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IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF IDAHO

UNITED STATES OF AMERICA,

Plaintiff,

vs.

JOHN DOE,

Defendant.

Case No.

**DEFENDANT'S MOTION FOR  
IMMEDIATE RELEASE FROM  
CUSTODY IN RESPONSE TO COVID-19  
BASED CONTINUANCE**

[ECF No. \_\_ & Gen. Order No. 360]

Defendant John Doe hereby responds to the Court's order continuing the final revocation hearing for Class C supervised release violations (ECF No. 53) and moves the Court for his immediate release from detention pending further supervised release proceedings. This motion is brought pursuant to Federal Rules of Criminal Procedure 32.1(a)(6) and 46(d), 18 U.S.C. 3143(a) and General Order 360.

This motion is supported by the contemporaneously filed memorandum of counsel with exhibits, which establish that as an insulin-dependent diabetic with an underlying heart condition, Mr. Doe's continued pre-trial confinement represents a grave risk to his life well-being. Mr. Doe violated his supervised release by testing positive for methamphetamine and not

reporting for drug tests. The risk presented by ongoing substance abuse pales when compared to the grave risk to Mr. Doe by ongoing confinement in an environment long associated with high transmission of infectious disease and with no access to mental health or substance abuse treatment. The Court should order Mr. Doe's immediate release with conditions pending further proceedings in this case.

DATED this 22nd day of March, 2020.

/s/ Robyn Fyffe  
ROBYN FYFFE

### **CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that on March 22, 2020, I filed the foregoing document electronically through the CM/ECF system, which caused the following parties to be served by electronic means:

David Robins, Assistant US Attorney United States  
Office of the United States Attorney  
[DRobins@usa.doj.gov](mailto:DRobins@usa.doj.gov)

/s/ Robyn Fyffe  
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SUPPORT OF MOTION FOR  
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BASED CONTINUANCE**

[ECF No. \_\_ & Gen. Order No. 360]

Defendant John Doe - a diabetic with an underlying heart condition - is incarcerated in the Ada County Jail pending a final revocation hearing on his Class C supervised release violations, which was scheduled for March 18, 2020. The Court continued the hearing until May 11, 2020: “because of the COVID-19 pandemic and the measures being undertaken to control the spread of the illness.” (ECF No. 53).

As discussed in more detail below, Mr. Doe’s medical conditions render him particularly susceptible to severe illness or death from COVID-19. Further, Mr. Doe violated his supervised release by failing (and failing to report for) drug tests. The risk presented by any continued drug

use pales when compared to the risk Mr. Doe faces being particularly vulnerable to COVID-19 and confined in an environment long associated with high transmission of infectious disease. Nor does the grave risk to Mr. Doe's life serve any rehabilitative purpose where, as a federal pre-trial detainee, Mr. Doe receives neither substance abuse nor mental health treatment. Accordingly, the Court should order Mr. Doe's immediate release with conditions pending further proceedings in this case.

**A. Mr. Doe's Diabetes And Heart Condition Place Him At High Risk For Severe Illness Or Death If Infected By COVID-19**

COVID-19 is an extremely dangerous disease with a fatality rate 0.3-3.5%, "which is 5-35 times the fatality associated with influenza infection." Exhibit A, Declaration of Epidemiologist Chris Beyrer, MD, MPH ("Beyrer Dec."), ¶ 5. This fatality rate increases significantly for those with pre-existing medical conditions including cardio-vascular disease and diabetes. Exhibit A, Beyrer Dec., ¶ 6; *see also* <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html>.

Mr. Doe has a "long history of physical health concerns" that date back to 2006 when he was diagnosed with diabetes. (ECF No. 22, ¶ 87). Further,

on April 18, 2018, [Mr. Doe] ***suffered a heart attack while incarcerated at the Jefferson County Jail.*** He was taken to the [hospital] for treatment, and underwent surgery to place stints in his arteries. While at the facility, he was also diagnosed with hypertension. ***On June 19, 2018, the defendant was again taken to ERMIC for suspicion of a heart attack due to chest pain.*** He was treated and released the same day, with a follow up appointment recommended with a cardiologist.

*Id.* (emphasis added). While incarcerated, Mr. Doe was prescribed: aspirin, atorvastatin, carvedilol, clopidogrel, isosorbide mono nitrates, Metformin, Lantis (insulin), Novalin (insulin), and nitroglycerine. *Id.*

Persons like Mr. Doe with diabetes and heart disease are advised “to keep space between [them] and others” and “stay home as much as possible to further reduce [the] risk of being exposed.” <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/get-ready.html>. The consequences of doing otherwise are dire: about 30% of patients who have more serious disease progress to Acute Respiratory Distress Syndrome (ARDS) which has a 30% mortality rate overall, which is even higher in those with other health conditions. Exhibit A, Beyrer Dec., ¶ 7.

Mr. Doe’s underlying medical conditions place him at risk of developing severe illness and dying if infected by COVID-19. He should be released from confinement during the continuance visited by the Court’s efforts to slow the disease’s spread.

**B. Inmates Are At High Risk Of Infection Because COVID-19 Is Highly Contagious And Detention Facilities Are Associated With High Transmission Of Infectious Diseases**

As a jail inmate, Mr. Doe could not be in a worse position to follow the CDC’s advise for protecting himself from COVID-19. Detention facilities, which confine persons in close proximity with shared ventilation and facilities, are ill equipped to prevent the virus’ transmission. Further, federal inmates at the Ada County Jail, federal defender and CJA panel attorneys have had frequent contact with the Sea-Tac FDC and Seattle area, where COVID-19 infections have tripled in the past week and are surpassed only by New York in the United States.

COVID-19 is highly infectious, with only the great influenza pandemic of 1918 having a higher rate of transmission. Exhibit A, Beyrer Dec., ¶ 10. In recognition that COVID-19 has spread quickly among high concentrations of people in close proximity, the Treasure Valley has shut down schools, evicted college students home from dorms, closed restaurants, and ordered conferences rescheduled. *See i.e.* Exhibit D, *Idaho Statesman: Latest store, service, sports, event*

*closures in Boise area*, March 22, 2020. In addition to similar measures across the country, international travel is being restricted, and cruise ships — the early incubators of the virus — are being quarantined. Exhibit B, *Joint Statement From Elected Prosecutors On COVID-19 And Addressing The Rights And Needs Of Those In Custody*, March 2020 (“Prosecutor’s 3.20 Joint Statement”).

Detention facilities have “long been known to be associated with high transmission probabilities for infectious diseases, including tuberculosis, multi-drug resistant tuberculosis, MRSA (methicillin resistant staph aureus), and viral hepatitis.” Exhibit A, *Beyrer Dec.*, ¶¶ 11-12. Jails involve population density in close confinement; insufficient ventilation; shared toilet, shower, and eating environments; and limits on hygiene and personal protective equipment such as masks and gloves. *Id.* at ¶¶ 13-14. The inherent nature of detention facilities render standard precautions such as six-foot distancing and proper surface decontamination virtually impossible. *Id.*

Thus, infections like COVID-19, which are transmitted through droplets, are particularly difficult to control in detention facilities. *Id.* With high numbers of people living in close proximity to one another, “it is incontrovertible that, if [we do] not act aggressively to address the COVID-19 threat, federal jails and prisons could quickly become epicenters of the COVID-19 pandemic.” Exhibit C, *Letter to AG William Barr from Committee on the Judiciary of the US House of Representatives, March 19, 2020* (“AG Barr Letter”).

Moreover, about thirty pre-trial detainees from the District of Idaho are held at the SeaTac FDC and inmates have moved between SeaTac and the Ada County Jail every two weeks. The federal defender and panel attorneys representing these defendants thus frequent the

Seattle area in addition to the Ada County Jail. The Seattle area had the first COVID19 case in the country and, by March 13, Washington state had 568 confirmed COVID-19 cases, with roughly 470 of those from the Seattle area. <https://www.seattletimes.com/seattle-news/health/coronavirus-daily-news-update-march-13-what-to-know-today-about-covid-19-in-the-seattle-area-washington-state-and-the-nation/>.

On March 13, 2020, this Court prohibited anyone who had been in the Seattle-Tacoma area from entering the courthouse for fourteen days and the SeaTac FDC ceased allowing attorney visits. Exhibit E, *Court Email: Information Regarding Coronavirus Disease (COVID-19) And Court Operations, March 13, 2020*; Exhibit F; *BOP Email: FDC SeaTac Update, March 13, 2020*. One week later on March 21, Washington’s numbers had tripled, reporting 1,524 cases with about 150 new cases in Seattle area. <https://www.kiro7.com/news/local/coronavirus-all-k-12-schools-king-snohomish-pierce-counties-be-closed-through-april-24/XIDPHMLVOJAAREQ5YCL75367PU/>. On March 22, the number had climbed another 269 bringing the state total to 1793.<sup>1</sup> Only New York, with more than 10,000 COVID-19 cases, has more in the United States. <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>; <https://coronavirus.health.ny.gov/county-county-breakdown-positive-cases>.

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<sup>1</sup> It is worth noting that despite the regular travel of Ada County inmates and their attorneys to Sea-Tac, the Ada County Jail’s response to COVID-19 includes no screening for inmates presenting with COVID symptoms and contact with Seattle (or New York). Instead, “if an inmate comes into the jail with flu-like symptoms (including fever, cough, and shortness of breath) and tells us they may have the Coronavirus or have recently visited mainland China, Iran, Italy, Japan, or South Korea, they will be immediately given a mask and placed into one of our holding rooms in booking, which have negative pressure.” Ex. F, *How the Ada County Jail is planning for COVID-19 - Ada County Sheriff, March 12, 2020*.

Meanwhile, between March 13 and March 22, Idaho went from having no confirmed cases of COVID-19 to more than forty positive cases and residents of nearby Blaine County are ordered to shelter in their homes. See <https://coronavirus.idaho.gov>; <https://www.co.blaine.id.us/DocumentCenter/View/11087/Blaine-County-Self-Isolation-Order-3-20-2020-FINAL?bidId=>.

These numbers are particularly ominous considering the select criteria for testing, the COVID-19 incubation period and its highly infectious nature, the multi-day lag in receiving test results and the dramatic spike in cases in Washington, New York and other states. See <https://www.idahostatesman.com/news/coronavirus/article241261886.html>; <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>.

Detention facilities in general and the Ada County Jail in particular are at serious risk of becoming inundated by COVID-19 infections. Mr. Doe is at increased risk of serious illness or death if he remains detained when that happens.

**C. Mr. Doe Poses No Immediate Physical Threat To The Community That Can Justify His Continued Detention During The Pandemic Where His Underlying Medical Conditions Make Him Particularly Vulnerable To Serious Illness or Death**

Detainees such as Mr. Doe, whom the CDC has classified as vulnerable, should be released immediately absent serious risk to the physical safety of the community or a reasonably identifiable person. In response to the looming crisis in correctional facilities, release policies for offenses which represent no immediate physical threat to the community, including simple possession of controlled substance, are recommended. Exhibit B, Prosecutor's 3.20 Joint Statement. Congress asks that federal prosecutors defer only but the most serious supervised release violations and only seek detention when the arrestee poses a risk of serious injury to a reasonably identifiable person. Exhibit C, AG Barr Letter. Releasing as many inmates as possible



is important to protect the health of inmates, the health of correctional facility staff, the health of health care workers at jails and other detention facilities, and the health of the community as a whole. Exhibit A, Beyrer Dec., ¶ 19.

In addressing the issue of detention, there should be “serious consideration to whether the person . . . poses a risk of serious /injury to a reasonably identifiable person” and “whether the person . . . suffer[s] from chronic illnesses such as . . . heart disease. . . [or] diabetes. . . that make them vulnerable to COVID-19 infection.” Exhibit C, AG Barr Letter.

Mr. Doe’s history shows the most serious he risk he poses to the community is that from using methamphetamine. While significant, the risks from meth addiction cannot justify placing Mr. Doe’s life in jeopardy through continued pre-trial detention, especially where that detention serves no rehabilitative purpose.

Further, Mr. Doe is before the Court on his first supervised release petition, which contains technical violations surrounding substance use and substance abuse testing. No intermediate sanctions had previously been imposed, he continued to report to probation and treatment, he attended counseling and he has been in custody for more than a month. According to probation, Mr. Doe’s guideline range on the instant violation begins at eight months, which the Court could order served *via* home detention 18 U.S.C. § 3583(e)(4).

Mr. Doe does not pose a serious threat of physical harm to the community if released and his treatment needs would be best met on release. The Court should grant the motion and order Mr. Doe released with conditions pending further supervised released proceedings.

## 1. History

In July 2017, Mr. Doe had relapsed in violation of his state probation and possessed a firearm as a means to commit suicide. (ECF No. 22, ¶ 5-6). Mr. Doe was prohibited from possessing a firearm based on four felony convictions for simple possession of a controlled substance. (ECF No. 22, ¶ 12). He first used meth at age twelve and was a daily IV user between 2014 and 2015. (ECF No. 22, ¶ 91).

Mr. Doe's ability to overcome addiction has been complicated by long standing mental health issues. He first experienced suicidal ideations in 2008 and he attempted suicide by cutting his left wrist while incarcerated at the Bannock County Jail in 2012. (ECF No. 22, ¶ 89-90). Mr. Doe was diagnosed with attention deficit hyperactivity disorder and bipolar disorder while participating in Drug Court and, in 2008, the Idaho Department of Correction prescribed Zyrexin and Lithium. *Id.*

Mr. Doe's misdemeanor criminal history is comprised of fifteen convictions for drivers license violations, possession of paraphernalia, malicious injury to property and battery. He has no gang affiliation and no history of violence.

Mr. Doe has a solid employment history. For about a decade, he worked for R3 Custom Haying where he worked on farms, in hay fields, and did tractor repair. (ECF No. 22, ¶ 94). Mr. Doe worked at Short Stop Grocery Store from 2015 until April 2016 and has worked for M&M Cattle, and Frontier Pies Restaurant. *Id.* He has experience as a cook, cashier, in customer service, and in management. *Id.*

## **2. Supervised Release**

Mr. Doe began supervised release in September 2019 and immediately began to struggle with relapse. (ECF Nos. 27, 45, 45-3). Specifically, Mr. Doe tested positive for methamphetamines five times between September 2019 and February 5, 2020 and failed to report for another dozen drug tests. A thirteenth supervised release violation allegation accuses Mr. Doe of not reporting to substance abuse treatment on December 19, 2019.

Mr. Doe wanted to succeed but found sobriety incredibly difficult as he transitioned from prison to society. Mr. Doe suffered increasing anxiety from issues surrounding housing, employment, relationships and parenting. The anxiety helped trigger relapse, which obviously created even more problems, that then caused even more stress.

And it is evident that Mr. Doe was trying. He continued employment and reported for treatment aside from the missed session in December. (ECF Nos. 45-3, 46). Mr. Doe maintained communication with his probation officer and admitted use. (ECF No. 45-3). On February 9, 2020, Mr. Doe submitted to a UA and admitted to methamphetamine use. (ECF No. 45-3, p. 2, ¶ 2(e)).

On February 14, 2020, Mr. Doe was arrested at work. (ECF Nos. 36, 46). He waived his right to detention, recognizing that he would benefit from treatment and believing he would obtain some either by returning to Port of Hope or a BOP facility. However, as a pre-trial federal detainee in Ada County, Mr. Doe is not eligible for substance abuse or mental health treatment. Instead, he is held in a cell with three other inmates for twenty-two hours a day and mingles with other inmates on his “walk” in the dayroom for the remaining two hours.

Mr. Doe's Grade C violation is "based upon technical violations of supervised release § 7B1.3(a)(2)" and the Court could revoke supervised release or extend the term of supervised release and/or modify the conditions of supervision. (ECF No. 45, ¶ 6-8). According to probation, the Grade C violation and a criminal history category of VI results in guideline imprisonment range of 8 to 14 months. In determining disposition, the Court would consider the § 3553(a) factors, which includes the kinds of sentences available and the need to provide educational or vocational training, medical care, or other correctional treatment in the most effective manner. 18 U.S.C. §§ 3553(a), 3583(e).

Mr. Doe presents no risk of immediate physical harm to the community if released, instead posing a risk of relapse. And despite relapsing, Mr. Doe kept showing up and trying. His ongoing detention is not necessary during the public health crisis. Further, in considering extended pre-trial detention in this instance, the Court should note that "the kinds of sentences" available to effectively meet Mr. Doe's rehabilitative needs have dramatically changed. In the changed landscape, Mr. Doe's medical, mental health and substance abuse needs would all be better met in the community and not in pre-trial detention.

### **C. Conclusion**

Mr. Doe is an insulin dependent diabetic with a history of heart complications while in custody. In the five weeks since Mr. Doe's arrest, COVID-19 arrived in Seattle and Idaho. Now, instead of treatment serving a BOP sentence, he faces another two months in lockdown with his life in jeopardy and with no treatment for his deteriorating mental health or his long standing drug addiction. This risk to Mr. Doe's life and well-being cannot be justified by the risk presented by ongoing substance abuse, especially where Mr. Doe continued with employment,

treatment and contact with probation until his arrest. Accordingly, the Court should order Mr. Doe's immediate release with conditions pending further proceedings in this case.

DATED this 22nd day of March, 2020.

/s/ Robyn Fyffe  
ROBYN FYFFE

### **CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that on March 22, 2020, I filed the foregoing document electronically through the CM/ECF system, which caused the following parties to be served by electronic means:

David Robins, Assistant US Attorney United States  
Office of the United States Attorney  
[DRobins@usa.doj.gov](mailto:DRobins@usa.doj.gov)

/s/ Robyn Fyffe  
ROBYN FYFFE

Declaration for Persons in Detention and Detention Staff  
COVID-19

## EXHIBIT A

Chris Beyrer, MD, MPH  
Professor of Epidemiology  
Johns Hopkins Bloomberg School of Public Health  
Baltimore, MD

I, Chris Beyrer, declare as follows:

1. I am a professor of Epidemiology, International Health, and Medicine at the Johns Hopkins Bloomberg School of Public Health, where I regularly teach courses in the epidemiology of infectious diseases. This coming semester, I am teaching a course on emerging infections. I am a member of the National Academy of Medicine, a former President of the International AIDS Society, and a past winner of the Lowell E. Bellin Award for Excellence in Preventive Medicine and Community Health. I have been active in infectious diseases Epidemiology since completing my training in Preventive Medicine and Public Health at Johns Hopkins in 1992.
2. I am currently actively at work on the COVID-19 pandemic in the United States. Among other activities I am the Director of the Center for Public Health and Human Rights at Johns Hopkins, which is active in disease prevention and health promotion among vulnerable populations, including prisoners and detainees, in the US, Africa, Asia, and Latin America.

### **The nature of COVID-19**

3. The SARS-nCoV-2 virus, and the human infection it causes, COVID-19 disease, is a global pandemic and has been termed a global health emergency by the WHO. Cases first began appearing sometime between December 1, 2019 and December 31, 2019 in Hubei Province, China. Most of these cases were associated with a wet seafood market in Wuhan City.
4. On January 7, 2020, the virus was isolated. The virus was analyzed and discovered to be a coronavirus closely related to the SARS coronavirus which caused the 2002-2003 SARS epidemic.
5. COVID-19 is a serious disease. The overall case fatality rate has been estimated to range from 0.3 to 3.5%, which is 5-35 times the fatality associated with influenza infection. COVID-19 is characterized by a flu-like illness. While more than 80% of cases are self-limited and generally mild, overall some 20% of cases will have more severe disease requiring medical intervention and support.
6. The case fatality rate varies significantly depending on the presence of certain demographic and health factors. The case fatality rate is higher in men, and varies significantly with advancing age, rising after age 50, and above 5% (1 in 20 cases) for those with pre-existing medical conditions including cardio-vascular disease, respiratory disease, diabetes, and immune compromise.
7. Among patients who have more serious disease, some 30% will progress to Acute Respiratory Distress Syndrome (ARDS) which has a 30% mortality rate overall, higher in those with other health conditions. Some 13% of these patients will require mechanical

ventilation, which is why intensive care beds and ventilators have been in insufficient supply in Italy, Iran, and parts of China.

8. COVID-19 is widespread. Since it first appeared in Hubei Province, China, in late 2019, outbreaks have subsequently occurred in more than 100 countries and all continents, heavily affected countries include Italy, Spain, Iran, South Korea, and increasingly, the US. As of today, March 16<sup>th</sup>, 2020, there have been 178,508 confirmed human cases globally, 7,055 known deaths, and some 78,000 persons have recovered from the infection. The pandemic has been termed a global health emergency by the WHO. It is not contained and cases are growing exponentially.
9. SARS-nCoV-2 is now known to be fully adapted to human to human spread. This is almost certainly a new human infection, which also means that there is no pre-existing or “herd” immunity, allowing for very rapid chains of transmission once the virus is circulating in communities.
10. The U.S. CDC estimates that the reproduction rate of the virus, the  $R_0$ , is 2.4-3.8, meaning that each newly infected person is estimated to infect on average 3 additional persons. This is highly infectious and only the great influenza pandemic of 1918 (the Spanish Flu as it was then known) is thought to have higher infectivity. This again, is likely a function of all human populations currently being highly susceptible. The attack rate given an exposure is also high, estimated at 20-30% depending on community conditions, but may be as high as 80% in some settings and populations. The incubation period is thought to be 2-14 days, which is why isolation is generally limited to 14 days.

#### **The risks of COVID-19 in detention facilities**

11. COVID-19 poses a serious risk to inmates and workers in detention facilities. Detention Facilities, including jails, prisons, and other closed settings, have long been known to be associated with high transmission probabilities for infectious diseases, including tuberculosis, multi-drug resistant tuberculosis, MRSA (methicillin resistant staph aureus), and viral hepatitis.
12. The severe epidemic of Tuberculosis in prisons in Central Asia and Eastern Europe was demonstrated to increase community rates of Tuberculosis in multiple states in that region, underscoring the risks prison outbreaks can lead to for the communities from which inmates derive.
13. Infections that are transmitted through droplets, like influenza and SARS-nCoV-2 virus, are particularly difficult to control in detention facilities, as 6-foot distancing and proper decontamination of surfaces is virtually impossible. For example, several deaths were reported in the US in immigration detention facilities associated with ARDS following influenza A, including a 16-year old male immigrant child who died of untreated ARDS in custody in May, 2019.
14. A number of features of these facilities can heighten risks for exposure, acquisition, transmission, and clinical complications of these infectious diseases. These include physical/mechanical risks such as overcrowding, population density in close confinement, insufficient ventilation, shared toilet, shower, and eating environments and limits on hygiene and personal protective equipment such as masks and gloves in some facilities.
15. Additionally, the high rate of turnover and population mixing of staff and detainees increases likelihoods of exposure. This has led to prison outbreaks of COVID-19 in multiple detention facilities in China, associated with introduction into facilities by staff.

16. In addition to the nature of the prison environment, prison and jail populations are also at additional risk, due to high rates of chronic health conditions, substance use, mental health issues, and, particularly in prisons, aging and chronically ill populations who may be vulnerable to more severe illnesses after infection, and to death.
17. While every effort should be made to reduce exposure in detention facilities, this may be extremely difficult to achieve and sustain. It is therefore an urgent priority in this time of national public health emergency to reduce the number of persons in detention as quickly as possible.
18. Pre-trial detention should be considered only in genuine cases of security concerns. Persons held for non-payment of fees and fines, or because of insufficient funds to pay bail, should be prioritized for release. Immigrants awaiting decisions on their removal cases who are not a flight risk can be monitored in the community and should be released from immigration detention centers. Older inmates and those with chronic conditions predisposing to severe COVID-19 disease (heart disease, lung disease, diabetes, immune-compromise) should be considered for release.
19. Given the experience in China as well as the literature on infectious diseases in jail, an outbreak of COVID-19 among the U.S. jail and prison population is likely. Releasing as many inmates as possible is important to protect the health of inmates, the health of correctional facility staff, the health of health care workers at jails and other detention facilities, and the health of the community as a whole.

Pursuant to 28 U.S.C. 1746, I declare under penalty of perjury that the foregoing is true and correct.

Executed this 16th day of March, 2020.

A handwritten signature in dark ink, appearing to read "Chris Beyrer". The signature is fluid and cursive, with a long horizontal stroke extending from the end of the name.

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Professor Chris Beyrer<sup>1</sup>

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<sup>1</sup> These views are mine alone; I do not speak for Johns Hopkins University or any department therein.



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## Exhibit B



JOINT STATEMENT FROM ELECTED PROSECUTORS  
ON COVID-19 AND ADDRESSING THE RIGHTS AND NEEDS OF THOSE IN CUSTODY  
*March 2020*

COVID-19 has the world on high alert. In recognition that the coronavirus is spreading quickly among high concentrations of people in close proximity, [schools](#) are being shut down, [conferences](#) rescheduled, international [travel is being restricted](#), and cruise ships -- [the early incubators of the virus](#) -- are being quarantined. Those measures are all sensible, but they also drive home how little attention is being paid to the millions of people in the most overcrowded conditions that are ripe for the spread of this contagious and deadly virus: the people behind bars in America's jails, prisons, and immigration detention centers.

There are [2.3 million adults and children](#) locked up in the United States in various systems of confinement, including state and federal prisons, local jails, youth correctional facilities, and immigration detention centers. Far more cycle in and out of jail on a daily basis; there are [10.6 million](#) jail admissions every year.

Our country's [jail and prison populations have exploded](#) over the last few decades, a result of people being prosecuted more often for [less serious behavior](#); an increase in the severity of sentences imposed; and our cash-based pretrial detention system, which [keeps hundreds of thousands](#) of people in jail prior to any determination of guilt and merely because they [can't afford to pay bail](#). Recently, immigration detention has reached [record proportions](#), despite apprehensions at the border being far below [historic highs](#). The result of these practices is overcrowded jail, prison and immigration detention facilities that force people together in close quarters [without access to proper hygiene](#) or [medical care](#), sometimes living barracks-style in [gyms or other open spaces](#), breathing the same recycled air for up to 23 hours per day. These conditions are fertile ground for the spread of a virus like COVID-19.

We, as elected prosecutors, have an obligation to protect the safety and wellbeing of *everyone* in our community, regardless of their race, ethnicity, or country of origin. Those obligations [extend](#) behind prison walls. And they require elected prosecutors to step up in this time of growing public health concerns to address the needs and rights of individuals in these facilities.

An outbreak of the coronavirus in these custodial facilities would not only move fast, it would potentially be catastrophic. [According to the Center for Disease Control](#), the elderly and people with underlying medical conditions are more susceptible to falling severely ill with COVID-19. Both populations are, unfortunately, well represented among incarcerated people. People over the age of 55 make up the [fastest growing demographic](#) of those imprisoned. From 1999 to 2016, the number of people age 55 or older in state and federal prisons increased 280 percent and it is estimated that by 2030, there will be over [400,000 people in our prisons over the age of 50](#). Similarly, jails and prisons house disproportionately large numbers of people [with chronic](#)

[illnesses and complex medical needs](#) that many facilities are already [ill-equipped to treat](#). And at least 57 ICE detention centers have already experienced outbreaks of infectious diseases [like mumps](#) that have presented challenging health issues.

If these facilities become breeding grounds for the coronavirus, it will not only impact those incarcerated, but our entire community. [Jails and prisons cycle large numbers of people](#) in and out of close, unsanitary quarters on a daily basis. Many people are arrested and booked into jail on the same day, while others are released within a short time back to their community. People leave immigration detention and return to communities in the US or to vulnerable refugee shelters and [encampments](#) along the border. All of these facilities rely on services and support from vendors and medical professionals, employ staff who come and go, and appropriately provide access for legal counsel and family members to visit. And people with severe conditions who need intensive medical treatment are often removed from these facilities to be treated in local hospitals.

Most states and localities recognize the present danger and are considering [stopgap solutions](#), including [temporary release for certain populations](#). Some have also instituted more extreme measures such as [locking down jails](#). These ad hoc responses underscore the urgent need for the broader and long-overdue reforms we were elected to carry out and are deeply committed to -- advancing fairness and equity and addressing overincarceration.

To that end, we believe that the current crisis creates an even more pressing need for elected prosecutors, public health officials, and other leaders to work together to implement concrete steps in the near-term to dramatically reduce the number of incarcerated individuals and the threat of disastrous outbreaks. And we are equally committed to not eroding the rights and safety of those in custody, even as we take steps to address the current health crises. We also recognize that there is no singular “right” approach on how to handle what is a rapidly evolving situation and that the dynamics in each jurisdiction will vary. Nonetheless, we believe that the principles set forth below are vitally important ones to consider and to implement to the fullest extent possible.

### **Achieving Reductions in Detention and Incarcerated Populations**

First and foremost, we urge local officials to stop admitting people to jail absent a serious risk to the physical safety of the community. Policymakers, prosecutors and criminal justice leaders should also take steps to dramatically reduce detention and the incarcerated population. To that end, we believe that elected prosecutors should work with public health officials and other leaders in their communities to implement and advocate for the following reforms:

- Adopt cite and release policies for offenses which pose no immediate physical threat to the community, including simple possession of controlled substances.
- Release all individuals who are being detained solely because they can't afford cash bail, unless they pose a serious risk to public safety.
- Reduce the prison population to minimize sharing of cells and ensure that there are sufficient medical quarantine beds, and enough staff, to promote the health and safety of staff, those incarcerated, and visitors.

- Identify and release the following people immediately, unless doing so would pose a serious risk to the physical safety of the community:
  - Individuals who are elderly;
  - Populations that the CDC has classified as vulnerable (those with asthma, cancer, heart disease, lung disease, and diabetes);
  - People in local jails who are within 6 months of completing their sentence; and
  - People incarcerated due to technical violations of probation and parole.
- Put in place procedures and advocate for reforms that enable past lengthy sentences to be revisited and support release for those individuals who can safely return to the community.

### **Humane Conditions of Confinement**

For those who must remain incarcerated, every effort should be made to ensure they have access to good healthcare, as defined by public health officials, and that their basic human rights are being met. It is critical to balance the precautions necessary to protect against any spread of the virus with the constitutional rights of those in custody. To that end, government officials and criminal justice leaders should work together, and with corrections and public health officials, to:

- Eliminate medical co-pays for anyone in confinement;
- Maintain access to counsel and preserve family visitation rights as long as possible and with precautions (such as glass wall barriers) that can address concerns around the introduction and spread of the virus in correctional facilities;
- Make phone calls free and increase teleconferencing capacity and means to help people stay connected to family and counsel; and
- Ensure that containment measures do not result in the denial of due process (for instance, avoid postponing court appearances and trials when doing so would violate speedy trial guarantees and do not creating barriers that inhibit access to counsel).

### **Protecting Immigrant Communities and Reducing Immigration Detention**

Additionally, the federal government should take the following actions to end the spread of COVID-19 among immigrant communities:

- Suspend new detentions of suspected non-citizens unless there are compelling public safety reasons that support the need for ongoing detention;
- Immediately release all people under the age of 21 in immigration detention unless there are compelling public safety reasons that support the need for ongoing detention; and
- Direct the Department of Homeland Security to honor the sensitive locations policy and not conduct immigration enforcement operations in or around hospitals or medical clinics.

### **Health Care Measures and Protections for Confined Individuals**

Prosecutors should also work with public health, corrections, immigration and government leaders to:

- Avoid the use of widespread lock-downs or solitary confinement as a containment measure and implement more targeted quarantines to control the spread of infection;
- Educate people in custody and staff about the virus and the measures they can take to minimize their risk of contracting or spreading the virus;
- Implement a humane plan for housing of persons who are not released but who are sick. In particular, patients should receive medical care in a hospital, rather than in a detention or corrections facility -- where treatment and housing poses a risk to both the patient and detention staff;
- Encourage and direct detention and corrections employees to stay home, with pay, if they feel sick; and
- Provide free soap and CDC-recommended hand sanitizer, increased medical care, comprehensive sanitation and cleaning of facilities and other safety measures as recommended by the CDC for those who remain incarcerated or detained.

Finally, elected prosecutors must be leaders and collaborate with, and where helpful convene, public health experts and the officials responsible for detention and custodial facilities to ensure that all members of their community are protected and *no one* is forgotten. They should also work with these partners to release to the public the plans and procedures in place to address COVID-19 within jails, correctional facilities and detention centers.

Even after the urgent threat of the coronavirus subsides, these sensible and smart policies should remain. The United States is an international outlier in its rate of incarceration -- we put far too many people behind bars for far too long, and fail to provide adequate care to those we incarcerate. That's a humanitarian crisis with or without COVID-19. We need to make deflection and diversion the presumptive default to shrink our rate and length of incarceration. We need to stop criminalizing immigrants. And we need to address the underlying inequities, public health system inadequacies, and racial biases that bring far too many people into contact with the justice system.

We are facing a serious threat as a country, but it also presents a unique opportunity to come together and swiftly address these longstanding systemic problems. These reforms are long overdue and they will help make our entire country more just, safe, and healthy.

Signed,

**Diana Becton**, District Attorney, Contra Costa County, California

**Buta Biberaj**, Commonwealth's Attorney, Loudoun County, Virginia

**Chesa Boudin**, District Attorney, City and County of San Francisco, California

**John Choi**, County Attorney, Ramsey County, Minnesota

**David Clegg**, District Attorney, Ulster County, New York

**Shameca Collins**, District Attorney, Sixth Judicial District, Mississippi

**Scott Colom**, District Attorney, Sixteenth Judicial District, Mississippi

**John Creuzot**, District Attorney, Dallas County, Texas

**Satana Deberry**, District Attorney, Durham County, North Carolina

**Parisa Dehghani-Tafti**, Commonwealth's Attorney, Arlington County and the City of Falls Church, Virginia

**Michael Dougherty**, District Attorney, Twentieth Judicial District, Colorado

**Mark Dupree**, District Attorney, Wyandotte County, Kansas

**Kim Gardner**, Circuit Attorney, City of St. Louis, Missouri

**Sarah F. George**, State's Attorney, Chittenden County, Vermont

**Joe Gonzales**, District Attorney, Bexar County, Texas

**Eric Gonzalez**, District Attorney, Kings County, New York

**Mark Gonzalez**, District Attorney, Nueces County, Texas

**Andrea Harrington**, District Attorney, Berkshire County, Massachusetts

**Jim Hingeley**, Commonwealth's Attorney, Albemarle County, Virginia

**Natasha Irving**, District Attorney, Prosecutorial District Six, Maine

**Justin F. Kollar**, Prosecuting Attorney, County of Kaua'i, Hawai'i

**Lawrence S. Krasner**, District Attorney, Philadelphia, Pennsylvania

**Stephanie Morales**, Commonwealth's Attorney, Portsmouth, Virginia

**Marilyn Mosby**, State's Attorney, Baltimore City, Maryland

**Karl Racine**, Attorney General, District of Columbia

**Rachael Rollins**, District Attorney, Suffolk County, Massachusetts

**Marian Ryan**, District Attorney, Middlesex County, Massachusetts

**Daniella Shorter**, District Attorney, Twenty-Second Judicial District, Mississippi

**Carol Siemon**, Prosecuting Attorney, Ingham County, Michigan

**David Soares**, District Attorney, Albany County, New York

**David Sullivan**, District Attorney, Northwestern District, Massachusetts

**Cyrus R. Vance**, District Attorney, New York County, New York

**Lynneice Washington**, District Attorney, Jefferson County, Bessemer Division, Alabama

**U.S. House of Representatives**  
**Committee on the Judiciary**

Washington, DC 20515-6216  
One Hundred Sixteenth Congress

**Exhibit C**

March 19, 2020

The Honorable William P. Barr  
Attorney General  
U.S. Department of Justice  
950 Pennsylvania Avenue, N.W.  
Washington, D.C. 20530

Dear Attorney General Barr:

We are writing to follow up on Chairman Nadler's letter of March 12, 2020 asking a series of questions about any measures taken by the Bureau of Prisons (BOP) and the U.S. Marshals Service (USMS) to respond to the COVID-19 pandemic. We write to reiterate the need to receive answers to these questions, as it is critical that we learn how BOP and the USMS are handling the COVID-19 crisis, both in protecting the employees of these agencies and the individuals held in their custody. We expect to hear from you on these matters, in short order.

We write now to underscore several points also made in that letter, as it has become even more evident, given the President's national emergency declaration, that these issues need to be addressed immediately. The BOP currently imprisons 175,000 people in about 100 facilities throughout the country. Data from 2019 indicates that the USMS is responsible for about an additional 75,000 people who are incarcerated pretrial, many in local jail or private contract facilities. Given these numbers, it is incontrovertible that, if the Department of Justice (DOJ) does not act aggressively to address the COVID-19 threat, federal jails and prisons could quickly become epicenters of the COVID-19 pandemic.

With large numbers of people living in close proximity to one another, many of them elderly or living with chronic diseases, DOJ must act now to save lives. Accordingly, we urge you to put in place measures to ensure that both the flow of prisoners into federal facilities is slowed significantly and that prisoners who can and should be released are released forthwith. We cannot wait any longer to take action.

We have learned that, in spite of the recent national emergency declaration and the fact that state and local prosecutorial agencies and courts across the country have made adjustments to their charging policies and are releasing prisoners who are at high risk of getting sick, it appears that it is "business as usual" in many U.S. Attorney's offices. If true, this is deeply distressing. We welcome any information showing that the Department of Justice is issuing guidance to U.S. Attorney's offices and to the BOP and USMS indicating that the Department

takes seriously the threat posed by COVID-19 to the health and welfare of inmates in the U.S. government's care, as well as to the health and welfare of federal correctional employees.

In this regard, we expect that BOP and the USMS are already implementing some baseline public health measures, such as carrying out comprehensive sanitation and cleaning of facilities (including visitation areas), and putting in place other safety measures, such as designating separate bathrooms for individuals with symptoms of COVID-19. We also expect that BOP and the USMS will enact comprehensive testing procedures as soon as tests are made available. We trust that BOP and the USMS are already making available to inmates and corrections officers Centers for Disease Control and Prevention (CDC)-recommended hand sanitizer, adequate soap, and personal protective equipment. We expect that BOP and the USMS are following CDC guidelines for workplaces, including that staff and visitors stay home if they are sick, follow proper coughing, sneezing, and handwashing recommendations, and execute routine environmental cleaning. We also expect that the BOP and facilities under contract with the USMS will follow proper isolation policies and not use extended solitary confinement as a substitute for providing proper medical care. Indeed, BOP and the USMS should work to release all incarcerated people who test positive for COVID-19 to an external healthcare facility to receive care.

During this national emergency, DOJ should be doing all it can to increase social distancing and decrease movement to prevent further proliferation of COVID-19. This means that the Department must limit the number of inmates being brought into the system. Law enforcement agents and line attorneys should be given guidance to desist from making arrests, except where an arrest is the only way to stop a specific and substantial risk that the person will cause bodily injury or use violent force against the person of another. The Department should issue guidance to U.S. Attorney's offices to refrain from pursuing probation, supervised release, and pretrial release revocations as much as possible, and only focus on those which are immediately essential to address. Pending warrants should be recalled, in all but exceptional cases, in favor of summons; arrests on technical supervision violations should be barred. Line lawyers should not be reflexively seeking detention in court, but should give serious consideration to whether the person they seek to detain poses a risk of serious injury to a reasonably identifiable person. They should also take into consideration whether the person is pregnant, whether they are 50 years old or older, and whether they suffer from chronic illnesses such as asthma, cancer, heart disease, lung disease, diabetes, HIV, or other diseases that make them vulnerable to COVID-19 infection.

DOJ and BOP must also do all they can to release as many people as possible who are currently behind bars and at risk of getting sick. Pursuant to 18 U.S.C. 3582(c)(1)(A), the Director of the Bureau of Prisons may move the court to reduce an inmate's term of imprisonment for "extraordinary and compelling reasons." We urge you to use this existing authority and consider moving courts to release federal inmates who are vulnerable to COVID-19 (for instance, persons who are pregnant, who are 50 years old and older, and who suffer from chronic illnesses like asthma, cancer, heart disease, lung disease, diabetes, HIV, or other diseases that make them vulnerable to COVID-19 infection). In addition, the BOP should immediately



reassess, under 18 U.S.C. 3621(b), every person with 36 months or less remaining on their sentence to determine if they can serve the last year of their sentence in community corrections and home confinement, rather than in a correctional institution. DOJ should use all available powers and authorities, including executive clemency, commutation, furlough, compassionate release, and parole, to reduce the number of federal prisoners in jails, prisons, and other community-release-based programs housing large numbers of people. Where possible, DOJ should create new emergency mechanisms to reduce imprisoned and incarcerated populations.

Finally, DOJ must make every effort to provide for transparency and communication. We urge you to release information about the number of COVID-19 cases that exist in BOP and USMS contract facilities, that you provide prompt and accurate information about any fatalities from COVID-19, and that BOP and the USMS provide regular, timely, and up-to-date information to attorneys and families of those in custody who are ill with COVID-19. Moreover, DOJ must ensure that inmates are able to communicate with their loved ones and with their attorneys during these difficult times. One way to ensure this, in addition to maintaining family visitation wherever possible, would be to provide free telephone, video, and e-mail communication, as well as full access to postal services, particularly in places where in-person visits are curtailed or restricted because of COVID-19. At all times, DOJ must also guarantee that the attorney-client privilege is preserved and respected and that attorneys are able to maintain in-person visits with their clients wherever possible, as well as confidential telephone calls and video conferencing where available.

Please confirm that each of the measures discussed above is being implemented and, if not, why not. In addition, if there are other measures to address COVID-19 that the Department is considering and undertaking, besides those we have outlined here, please communicate them to us. We look forward to working together to help alleviate this crisis.

Sincerely,



Jerrold Nadler  
Chairman



Karen Bass  
Chair, Subcommittee on Crime,  
Terrorism, and Homeland Security

cc: Jim Jordan, Ranking Member  
John Ratcliffe, Ranking Member  
Subcommittee on Crime, Terrorism,  
and Homeland Security

## Exhibit D

# Latest store, service, sports, event closures in Boise area



**Katherine Jones** [kjones@idahostatesman.com](mailto:kjones@idahostatesman.com)

Micron Technology in Boise is using thermal temperature scanning to test the temperature of employees, vendors and visitors. They merely walk through the doors normally; anyone with a fever of 100.4 degrees or higher shows up as a solid red in the facial area.

**BY HAYLEY HARDING**

[HHARDING@IDAHOSTATESMAN.COM](mailto:HHARDING@IDAHOSTATESMAN.COM)

Here are the latest closures, cancellations, altered hours and other changes in the Treasure Valley prompted by concerns over the spreading coronavirus pandemic.

The Statesman updates this list as new information arrives each day, so check online for updates. This list places the latest items at or near the top of each section to make it easy for repeat online readers to scan for what's new.

The sections listed below cover government, entertainment, events, sports, business, religion, recreation and fitness, and social and other services. Schools and restaurants are in separate stories. School-closure stories appeared in the Tuesday, March 17, and Thursday, March 19, print and e-editions. Restaurant and bar changes ran in the Friday, March 20, edition of Scene magazine.

If you have information to share, including new circumstances, deletions or corrections, please email [newsroom@idahostatesman.com](mailto:newsroom@idahostatesman.com).

## **BUSINESS**

### Closings

Boise Mayor Lauren McLean ordered an end to indoor dining and drinking at restaurants and bars for 30 days effective Friday, March 20. Businesses that allow orders to be picked up in person or in a drive thru, or that deliver, may continue those.

Nampa Bicycle Project shop closed at 7 p.m. March 19 until further notice.

Perpetuity Skin + Spa is closed for the rest of the month. Operating hours will be revisited in April.

Ascena Retail Group Inc, which owns brands such as Justice, Lane Bryant, Ann Taylor and Loft, closed its stores from March 18 to March 28. Employees will still be paid for their scheduled shifts.

Ulta Beauty closed its stores at 6 p.m. March 19.

All Sephora stores will be closed through April 3.

Nike has [closed its stores](#) through March 27.

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Foot Locker [closed its North American stores](#) from March 17 to March 31.

Claire's closed its North American stores at least through March 27.

Apple [closed all retail stores](#) until March 27.

[Macy's closed all of its stores](#), including the one in the Boise Towne Square mall, through Tuesday, March 31.

The Idaho Humane Society closed its adoption center. Adoptable animals can be viewed online at [idahohumanesociety.org](http://idahohumanesociety.org), where interested adopters can complete an application and schedule a time to meet the animal.

The Boise Centre is closed to the public through March 30. The Visitor Information Center located adjacent to The Grove Plaza is also closed. Events booked at Boise Centre with greater than 50 people in through May 10, 2020 have been rescheduled until later in the year.

Starting Tuesday, March 17, the H&M Group closed all stores its stores in the United States for the next two weeks.

JUMP will be closed until further notice.

UpCycle closed all classes. There is not definite re-opening date as of now. “We are hoping April or May,” said studio manager Madeleine Pier.

## **REDUCED HOURS**

Walmart's U.S. stores will limit hours to 7 a.m. to 8:30 p.m. daily. Associates will continue to keep their regular scheduled shifts and full hours. The store introduced a special shopping hour on Tuesdays for customers 60 and older from March 24 to April 28.

Home Depot began closing at 6 p.m. daily. Opening hours will not change.

The Record Exchange reduced its hours from 9 a.m. to 7 p.m. daily.

JCPenney reduced hours. It is now open from 12 p.m. to 7 p.m. Monday through Saturday and 11 a.m. to 6 p.m. on Sundays.

Beginning March 18, [Target is closing by 9 p.m. daily](#). The chain is also reserving the first hour of shopping each Wednesday for "vulnerable guests," including elderly people and those with underlying health concerns.

Dollar General [dedicates the first hour](#) its stores are opened each day to seniors. Stores will also close one hour earlier so employees can clean and restock.

WinCo Foods stores [close between 12 a.m. and 5 a.m.](#) to allow employees to clean and restock.

Effective Monday, March 16, [Boise Towne Square](#) is open between noon and 7 p.m. every day except Sunday, when the hours are 11 a.m. to 6 p.m. Some stores are separately closing or limiting their own hours. Also, the Easter bunny experience has been limited at the mall. It may be open closer to Easter, but reservations will be refunded if it is canceled completely.

## **SIGNIFICANT CHANGES**

Meridian Mayor Robert Simison ordered all restaurants, bars and other entertainment venues to ensure a minimum distance of 6 feet between groups of customers from Saturday, March 21, through Saturday, April 4.

Rediscovered Books is closing its shops to customers but is offering curbside pickup and delivery for customers.

A Succulent Day in Boise is closing its storefront but will be available for online and call-in orders.

Albertsons is limiting customers to buy only two items total when buying toilet paper, sanitizer or cleaning products.

Rediscovered Books, which is maintaining regular hours, [is offering curbside pickup and delivery](#) services at all locations.

Record Store Day was postponed from April 18 until June 20. Boise's The Record Exchange [will hold a party](#) on the new weekend.

Albertsons, Fred Meyer, Costco and Trader Joe's [have done away with free samples](#) for the time being.

Starbucks temporarily stopped filling reusable cups. [Boise chain Moxie Java followed suit.](#)

Micron, Idaho's biggest for-profit employer, is testing the temperature of every employee and visitor to its buildings.

## GOVERNMENT

Garden City's library and its city hall are closed to the public, but all city functions remain operational. Services traditionally offered through in-person interactions will be offered online when possible, or over the phone, through the mail or by appointment. The exception to the closure is for public meetings, including City Council and planning and zoning. Seating will be six feet apart, but people are encouraged to attend virtually. Access codes for the online meetings will be posted with the notices.

Garden City is encouraging people to postpone events for 50 or more people.

The Canyon County Recorder's Office stopped accepting passport applications Thursday, March 19, until further notice, although exceptions may be made in emergencies. The office has also stopped issuing marriage licenses to couples who don't reside in Canyon County.

Eagle City Hall is closed to walk-in customers. People who need to conduct business there will need



to make an appointment with the appropriate department. Visitors will be asked to wash their hands before meetings.

Ada County will issue marriage licenses at the Elections Office, 400 N. Benjamin Lane, Boise, because of restrictions at the county courthouse (see earlier item below), from 8 a.m. to noon and 1 to 4 p.m. weekdays.

The Idaho Transportation Department has started issuing automatic extensions for expiring driver's licenses and noncommercial registrations. The 90-day extension only applies to driver's licenses and noncommercial registration.

All Ada County DMV offices [were closed starting Tuesday](#), March 17. Canyon County's DMV offices remain open.

The Idaho Department of Fish and Game has closed state fish hatcheries to the public. The Morrison Knudsen Nature Center in Boise is closed to educational tours. Any meetings at Fish and Game headquarters that include the public are canceled, as are in-person hunters education courses. Hunter education is still available online.

Nampa City Hall is closed to the public effective Tuesday, March 17. Staff will be on-site to respond to emails and phone calls.

There is [no public access to Boise city buildings](#), including libraries, Zoo Boise and City Hall, starting Tuesday, March 17. The Boise Airport will remain open. So will city parks.

Starting Monday, March 16, the Boise Public Library and the Friends of the Boise Public Library suspended homebound services, The Boise Public Library volunteer program, book donations and Tree City Book sales at the Main Library store until further notice. Online sales will continue.

Canyon County officials on Monday, March 16, asked the public to postpone all nonessential visits to the courthouse, administration building and DMV.

The Eagle Public Library, the Eagle Landing Community Center and the Eagle Museum of History and Preservation closed on March 13 and will be closed for the foreseeable future. The library and Eagle's Parks and Recreation Department has canceled all classes, programs and events.

The Idaho Supreme Court has moved to limit interactions in the state's courts. A [court order](#) includes the suspension of in-court appearances with the exception of emergency matters; postponements and/or rescheduling of civil trials, hearings and motions; reasonable efforts to reschedule criminal

trials subject to a defendant's right to a speedy trial; and limitations to the number of people attending courtroom proceedings for safety purposes.

At the Ada County Courthouse, attorneys, jurors, parties, witnesses, victim support persons, county personnel, and judges are permitted to enter. All other members of the public will not be allowed to enter until further notice.

All Meridian Library District locations are closed to the public through Tuesday, March 31. Digital resources are available [online](#).

The Nampa Public Library and Nampa Senior Center are closed from Monday, March 16, through Tuesday, March 31. The meals-to-go program is available through curbside pickup starting Monday, March 16, between 11:30 a.m. and 12:30 p.m. Monday through Friday. Call (208) 467-7266 between 7 and 9:30 a.m. to order. Classes at the Nampa Rec Center are canceled through Tuesday, March 31.

The city of Caldwell has canceled several events "until further notice." That includes Mayor Garret Nancolas's state of the city address, all city recreation events including youth basketball and volleyball, and the Caldwell Recreation Annual Easter Egg Scramble. The city has also canceled in-state and out-of-state travel for all city employees and elected officials for 90 days. Furthermore, it will not be issuing event permits for gatherings of 250 people or more on city property.

Gov. Brad Little on Friday, March 13, [declared a state of emergency](#) in Idaho.

The Nampa City Council passed an emergency resolution to prohibit events larger than 250 people at the Ford Idaho Center and Nampa Civic Center. Boise Mayor Lauren McLean [asked groups to postpone meetings](#) larger than 250 people.

## ENTERTAINMENT

Meridian Lanes closed Thursday, March 19, its first closure since opening 1959. Most fall and winter bowling leagues have been suspended or canceled. Food is available for pickup or delivery by calling 208-888-2048.

[State Historical Society](#) sites, including the Old Idaho Penitentiary, Franklin and Stricker Ranch Historic Sites, the Idaho State Museum and the Research Center at the Idaho State Archives, are closed to the public from March 20 until April 6. All programming and events are canceled or postponed until further notice.

Art-house theater The Flicks in Boise suspended operations at 9:40 p.m. Thursday, March 19.

The Village Cinema in Meridian has scaled back hours to noon to 8 p.m. daily and reduced the number of theaters showing movies.

[Edwards Cinemas movie theaters](#) closed Tuesday, March 17, until further notice. The theaters include the Edwards 21 Cinemas & Imax at the Boise Spectrum, Edwards 9 in downtown Boise, and Edwards Nampa Gateway and Edwards Nampa Spectrum in Nampa.

The World Center for Birds of Prey closed all visitation for the next 30 days starting Saturday, March 14.

Alley Repertory Theater held its last performance of “A Funny Thing Happened on the way to the Gynecologic Oncology Unit at Memorial Sloan Kettering Cancer Center of New York City” on Saturday, March 14. Ticket holders for performances March 19-22 can receive a [refund](#) or make their tickets tax-deductible donations.

Ice Dance International canceled its Boise appearance Saturday, March 28. Ticketholders will be refunded through CenturyLink Arena.

The Morrison Center is postponing shows by Ronnie Milsap and Jason Bishop, who were scheduled to perform Wednesday and Thursday, March 18 and 19, respectively. No date has been set for new shows.

Dancing with the Stars Live! canceled its Friday, March 20, show.

Ballet Idaho shows were canceled for Friday and Saturday, March 13 and 14.

The Tool concert, set to be held in Nampa on Saturday, March 14, [was postponed](#) after the Nampa City Council approved an emergency resolution to prohibit events larger than 250 people at the Ford Idaho Center and Nampa Civic Center.

Jojo Siwa’s D.R.E.A.M. Tour was postponed until June 17. Tickets will be honored at the new date.

Comedian Iliza Shlesinger’s shows at the Morrison Center were postponed. Tickets will be honored once a new date is set.

The Sun Valley Film Festival is canceled but [will return in 2021](#), organizers say.

The [Roadshow Tour 2020](#), a Christian music concert, [was canceled](#) at the Ford Idaho Center in Nampa.

The 2020 Treefort Music Fest, which brings more than 400 artists and 20,000 people to downtown Boise, [is postponed until September](#). [Refunds are available](#) by emailing [refunds@treefortmusicfest.com](mailto:refunds@treefortmusicfest.com).

## EVENTS

The Idaho Department of Fish and Game canceled its Take Me Fishing events and fishing rod loan program.

Boise Pride Festival, initially slated for June, [was postponed to September 11 and 12](#). Organizers said they had “previously expressed optimism” that public health fears would be resolved by June but opted to postpone to ensure the situation would be contained.

All events at the Canyon County Fair Building have been postponed until further notice.

The Cabin postponed or canceled most upcoming events, starting Monday, March 16, through at least May 15. They include free Drop-In Writing Workshops and the CAMBIA Celebration of Youth Writing. A reading with author Madeline Miller has been postponed but no date has yet been set. People enrolled in adult writing workshops will be updated on the status of their workshops. Summer writing camps, which are scheduled to start in June, are planned to continue as normal.

Nampa Parks and Recreation postponed the Food Truck Rally Goes to the Dogs event scheduled for Saturday, March 14, to an undetermined date.

The Boise Farmers Market postponed the opening of the market. A new date has not been announced.

The Boise Metro Chamber of Commerce postponed its CEO speaker series appearance by Charlene Maher. A new date has not been set.

The Boise Flower & Garden Show, originally scheduled for March 27-29, is postponed until March 19-21, 2021.

All events at Expo Idaho are canceled through April 30, including the 48th Annual Roadster Show scheduled for March 13-15. Ada County Commissioner Kendra Kenyon said deposits will be returned to vendors for the events.

City Club of Boise canceled all events planned for the rest of March and the first part of April. That includes forums on March 17, April 1 and April 2. Organizers are working to issue refunds.

All March events scheduled to be held at the Canyon County Fair Building have been postponed until further notice.

## SPORTS

Idaho high school sports [are suspended](#) through at least April 5.

Boise State, College of Idaho and NNU have canceled their spring sports.

The Big Sky Conference suspended all intercollegiate competition for its members until further notice. That includes teams at the University of Idaho and Idaho State University. The conference [canceled the remaining games](#) in its men's and women's basketball tournaments at Boise's CenturyLink Arena.

The U.S. Tennis Association canceled all programming until April 20. In the Treasure Valley, the association is postponing its spring singles league to the fall but is offering refunds for people who don't want to play in the fall. USTA is suspending its Mixed 18 & Over league play through April 20 and moving the start date for its Adult 40 & Over league and Social Tennis league to that date.

The NCAA canceled [the Division I men's and women's basketball tournaments](#), ending March Madness. It also canceled all remaining winter and spring championships. That means the Boise State women's basketball team, which won the Mountain West championship, will not be able to make its fourth straight trip to the tournament.

The Buck's Bag baseball invitational and Win the Pitch (WTP) softball tournament, both of which take place over spring break in the Treasure Valley, [have been canceled](#). The [statewide all-star basketball game at](#) North Idaho College was also canceled.

The ECHL has suspended its hockey season, affecting several [Idaho Steelheads](#) home games.

The Cascade Conference (College of Idaho) and Great Northwest Athletic Conference (Northwest Nazarene University) suspended athletic competitions Thursday. The Cascade suspension will last at least through Sunday, March 29.

## RELIGION

Bishop Peter Christensen, bishop of the Roman Catholic Diocese of Boise, suspended all public Masses through April 5, which is Palm Sunday. The bishop extended a dispensation to all Catholics from the obligation to participate in Mass. He asked priests to open their churches during certain

hours for private prayer and confession. A non-public Mass will be live-streamed each Sunday.

The Church of Jesus Christ of Latter-day Saints [announced that](#) “all public gatherings of church members are being temporarily suspended worldwide.” The announcement came the day after the church said it would not allow members [to attend its April General Conference](#).

## RECREATION AND FITNESS

Idaho State Parks and Recreation Department closed all camper cabins and yurts beginning Monday, March 23. They will remain closed through at least April 30.

The [Bogus Basin, Brundage Mountain and Tamarack ski areas](#) said Tuesday, March 17, that they would cease operations at the end of the day, superseding partial cutbacks and reductions that they had announced previously. Sun Valley Resort shut down Monday, March 16.

The visitor center at Celebration Park, on the Snake River in Canyon County, was closed Tuesday, March 17, until further notice. The park remains open.

The Treasure Valley Family YMCA [closed multiple locations](#) from Monday, March 16 through Sunday, March 22, including the Caldwell YMCA, the Downtown Boise YMCA, the south Meridian YMCA, the west Boise YMCA and city of Boise Aquatic Center, the Healthy Living Center and the YMCA Camp at Horsethief Reservoir.

## SOCIAL AND OTHER SERVICES

The Kuna Senior Center closed Friday, March 20. Meals on Wheels are available for pick up from noon to 1 p.m. Mondays, Wednesdays and Fridays. Deliveries are also available. Call 208-321-0031.

[Simply Cats](#) closed to potential cat adopters, volunteers and new cats.

The Boise Overland St. Vincent de Paul Food Pantry switched to a parking lot pickup system on Tuesday, March 17, with hours between 10 a.m. and 2 p.m. Tuesdays and Wednesdays, 10 a.m. to 4 p.m. Fridays, and 9:30 a.m. to 12:30 p.m. Saturdays.

The AARP Foundation Tax-Aide service that operates mostly out of libraries suspended its program until further notice.

All programming at the city of Boise’s [Dick Eardley Senior Center](#) is postponed, and the center is closed to the public. This closure will be in place until further notice. The kitchen will remain in use

by Metro Meals on Wheels to continue meal prep and lunch services.

**From:** US District Court - District of Idaho [ecf@id.uscourts.gov](mailto:ecf@id.uscourts.gov)  
**Subject:** AMENDED Update COVID-19 and Court Operations  
**Date:** March 13, 2020 at 1:40 PM  
**To:** [robyn@fyffelaw.com](mailto:robyn@fyffelaw.com)

## Exhibit E



### INFORMATION REGARDING CORONAVIRUS DISEASE (COVID-19) AND COURT OPERATIONS

The United States Courts for the District of Idaho continues to closely monitor the national response to the Coronavirus Disease (COVID-19) and will be following guidance provided by the Administrative Office of the United States Courts (AO) and the Centers for Disease Control and Prevention (CDC). At this time, there are no changes to normal court operations within the District of Idaho. Any future changes or updates will be posted on this website and communicated as appropriate.

In addition, the Court has weighed the right of the public to open access to the court against the need to protect the safety of the public, including the health of all those entering and working in the court. **Therefore, persons who have traveled to any of the following countries or cities within the previous 14 days SHALL NOT COME TO COURT:**

China, Iran, Italy, Japan, South Korea or the **Seattle / Tacoma area.**

Instead, please do the following:

- If you are a litigant represented by an attorney, please contact your attorney;
- If you are an attorney or a pro se party scheduled to appear in court before a judge, please call the courtroom deputy assigned to the presiding judge;
- If you received a notice to appear for jury service or currently serve as a juror, please contact the Jury Office of the Division where you were requested to appear;
- If you are scheduled for a Naturalization Ceremony, please contact the U.S. Court Naturalization Clerk's Office at 208-334-9387;
- For District Court or Bankruptcy Court matters, please contact the District and Bankruptcy Clerk's Office in the appropriate Division.
  - o Boise 208-334-1361
  - o Coeur d' Alene 208-665-6850
  - o Pocatello 208-478-4123
- For probation matters please call 208-334-1630.



**From:** George Cho gcho@bop.gov  
**Subject:** Fwd: FDC SeaTac Update (03-13-20)  
**Date:** March 16, 2020 at 2:25 PM

## Exhibit F

GC

**To:** SET/ExecAssistant~@bop.gov, SET/Judicial~@bop.gov  
**Cc:** Cheyenne Giere cgiere@bop.gov, Joseph Kimmet jkimmet@bop.gov, Michael Chapman m1chapman@bop.gov, Shanna McCuiston smccuiston@bop.gov, Walter Brown w3brown@bop.gov

Pursuant to the new nationwide coronavirus action plan issued last Friday, 3/13/20, with legal visitation no longer available at any BOP institution, at least for the next 30 days, legal calls will need to be made available upon request without the showing of a pending court deadline.

Specifically, "confidential legal calls will be allowed in order to ensure access to counsel. Access to legal counsel remains a paramount requirement and should be accommodated to the maximum extent possible."

Pursuant to the national action plan, the FDC SeaTac Executive Staff has decided that attorneys may request legal calls through our main email address (SET/ExecAssistant) in lieu of legal visitation.


However, I will notify the Federal Public Defender that we need at least 48-72 hours advance notice for legal call requests, given the high volume of such requests that we expect and have already received thus far.

If you have any questions or concerns, feel free to contact me or any of the Executive Staff, thank you.

FYI - Below is a portion of the specific guidance I gave to federal agencies last week, feel free to pass on to all this guidance regarding legal visiting and calls.

-George

George Y. Cho  
Supervisory Attorney  
U.S. Department of Justice  
Federal Bureau of Prisons  
FDC SeaTac Consolidated Legal Center  
Direct: (206) 870-1057  
E-mail: george.cho@usdoj.gov

 George Cho 3/13/2020 5:03 PM >>>  
All,

As some of you have already heard, the Federal Bureau of Prisons (BOP) issued earlier today, 03-13-20, national guidance with respect to Phase Two of its COVID-19 Action Plan. The measures are effective immediately for ALL BOP institutions, including FDC SeaTac.

Most notably, while social visiting remains suspended at FDC SeaTac for at least the next thirty (30) days, legal visitation is now suspended as well for at least the next 30 days.

However, attorneys may request special legal visits, which will be considered on a case-by-case basis, by emailing SET/Legal Svcs~@bop.gov (please include the space and ~). Please note that all attorneys who receive special approval from the Warden for a special legal visit will be required to undergo screening prior to entry into the institution, including self-reporting and a temperature check. Attorneys with an oral temperature of equal to or greater than 100.4 degrees (Fahrenheit) will be denied entry.

Instead of requesting a special legal visit, FDC SeaTac strongly encourages attorneys to request a confidential legal call, which also will be considered on a case-by-case basis, by emailing SET/ExecAssistant~@bop.gov (please include the ~).



# HOW THE ADA COUNTY JAIL IS PLANNING FOR COVID-19 - ADA COUNTY SHERIFF

(Please see <https://adacounty.id.gov/sheriff> for the latest version of this information)

## Exhibit G

[Home](#) > [News](#) > How the Ada County Jail is planning for COVID-19

## NEWS

MAR 12 2020

### How the Ada County Jail is planning for COVID-19

(<https://adacounty.id.gov/sheriff/news/how-the-ada-county-jail-is-planning-for-covid-19/>)

We've had quite a few people ask us about how we are planning for the possible spread of the novel coronavirus (COVID-19) in the Ada County Jail, which is the biggest jail facility in Idaho.

The short answer is we have plans in place for both the detection of COVID-19 cases as inmates come into our jail and what steps we would take if inmates get the virus inside the facility.

The Ada County Jail has a fully functional Health Services Unit, with registered nurses on staff 24/7. That includes booking, where each inmate coming in gets a health assessment before entering the main jail.

If an inmate comes into the jail with flu-like symptoms (including fever, cough, and shortness of breath) and tells us they may have the Coronavirus or have recently visited mainland China, Iran, Italy, Japan, or South Korea, they will be immediately given a mask and placed into one of our holding rooms in booking, which have negative pressure. (That basically means a room where air is not pumped in but is filtered and then sucked out).

The booking nurse will then complete a medical assessment. If the patient has a temperature of over 100.4 degrees and shows symptoms of respiratory illness (including cough and/or shortness of breath), the nurse will contact our on-call medical provider and Central District Health to determine the best course of action, which would include testing as soon as possible.

If an inmate has a history of recent travel to China but is not showing any symptoms, they will likely be placed in one of the secure negative pressure rooms in our Health Services Unit and checked for a fever every day for the next two weeks before deciding where else to house them in the Jail. If that inmate were to have a fever at or in excess of 100.4, the nurse will call our on-call medical provider and Central District Health to determine the next steps.

If an inmate in one of our dorms or other areas of the jail other than booking starts to show symptoms, our medical staff would repeat the same process.

If we were to have multiple cases inside the jail at the same time and no availability of hospital beds in the community, we have plans to designate certain areas as a quarantine zones, with different zones for inmates with high risk factors, like those with chronic illness, are elderly, pregnant, or have a compromised immune system.

At this point, we have not had an inmate who has presented the symptoms to begin the process.

Our jail staff and Court Services Bureau will work closely with the 4<sup>th</sup> District Court officials on the possible expansion of alternative sentencing and pretrial release programs, depending on how pervasive COVID-19 becomes if we have cases in the Ada County Jail.

Our jail medical staff and detention deputies have access to personal protective equipment (PPE) – including masks, gloves, eye protection – if they need to interact with an inmate who we know has COVID-19.

We have a decision matrix on how to monitor employees who may have been exposed to someone with COVID-19, based on several factors, like if the employee was wearing PPE or not or how close they got to the infected person, where we would determine if we needed to send that employee home for a 14-day evaluation or have them stay at work.

We also have worst-case scenario plans on how our jail staff could operate with staff reductions up to 40% at any time.

Our Jail command staff continues to stress to our employees to need to practice good hygiene, which means helping stop the spread of germs by washing hands frequently; avoiding touching your face when at work or out in public; covering up coughs and sneezing if you are sick; and keeping their work areas clean and sanitary – including frequent cleaning of high-use hard surfaces like telephone handsets, key pads, monitors, and computer keypads.

We are also considering limiting public access to the jail, including restrictions on tours, non-essential vendors, and students as a preventative measure.

We realize this is an uncertain time for our community, since we really don't know what will happen with COVID-19. We also realize the jail presents unique issues in the case of a viral outbreak.

We have been paying close attention to what is going on and continue to refine our plans on how to best manage whatever happens.

If you want to keep up with the most current Idaho-specific information on COVID-19, check out <https://coronavirus.idaho.gov> (<https://coronavirus.idaho.gov>)

Posted in [News](#)  
(<https://adacounty.id.gov/sheriff/category/news/>)

## Other News

MAR 17 2020

**Ada County Driver's License, DMV offices are now closed to help combat spread of COVID-19**  
(<https://adacounty.id.gov/sheriff/news/ada-county-drivers-license-dmv-offices-are-now-closed-to-help-combat-spread-of-covid-19/>)

[Read Full Story...](#)  
(<https://adacounty.id.gov/sheriff/news/ada-county-drivers-license-dmv-offices-are-now-closed-to-help-combat-spread-of-covid-19/>)

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MAR 14 2020

**Star man who fled truck crash in Meridian early Saturday is in custody**  
(<https://adacounty.id.gov/sheriff/news/deputies-continue-to-search-for-star-man-who-fled-truck-crash-in-meridian-saturday/>)

[Read Full Story...](#)  
(<https://adacounty.id.gov/sheriff/news/deputies-continue-to-search-for-star-man-who-fled-truck-crash-in-meridian-saturday/>)

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MAR 09 2020

**10-year-old Kuna girl targeted in TikTok scam**  
(<https://adacounty.id.gov/sheriff/news/10-year-old-kuna-girl-targeted-in-tiktok-scam/>)

[Read Full Story...](#)  
(<https://adacounty.id.gov/sheriff/news/10-year-old-kuna-girl-targeted-in-tiktok-scam/>)

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Feedback