father, grandmother, and three older brothers, and in February 2023, Asher's mother is expecting another baby. Asher is very close with his mother, Amber. She reported that he experiences separation anxiety even when she leaves a room; therefore, Asher will sit in the bathroom with her while she showers or uses the bathroom. Ms. Bruey has depression, anxiety, ADHD, insomnia, kidney issues, scoliosis, asthma, and allergies. Asher prefers his mother over his father, Anthony, who is often away for work. Asher's father was recently diagnosed with ASD, for which he does not take any medications or receive any treatment. Additionally, Asher's father has anxiety, depression, and substance use issues for which he has sought therapy. Asher's grandmother homeschools him; she has kidney disease, diabetes, muscular dystrophy, heart issues, high blood pressure, thyroid issues, anxiety, depression, and insomnia. Asher does not interact much with his brothers due to his social struggles. Asher's oldest brother, Andrew, is 13 years old and will also be evaluated for ASD. Asher's brother, Aidan, is 11 years old. Asher's brother, Avery, is 9 years old and diagnosed with ADHD, anxiety, and depression but has not started treatment. Ms. Bruey also reported that her sister has OCD, and her 10-year-old son has ASD Level 2 and ADHD, and her 5-year-old son was diagnosed with ASD Level 1.

Early Developmental History:
Ms. Bruey reported that Asher has always been behind developmentally compared to her older children. Ms. Bruey noted that at 6-9 months, Asher was not rolling over, not making noises, did not seem very affectionate, did not appear to want to be held, and was not smiling often. Asher started walking when he was almost 2 years old and could walk unassisted at around 2 and a half. Many of Asher's developmental concerns occurred during the COVID-19 pandemic, so the doctors recommended monitoring his development during this period.

Early Intervention, School Programming, and/or Occupational History:
Asher was recommended for OT, PT, and speech therapy, but at the time of the assessment, Ms. Bruey could only get him into OT. Asher was enrolled in daycare through a Head Start program but could not adapt to the complete change in his routine, so his parents withdrew him from the program. Ms. Bruey stated that the daycare wanted Asher to be using the bathroom; however, Asher is uninterested in toilet training, and the teachers told Ms. Bruey that Asher would not even try to use the toilet. Ms. Bruey noted that when she informed the teachers Asher was leaving, they said it was a good idea. Now Asher is homeschooled by his maternal grandmother.

Sexual/Physical Abuse/Neglect/Trauma (traumatic loss/domestic violence/community violence/ car accidents/fires/victim of crimes/weather related trauma):
None reported.

DHS involvement:
None reported.

Quintessential Health, P.C.

A Premier Mental Health Provider
1-833-QHCARES

To Whom It May Concern,

In December 2022, Asher Bruey (DOB: 10/30/19) was evaluated for and diagnosed with Autism Spectrum Disorder (ASD). The essential features of ASD include persistent impairment in reciprocal social communication and social interaction and restricted, repetitive patterns of behavior, interests, or activities. These symptoms are present from early childhood and limit or impair everyday functioning.

In addition, Asher's behavior at the time of his assessment was categorized as Level 3 for both Social Communication and Restricted/Stereotypic Behaviors. Level 3 is the highest severity rating for ASD, indicating that Asher requires very substantial support due to severe challenges in verbal and nonverbal social communication skills. Asher also requires very substantial support due to his extremely inflexible behavior, extreme difficulty coping with change, and restricted/repetitive behaviors markedly interfering with functioning in all spheres.

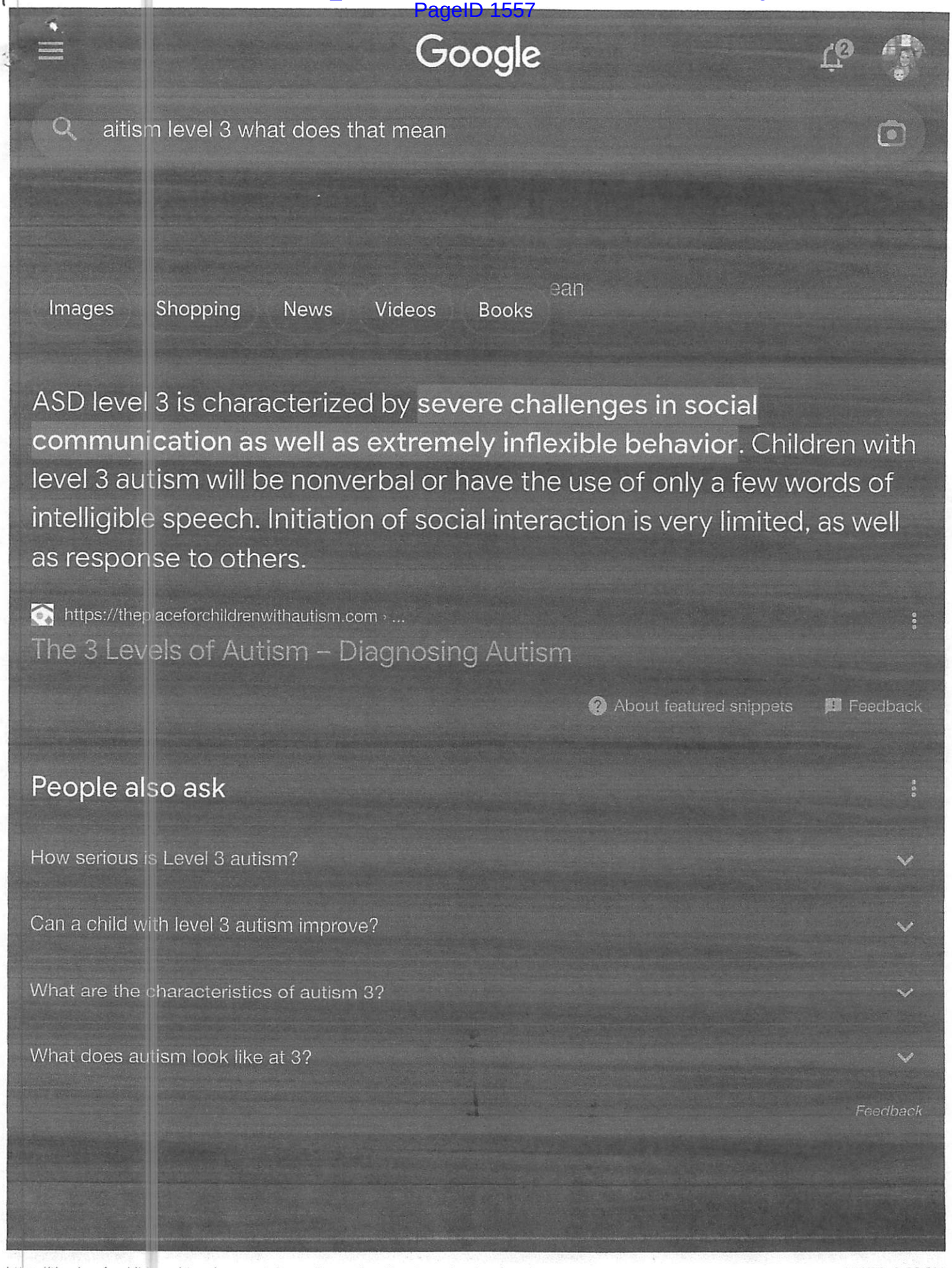
Children with Autism Spectrum Disorder Level 3 have a challenging time with changes to routine or life circumstances; this pertains to Asher. With this being said, it is recommended not to disrupt Asher's routine or reliance on his mother as his primary caretaker. Throughout our assessment process, it was apparent that Asher was attached to Ms. Bruey. Therefore, it is recommended that Ms. Bruey remain in charge of Asher's care and coordinating therapy appointments as needed for the best outcomes for Asher. Before our assessment, Asher had been recommended for occupational, physical, and speech therapy. After our assessment, we recommended that Asher also begin Applied Behavior Analysis (ABA) therapy through local providers to increase language and communication skills and decrease problem behaviors. Early intervention is important in the long-term outcomes of children with ASD.

In summary, given Asher's ASD Level 3 diagnosis, his rigidity and inflexibility to routine, and his social deficits, he would have the best outcomes if his routines and attachments remained unchanged. Therefore, please consider Asher's needs due to his ASD diagnosis in your decision-making process.

Sincerely,

Kathleen Roszyk

Kathleen Roszyk, M.Sc.
Doctoral Level Trainee


Google
aitism level 3 what does that mean
ean
Images
Shopping
News
Videos
Books
ASD level 3 is characterized by severe challenges in social communication as well as extremely inflexible behavior. Children with level 3 autism will be nonverbal or have the use of only a few words of intelligible speech. Initiation of social interaction is very limited, as well as response to others.
https://theplaceforchildrenwithautism.com › ...
The 3 Levels of Autism – Diagnosing Autism
About featured snippets
Feedback
People also ask
How serious is Level 3 autism?
Can a child with level 3 autism improve?
What are the characteristics of autism 3?
What does autism look like at 3?
Feedback

Physicians East P.A. - Pulmonary
1850 West Arlington Blvd Suite - PULM
Greenville, NC 27834
2524136289 Fax: 2527620927

03/31/2023

RE: Amber Bruey
DOB: 02/21/1987

To whom it may concern,

Amber is a 36-year-old patient of Physicians East with a longstanding history of chronic asthma currently complicated by a postpartum cardiomyopathy. She has moderate reduction of her lung functions related to these 2 disorders. It is my hope that her cardiac and pulmonary issues will improve with time and regular serial follow-up.

Please contact me if additional information is required.

Sincerely,

Robert Dietrich MD

61

BP-S148.055 INMATE REQUEST TO STAFF CDFRM
SEP 98
U.S. DEPARTMENT OF JUSTICE FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) HSA	DATE: 11/1/23
FROM: Amber Bruey	REGISTER NO.: 62267509
WORK ASSIGNMENT: Teacher aide	UNIT: B3

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I had bloodwork done for serotonin levels when I saw the dr - b/c I told her I didn't feel like the depression + anxiety meds were helping + she said do bloodwork + then we could adjust meds if needed. I never heard back about the results + I'm wondering if the dosages of these meds can be adjusted or if an additional med could be added. I was taking Wellbutrin, topiramate, Klonopin + buspar for depression + anxiety. Wellbutrin alone didn't work + buspar alone didn't work + Klonopin alone didn't work but all of them together did. If I need to see a dr for this can I please be scheduled? If chronic care is only 1x/year I don't think I can wait that long

(Do not write below this line)

RECEIVED NOV 02

DISPOSITION:

Serotonin level is low. Scheduled for an appointment. Watch call-outs.

Signature Staff Member J. McGraw, RN FPC Alderson, WV

Date 11-5-23

J. McGraw RN

62

Quest Diagnostics

Report Status: Final

BRUEY, AMBER

Patient Information	Specimen Information	Client Information
BRUEY, AMBER DOB: 02/21/1987 AGE: 36 Gender: F Phone: NG Patient ID: 63267-509	Specimen: WX861179L Requisition: 8259601 Lab Ref #: 160231350 Collected: 06/14/2023 / 07:00 EDT Received: 06/15/2023 / 06:19 EDT Reported: 06/22/2023 / 16:28 EDT	Client #: 10768100 4000000 MORRIS, LISA FPC - ALDERSON PO BOX A ALDERSON, WV 24910-0990

Test Name	In Range	Out Of Range	Reference Range	Lab
SEROTONIN, SERUM		14 L	56-244 ng/mL	EZ

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute San Juan Capistrano. It has not been cleared or approved by FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

PERFORMING SITE:

EZ QUEST DIAGNOSTICS/NICHOLS SJC, 33608 ORTEGA HWY, SAN JUAN CAPISTRANO, CA 92675-2042 Laboratory Director: IRINA MARAMICA,MD,PHD,MBA, CLIA: 05D0643352

LIST OF RESULTS PRINTED IN THE OUT OF RANGE COLUMN:

SEROTONIN, SERUM		14 L	56-244 ng/mL	EZ

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute San Juan Capistrano. It has not been cleared or approved by FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

u3

Bureau of Prisons
Health Services
Dental Health History Screen

Inmate Name:	BRUEY, AMBER REWIS			Reg #:	63267-509
Date of Birth:	02/21/1987	Sex: F	Race: WHITE	Facility:	ALD
Encounter Date:	05/31/2023 13:49	Provider:	LaPolla, V. DDS, CDO	Unit:	B03

ASSESSMENTS:

Health Problems as of Dental Health History Encounter date: 05/31/2023 13:49

Health Problems

Health Problem	Status
Major depressive disorder, single episode	Current
Anxiety disorder	Current
Migraine	Current
Cardiomyopathy Post partum EF 42% echo 1/31/2023	Current
Heart failure, UNS Post partum	Current
Asthma	Current
Rheumatoid arthritis, unspecified +ANA, RA +	Current

Medical History as of Dental Health History Encounter date: 05/31/2023 13:49

Medical History:

Allergies:

Allergy	Reaction	Date Noted
Red Maple "All kinds of trees"	Anaphylaxis	05/12/2023
Mold Extract	Anaphylaxis	05/12/2023
Cats Claw	Anaphylaxis	05/12/2023
Dust Mite Extract "Hives, redness, difficulty breathing, chest pain and itching."	Rash	05/12/2023
Dog Fennel "All dogs"	Anaphylaxis	05/12/2023
Grass Mix Pollens Allergen Ext "Hives and itching"	Rash	05/12/2023
Apricot Flavor	Anaphylaxis	05/12/2023
Bug Itch ReLeaf "Fire Ants"	Anaphylaxis	05/12/2023
Penicillin G Benzathine "Pen VK"	Anaphylaxis	05/12/2023

Seizures:

Type:	Other
Frequency:	> 1 per month
Age of Onset:	Adult (18-30 Years)
Last Seizure:	< 1 month
Comments:	Hx: Petite Mal or absent seizures

Diabetes: Denied

64

BP-S148.055 INMATE REQUEST TO STAFF CDFRM
SEP 98
U.S. DEPARTMENT OF JUSTICE FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) Health Servics	DATE: 9/26/23
FROM: Amber Brvey	REGISTER NO.: 63267509
WORK ASSIGNMENT: Teacher aide	UNIT: B3

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

Can I get an appt to see a back dr? I came to sick call & was told to take ibuprofen & tylenol & use muscle rub, but I feel like its my joints or bones, not really the muscles, but the pain is constant especially when standing. I had an MRI before coming here & was needed to see a back & spine specialist. Sick call said I had an upcoming chronic care appt but I haven't seen a provider here since then either. I was also supposed to maintain pulmonology follow up for my asthma & I haven't seen anyone for that either.

(Do not write below this line)

DISPOSITION:

You are scheduled a chronic care appointment. Continue to watch the callouts and please be patient.

Received by [illegible]
SEP 27 2023
Health Services

Signature Staff Member
McGraw RN J. M[illegible]ew, RN FP[illegible]on, WV

Date 10-1-23

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86 and BP-S148.070 APR 94

65

BP-S148.055 INMATE REQUEST TO STAFF CDFRM
SEP 98
U.S. DEPARTMENT OF JUSTICE FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) [redacted] HSU	DATE: 8/28/23
FROM: Amber Brvey	REGISTER NO.: 63267509
WORK ASSIGNMENT: Teacher aide	UNIT: B3

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I've been on Reglan before to help increase milk supply. Now that I can send it home with my baby is it possible to be put on reglan or anything similar that can help increase production? I'm getting about 2oz currently.

(Do not write below this line)

Received by Lab
AUG 29 2023
Health Services

DISPOSITION:

That is off Label prescribing and at this time it isn't indicated

D Renick HSA
Signature Staff Member
Dana L. Renick, PAC/HSA
Alderson Federal Prison Camp

Date 9/5/2023

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86 and BP-S148.070 APR 94

Ule

BP-A0148
JUNE 10

INMATE REQUEST TO STAFF CDFRM

U.S. DEPARTMENT OF JUSTICE — FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) Health Servs/Ms. Sykes/Ms. Renick	DATE: 6/5/23
FROM: Amber Brew	REGISTER NO.: 63267-509
WORK ASSIGNMENT: A+O	UNIT: B3

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.

I'm trying to see if a solution to my breastmilk issue has been reached.

(Do not write below this line)

DISPOSITION:

Your request has been submitted to HSD.

Received by Lab
JUN 0 - 2023

Signature Staff Member D Renick HSA	Date 6/14/2023

Record Copy - File; Copy - Inmate

PDF

Prescribed by P5511

Dana L. Renick, PAC, HSA
Alderson Federal Prison Camp

This form replaces BP-148.070 dated Oct 86 and BP-S148.070 APR 94

FILE IN SECTION 6 UNLESS APPROPRIATE FOR PRIVACY FOLDER

Prescribed by P

SECTION 6

67

BP-S148.055 INMATE REQUEST TO STAFF CDFRM
SEP 98
U.S. DEPARTMENT OF JUSTICE — FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) Ms. Rennick Health Servs	DATE: 5/19/23
FROM: Amber Brvey	REGISTER NO.: 63267-509
WORK ASSIGNMENT: A+O	UNIT: B3

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I'm trying to find out the status of getting my baby breast milk. If I'm not allowed to do MINT can it be shipped home or picked up at my family's expense?

My family plans to bring the baby this weekend 5/27 & 5/28. Could they bring milk storage bags & me take any milk I have pumped that morning and bring to them at visitation? I'm logging all my pumps in times & oz. if needed to see.

(Do not write below this line)

DISPOSITION:

At this point in time, further guidance is being sought. Nursing is an option in visitation but currently there has been decision to store breast milk

MAY 22 2023

Signature Staff Member
Dana L. Renick, PAC, HSA
Alderson Federal Prison Camp

Date 5/22/2023

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86 and BP-S148.070 APR 94

18

TRULINCS 63267509 - BRUEY, AMBER REWIS - Unit: ALD-B-C

FROM: Warden
TO: 63267509
SUBJECT: RE:***Inmate to Staff Message***
DATE: 09/25/2023 10:32:02 AM

We appreciate the request but we cannot accommodate this.

From: ~^! BRUEY, ~^!AMBER REWIS <63267509@inmatemessage.com>
Sent: Sunday, September 17, 2023 6:45 PM
Subject: ***Request to Staff*** BRUEY, AMBER, Reg# 63267509, ALD-B-C

To: Ms. Fullen/Ms. Cutwright
Inmate Work Assignment: Teacher Aide

Good afternoon Ms. Fullen. I wasn't sure who I should ask this question to but I was wondering if it might be possible to have my stronger pump sent in to health services from home. I am not getting as much with the pump. I don't know if it starts to lose power after a while of using it or not but I have difficulty with the hand pump because of my arthritis. At home I have a brand new unopened Elvie Stride that is still in the package and I have a medela Symphony that is opened but I believe is closer to the hospital grade. If either of these would be allowed to be mailed in for my use I feel like it would allow me to get a better milk supply in each pumping session. I understand this may not be possible and if not I understand but I thought I should atleast ask. If it would be allowed just let me know which one would be allowed and how my mom should get it here. Thank you for your time and I do appreciate all of you all's work and accomodation to help me get my baby the milk.

6A

TRULINCS 63267509 - BRUEY, AMBER REWIS - Unit: ALD-B-C

FROM: 63267509
TO: CMC
SUBJECT: ***Request to Staff*** BRUEY, AMBER, Reg# 63267509, ALD-B-C
DATE: 05/23/2023 11:35:35 AM

To: Ms. Evans
Inmate Work Assignment: A&O

Good afternoon Ms. Evans, I am not trying to bother you. I am just trying to see if you got my message. I know you are very busy but my issue with my baby is time sensitive and I'm trying to get help and feel like I just keep hitting road blocks. Can you please help me? Do we need to schedule an appointment to discuss me being put in for the MINT program as an exception? Please let me know as soon as possible. Again, I am sorry to bother you. I'm not trying to cause problems or make waves beir new. I'm just trying to get an answer for my baby who can only have breastmilk and I have the letter from her doctor and it was given to the judge who then recommended the MINT program as well for her wellbeing and still allowing me to serve my sentence. Thank you for your time and I hope to hear from you soon.
-----BRUEY, AMBER REWIS on 5/21/2023 2:46 PM wrote:

>

Dear Ms. Evans, Im not sure if you have spoken with my lawyers but I know they have tried to reach out. I know you are very busy and I am new here and I am sorry to bother you. My lawyers called here and to the MINT program prior to my self surrender and were told that exceptions for entry into the MINT program can be made on a case by case basis and that my baby's issues could constitute an exception. My baby cannot tolerate formula and has a letter from her dr that says that withou breastmilk she could become malnourished, dehydrated, fail to thrive or even result in death. HSU has been allowing me to pump and dump and I have been keeping a log of the times and amounts I have pumped but I have not been able to keep anything for my baby. I tried to speak to Ms. Walton when she was in for open house after my arrival and she was very brief ai just said if I wasn't pregnant I would not be going to MINT. I have asked multiple people to please put me in for a referral to the MINT program and see if they will accept me as an exception given my baby's needs. I was told to reach out to you and that's why my lawyers have been trying as well. Is there anyway possible to put me in for MINT referral and see if they will make the exception? My baby is 3 months old. She was born prematurely at 35 weeks and when we've tried formulas she has lost weight, projectile vomitted, had terrible diarrhea, and been in pain and rejected the bottle. She is not doing the best with the bottle at home right now either. Her dr said she will only need the breastmilk until she turns 12 months old and can transition t other sources of nutrition. I am asking for just a few months in the MINT program so I can feed her and pump as well to build u a supply that I can send home with her and then return here to complete my sentence. I know things take time but her situatio can quite literally be life or death and I have not gotten any direct answers from HSU. One of the nurses said they thought a request was denied but did not say what the request was for or if there were any other steps I could try to take. She has to hav breastmilk and I need to find a way to get it to her. Can I please be referred to the MINT program here to see if they will honor what they said about the exception? My lawyers and myself spoke to Ms. Tripi and Mr. Mori there and the letter from my baby' doctor is in my medical records I brought it but I can get you a copy if needed as well. The judge also recommended MINT placement because of the baby's formula intolerance and breastfeeding needs. Please let me know if you can help me and again I am sorry for bothering you. I know you are busy and I am new and I am not trying to be a pain. I am just trying to make sure my daughter is ok and able to thrive. Thank you so much for your time.

TRULINCS 63267509 - BRUEY, AMBER REWIS - Unit: ALD-B-C

FROM: 63267509
TO: Associate Warden
SUBJECT: ***Request to Staff*** BRUEY, AMBER, Reg# 63267509, ALD-B-C
DATE: 05/18/2023 02:45:33 PM

To: AW Brammer
Inmate Work Assignment: A&O

Good Afternoon AW Brammer!
I'm sorry to bother you again, I know you said you were looking in to the situation and policies to see what may be able to be done. I was just wondering if there had been any progress on a possible solution. Thank you again for your time. I sincerely appreciate it and I am sorry I am having to bug you with this.
-----BRUEY, AMBER REWIS on 5/17/2023 1:05 PM wrote:

>

Thank you AW Brammer! I was just informed when I asked at HSU that they denied the request to store my pumped milk. They did not explain why. Just that it was denied. What other option might there be that I can look into? I'm sorry to bother you with this but it is for the health of my baby. I understand that MINT was not going to be a long term solution and I would not be able to keep her with me the entire time but it would help me get her to the point that she needed where she could nutrition from other sources. Is temporary home confinement for a few months and then returning to Alderson a possibility? Is bringing her in here with me for a few months a possibility? Without breastmilk she can result in long term detrimental consequences and I am trying to do all I can to find a solution to help her. Mr. Mori at MINT had said exceptions could be made but it would have to come from Alderson. Is it possible to make an exception for the MINT program or temporary home confinement or if my family sends in storage supplies and pays for shipping of the milk? Please let me know any possibilities. I promise I am not trying to bother you. I am just trying to see what options are available for my baby or what my next steps need to be to try to get help.
-----Associate Warden on 5/17/2023 9:17 AM wrote:

>
We are looking into policy and the situation.
AW Brammer

From: ~^! BRUEY, ~^!AMBER REWIS <63267509@inmatemessage.com>
Sent: Wednesday, May 17, 2023 8:01 AM
Subject: ***Request to Staff*** BRUEY, AMBER, Reg# 63267509, ALD-B-C

To: Mrs. Evans, Acting Warden, Or Associate Warden
Inmate Work Assignment: A&O

To whom it may concern:

I'm sorry to write you with this but I have an emergency situation that I need to have addressed. Prior to self surrending I had a hearing in front of Judge Barber in the middle district of FL. I explained my baby's situation with him and he recommedned that participate in the MINT program. Two of my lawyers called up here to Alderson and MINT program in WV and there they spoke to Ms. Tripi and Mr. Mori who said that there was currently space available and they could take me and the baby. The program is typically for pregnant inmates but they do make exceptions based on a case by case basis. I spoke with Ms. Rennick in Medical and I am awaiting her decision. I spoke with Mr. Goldizer who gave me the impression that it was up to the unit team. My lawyer spoke to the social worker who gave her the impression it was up to the case manager. My assigned case manage is Ms. Walton and I went into her office during her open house hours and she did not want to speak to me. I tried to explain the severity of my baby's needs that she had a letter from her pediatrician that stated with out breastmilk it could result in her becoming malnourished, dehydrated or even her death so it is quite literally potentially a life or death situation. She told me without even appearing to have looked in to my file or information that I was not pregnant so she would not put me in for the mint program and her advice was not to commit crimes. My baby is innocent in this and all I was asking for was to be temporarily placed in the MINT program so that I could give her the breastmilk she needs and also serve my sentence then come back here once she was no longer requiring breastmilk. I only have a week supply of pumped milk at home for him. Giv my own health conditions and still having to feed her it has been hard to pump enough to have a large stash. The handbook says when a complaint is determined to be of an emergency nature and threatens the inmates's immediate health or welfare, the reply mst be made as soon as possible and within 48 hours from receipt of the complaint. I have been trying to get help since Friday when I arrived as I was under the impression I could be processed through and sent over to MINT temporarily to

TRULINCS 63267509 - BRUEY, AMBER REWIS - Unit: ALD-B-C

FROM: Associate Warden
TO: 63267509
SUBJECT: RE:***Inmate to Staff Message***
DATE: 05/20/2023 05:42:02 PM

Instead of you sending me several emails. As soon as Health services find out something. HS will notify you.
AW Brammer

From: ~^! BRUEY, ~^!AMBER REWIS <63267509@inmatemessage.com>
Sent: Saturday, May 20, 2023, 10:50 AM
Subject: ***Request to Staff*** BRUEY, AMBER, Reg# 63267509, ALD-B-C

To: AW Brammer
Inmate Work Assignment: A&O

Good Morning AW Brammer. I know it is Saturday so you will likely not get this until Monday, however I just wanted to follow up again on the issue with my baby's needs for the breastmilk. As mentioned before, I am pumping daily and keeping a log of how much I have pumped but have not been able to keep this to send home to her. In my previous email I had asked for an exception to be sent to the MINT program for a few months to get her stablized as we only have a small supply of frozen breastmilk at home that I was able to get prepared for her prior to my surrender. The judge recommended the MINT program because of her needs and while I know it is just a recommendation and BOP does not have to follow that I need help to get her the breastmilk whether through the MINT program or some other way of having her with me (ankle monitoring, compassionate release, cares act, having her here, whatever that may be able to look like), or by pumping and sending home to. If it is a logistical issue is it something we can resolve? Like I mentioned previously this could be a life or death situation according to my baby's doctor and I have the letter from her as well. My family plans to bring the baby next weekend for both visiting days and I was hoping to have a solution figured out by then. My mom is caring for her but very stressed about running out of milk for her. I am having extra anxiety over it as well. Please let me know what can be done or who else I may need to reach out to regarding this and if there is a timeframe. As I mentioned, I already spoke with Mr. Goldizer, health services, psych, and chaplain. Again, I'm sorry for sending you so many messages about this but it is an important issue that I need help with. Please let me know what can be done as soon as possible. Thank you so much for your time in reading this and for your help in trying to find me a solution.

12

TRULINCS 63267509 - BRUEY, AMBER REWIS - Unit: ALD-B-C

FROM: 63267509
TO: Associate Warden
SUBJECT: ***Request to Staff*** BRUEY, AMBER, Reg# 63267509, ALD-B-C
DATE: 05/16/2023 06:00:25 PM

To: Associate Warden or Acting Warden
Inmate Work Assignment: A&O

Dear Associate Warden or Acting Warden,

I have a dire situation with my newborn baby who is 3 months old. I previously submitted for compassionate release before my surrenderdate on advice of council. My newborn cannot tolerate formula and requires breastmilk. Before surrending 2 of my lawyers called around to both here and the MINT program in Hillsboro and they were told that while the program is typically for pregnany inmates there are sometimes exceptions made. I am begging for consideration of an exception in my case to allow me to temporarily go to the MINT program with my 3 month old to breastfeed her and pump to get her to the 12 month mark that her doctor said is necessary. There is a letter included in my intake paperwork from her doctor stating that without breastmilk she could become malnourished, dehydrated or result in death. I understand that I committed a crime and need to right my wrongs but my daughter's life may hang in the balance. I am asking for your help in this matter. In addition I have my own health conditions. I have class 3 heart failure,pulmonary edema, severe scoliosis, severe chronic asthma, Rheumatoid arthritis which is an autoimmune disease, fibromyalgia, bulging discs, ADHD, depression, severe anxiety, and overweight. I developed preeclampsia with my pregnancy which caused my baby to be born prematurely at 35 weeks. She is running low on milk supply and the MINT program would offer the best solution. I would still be able to serve my sentence while also giving her the nutrition that she requires. In addition, I have 4 other children at home. My 3 year old has severe autism (level 3), my 9 year old has autism, intermittent explosive disorder, ADHD, anxiety, depression, asthma and severe allergies and my 11 year old has ADHD. All of these issues have come to light since sentencing, My scoliosis and degenerative disc disease is getting to the point that I cannot sit or stand for too long. The boots issues cause severe back pain. I can hardly lean over without pain. I have chest pain walking up and down and therefore miss several meals because I just cannot make it there and back. With all of that being said, my biggest concern is for my 3 month old daughter. If I could be allowed even 3-4 month stay at MINT, that would give me time to both feed her and pump up a supply to last her until she reaches 12 months old per the doctor's recommendations. I am begging you for some assistance whether through MINT, compassionate release or any other possible method available, but I think MINT participation is the best avenue because I can still serve my time and care for her and return here after a few monts. Thank you for your time and consideration ni reviewing my request and I sincerely hope you are able tc make an exception for my case. My baby is running dangerously low on the pumped supply I was able to leave behind for her and like I said, I know I did wrong, but I don't want her life to be in jeopardy because of it.That's why I'm asking for the MINT program we were told exceptions were made for even if she was brought into here and then us transferred somewhere. Or, if she could be brought in to here to spend the few needed months with me in a solitary type area where she would be safe. Thank you again for your consideration and I know this is outside of the usual and that's why I'm asking for an exception of some kind. Anything you can do for me. Thank you so much for reading this!

TRULINCS 63267509 - BRUEY, AMBER REWIS - Unit: ALD-B-C

FROM: 63267509
TO: CMC
SUBJECT: ***Request to Staff*** BRUEY, AMBER, Reg# 63267509, ALD-B-C
DATE: 05/21/2023 02:46:37 PM

To: Ms. Evans
Inmate Work Assignment: A&O New Commit

Dear Ms. Evans, Im not sure if you have spoken with my lawyers but I know they have tried to reach out. I know you are very busy and I am new here and I am sorry to bother you. My lawyers called here and to the MINT program prior to my self surrender and were told that exceptions for entry into the MINT program can be made on a case by case basis and that my baby's issues could constitute an exception. My baby cannot tolerate formula and has a letter from her dr that says that without breastmilk she could become malnourished, dehydrated, fail to thrive or even result in death. HSU has been allowing me to pump and dump and I have been keeping a log of the times and amounts I have pumped but I have not been able to keep anything for my baby. I tried to speak to Ms. Walton when she was in for open house after my arrival and she was very brief and just said if I wasn't pregnant I would not be going to MINT. I have asked multiple people to please put me in for a referral to the MINT program and see if they will accept me as an exception given my baby's needs. I was told to reach out to you and that's why my lawyers have been trying as well. Is there anyway possible to put me in for MINT referral and see if they will make the exception? My baby is 3 months old. She was born prematurely at 35 weeks and when we've tried formulas she has lost weight, projectile vomitted, had terrible diarrhea, and been in pain and rejected the bottle. She is not doing the best with the bottle at home right now either. Her dr said she will only need the breastmilk until she turns 12 months old and can transition to other sources of nutrition. I am asking for just a few months in the MINT program so I can feed her and pump as well to build up a supply that I can send home with her and then return here to complete my sentence. I know things take time but her situation can quite literally be life or death and I have not gotten any direct answers from HSU. One of the nurses said they thought a request was denied but did not say what the request was for or if there were any other steps I could try to take. She has to have breastmilk and I need to find a way to get it to her. Can I please be referred to the MINT program here to see if they will honor what they said about the exception? My lawyers and myself spoke to Ms. Tripi and Mr. Mori there and the letter from my baby's doctor is in my medical records I brought it but I can get you a copy if needed as well. The judge also recommended MINT placement because of the baby's formula intolerance and breastfeeding needs. Please let me know if you can help me and again I am sorry for bothering you. I know you are busy and I am new and I am not trying to be a pain. I am just trying to make sure my daughter is ok and able to thrive. Thank you so much for your time.

74

TRULINCS 63267509 - BRUEY, AMBER REWIS - Unit: ALD-B-C

FROM: 63267509
TO: CMC
SUBJECT: ***Request to Staff*** BRUEY, AMBER, Reg# 63267509, ALD-B-C
DATE: 05/23/2023 11:35:35 AM

To: Ms. Evans
Inmate Work Assignment: A&O

Good afternoon Ms. Evans, I am not trying to bother you. I am just trying to see if you got my message. I know you are very busy but my issue with my baby is time sensitive and I'm trying to get help and feel like I just keep hitting road blocks. Can you please help me? Do we need to schedule an appointment to discuss me being put in for the MINT program as an exception? Please let me know as soon as possible. Again, I am sorry to bother you. I'm not trying to cause problems or make waves being new. I'm just trying to get an answer for my baby who can only have breastmilk and I have the letter from her doctor and it was given to the judge who then recommended the MINT program as well for her wellbeing and still allowing me to serve my sentence. Thank you for your time and I hope to hear from you soon.
-----BRUEY, AMBER REWIS on 5/21/2023 2:46 PM wrote:

>

Dear Ms. Evans, Im not sure if you have spoken with my lawyers but I know they have tried to reach out. I know you are very busy and I am new here and I am sorry to bother you. My lawyers called here and to the MINT program prior to my self surrender and were told that exceptions for entry into the MINT program can be made on a case by case basis and that my baby's issues could constitute an exception. My baby cannot tolerate formula and has a letter from her dr that says that without breastmilk she could become malnourished, dehydrated, fail to thrive or even result in death. HSU has been allowing me to pump and dump and I have been keeping a log of the times and amounts I have pumped but I have not been able to keep anything for my baby. I tried to speak to Ms. Walton when she was in for open house after my arrival and she was very brief and just said if I wasn't pregnant I would not be going to MINT. I have asked multiple people to please put me in for a referral to the MINT program and see if they will accept me as an exception given my baby's needs. I was told to reach out to you and that's why my lawyers have been trying as well. Is there anyway possible to put me in for MINT referral and see if they will make the exception? My baby is 3 months old. She was born prematurely at 35 weeks and when we've tried formulas she has lost weight, projectile vomitted, had terrible diarrhea, and been in pain and rejected the bottle. She is not doing the best with the bottle at home right now either. Her dr said she will only need the breastmilk until she turns 12 months old and can transition to other sources of nutrition. I am asking for just a few months in the MINT program so I can feed her and pump as well to build up a supply that I can send home with her and then return here to complete my sentence. I know things take time but her situation can quite literally be life or death and I have not gotten any direct answers from HSU. One of the nurses said they thought a request was denied but did not say what the request was for or if there were any other steps I could try to take. She has to have breastmilk and I need to find a way to get it to her. Can I please be referred to the MINT program here to see if they will honor what they said about the exception? My lawyers and myself spoke to Ms. Tripi and Mr. Mori there and the letter from my baby's doctor is in my medical records I brought it but I can get you a copy if needed as well. The judge also recommended MINT placement because of the baby's formula intolerance and breastfeeding needs. Please let me know if you can help me and again I am sorry for bothering you. I know you are busy and I am new and I am not trying to be a pain. I am just trying to make sure my daughter is ok and able to thrive. Thank you so much for your time.

TRULINCS 63267509 - BRUEY, AMBER REWIS - Unit: ALD-B-C

FROM: Associate Warden
TO: 63267509
SUBJECT: RE:***Inmate to Staff Message***
DATE: 05/20/2023 05:42:02 PM

Instead of you sending me several emails. As soon as Health services find out something. HS will notify you.
AW Brammer

From: ~^! BRUEY, ~^!AMBER REWIS <63267509@inmatemessage.com>
Sent: Saturday, May 20, 2023, 10:50 AM
Subject: ***Request to Staff*** BRUEY, AMBER, Reg# 63267509, ALD-B-C

To: AW Brammer
Inmate Work Assignment: A&O

Good Morning AW Brammer. I know it is Saturday so you will likely not get this until Monday, however I just wanted to follow up again on the issue with my baby's needs for the breastmilk. As mentioned before, I am pumping daily and keeping a log of how much I have pumped but have not been able to keep this to send home to her. In my previous email I had asked for an exception to be sent to the MINT program for a few months to get her stablized as we only have a small supply of frozen breastmilk at home that I was able to get prepared for her prior to my surrender. The judge recommended the MINT program because of her needs and while I know it is just a recommendation and BOP does not have to follow that I need help to get her the breastmilk whether through the MINT program or some other way of having her with me (ankle monitoring, compassionate release, cares act, having her here, whatever that may be able to look like), or by pumping and sending home to. If it is a logistical issue is it something we can resolve? Like I mentioned previously this could be a life or death situation according to my baby's doctor and I have the letter from her as well. My family plans to bring the baby next weekend for both visiting days and I was hoping to have a solution figured out by then. My mom is caring for her but very stressed about running out of milk for her. I am having extra anxiety over it as well. Please let me know what can be done or who else I may need to reach out to regarding this and if there is a timeframe. As I mentioned, I already spoke with Mr. Goldizer, health services, psych, and chaplain. Again, I'm sorry for sending you so many messages about this but it is an important issue that I need help with. Please let me know what can be done as soon as possible. Thank you so much for your time in reading this and for your help in trying to find me a solution.

76

FLM monitoring available

Probation officer Steven Larsen

Eastern district of NC

Greenville

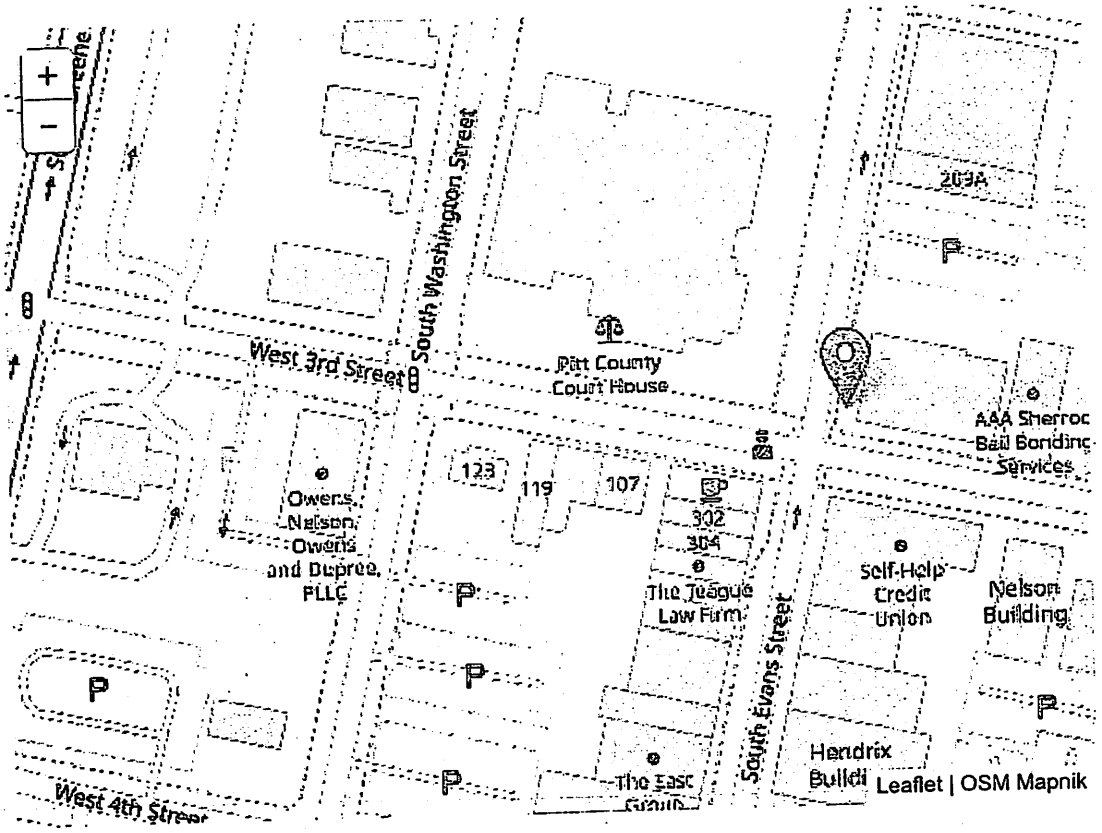
Street Address

201 S. Evans St.

Room 214

Greenville, NC 27858-1121

Phone	Counties Served		
(252) 758-7200	Chowan	Bertie	Camden
Fax	Dare	Craven	Currituck
(252) 758-8570	Greene	Edgecombe	Gates
Office Hours	Martin	Hertford	Pasquotank
8:30 AM - 5:00 PM	Perquimans	Pamlico	Tyrrell
	Washington	Pitt	Wilson



77

FSA Recidivism Risk Assessment (PATTERN 01.03.00)

Register Number:63267-509, Last Name:BRUEY

U.S. DEPARTMENT OF JUSTICE — FEDERAL BUREAU OF PRISONS

Register Number: 63267-509	Risk Level Inmate....: R-LW
Inmate Name	General Level.....: R-LW (22)
Last.....: BRUEY	Violent Level.....: R-MIN (0)
First.....: AMBER	Security Level Inmate: MINIMUM
Middle.....: REWIS	Security Level Facl..: MINIMUM
Suffix.....:	Responsible Facility.: ALD
Gender.....: FEMALE	Start Incarceration..: 05/12/2023

PATTERN Worksheet Summary

Item	Value	General Score	Violent Score
Current Age	36	18	3
Violent Offense (PATTERN)	FALSE	0	0
Criminal History Points	4	16	2
History of Escapes	0	0	0
History of Violence	0	0	0
Education Score	HighSchoolDegreeOrGED	-6	-2
Drug Program Status	NoDAPCompletion	0	0
All Incident Reports (120 Months)	0	0	0
Serious Incident Reports (120 Months)	0	0	0
Time Since Last Incident Report	N/A	0	0
Time Since Last Serious Incident Report	N/A	0	0
FRP Refuse	FALSE	0	0
Programs Completed	5	-6	-3
Work Programs	0	0	0
	Total	22	0

PATTERN Worksheet Details

Item: Programs Completed, Value: 5
General Score: -6, Violent Score: -3
Risk Item Data

Category	Assignment	Start	Stop
DRG	ED COMP	05/26/2023 15:12	
EDC	CONFL RES	06/02/2023 00:01	06/02/2023 00:01
EDC	SAFETY ORI	06/06/2023 00:01	06/06/2023 00:01
EDC	GROWTHMIND	09/08/2023 13:41	09/08/2023 13:41
WSP	PAR NATLC	06/21/2023 15:14	06/21/2023 15:14

Item: Work Programs, Value: 0
General Score: 0, Violent Score: 0
Risk Item Data
No Data

78

FSA Time Credit Assessment

Register Number:63267-509, Last Name:BRUEY

U.S. DEPARTMENT OF JUSTICE — FEDERAL BUREAU OF PRISONS

Register Number....: 63267-509
Inmate Name
Last.....: BRUEY
First.....: AMBER
Middle.....: REWIS
Suffix.....:
Gender.....: FEMALE
Start Incarceration: 05-12-2023

Responsible Facility: ALD
Assessment Date.....: 11-17-2023
Period Start/Stop...: 05-12-2023 to 11-17-2023
Accrued Pgm Days....: 185
Disallowed Pgm Days.: 4
FTC Towards RRC/HC..: 0
FTC Towards Release.: 60
Apply FTC to Release: Yes

Start	Stop	Pgm Status	Pgm Days
05-12-2023	05-16-2023	disallow	4

Incomplete needs assessment

Missing Need Area(s)

Anger/Hostility
Antisocial Peers
Cognitions
Family/Parenting

Facility	Category	Assignment	Start	Stop
ALD	FSA	N-ANGER R	05-14-2023 0000	05-15-2023 0824
ALD	FSA	N-FM/PAR R	05-14-2023 0000	05-15-2023 0824
ALD	FSA	N-ANTISO R	05-14-2023 0000	05-15-2023 0830
ALD	FSA	N-COGNTV R	05-14-2023 0000	05-15-2023 0830

Start	Stop	Pgm Status	Pgm Days
05-16-2023	11-17-2023	accrue	185

Accrued Pgm Days...: 185
Carry Over Pgm Days: 0
Time Credit Factor.: 10
Time Credits.....: 60

--- FSA Assessment ---

#	Start	Stop	Status	Risk Assignment	Risk Asn Start	Factor
001	05-12-2023	06-09-2023	ACTUAL	FSA R-LW	06-06-2023 0749	10
002	06-09-2023	12-06-2023	ACTUAL	FSA R-LW	06-06-2023 0749	10

Individualized Needs Plan - Program Review (Inmate Copy)

SEQUENCE: 02292996

Dept. of Justice / Federal Bureau of Prisons

Team Date: 11-29-2023

Plan is for inmate: BRUEY, AMBER REWIS 63267-509

Facility:	ALD ALDERSON FPC	Proj. Rel. Date:	08-17-2026 - 8/7/26
Name:	BRUEY, AMBER REWIS	Proj. Rel. Mthd:	FIRST STEP ACT RELEASE
Register No.:	63267-509	DNA Status:	PREBOP TST / 03-03-2023
Age:	36		- FSA cond. date: 12/10/25 ~10 days not 15
Date of Birth:	02-21-1987		

Detainers

Detaining Agency	Remarks
NO DETAINER	

Current Work Assignments

Facl	Assignment	Description	Start
ALD	TEACH AIDX	ABE/GED TEACHER AIDE M-F	10-14-2023

Current Education Information

Facl	Assignment	Description	Start
ALD	ESL HAS	ENGLISH PROFICIENT	05-16-2023
ALD	GED HAS	COMPLETED GED OR HS DIPLOMA	05-25-2023

Education Courses

SubFacl	Action	Description	Start	Stop
ALD	C	GROWTH MINDSET	09-08-2023	09-22-2023
ALD	C	AFTY	06-06-2023	06-08-2023
ALD	C	CONFLICT RESOLUTION	06-02-2023	06-16-2023
ALD	C	RPP4USPO USPO WORKSHOP	06-06-2023	06-06-2023
ALD	C	RPP5TYPREL TYPES OF RELEASE	05-18-2023	05-18-2023

Discipline History (Last 6 months)

Hearing Date	Prohibited Acts
*** NO INCIDENT REPORTS FOUND IN LAST 6 MONTHS *****	

Current Care Assignments

Assignment	Description	Start
CARE1-MH	CARE1-MENTAL HEALTH	05-19-2023
CARE2	STABLE, CHRONIC CARE	09-29-2023

Current Medical Duty Status Assignments

Assignment	Description	Start
BRSTPMP	BREAST PUMP PROVIDED	06-09-2023
COLD/WIND	NO EXCESS COLD/WIND	06-09-2023
HEAT RESTR	NO EXCESS HEAT EXPOSURE	06-09-2023
HGT RESTR	NO LADDERS/NO UPPER BUNK	06-09-2023
LOWER BUNK	LOWER BUNK REQUIRED	06-09-2023
NO DRIVING	NO DRIVING-MEDICAL CONDITION	06-09-2023
OTHER	OTHER MEDICAL RESTRICTION	06-09-2023
REG DUTY W	REGULAR DUTY W/MED RESTRICTION	06-08-2023
WGT 20 LB	WEIGHT-NO LIFTING OVER 20 LBS	06-09-2023
YES F/S	CLEARED FOR FOOD SERVICE	06-08-2023

Current Drug Assignments

Assignment	Description	Start
DAP UNQUAL	RESIDENT DRUG TRMT UNQUALIFIED	05-19-2023
ED COMP	DRUG EDUCATION COMPLETE	05-26-2023
NR WAIT	NRES DRUG TMT WAITING	05-19-2023

FRP Payment Plan

Most Recent Payment Plan

Individualized Needs Plan - Program Review (Inmate Copy)

SEQUENCE: 02292996

Dept. of Justice / Federal Bureau of Prisons

Team Date: 11-29-2023

Plan is for inmate: BRUEY, AMBER REWIS 63267-509

Most Recent Payment Plan

FRP Assignment: PART FINANC RESP-PARTICIPATES Start: 06-08-2023

Inmate Decision: AGREED $25.00 Frequency: MONTHLY

Payments past 6 months: $125.00 Obligation Balance: $883,134.35

Financial Obligations

No.	Type	Amount	Balance	Payable	Status
1	ASSMT	$1,600.00	$1,475.00	IMMEDIATE	AGREED

Adjustments:	Date Added	Facl	Adjust Type	Reason	Amount
	11-08-2023	ALD	PAYMENT	INSIDE PMT	$25.00
	10-12-2023	ALD	PAYMENT	INSIDE PMT	$25.00
	09-12-2023	ALD	PAYMENT	INSIDE PMT	$25.00
	08-10-2023	ALD	PAYMENT	INSIDE PMT	$25.00
	07-11-2023	ALD	PAYMENT	INSIDE PMT	$25.00

2	REST FV	$881,659.35	$881,659.35	IMMEDIATE	AGREED

** NO ADJUSTMENTS MADE IN LAST 6 MONTHS **

FRP Deposits

Trust Fund Deposits - Past 6 months: $1,887.20 Payments commensurate ? N/A

New Payment Plan: ** No data **

Current FSA Assignments

Assignment	Description	Start
FTC ELIG	FTC-ELIGIBLE - REVIEWED	11-14-2023
N-ANGER N	NEED - ANGER/HOSTILITY NO	11-14-2023
N-ANTISO N	NEED - ANTISOCIAL PEERS NO	11-14-2023
N-COGNTV N	NEED - COGNITIONS NO	11-14-2023
N-DYSLEX N	NEED - DYSLEXIA NO	05-16-2023
N-EDUC N	NEED - EDUCATION NO	11-14-2023
N-FIN PV N	NEED - FINANCE/POVERTY NO	11-14-2023
N-FM/PAR N	NEED - FAMILY/PARENTING NO	11-14-2023
N-M HLTH N	NEED - MENTAL HEALTH NO	11-14-2023
N-MEDICL Y	NEED - MEDICAL YES	11-14-2023
N-RLF N	NEED - REC/LEISURE/FITNESS NO	11-14-2023
N-SUB AB Y	NEED - SUBSTANCE ABUSE YES	11-14-2023
N-TRAUMA Y	NEED - TRAUMA YES	11-14-2023
N-WORK N	NEED - WORK NO	11-14-2023
R-LW	LOW RISK RECIDIVISM LEVEL	10-03-2023

Progress since last review

Since last review
-Clear conduct since arrival
-completed Drug Ed, House of Healing, Drug Ed, Types of Release, USPO Workshop, Conflict Resolution, Safety Orientation/Awareness/Housekeeping, Growth Mindset, Circle of Strength, Parent or Not to Parent, Phase One, National Parenting Program, Women Basic Finance, Women in Workplace, Healthier Me, Understanding Feelings, PEER, and Resolve Workshop.
-participating in Threshold, Women Relationships II, Women Giving Back.
-On the waiting list for Resolve Phase One, Criminal Thinking, Emotional Self Reg, Basic Cognitive Skills, Beyond Violence, Family Program Women, Partners in Parenting, Parenting Kids w/ Special Needs, Foundation, Non-Res, Advance Beading, Beading, Business Planning, Cosmetology, Career & Work Readiness, Public Speaking, Resume, and On the Right Track.
-FSA needs are identified above.
-FRP is in "Participates Status".
-failed to obtain BC, and SS card - copy mailed in - Walton or Hedrick

Next Program Review Goals

Enroll and/or complete the following programs prior to next Program Review date 5-26-2024
-Non-Res (WLS)
-Complete one class/program to meet identified needs, and/or a class/program from waiting list.
-continue to make all scheduled FRP payments as agreed until obligation is paid in full or next review.
-continue to maintain clear conduct
-Obtain birth certificate, and social security card (see counselor for assistance SS card and BC)
-Save money for projected release date ($5 every month).

Long Term Goals

Individualized Needs Plan - Program Review (Inmate Copy)

SEQUENCE: 02292996

Dept. of Justice / Federal Bureau of Prisons

Team Date: 11-29-2023

Plan is for inmate: BRUEY, AMBER REWIS 63267-509

Complete the following programs prior to release date 8-17-2026
-Participate in Resume Writing and Mock Job Interviews/ Employment Security workshop/job fair
-utilize the employment kiosk in the Education Department
-Release Orientation Program

RRC/HC Placement

Recommended Placement on date 08-17-2026.
Consideration has been given for Five Factor Review (Second Chance Act):
- Facility Resources
- Offense
- Prisoner
- Court Statement
- Sentencing Commission

Comments

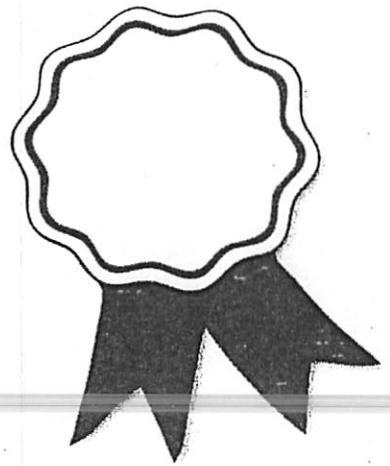
-(RNAS) Family/Parenting & Finance/Poverty Reviewed
-Be preparing Release Preparation Folder, Portfolio with resume
-Plans to relocate from M-FL to E-NC
-No pending charges nor detainers at this time.
-The Second Chance Act will be reviewed regarding release needs and recommendations 17-19 months prior to release date.

Certificate of Completion

Amber Bruey

In recognition of successful completion of

Money Smart for Adults



Awarded On 11/16/23

FPC Alderson Financial Management Department

Certificate of Achievement

This certifies that

Amber Bruey

has successfully completed the ACE Calculator workshop consisting of 12 hours of training.

This certificate is hereby issued this 28th day of November, 2023.

H. Bayhard, SPED Teacher

Certificate of Achievement

Amber Bruey

has successfully completed the Adult Continuing Education class: "Mind Strength: Growth Mindset, Grit and Resilience" consisting of 5 hours of training.

This certificate is hereby issued this 22nd day of September 2023.

B. Upton
B. Upton, Teacher

A. Marshall, for
A. Stock, Supervisor of Education

CERTIFICATE *of* ACHIEVEMENT

THIS ACKNOWLEDGES THAT

Amber Bruey
#63267-509

HAS COMPLETED TRAUMA IN LIFE AT FPC ALDERSON

JULY 31
2023

x Dr. King

Dr. King, Resolve Coordinator

18

Certificate of Completion

Amber Bruey

has successfully completed the First Step Act
PEER SUPPORT PROGRAM

This certificate is hereby issued this 27th day Sept 2023

V. Booher, Special Population Program Coordinator

Certificate of Completion

Amber Bruey

has successfully completed the First Step Act
National Parenting Phase One Program
This certificate is hereby issued this 20th day of June 2023

V. Booher, Special Population Program Coordinator

87

Certificate of Completion

Amber Bruey

has successfully completed the First Step Act
To Parent or Not to Parent: Phase 2 National Parenting
Program.

This certificate is hereby issued this 15th day of June 2023

V. Booher, Special Population Program Coordinator

Certificate of Completion

Amber Bruey

has successfully completed the First Step Act
To Parent or Not to Parent: Phase 2 National Parenting
Program.

This certificate is hereby issued this 30th day of May 2023

V. Booher, Special Population Program Coordinator

Certificate of Completion

Amber Bruey

has successfully completed the First Step Act
Circle of Strength Program.

This certificate is hereby issued this 23rd day of May 2023

V. Booher, Special Population Program Coordinator

GD

Certificate of Achievement

This certifies that

Amber Bruey

has satisfactorily completed

THE FIRST STEP ACT PRODUCTIVE ACTIVITY: HOUSES OF HEALING

Consisting of 23 **Hours of Training**

This certificate is hereby issued this 3 **day of** October **, 20** 23

K. Ickes

K. Ickes, Facilitator

J. Gruskievich, Supervisory Chaplain

91

Drug Education Course
Certificate of Completion

Presented to:

Amber Bruey

This the 26th day of May, 2023
Federal Prison Camp
Alderson, West Virginia

Crane

Mr. Crane
Drug Treatment Specialist

Certificate of Achievement

This certifies that

Amber Bruey

has successfully completed
Conflict Resolution
consisting of 6 hours of training.

This certificate is hereby issued this 16th day of June 2023.

Federal Prison Camp Alderson
Alderson, West Virginia

K. Bailey, Vocational Instructor

93

Certificate of Completion

Amber Bruey

has successfully completed the First Step Act
Women's Basic Financial Literacy Program

This certificate is hereby issued this 20th day of June 2023

V. Booher, Special Population Program Coordinator

Certificate of Achievement

This certifies that

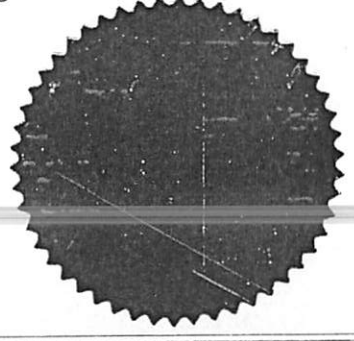
Amber Bruey

has successfully completed all requirements for

Safety Orientation, Awareness & Housekeeping

This certificate is hereby issued this 8th day of June 2023.

Federal Prison Camp Alderson
Alderson, West Virginia



K. Bailey, Vocational Instructor

95

Certificate of Completion

Amber Bruey

has successfully completed the First Step Act
Healthier Me Program.

This certificate is hereby issued this 3rd day of August 2023

V. Booher, Special Population Program Coordinator

9 of 9

Certificate of Completion

Amber Bruey

has successfully completed the First Step Act
Women in the 21st Century Workplace Program

This certificate is hereby issued this 31st day of July 2023

V. Booher

V. Booher, Special Population Program Coordinator

67

Certificate of Completion

Amber Bruey

has successfully completed the First Step Act
Understanding Your Feelings: Shame and Low Self Esteem
Program.

This certificate is hereby issued this 31st day of July 2023

V. Booher, Special Population Program Coordinator

99

Good News Jail & Prison Ministry

Bible Correspondence Course

This certifies that:

Amber Bruey

has successfully completed

John Unit 1

Awarded:
August 29, 2023

S Hall

Chaplain/Administrator

Mr. Jon Evans, President

2828 Emerywood Parkway,
Henrico, VA, 23228

Grade Report

Amber Bruey | John Unit 1

Lesson	Grade	Date Graded
John 1	99	2023-08-29
John 2	99	2023-08-29
John 3	96	2023-08-29
John 4	100	2023-08-29
John 5	100	2023-08-29
John 6	97	2023-08-29
John 7	97	2023-08-29
John 8	98	2023-08-29
Average Grade	98	2023-08-29

100

Good News Jail & Prison Ministry

Bible Correspondence Course

This certifies that:

Amber Bruey

has successfully completed

John Unit 2

Awarded:
November 1, 2023

Chaplain Kent Pugh

Chaplain/Administrator

Mr. Jon Evans, President

2828 Emerywood Parkway,
Henrico, VA, 23228

Grade Report

Amber Bruey | John Unit 2

Lesson	Grade	Date Graded
John 9	98	2023-10-31
John 10	98	2023-10-31
John 11	96	2023-10-31
John 12	100	2023-10-31
John 13	98	2023-10-31
John 14	97	2023-10-31
John 15	99	2023-10-31
John 16	98	2023-10-31
Average Grade	98	2023-10-31

CROSSROADS

CERTIFICATE OF ACHIEVEMENT

THIS CERTIFIES THAT

Amber Bruey

HAS SUCCESSFULLY COMPLETED

WHO ARE YOU?

Joseph Pryor

Joseph Pryor
President & CEO, Crossroads

September 15, 2023

Date

THE

Way of Life

COURSES BY CORRESPONDENCE

DIPLOMA

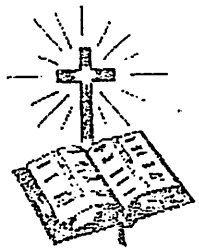
PRESENTED TO AMBER BRUEY

WHO HAS SATISFACTORILY COMPLETED THE BIBLE CORRESPONDENCE COURSE

THE WAY OF LIFE

GIVEN AT Tucson, Arizona USA Catherine Jefferis

DATE September 29, 2023 DIRECTOR



THE

Way of Life

BIBLE CORRESPONDENCE COURSES

CERTIFICATE

GIVEN TO Amber Bruey

AND HAS COMPLETED THE SERIES OF STUDIES IN

The Acts of the Apostles

September 29, 2023

PRESENTED IN Tucson, Arizona USA Catherine Jefferis

DIRECTOR

THE
Way of Life
BIBLE CORRESPONDENCE COURSES

CERTIFICATE

GIVEN TO Amber Bruey
WHO HAS COMPLETED THE SERIES OF STUDIES IN
The Gospel According to Mark
August 18, 2023
PRESENTED IN Tucson, Arizona USA
Catherine Jefferies
DIRECTOR

THE
Way of Life
BIBLE CORRESPONDENCE COURSES

CERTIFICATE

GIVEN TO Amber Bruey
WHO HAS COMPLETED THE SERIES OF STUDIES IN
The Gospel According to John
September 11, 2023
PRESENTED IN Tucson, Arizona USA
Catherine Jefferies
DIRECTOR

THE
Way of Life
BIBLE CORRESPONDENCE COURSES

CERTIFICATE

GIVEN TO Amber Bruey
WHO HAS COMPLETED THE SERIES OF STUDIES IN
The Gospel According to LUKE
August 4, 2023
PRESENTED IN Tucson, Arizona USA
Catherine Jefferies
DIRECTOR

UNITED STATES DISTRICT COURT

SOUTHERN DISTRICT OF CALIFORNIA

UNITED STATES OF AMERICA,
Plaintiff,

v.

IVANA YARTIZELL RODRIGUEZ,
Defendant.

Case No.: 19-CR-4693-GPC

ORDER GRANTING MOTION FOR COMPASSIONATE RELEASE

[ECF No. 109]

I. INTRODUCTION

On October 6, 2022, Federal Defenders filed a status report notifying the Court of its belief that Defendant Ivana Yartizell Rodriguez may qualify for a sentence reduction under 18 U.S.C. § 3582(c)(1)(A) and that Federal Defenders would accept appointment as counsel. ECF No. 106. On December 27, 2022, with the assistance of counsel, Rodriguez, filed an emergency motion for a sentence reduction under § 3582(c)(1)(A)(i). ECF No. 109. On January 11, 2023, the United States filed its opposition, (ECF No. 114), and on January 25, 2023, Rodriguez filed her reply, (ECF No. 120).

IN THE UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF HAWAII

UNITED STATES OF AMERICA, Plaintiff, vs. SHEENA STRONG, Defendant.	CR. NO. 18-00167 HG-03

ORDER GRANTING, IN PART, AND DENYING, IN PART, DEFENDANT'S SECOND MOTION TO REDUCE SENTENCE (COMPASSIONATE RELEASE) (ECF No. 248)

Defendant is currently incarcerated with the Bureau of Prisons in Dallas/Forth Worth, Texas with a projected release date of January 29, 2022.

On March 17, 2021, the Court issued an ORDER DENYING DEFENDANT'S MOTION TO REDUCE SENTENCE UNDER THE FIRST STEP ACT (COMPASSIONATE RELEASE). (ECF No. 246).

The Court denied Defendant Strong's Motion for a reduction in sentence due to her own medical issues and the Section 3553(a) factors given the severity of her crime and the totality of the circumstances.

The Court found that Defendant's infant child had significant medical issues but was receiving extensive medical care and that Defendant was able to visit her and provide care through the Mothers and Infants Together ("MINT") Program. The Court stated that Defendant Strong could file a Second Motion for

104

CARLOS CONCEPCION, PETITIONER v. UNITED STATES
SUPREME COURT OF THE UNITED STATES
142 S. Ct. 2389; 213 L. Ed. 2d 731; 2022 U.S. LEXIS 3070; 29 Fla. L. Weekly Fed. S 536
No. 20-1650.
June 27, 2022, Decided
January 19, 2022, Argued

Notice:

The pagination of this document is subject to change pending release of the final published version.

Editorial Information: Subsequent History

Post-conviction proceeding at, Motion denied by United States v. Carter, 2022 U.S. Dist. LEXIS 168923 (M.D. Fla., Sept. 19, 2022)

Editorial Information: Prior History

{2022 U.S. LEXIS 1}ON WRIT OF CERTIORARI TO THE UNITED STATES COURT OF APPEALS FOR THE FIRST CIRCUITUnited States v. Concepcion, 991 F.3d 279, 2021 U.S. App. LEXIS 7442, 2021 WL 960386 (1st Cir. Mass., Mar. 15, 2021)

Disposition:

991 F.3d 279, reversed and remanded.

Counsel **Charles L. McCloud** argued the cause for petitioner
Matthew Guarnieri argued the cause for respondent

Judges: Sotomayor, J., delivered the opinion of the Court, in which Thomas, Breyer, Kagan, and Gorsuch, JJ., joined. Kavanaugh, J., filed a dissenting opinion, in which Roberts, C. J., and Alito and Barrett, JJ., joined.

CASE SUMMARY District court erred in believing that it did not have discretion to consider petitioner's arguments that intervening changes of law and fact supported his motion under First Step Act because district court adjudicating such a motion had to consider, when raised, intervening changes of law or changes of fact in adjudicating a First Step Act motion.

OVERVIEW: HOLDINGS: [1]-The district court erred in believing that it did not have the discretion to consider petitioner's arguments that intervening changes of law and fact supported his motion under the First Step Act because a district court adjudicating a motion under the First Step Act had to consider, when raised, intervening changes of law (such as changes to the Sentencing Guidelines) or changes of fact (such as behavior in prison) in adjudicating a First Step Act motion. By its terms, however, the First Step Act does not compel courts to exercise their discretion to reduce any sentence based on those arguments.

OUTCOME: Judgment reversed; case remanded. 5-4 decision; 1 dissent.

Syllabus

107

to and prepare for the prisoner's reentry into the community. The authority provided by this subsection may be used to place a prisoner in home confinement. The United States Probation Office shall, to the extent practicable, offer assistance to a prisoner during such pre-release custody."

18 U.S.C. § 3621(b) provides:

"The Bureau of Prisons shall designate the place of the prisoner's imprisonment. The Bureau may designate any available penal or correctional facility . . . the Bureau determines to be appropriate and suitable." A CCC meets the definition of a "penal or correctional facility."

Therefore, the Bureau is not restricted by § 3624(c) in designating a CCC for an inmate and may place an inmate in a CCC for more than the "last ten per centum of the term," or more than six months, if appropriate.

Section 3624(c), however, does restrict the Bureau in placing inmates on home confinement to the last six months or 10% of the sentence, whichever is less.

6. PRETRIAL/HOLDOVER AND/OR DETAINEE INMATES. This Program Statement does not apply to pretrial, holdover, or detainee inmates.

7. COMMUNITY-BASED PROGRAMS

a. Community Corrections Centers (CCC). CCCs, commonly referred to as "halfway houses," provide suitable residence, structured programs, job placement, and counseling, while the inmates' activities are closely monitored. All CCCs offer drug testing and counseling for alcohol and drug-related problems. During their stay, inmates are required to pay a subsistence charge to help defray the cost of their confinement; this charge is 25% of their gross income, not to exceed the average daily cost of their CCC placements. Failure to make subsistence payments may result in disciplinary action.

These contract facilities, located throughout the United States, provide two program components: the Community Corrections Component and the Prerelease Component:

(1) The Community Corrections Component is designed as the most restrictive option. Except for employment and other structured program activities, an inmate in this component is

First Step Act Admission and Orientation (A&O) Addendum

The First Step Act (FSA) allows eligible inmates to receive Federal Time Credits (FTCs) for successfully participating in approved Evidence-Based Recidivism Reduction (EBRR) Programs and/or Productive Activities (PAs). These credits can be used toward pre-release, community-based placement and/or toward early release to a Supervised Release Term.

What is the PATTERN Risk Assessment?

All sentenced inmates, regardless of eligibility status, will be assessed for risk of recidivism and for their needs. The Prisoner Assessment Tool Targeting Estimated Risk and Needs (PATTERN) is the automated recidivism risk assessment tool and part of the Bureau's FSA-approved Risk and Needs Assessment System. The PATTERN tool is completed during the Initial Classification and is used to assign each incoming inmate an initial recidivism risk level of Minimum, Low, Medium, or High. You will receive a General and Violent Risk Level and the higher of the two is your overall Recidivism Risk Level. The resulting recidivism risk level is not to be confused with security or custody level. Risk level is re-assessed at every regularly scheduled program review (commonly called a team meeting) throughout your incarceration with the BOP. Your case manager will discuss your PATTERN results during your Initial Classification and at each team meeting throughout your incarceration.

Your case manager will also provide you a copy of your PATTERN risk assessment worksheet at each team. The worksheet will show your current PATTERN risk scores and level for General and Violent Recidivism Risk as well as your overall Risk Level. The worksheet will also list all your program completions for which you are receiving credit.

In addition to the PATTERN risk assessment being reviewed during regularly scheduled team meetings, it will also be automatically reviewed during the monthly auto-calculation of Federal Time Credits to capture changes in risk level elements since the last team. For example, program completions, clear conduct or sanctioned incident reports, and birthdays (age). While this new automation will allow for changes to be credited closer to their occurrence, it will also ensure that changes are credited for the FSA Assessment. This automation applies to all inmates whether in the institution, pre-release placement, on writ, in-transit, etc.

What is the SPARC-13 Needs Assessment?

The Standardized Prisoner Assessment for Reduction in Criminality (SPARC-13) is the Bureau's needs assessment system. It is used to assess inmates in 13 need areas to focus recommended programming to reduce the risk of recidivating. Portions of the SPARC-13 assessment require the inmate's active participation. **Failure on the inmate's part to complete the self-assessment surveys timely will delay completion and negatively impact the inmate's ability to begin earning FTCs as the inmate will be considered to have "opted out," and therefore will be in non-earning status regardless of eligibility to earn FTCs.**

BRUEY, AMBER 63267509

What does this mean? **If you do not complete the surveys, which are found on the Trust Fund Limited Inmate Communication System (TRULINCS), you will NOT earn FTCs.** Do not wait until your Initial Classification to complete the surveys. The sooner they are completed, the better. If you are having difficulty finding the surveys, opening them, or understanding the questions, please talk to your unit team.

Based on the results of your initial Needs Assessment, staff from the different departments will make program recommendations to assist you in reducing your risk of recidivism. Your needs are re-assessed at every regularly scheduled program review meeting throughout your sentence and program recommendations will be adjusted based on changes in your need areas. Your case manager will discuss your SPARC-13 results as well as the program recommendations during your Initial Classification and at each team meeting throughout your incarceration.

Your case manager will also provide you a copy of your Needs Assessment worksheet at each team. The worksheet will show your current PATTERN risk scores and level for General and Violent Recidivism Risk as well as your overall Risk Level. The worksheet will also list all your program completions for which you are receiving credit.

Similar to the monthly automated review of the PATTERN risk assessment, the SPARC-13 Needs Assessment will be automatically reviewed during the monthly auto-calculation of Federal Time Credits to captures changes in your Needs Assessment.

What are the 13 areas the SPARC-13 Needs Assessment looks at?

Anger/Hostility*	Family/Parenting*	Rec/Leisure/Fitness
Anti-Social Peers*	Finance/Poverty	Substance Use
Cognition*	Medical	Trauma
Dyslexia	Mental Health	Work
Education		

*Self-Assessment Surveys completed on TRULINCS. While the completed assessment information is uploaded monthly, you are given credit based on the day you completed the surveys – not the date it was uploaded.

What is an Evidence-Based Recidivism Reduction (EBRR) Program?

An EBRR Program is a group or individual activity found in the FSA Approved Programs Guide where research has shown that participation reduces, or is likely to reduce, recidivism. Some examples of EBRR Programs are:

- GED
- Residential Drug Abuse Program (RDAP)
- Anger Management

- Life Connections
- UNICOR Employment

What is a Productive Activity (PA)?

A PA is a group or individual activity found in the FSA Approved Programs Guide that enhances skills to address identified needs and allows an inmate to remain productive and thereby maintain, or work toward achieving, a minimum or low risk of recidivating. Some examples of PAs include:

- Alcoholics Anonymous (AA) Support Group
- Bereavement Support Group
- Circle of Strength
- Franklin Covey 7 Habits on the Inside

Inmates are also encouraged to also participate in other available activities that reduce idleness and contribute to an inmate's overall positive institutional adjustment and help maintain clear institution conduct. Some examples include:

- Productive, free-time activities (e.g., recreation, hobby crafts, or religious services)
- Family interaction activities (e.g., social visiting)
- Personal growth and development classes (e.g., adult continuing education classes)
- Institution work program
- Community service projects

What is an FSA Assessment and when does it occur?

The FSA Assessment brings everything together: PATTERN, SPARC-13, and EBRR/PA program participation. The FSA Assessments are independent, automated, and coincide with the Initial Classification and Program Review timeline. This means the initial FSA Assessment occurs 28 days after your arrival at your designated facility. Subsequent FSA Re-Assessments occur every 180 days, if you are more than 12 months from your projected release date, and every 90 days, if you are under 12 months from release.

Because FSA Assessments are automated, this means if your team meeting is late because your case manager is out sick or you miss it because you're out on writ or in-transit to another facility, your FSA Assessment will occur based on the most recent information in your record. And, with the enhanced automation in the PATTERN and SPARC-13 tools, those will also be updated even if you're not in your institution, or if your case manager is out sick.

Who is NOT eligible to earn FTCs?

- U. S. Code Inmates convicted of offenses excluded by the FSA
- U. S. Code Inmates with prior state or federal convictions excluded by the FSA
- U. S. Code, Old Law Inmates

- U. S. Code Inmates in state custody
- State boarders
- Treaty Transfers Inmates
- Military Inmates
- D. C. Code Inmates*

Your case manager will discuss your eligibility status during your Initial Classification. If you believe you are eligible, ask your case manager which offense and/or sentence makes you ineligible to earn time credits. Remember your ineligibility is based on either your conviction and/or your court of jurisdiction.

*D. C. Code inmates: In late Spring 2023, the D. C. Government passed statute which would allow eligible individuals to earn time credits. Unfortunately, the statute, as passed, did not provide the same level of detail and structure which was included in the Federal statute. Currently, the Bureau is working with the D. C. Government to determine eligibility criteria to earn and apply credit. As more information becomes available, it will be distributed.

What if I have consecutive charges and one of them is on the disqualifying list, but the other isn't; will I earn credits?

The short answer is no. Whether you have multiple counts, multiple J & Cs, and/or multiple jurisdictions, you are serving a single, aggregated term of incarceration. The review for eligibility is based on your term of incarceration. You are either eligible or you are not. This means if one count, one J & C, or one jurisdiction is ineligible to earn time credits, then your term of incarceration is ineligible.

Also, if you are convicted for new criminal conduct while serving your sentence, whether your sentence is run concurrently or consecutively, and if the new conviction is for an ineligible offense, the whole term of incarceration becomes ineligible for earning FTCs. For example, USC 18 § 1791, Providing or Possessing Contraband in Prison (weapon, cell phone, tobacco, alcohol, etc.) is a disqualifying offense. Even if you only received a short sentence of a few months, it will disqualify you from being able to earn credit or apply any credit you may have already earned.

When do I start earning FTCs?

You will earn your first FTCs once you complete 30 programming days. You can start earning programming days AFTER you arrive at your designated institution, your PATTERN Risk Assessment and SPARC-13 Needs Assessment are completed, and you agree to participate in recommended programming. This means you cannot begin earning programming days and time credits while in pretrial or holdover status, even if you are being held in one of the Bureau's Detention Centers or Jail Units. The reason is simple, the FSA Assessment process begins after you arrive at your designated facility and begin the intake and Initial Classification process.

The only thing which will delay you accumulating programming days is not completing the self-assessment surveys on TRULINCS or refusing to complete the Trauma or Dyslexia Need Assessments. Those elements of the FSA Assessment which are completed by staff have no impact on your ability to accumulate programming days. This means whether your Initial Classification is completed days after your arrival or not until day 27, you will still begin accumulating programming days as soon as you complete the four self-assessment surveys.

What if I'm back in prison and had FTCs I didn't get to use before I released last time?

Credits can only be earned and used during your current term of incarceration. Once you are released from your current term, time credits cease to exist. If you return to custody, you start over.

If I'm eligible to earn FTCs, do I earn FTCs the whole time I'm in prison?

Not necessarily. There are situations where an inmate is unable or unwilling to participate in programming, and therefore, will not earn FTCs. Those situations include:

- Disciplinary Segregation
- Designation outside the Institution (outside hospital, furlough, etc.) *
- Temporary Transfer to another Federal or a non-Federal agency (Fed Writ, State Writ, IAD, etc.) *
- Placement on a Mental Health/Psychiatric Hold
- Detention as a material witness or for civil contempt
- Placement in civil commitment
- Opting Out (see definition below)
- Refusal to participate in required programs (e.g. Inmate Financial Responsibility (FRP), Drug Education, Second Chance RRC placement, etc.)

*Any part of a day, is considered a day. Therefore, if you are at your designated facility for some portion of the day, you will still be given credit for that day. Remember, you have to accumulate 30 programming days to earn FTCs. This means, for example, if you are admitted to an outside hospital on a Friday and return to the institution on Monday. You are losing two programming days (Saturday and Sunday) – not Time Credits.

How many FTC days can I earn?

The number of FTCs earned is based on the length of your incarceration and your total number of programming days. The statute limits the number of earned time credits to "an amount that is equal to the remainder of the prisoner's imposed term of imprisonment." What does this mean? You can only apply time credit up to the amount of time remaining to serve. If for example, you have earned 310 days of time credits toward early release and then receive a sentence reduction which creates a new statutory release date which is only 9 months away (approximately 270 days), your FTCs will be applied to the new date; you will be an immediate release, and the 40 days left over will just disappear

with your release.

What is "Opting Out?"

You are opting out if you refuse to participate in or complete any EBRR programs or structured, curriculum-based PAs recommended based on an identified need. You are also considered to be opting out if you refuse to participate in or fail to complete any portion of the Standardized Prisoner Assessment for Reduction in Criminality (SPARC-13), the Bureau's Needs Assessment system.

Based on the results of your Needs Assessment, staff will recommend you participate in EBRR programs and/or PAs to address your needs. If you decline to participate in an EBRR program or PA which has been recommended based on a specific identified needs area, you will be considered opted out, and therefore, in non-earning status regardless of eligibility to earn FTCs.

Can I earn FTCs while waiting for a program?

Yes. You will remain in FTC earning status while on a waitlist for EBRR programs or PAs recommended based on your needs assessment if you have not refused to participate. However, if you later refuse to participate in the recommended EBRR program or PA for which you were on a waitlist, you will be considered declined, or opted out, for the entire waitlist period.

The waitlist period is defined in terms of the corresponding need area(s). When an inmate declines participation after being on a waitlist, the auto-calculation application will first identify any need areas associated with the declined program and then identify the oldest waitlist associated with the need area(s). Any credits earned since the oldest waitlist associated with the need area, without intervening participation, will be rescinded to reflect the inmate's refusal.
<u>This means that any credits earned during the waitlist period will be removed to reflect your refusal/opting out.</u>

How do I earn my credit?

FTCs are awarded based your eligibility to earn credit, completion of the PATTERN and SPARC-13 assessments, and ongoing participation in programs designed to reduce the risk of recidivating. Once you are in earning status, you will remain in earning status unless or until your status changes as previously described.

FTCs are auto-calculated based on 30-day periods in earning status – meaning for every 30 days you are in earning status, you will earn either 10 or 15 days based on your PATTERN risk level at the time of your FSA Assessment. FTCs will be posted on a monthly basis, agency-wide, based on a completed 30-day period. There is no partial or prorated credit for either programming days or FTCs. No FTCs will post if you have not accumulated 30 days in earning status. Rather, those days in FTC earning status will carry over to the next monthly cycle, and you will receive your FTCs at the end of the next cycle.

For example: If the first monthly posting of FTCs occurs only five days after you go into earning status, no FTCs will post to your record as you have not yet accumulated 30 days in earning status. However, those five days will carry over to the next monthly cycle, and you will receive the FTCs at the end of the second month. If later, you go into FRP Refuse or decline a recommended needs-related program and go into opt out status, you will no longer be in earning status, and therefore, you will stop accruing days toward FTCs and no FTCs will post to your record. Once you return to earning status, you will resume accruing days toward the earning of FTCs.

Along with other enhancements to the FSA Assessment process, beginning later in 2023, your Time Credit status will also be reviewed during regularly scheduled Program Review meetings which will allow you additional opportunities to catch up the "carried over" programming days and post Time Credits to your record sooner.

How will I know how much credit I've earned?

At each team, you will receive a copy of the Federal Time Credits Worksheet. This worksheet will include, among other things:

- FTC days earned toward early release and toward RRC/HC placement
- Number of accrued and disallowed programming days
- Whether you are eligible to apply credits toward release, and if not eligible, the reason
- Accruing and disallowing time frames, total number of days, and reasons for disallowances
- FSA Assessment and the Recidivism Risk Level at the time of the Assessment
- FTC Earning Rate

Later in 2023 and into 2024, the FSA Time Credit Worksheet will be enhanced to provide additional information as well as improving the clarity of the information provided.

How do I earn 15 days of credit instead of 10 days?

Whether you earn 10 or 15 days of FTCs depends on your PATTERN Recidivism Risk level at the time of the FSA Assessment. All eligible inmates will earn 10 FTC for every 30 days in earning status. Once an inmate has maintained Low or Minimum risk for two consecutive FSA Assessments, the inmate can begin earning 15 FTCs for every 30 days in earning status.

Can I lose FTCs?

Yes. You can be sanctioned to Loss of FTCs by the Disciplinary Hearing Officer (DHO) for an incident report. However, you can appeal the loss through the Administrative Remedy Process. More importantly, you can request to have those lost FTC days be restored or given back **AFTER** you have maintained clear conduct for two consecutive FSA Assessments.

If I lost FTCs because I refused to take a recommended program, can I get those days restored?

You didn't lose FTCs because you refused a recommended program, you lost programming days which resulted in you not earning FTCs. Because you never earned the FTC days to start with, there is nothing to restore. Remember, if you decline a recommended program, you are "opting out" and therefore are in a non-earning status.

Once I earn FTCs, how do I get to use them?

FTCs are used two ways – early transfer to prelease custody (halfway house or home confinement) or early release to your Supervised Release term. If eligible, the first 365 days of FTCs will be applied to your early transfer to your Supervised Release term resulting in an early release from prison. Any remaining FTCs are applied to pre-release custody resulting in your ability to transfer to halfway house or home confinement sooner than you would have without the credit.

Does everyone get to use their FTCs or are there restrictions?

No – not everyone will get to use the FTC days earned. There are limitations. For an inmate to have up to 365 days of earned FTCs automatically applied to early release, an inmate must meet the following criteria:

- Have a term of Supervised Release to follow the term of incarceration
- Have a low or minimum PATTERN risk level
- Have not opted out or refused to participate in any required program, and therefore, be in earning status

Credit earned in excess of 365 days is applied toward increased pre-release placement in halfway house or home confinement.

If I don't have Supervised Release to follow, do I still get to use my FTCs?

Yes, but they can only be applied to pre-release custody.

What if I am High or Medium Risk? Can I apply the time credits I've earned?

Maybe. If you are High or Medium Risk but have maintained clear conduct and participated in all the recommended programming, you may be able to apply the credits you've earned by petitioning the Warden. In determining whether to approve your petition, the Warden will consider the following:

- Whether you would not be a danger to society if transferred to prerelease custody or supervised release;
- Whether you have made a good faith effort to lower your recidivism risk through participation in recidivism reduction programs or productive activities, and
- Whether you are unlikely to recidivate.

How will you demonstrate this to the Warden? By maintaining clear conduct and by participating in the EBRRs and PAs recommended to address your specific Needs. Will maintaining clear conduct and participating in programming automatically mean you will be approved? No. Each case is reviewed individually considering both your history and your time in prison. But, if you haven't maintained clear conduct for an extended period time and/or haven't completed programming, you shouldn't be surprised if your petition is denied.

How do I petition the Warden to apply my Time Credits if I am High or Medium Risk?

Submit an Inmate Request to Staff Member (copout) to your unit team during your regularly schedule Program Review team meeting. The unit team will review your record and make a recommendation to the Warden. The Warden, after reviewing your record and consulting with the Regional Director, will either approve or deny your petition. You will receive a written response from the Warden to your request. During all aspects of this program, you may file an Administrative Remedy if you choose.

Are FTCs applied to my percentage of time served?

No. FTCs applied toward your release date do NOT impact your percentage of time served because FTCs do not change your Statutory Release Date – they only change your Satisfaction Date.

What is an FSA Conditional Release Date?

For eligible inmates who are Low or Minimum Risk, this is a presumed earliest release date you could earn with Federal Time Credits. This calculation makes the presumption that once you are Low or Minimum risk AND in earning status, you will continue to remain in earning status. As a reminder, the FSA Conditional Date, is **NOT** your release date as the credit is only applied as it is earned. Changes in your status (e.g., FRP Refuse, program declines, Disciplinary Segregation, etc.) will result in changes in your conditional date. **The FSA Conditional Release Date is for planning purposes only.**

Additionally, a second application will project the maximum number of FTCs which can be earned during your term of incarceration. This will assist in determining the earliest eligible pre-release placement date. This means your Unit Team will be able to monitor your projected number of FTCs and submit your RRC referral timely. Remember this is still just a planning tool, if your status changes, the possible maximum number of FTC days will change as well.

Do I earn FTCs while in Halfway and/or Home Confinement?

Yes. As long as you continue to successfully program. Remember incident reports can result in a change in your PATTERN Risk Level. If this happens while in Halfway House and/or Home Confinement, it can also impact both your earning status and your ability to apply FTCs toward your release. If your PATTERN Risk Level increases to Medium or High Risk for any reason, you will no longer be eligible to apply your FTCs, and may be removed from pre-release placement and returned to the institution.

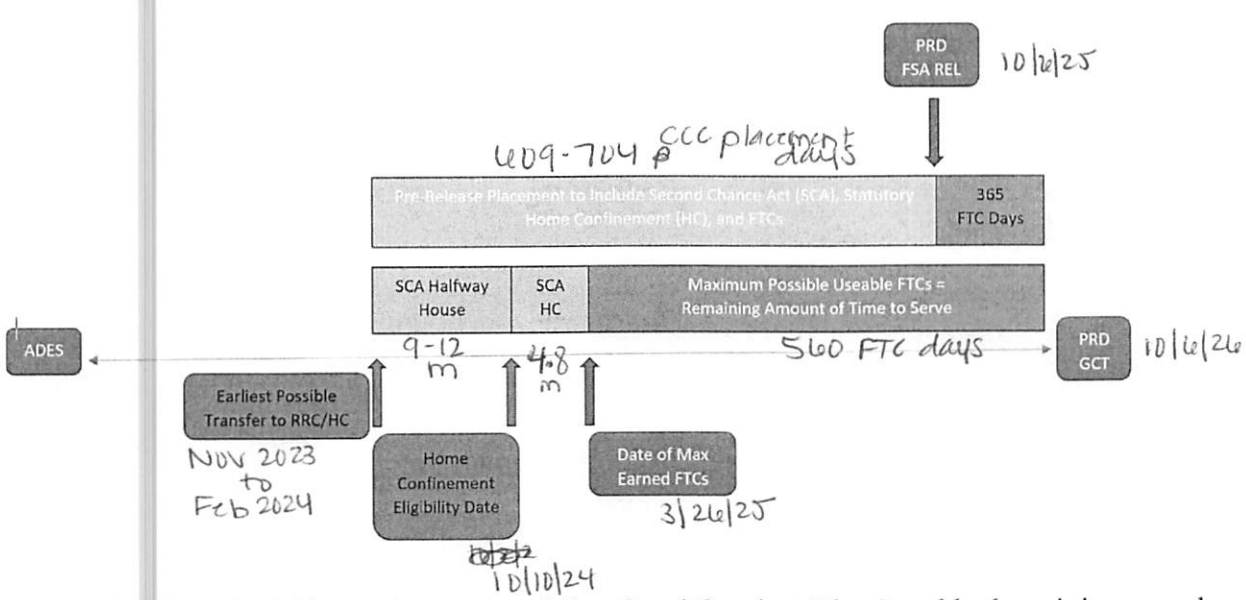
How does FTCs work with Pre-Release Placement?

Your halfway house and/or home confinement recommendation will include the total number of days recommended under the Second Chance Act, plus the remaining number of FTC days not applied to Supervised Release at the time of the referral.

BRUEY, AMSHE 83267-509

Do FTCs change my Home Confinement Eligibility Date (HCED)?

Yes and no. Your Home Confinement Eligibility Date is calculated based on your statutory term. FTCs do not impact the number of days making up the eligibility date – that block of days is the same regardless of FTCs earned. What changes is the date itself. This is because the eligibility date is based on the number of days prior to Projected Release Date, and as your release date changes (due to earned FTCs), the Home Confinement Eligibility Date also changes, but the block of days making up the statutory Home Confinement does not. Plus, once you earn FTCs toward early pre-release placement, the Home Confinement Eligibility Date is based on that same block of days, but in advance of the maximum number of FTCs earned.



For example, if you had 30 months to serve (after Good Conduct Time) and had a minimum or low Risk level from the beginning, you could earn up to 415 FTCs. You would also have a Home Confinement Eligibility Date of about 90 days. The first 365 FTCs are applied toward release, leaving you about 18 months to serve. If your unit team also recommended you for a 120-day prerelease placement under the Second Chance Act, that would be added to the 50 FTC days remaining for all total recommended pre-release placement of 170 days. But, because the Second Chance Act Placement is served first to include the 90-day Home Confinement Eligibility, you would have to serve at least 30 of your 120-day Second Chance Act placement in the halfway house before you could transfer to home confinement.

How do unresolving pending charges and/or detainers impact me getting Time Credit?

As long as you are eligible to earn time credits, an unresolved pending charge and/or detainer has no impact. With the exception of inmates with final orders of deportation or removal – determinations made based on documentation provided by Immigration and Custom Enforcement (ICE), unresolved pending charges and/or detainers will not impact your ability to apply credit toward early release or pre-release placement.

However, it is important to understand that while you are eligible for halfway house and/or home confinement, placement in the community does NOT eliminate the outstanding detainers and/or pending charges. **Meaning - if you are in halfway house and/or home confinement and have detainers and/or pending charges, you are at significantly higher risk to be arrested due to active**

warrants, and an arrest will result in a technical escape for you and an interruption in your federal sentence as the Bureau will have lost primary jurisdiction.

Because you are not eligible for a needs-based recommendation under the Second Chance Act, your FSA placement in halfway or home confinement is VOLUNTARY. You can decline the voluntary FSA placement without any negative impact. This means you can still apply your FTCs, up to 365 days, toward early release. Please let your case manager know if you are declining the voluntary FSA placement due to unresolved pending charges or detainers in pre-release custody.

Can I still earn FTCs if I'm eligible to receive the Residential Drug Abuse Program Early Release Benefit?

Yes, but the Residential Drug Abuse Program (RDAP) Early Release Benefit is applied first to your release date, then any FTC days are applied afterwards. This means you must complete all components of RDAP, to include the community-based portion – a minimum of 120-days in the community-based treatment program.

To receive the full benefit of both programs, you must have enough time remaining to complete all required components of RDAP. In the event you do not have enough time remaining after completing the RDAP program to receive both, the number of FTC days applied will be reduced to allow for, at a minimum, the 120-day community-based placement as required under 3621(e).

Questions?

If you have questions about any aspect the First Step Act or the associated Federal Time Credits, including eligibility, requirements, or limitations, and/or programs, please talk to your unit team. They will either be able to answer your question or direct you to staff in the department that can assist you.

119

Projected FSA calculation

48m
40.8m GCT = 1241 days owed to BOP

4.8m HC (10%) = 144 days

1241 - Days owed to BOP
- 345 - proj. 1 year off to early probation
896 - Days owed to alderson
-195 - proj. FSA to apply to extra HWH/HC
681 - days owed to alderson
-144 - 10% HC
537 - days owed to alderson

4m HWH 2nd Chance = 120 days
537 - days owed to alderson
- 120 - 4m HWH under 2nd chance
417 - days owed to alderson = transfer to pre-release custody July 202

Req. 459 placement days for projected FSA, 10% HC, +4m HWH

1em HWH 2nd Chance = 180 days
537 - days owed to alderson
- 180 - 1em HWH under 2nd chance
357 - days owed to alderson = trans. to pre-release custody May 2024

Req 519 placement days for proj. FSA, 10% HC +1em HWH

9m HWH 2nd Chance = 270 days
537 - days owed to alderson
- 270 - 9m HWH under 2nd Chance
267 - days owed to alderson = trans. to pre-release custody Feb 3, 2024

Req. 609 placement days for proj. FSA, 10% HC +9m HWH

12m HWH 2nd Chance = 365 days
537 - days owed to alderson
-365 - 12m HWH under 2nd Chance
172 days owed to alderson = trans. to pre-release custody Nov 2023

* Max placement *
Req. 704 placement days for proj. FSA, 10% HC, +12m HWH

50 - 10 days/em.
510 - 15 days/m
540 - earnable on sentence
-345 - 1yr off
195 - FSA to HW

FSA calculation Breakdown on back ↓

May '23 - arrive to alderson
June '23 - 10
July '23 - 10
aug '23 - 10
Sept '23 - 10
Oct '23 - 10
Nov '23 - 10
Dec '23 - 15
Jan '24 - 15
Feb '24 - 15
mar '24 - 15
Apr '24 - 15
May 24 - 15
June 24 - 15
July 24 - 15
Aug 24 - 15
Sept 24 - 15
Oct 24 - 15
Nov 24 - 15
Dec 24 - 15
Jan 25 - 15
Feb 25 - 15
march 25 - 15
april 25 - 15
may 25 - 15
June 25 - 15
July 25 - 15
aug 25 - 15
Sept 25 - 15
Oct 25 - 15
Nov 25 - 15
Dec 25 - 15
Jan 26 - 15
Feb 26 - 15
mar 26 - 15
April 26 - 15
may 26 - 15
June 26 - 15
July 26 - 15

Aug 26 - 15
Sept 26 - 15
~~Oct 26 - 15~~ GCT 10/16/26

= 570 FSA credits
on 40.8 months