

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

UNITED STATES OF AMERICA,

-v-

CHRISTOPHER WORRELL,

Defendant.

Case No. 21-cr-00292 (RCL)

DEFENDANT’S REPLY TO GOVERNMENT’S SUPPLEMENTAL BRIEF

Defendant, Christopher Worrell, by and through his counsel, tenders this Reply to the Government’s Supplemental Brief pursuant to the District Court’s Order directing the Government to provide a supplemental brief on Mr. Worrell’s medical condition and treatment. ECF No. 50. The Government’s Original Brief and Supplemental Brief are deficient for numerous reasons, including but not limited four primary failings. First, the Government’s argument is riddled with unsupported statements from unnamed doctors and specialists to contradict the signed and sworn statements of Dr. Rucker. Second the Government’s contention that a single eleventh hour oncology appointment which did not occur until two emergency hearings and an appeal to the D.C. Circuit is sufficient to properly evaluate and prescribe care for Mr. Worrell is unfounded. Third, the Government’s failure to address the ongoing insufficient treatment for Mr. Worrell’s serious medical condition, in violation of his Eighth Amendment Right against Cruel and Unusual Punishment and his Fourth Amendment Right against Pretrial Punishment. Fourth, the Government has still failed to provide an adequate basis for the DC Jail to reject the legally authorized medicines prescribed by Dr. Rucker.

I. FACTUAL BACKGROUND

Many of the relevant facts are of this case are contained within Defendant’s Emergency Motion for Rehearing and will not be repeated here. *See* ECF No. 47, at *2-7. The essential undisputed fact of this case is that Mr. Worrell has cutaneous follicular b-cell non-Hodgkin's

lymphoma, and has been held by the Government without treatment for his white blood cell cancer for seventy-five days. Mr. Worrell was arrested on March 12, and though the Government and the District Court attributed the lack of his medical treatment to failures by Mr. Worrell's counsel and Dr. Rucker (*See* Tr. For Mot. For Recons. at 7.), it has now been determined that the DC Jail has been and will continue to refuse to issue the prescription authorized by Dr. Rucker, a licensed medical doctor in the state of Florida. Tr. For Second Mot. For Recons. at 11-12. The DC Jail has refused to supply Mr. Worrell with the prescribed medication, but has failed to issue an alternative medication to treat Mr. Worrell's non-Hodgkin's lymphoma.

Mr. Worrell has lymphomas of the skin that present as itchy rashes across his face, neck, back, arms, and legs. *See* May 20, 2021 Affidavit of Dr. Bino Rucker (Hereinafter as Exhibit A). They burn, itch and are extremely uncomfortable constantly putting a mental and physical strain on Mr. Worrell. *Id.* These rashes and itching have become worse over the last few days, even causing him to wake up because it itches so bad. He has also been experiencing fatigue, and exhaustion.

They also sometimes fade and reappear seemingly randomly or from stress, meaning a single examination may not discover the extent and severity of these rashes. The presences of these rashes, and lack of treatment also causes Mr. Worrell significant emotional and psychological distress. He constantly worries he will die from cancer before he turns fifty in June or before he has a chance at a fair trial. This stress likely contributed to recent episodes of lightheadedness and dizziness that caused Mr. Worrell to fall unconscious on May 16, 2021, collapse to the ground and break his hand. It also is impacting his ability to contribute to his defense as he is constantly filled with stress, anxiety, and worry about his health conditions.

Mr. Worrell's safety has also become at an increased risk since the most recent hearing. Following his collapse on May 16, 2021, Mr. Worrell was transferred to the Medical Wing where

he remained for approximately seven hours awaiting transfer to Howard Medical Center to treat his broken hand. While in the Medical wing of the Detention Facility, he was approached by eight to ten individuals who knew Mr. Worrell to be a Trump supporter and threatened to kill him dozens of times. They told Mr. Worrell they would stab him to death and would get him for being a Trump supporter. They also made threatening gestures towards him and guards had to intervene. Mr. Worrell now believes traveling anywhere outside his pod presents a serious risk of death based on these threats, especially to medical, where he saw these individuals before and risks interacting with them again.

The Government has inaccurately stated that Mr. Worrell “ha[s] been unable to find support for the use of either medication to treat Worrell’s lymphomas.” Government’s Opposition to Defendant’s Second Emergency Motion for Reconsideration at 8. Dr. Rucker’s prescriptions, as a licensed doctor, authorized to issue prescriptions, ipso facto, support the use of these medications. *Id.* However, to dispel any doubt, the Court can find further support for the practice of using the medication here.¹ The Government also failed to support its contentions with any affidavits or evidence, failing to even name the Howard oncologists, the Government, or Unity employees who apparently dispute Dr. Rucker’s prescriptions. *See* Government’s Opposition to Defendant’s Second Emergency Motion for Reconsideration at 6-9.

¹ “Low-Volume Naltrexone Therapy.” *Immunotherapy Cancer and Chronic Disease*, 15 May 2018, www.immunotherapy-clinic-ikiru.com/low-volume-naltrexone-therapy/.

“Lymphoma.” *Beyond Conventional Cancer Therapies*, bcct.ngo/cancers-and-symptoms/partial-handbooks/lymphoma.

“Low-Dose Naltrexone.” *Beyond Conventional Cancer Therapies*, bcct.ngo/search-therapies/search-therapy-summaries/low-dose-naltrexone.

“Low Dose Naltrexone (LDN) Therapy - Effective and Safe.” *Medicor Cancer*, 22 Oct. 2019, medicorcancer.com/ldn-therapy/.

The Government has conceded that Mr. Worrell's condition is a serious medical condition, and yet, have done nothing to *treat* the symptoms of that condition since his incarceration. *See Tr. Of Second Emer. Mot. For Recons.* at 25-26. The DC Jail, finally, after sixty-eight days without examining or treating Mr. Worrell for his non-Hodgkin's lymphoma sent Mr. Worrell for an oncology examination on May 19.

According to Mr. Worrell, this oncologist, Dr. Ali stated that the best doctors for Mr. Worrell are those who knew him for many years, and that even if Dr. Ali got all the tests ordered the other doctors know Mr. Worrell more intimately. This oncologist also ordered a number of tests but stated that these would likely take *weeks* to be conducted. Dr. Ali ordered no treatment for Mr. Worrell, but stated in the report that treatment would "likely be Gazyva/Bendamustine". Report From Howard Oncologist Dr. Ali, at 6, Ex. B. Dr. Ali did not give any time table on when this likely treatment would be available for Mr. Worrell who continues to suffer from a worsening condition by the day. *See id.* It then took the Government six full days to obtain an electronically transmitted six-page report that was completed on the same day Mr. Worrell was evaluated, which offered no relief in the way of a treatment plan for Mr. Worrell.

II. LEGAL FRAMEWORK

Pretrial detention and release are governed by the Bail Reform Act (BRA), 18 U.S.C. § 3141, et seq. The BRA instructs the Court to seek "the least restrictive further condition or conditions, that such judicial officer determines will reasonably assure the appearance of the person as required and the safety of any other person and the community." *Id.* § 3142(c)(1)(B). In some circumstances, a particular defendant's medical condition can reduce that defendant's risk of flight or danger to the community, and the health condition would therefore fall within the factors appropriately considered in the context of § 3142(g).

A pretrial detainee’s freedom from pretrial confinement is a fundamental right protected by the Due Process Clause; any government action infringing on this right must be narrowly tailored to achieve a compelling government interest. *United States v. Salerno*, 481 U.S. 739, 755 (1987). The constitutional protections of pretrial detainees arise under the Fifth Amendment Due Process Clause, which provides protection even greater than the Eighth Amendment. *Bell v. Wolfish*, 441 U.S. 520, 535 (1979).

The Eighth Amendment, which applies to persons convicted of criminal offenses, allows punishment as long as it is not cruel and unusual, but the Fifth Amendment’s due process protections do not allow pretrial punishment at all. *Id.* Although the Government has an interest in detaining a defendant to secure their appearance at trial, Government may only subject a detainee “to the restrictions and conditions of the detention facility so long as those conditions and restrictions do not amount to punishment, or otherwise violate the Constitution.” *Id.* at 536–37. In *Kingsley v. Hendrickson*, the Supreme Court affirmed the Due Process Clause’s prohibition on pretrial punishment, and elaborated that “if the condition of confinement being challenged ‘is not reasonably related to a legitimate goal—if it is arbitrary or purposeless—a court permissibly may infer that the purpose of the governmental action is punishment.’” 135 S. Ct. 2466, 2470 (2015); *see also Unknown Parties v. Johnson*, No. CV-15-00250-TUC-DCB, 2016 WL 8188563, at *5 (D. Ariz. Nov. 18, 2016), *aff’d sub nom. Doe v. Kelly*, 878 F.3d 710 (9th Cir. 2017) (“a particular restriction or condition is punishment if the restriction or condition is not reasonably related to a legitimate governmental objective or is excessive in relation to the legitimate governmental objective”).

In addition, pretrial detainees have a substantive due process interest in freedom from deliberate indifference to their medical needs. *Miranda v. Cty. of Lake*, 900 F.3d 335, 352 (7th Cir. 2018). Furthermore, in *Brown v. Plata*, Supreme Court explained that a prisoner “may suffer or

die if not provided adequate medical care. A prison that deprives prisoners of basic sustenance, including adequate medical care, is incompatible with the concept of human dignity and has no place in civilized society.” 563 U.S. 493, 510–11 (2011). While prisoner claims in *Brown v. Plata* arose under the Eighth Amendment, pretrial detainees likewise have the legal right to adequate medical care, given that their rights are at least as great as those of convicted persons being punished by imprisonment.

To establish a claim for denial of adequate medical care while incarcerated, an individual must show that he suffered from a serious medical need and that prison officials were deliberately indifferent to that need. *See Banks v. York*, 515 F. Supp. 2d 89, 102 (D.D.C. 2007); *see also Estelle v. Gamble*, 429 U.S. 97, 103-04 (1976).

The Supreme Court established in *Estelle*, a claim for deliberate indifference to serious medical needs of prisoners can be made regardless of "whether the indifference is manifested by prison doctors in their response to the prisoners' needs or by prison guards in intentionally denying or delaying access to medical care or intentionally interfering with the treatment once prescribed." 429 U.S. at 104-05; *see also Monmouth Co. Corr. Inst. Inmates v. Lanzaro*, 834 F.2d 326, 347 (3d Cir. 1987) (deliberate indifference is demonstrated when prison authorities prevent an inmate from receiving recommended treatment for serious medical needs or deny access to physician capable of evaluating the need for such treatment). *Oladayo Adeleke Oladokun v. Corr. Treatment Facility*, 5 F. Supp. 3d 7, 16 (D.D.C. 2013)

A “serious medical need” has not been sharply defined by the D.C. Circuit. *See Woodruff v. United States*, No. CV 16-1884 (RDM), 2020 U.S. Dist. LEXIS 107761, 2020 WL 3297233, at *10 (D.D.C. June 18, 2020) (noting "the absence of controlling D.C. Circuit case law [] regarding what it means for a prisoner to have a 'serious medical need'"). Fellow district courts have also confronted the question have found a “serious medical need” where the prisoner is suffering from

an ailment which the general public would easily recognize as demanding medical intervention, or, where the ailment has been previously diagnosed and treated by a physician. *See, e.g., Chandler v. Stover*, 211 F. Supp. 3d 289, 301 (D.D.C. 2016). *Morrison v. Fed. Bureau of Prisons*, No. 19-cv-1838 (CRC), 2021 U.S. Dist. LEXIS 61450, at *7-8 (D.D.C. Mar. 30, 2021). The "obviousness" test established in *Woodruff*, posits that a "medical need" is objectively "serious" if it is "one that is so obvious that even a layperson would easily recognize the necessity for a doctor's attention." Civil Action No. 16-1884 (RDM), 2020 U.S. Dist. LEXIS 107761, at *30.

Deliberate indifference in violation of the Eighth Amendment must "constitute unnecessary and wanton infliction of pain contrary to contemporary standards of decency." *Helling v. McKinney*, 509 U.S. 25, 32, 113 S. Ct. 2475, 125 L. Ed. 2d 22 (1993) (citing *Estelle*, 429 U.S. at 104). It is "a state of mind more blameworthy than negligence," *Farmer v. Brennan*, 511 U.S. 825, 835, 114 S. Ct. 1970, 128 L. Ed. 2d 811 (1994), and more akin to "criminal recklessness," *Barr v. Pearson*, 909 F.3d 919, 922 (8th Cir. 2018). A "mere disagreement over the proper treatment" cannot support a finding of deliberate indifference by itself. *Banks*, 515 F. Supp 2d at 103 (quoting *Chance v. Armstrong*, 143 F.3d 698, 703 (2d. Cir. 1998)). *Morrison*, No. 19-cv-1838 (CRC), 2021 U.S. Dist. LEXIS 61450, at *9.

Prison officials exhibit deliberate indifference in violation of the Eighth Amendment when "[s]he denies or delays medically necessary treatment purely for non-medical reasons such as cost, administrative convenience, or personal animus." *Bernier v. Allen*, No. 16-cv-00828 (APM), 2020 U.S. Dist. LEXIS 126722, at *13 (D.D.C. July 20, 2020). Deliberate indifference is manifest when "prison officials have prevented an inmate from receiving recommended treatment or when an inmate is denied access to medical personnel capable of evaluating the need for treatment." *Ramos*, 639 F.2d at 575; *see, e.g., Inmates of Allegheny Cty. Jail v. Pierce*, 612 F.2d 754, 762 (3d Cir. 1979); *Todaro v. Ward*, 565 F.2d 48, 52 (2d Cir. 1977). Such indifference can also be manifested

by prison doctors in their response to the prisoner's needs, by the intentional denial or delay of access to medical care, or the intentional interference with treatment once prescribed. *Estelle*, 429 U.S. at 104-5. *Charles 2X v. District of Columbia*, 834 F. Supp. 439, 442 (1992).

III. ARGUMENT

i. The Government's Contentions and Disparagements of Dr. Rucker are Unsupported and Should Not be Relied Upon.

The Government's Opposition to Mr. Worrell's Second Emergency Rehearing, contends Mr. Worrell lacked "support" for the prescribed use of the medications from Dr. Rucker. Opposition to Defendant's Second Emergency Motion for Reconsideration at 8. First, Mr. Worrell and his counsel had been informed for a significant period of time that the issue was one of *coordination* between Dr. Rucker and the Detention Centers, not of the credentials of Dr. Rucker. *See* Tr. For Emer. Mot. For Recons. The support for the medication, has already been provided to the Government, and the Central Treatment Facility in the form of a legally authorized prescription from a medically licensed doctor, who has experience treating cancer, including non-Hodgkin's lymphoma, and had been treating Mr. Worrell, up until his incarceration, with success. *See* Ex. A. The Government flipped its position on Dr. Rucker's prescriptions without explanation only after Mr. Worrell had reached D.C. and had unequivocally provided all information necessary to dispense the prescription, once again delaying Mr. Worrell from receiving any medication at all for his condition.

Furthermore, the Government has, itself, failed to support its own statements with any supporting affidavits or evidence. The Government stated, "Moreover, Unity staff could not find recommendations or guidelines for the compound cream (a topical Rapamycin cream) or for the naltrexone for the treatment of cutaneous lymphoma in the literature. The D.C. Jail's infirmary called an oncologist at Howard University to confirm there were no recommended or standard off-label uses for these two medications to treat cutaneous lymphoma. The oncologist at Howard

University Hospital was not aware of any recommended treatments using those two prescriptions.” ECF No. 49 at 6. The Government did not include affidavits from either Unity staff, or from this Howard University oncologist. *See* ECF No. 61 at 5-7. The Government did not even provide Mr. Worrell, or the Court with the name of the Howard oncologist, or the Unity Staff, with whom the Government spoke. Still the Government would have the Court rely on their anonymous “Howard oncologist” rather than Dr. Rucker who has attested to a signed and sworn affidavit, and as a result has had his reputation maligned by both the Government and the District Court who suggest he is an illegitimate doctor.

These unreliable, and unverifiable statements should not be given any weight by the Court, or at the least, be considered in the light of statements supported by affidavits provided by Dr. Rucker.

Statements made regarding sending Mr. Worrell to Dr. Freeman instead of Dr. Rucker is not an admission of inadequacy on behalf of Mr. Worrell. *See id.*, at 7. Mr. Worrell, and counsel, remain frustrated by the Government’s position that a medically licensed doctor is an inappropriate individual to authorize prescriptions and were simply willing to entertain the idea that Mr. Worrell would see a different Florida doctor at home if released, if this would satisfy the Government and the Court.

ii. The Government has Failed to Provide Adequate Explanation for the DC Jail’s Authority to Question a Legally Prescribed Medication from Dr. Rucker.

The DC Jail and the Government have failed to provide an adequate explanation as to what authority they have to deny a legally authorized medication and have no answer as to why the Government and its doctors failed to provide any alternative medication. The Government concedes Mr. Worrell has a serious medical condition. *See* Tr. Second Emer. Mot. For Recons. At 25-26. The Government states “he has significant post-radiation skin changes and abnormalities

and skin findings consistent with his diagnosis of cutaneous Lymphoma." It also concedes that the Government has received the prescriptions necessary to fill the medications to treat Mr. Worrell's non-Hodgkin's lymphoma. *See* ECF No. 49 at 8-9.

However, the DC Jail refuses to fill these prescriptions based on their own analysis which has not been formally introduced to the Court or to Mr. Worrell's counsel. It is unclear on what basis or authority the DC Jail has the authority to conduct such an analysis. *See* Tr. For Emer. Mot. For Recons. at 14-17. The Government also stated that the Government "did not believe it was the best way to treat Mr. Worrell's lymphoma". *Id.* at 16. Given that the Unity Healthcare staff employed at the Central Treatment Facility are not oncologists, have never conducted an oncology exam of Mr. Worrell, have not sworn to reviewing his medical records, and have not presented any evidence that they have significant training or experience treating or examining cancer patients, it is unclear on what basis the Unity Staff are qualified to override Dr. Rucker's qualified analysis and issuance of a prescription. *Contra* Ex. A, ("I am qualified to diagnose and treat cancer patients").

The DC Jail staff have made no contention that the medication could harm Mr. Worrell, that the medications present risk of abuse, that the medications are somehow a cover for drug smuggling or that the medications contain narcotics, all which could be potentially legitimate reasons for the DC Jail to deny access to a prescription, however, none of these reasons have been given.

The prescriptions according to the Government, were "deemed to lack any medical justification". ECF No. 61 at 6. If the medication is ineffective or an inappropriate treatment for non-Hodgkin's lymphoma, it's unclear how the Government and the DC Jail explain the circumstances of Mr. Worrell's lack of access to these medications directly coinciding with the onset of his symptoms, specifically the outbreak of the rashes on his face. The onset of these

symptoms can be confirmed from photos from January 6, which clearly do not show any skin lesions or red patches on Mr. Worrell's face. These lesions and rashes manifested less than a week in incarceration without access to his medication. If the Government's argument is to be believed, this is an extreme coincidence.

Furthermore, and most shockingly, both the Port Charlotte and DC jail, while denying Mr. Worrell access to the prescriptions from Dr. Rucker, failed to provide Mr. Worrell with any alternative treatment for his non-Hodgkin's lymphoma for now seventy-five days. It is unreasonable that the detention facilities, which recognize that Mr. Worrell has a serious medical condition, would deny him access to medications that they deem inappropriate, but then fail to provide him with an alternative medication for seventy-five days, putting his life at serious risk.

iii. The Deliberate Indifference to Mr. Worrell's Serious Medical Condition Warrants Pretrial Release.

The failure of the Government and the DC Jail to provide Mr. Worrell with adequate medical care for his non-Hodgkin's lymphoma over a period over seventy-five days constitutes deliberate indifference and is a violation of Mr. Worrell's rights against cruel and unusual punishment. *See Estelle*, 429 U.S. at 104. As a pretrial detainee, Mr. Worrell is protected from any pretrial punishment of any form, let alone cruel and unusual punishment. *See Bell v. Wolfish*, 441 U.S. 520, 535 (1979); *Smith v. Conway Cty., Ark.*, 759 F.3d 853, 858 (8th Cir. 2014); *see also Manuel v. City of Joliet, Ill.*, 137 S. Ct. 911, 914 (2017).

To establish a claim for denial of adequate medical care while incarcerated, an individual must show that he suffered from a serious medical need and that prison officials were deliberately indifferent to that need. *See Banks v. York*, 515 F. Supp. 2d 89, 102 (D.D.C. 2007); *see also Estelle v. Gamble*, 429 U.S. 97, 103-04 (1976). The Government has conceded that Mr. Worrell has a serious medical need. Tr. Second Emer. Mot for Recons. At 25-26.

Prison officials exhibit deliberate indifference when they deny or delay medical treatment, or denied access to medical personnel capable of evaluating the need for treatment purely for non-medical reasons such as cost, administrative convenience, or personal animus. *Bernier*, No. 16-cv-00828 (APM), 2020 U.S. Dist. LEXIS 126722, at *13; *Ramos*, 639 F.2d at 575; see, e.g., *Inmates of Allegheny Cty. Jail v. Pierce*, 612 F.2d at 762; *Todaro v. Ward*, 565 F.2d at 52. In *Estelle*, the court held that denying medical treatment *once prescribed* constituted deliberate indifference in violation of a prisoner's constitutional rights. 429 U.S. at 104-5.

Deliberate indifference has been demonstrated where Prison officials refused to transfer a prisoner to a hospital who complained of severe pain and was diagnosed with gallstones. *Brown v. Dist. of Columbia*, 379 U.S. App. D.C. 370, 375, 514 F.3d 1279, 1284 (2008). Prison officials were alerted to his need for medical attention but failed to transfer him to a hospital for an additional sixty days and the Court found this to be a violation of his Eighth Amendment Right to be free from cruel and unusual punishment. *Id.*

In a suit against another prison, a District Court declined to dismiss a suit on summary judgement, finding that failing to provide prescribed medications as an official policy or custom because the medications contained narcotics could still constitute deliberate indifference and should be decided by the jury. *Branch-El v. Smith*, Civil Action No. 94-202 (GK), Civil Action No. 94-1339 (GK), 1996 U.S. Dist. LEXIS 6810, at *26 (May 16, 1996).

Here, the DC Jail has violated Mr. Worrell's Eighth and Fifth Amendment rights as a pretrial detainee for intentionally denying access to his non-Hodgkin's lymphoma medication for seventy-five days even though it was prescribed as well as delaying access to medical personnel for sixty-seven days capable of evaluating the need for treatment, purely for non-medical reasons such as cost, administrative convenience, or personal animus. See *Estelle*, 429 U.S. at 104.

The DC Jail was plainly aware of Mr. Worrell's serious medical condition, he has routinely requested medical assistance, filed medical grievances, and requested access to his medication over the last seventy-five days. The DC Jail repeatedly denied these requests, allegedly on the basis that the medications were not appropriate, but provided no alternative medications to alleviate Mr. Worrell's symptoms. A single oncology appointment after sixty-seven days in federal custody is not adequate medical care for a person diagnosed with non-Hodgkins lymphoma who has developed rashes and scaly lymphomas as a result of the Government denying him access to his usual treatment plan. This singular oncology examination did not result in any meaningful treatment either. The oncologist, simply confirmed to Mr. Worrell that he does in fact have non-Hodgkin's lymphoma, a fact all parties have known for some time, and that it is of a variety that is the most resistant to treatment. This oncologist ordered further testing but did not order any treatment for his serious medical condition and informed Mr. Worrell that the testing alone would likely cause *weeks* of delays.

Mr. Worrell has suffered physical pain in the form of itchy rashes, lumps and nodes behind his ear, he has caught COVID-19 and all the accompanying symptoms. He has suffered the emotional and psychological pain as well. The fear and anxiety of having an untreatable cancer go unmanaged for seventy-five days, while also having COVID-19 causing him to be bedridden for days at a time. Having periods of unconsciousness, dizziness, nausea, all while the heavy weight of his impending trial looms over him. It has been extremely taxing on his body, his mind, and his spirit.

All of this suffering has occurred before any adjudication of guilt. Over the last seventy-five days the Government has proven that they are either incapable or unwilling to provide the adequate level of care necessary to Mr. Worrell to treat his non-Hodgkin's lymphoma, and

accordingly, Mr. Worrell asks that this Court reverse the previous Court order and grant his release and end the violations of his Constitutional rights.

iv. The Government's New Evidence Does Not Change the Balance of the BRA.

The new evidence presented by the Government regarding dangerousness does not substantially change the balancing test with regard to the Bail Reform Act when considering that the Government has denied Mr. Worrell treatment for his non-Hodgkin's lymphoma for seventy-five days.

The Government claims they have obtained new video evidence which establish "significant new evidence of guilt". Dckt 61 at 10. These new statements are little more than statements of being "in the vicinity of the U.S. Capitol" on January 6, a claim Mr. Worrell has never denied and saying that police officers shot tear gas and flash bangs *at protestors*, not the other way around, which is the Governments charge against Mr. Worrell. It is unclear why the Government believes this evidence is "significant" and without seeing the videos or posts, which Counsel has not, it is impossible to respond more specifically to the allegations therein.

With regard to the social media posts about the alleged threats made against the anonymous person who reported Mr. Worrell to the FBI, again it is unclear how these statements substantially change the balance under the BRA. Mr. Worrell again conceded that he was angry that somebody had turned him in to the FBI, but continues to insist that all threats the Government chooses to characterize as threats against the anonymous tipster's life were actually Mr. Worrell believing that the FBI would soon arrest the anonymous tipster. None of these new social media posts which are now months old speak to Mr. Worrell's future propensity for dangerousness and only serve to distract from the Government's utter failure to explain why they have not treated Mr. Worrell's

cancer for seventy-five days. Despite what the Government may insist, an examination is not treatment.

IV. CONCLUSION

For the foregoing reasons, Mr. Worrell respectfully requests that the Court amend Chief Judge Beryl A. Howell's March 19, 2021 Order of Detention Pending Trial (ECF No. 13) and release Mr. Worrell on the conditions set by Magistrate Judge McCoy.

Dated: May 26, 2021

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Worrell*

CERTIFICATE OF SERVICE

I hereby certify that, on May 26, 2021, this motion and the accompany declaration was filed via the Court's electronic filing system, which constitutes service upon all counsel of record.

/s/ John M. Pierce
John M. Pierce

EXHIBIT A

AFFIDAVIT

STATE OF FLORIDA)

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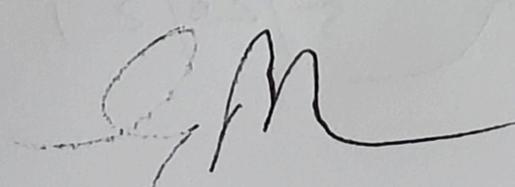
COUNTY OF MANATEE)

I, Dr. Bino Rucker, M.D., of lawful age, being first duly sworn upon oath, depose and state, to wit:

1. I am graduated from the University of Virginia Medical School in 1995 and performed my residency at Cornell Hospital/Sloan Kettering from 1995 to 2001.
2. I am a former cancer surgeon and current director at Rucker Integrative Medicine.
3. I have been treating cancer patients for 26 years.
4. I am qualified to diagnose and treat cancer patients.
5. I am qualified and authorized to issue prescriptions.
6. I have not been disciplined for issuing improper or unauthorized prescriptions.
7. I am the treating integrative oncologist for Christopher Worrell, hereinafter referred to as Mr. Worrell, who was diagnosed in 2007 with Non-Hodgkin's Lymphoma.
8. After Mr. Worrell's arrest I was contacted by his family and defense team to assist in getting his prescriptions to him while he was incarcerated.
9. I was contacted by Port Charlotte County Jail but they left no return number or contact information and I was unable to call them back.
10. After coordination with Mr. Worrell's defense team, I spoke with Port Charlotte County Jail two times.
11. I have coordinated with the DC Jail twice.

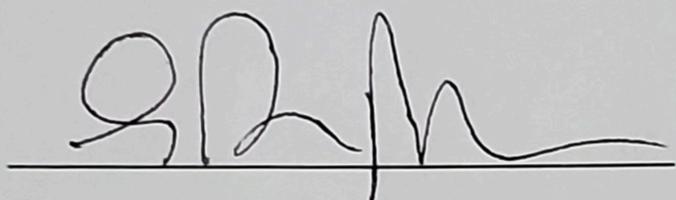
B. Rucker 5/20/21

12. I have authorized Mr. Worrell to have access to Sirolimus cream (.5 ml single pump) and naltrexone hydrochloride capsule (3 miligram once per day dose) and it is my medical opinion that these medications would be an integral aspect of his program to treat his non-Hodgkins lymphoma symptoms based on my most recent examination of Mr. Worrell, which was prior to his arrest on March 12.
13. These prescriptions are based on my most recent medical evaluations, and are due to Mr. Worrell's allergies to common treatments to non-Hodgkin's lymphoma, such as Rituxan.
14. Prior to Mr. Worrell's incarceration, he would have regular treatment, including lab tests and reevaluations.
15. I would be better able to give a medical opinion if he were to be released to home confinement and were able to be treated in my offices in Florida, where I could treat him immediately upon his release.
16. Many cancers, including non-Hodgkin's lymphoma weaken the body's ability to fight infections.
17. Research shows that the effects on the immune system of these cancers and treatments can linger long after treatment is completed.
18. Mr. Worrell is at an increased risk of suffering prolonged symptoms from both COVID-19 and an increased risk of recontracting COVID-19.
19. Since his detention on March 12, Mr. Worrell has continued to suffer aggravating symptoms of his cancer including lymphomas of the skin on his face, which have since spread to his neck, back, arms, legs, and chest. They are often itchy, scaly, and red to purple in color. They may appear as a rash over some or most of the body, known as

 5/20/21

erythroderma. Sometimes larger lesions can break open with ulcerations and become dangerously infected and present serious risks to Mr. Worrell's health.

20. Continuing confinement at the federal detention center presents substantial and serious, life threatening risks to Mr. Worrell due to his non-Hodgkin's lymphoma, lack of access to medication, and risk of infection.


_____ M.D.
AFFIANT

Sworn and subscribed to me on this 20 day of May, 2021.