



shutterstock.com • 1183078971

NATIONAL LEGAL PROFESSIONAL ASSOCIATES

*Margaret A. Robinson Advocacy Center
11802 Conrey Road, Suite 150
Cincinnati, OH 45249*

Phone: 513-247-0082 ● Fax 513-247-9580

Website: www.NLPA.com ● E-mail: contactus@nlpa.com

MORE THAN 10 MILLION COVID-19 CASES & 512,000 DEATHS REPORTED MORE THAN 50,000 INMATES INFECTED - NEARLY 600 DEAD IN PRISONS

Stronger Together - Let's Keep Everyone Safe Don't Allow Your Loved One Become a Victim of Covid 19 Compassionate Release - Now Available for Prisoners

We are all concerned about how the COVID 19 (Coronavirus disease) pandemic is affecting us “on the streets”. But, as cases of the virus continue to spread among prisoners and staff in facilities, what about your loved one who is locked up and cannot take proper precautions to protect himself? We all know how unsanitary conditions are in the prisons and how it is impossible to practice “social distancing”.

In the past week, 1000's of prisoners have been released to House Arrest, Community Treatment Centers or time served from jails and prisons all over the country. These releases have been made for inmates serving their sentences as well as awaiting trial and sentencing. The courts have finally shown a strong interest in granting relief to defendants by filing a Motion for Compassionate Release. This motion emphasizes the “extraordinary and compelling” medical conditions that now threaten the life of the many defendants who are vulnerable to this killing disease.

Don't let your love one languish in prison facing a potentially life threatening disease and adverse medical conditions. A number of district courts have concluded that Guideline §1B1.13 cmt. n.1 does not restrain a court's assessment of whether extraordinary and compelling reasons exist to release a defendant. Courts have concluded that the Commission's failure to amend Guideline §1B1.13 and related Commentary following the First Step Act does not preclude a court from acting on motions for sentence reductions or using the catch-all provision in Application Note 1(D). Here are few of the successful cases where defendants has already been released: *United States v. Sawicz*, 2020 WL 1815851 (EDNY Apr. 10, 2020); *United States v. Almonte*, 2020 WL 1812713 (D. Conn. Apr. 9, 2020); *United States v. Campagna*, 2020 WL 1489829 (SDNY Mar. 27, 2020); *United States v. Powell*, No. 1:94-cr-00316 (ESH) (DDC Mar. 28, 2020); *United States v. Muniz*, 2020 WL 1540325 (SD Tex. Mar. 30, 2020); *United States v. Gonzales*, 2020 WL 1536155 (Ed Wash. Mar. 31, 2020); *United States v. Rodriguez*,

2019 U.S. Dist. LEXIS 204440, (N.D. Cal. Nov. 25, 2019); *United States v. Brown*, 2019 U.S. Dist. LEXIS 175424, (S.D. Iowa Oct. 8, 2019); *United States v. Fox*, 2019 U.S. Dist. LEXIS 115388 (D. Me. July 11, 2019); *United States v. Beck*, 2019 U.S. Dist. LEXIS 108542, (M.D.N.C. June 28, 2019); *United States v. Cantu*, 2019 U.S. Dist. LEXIS 100923 (S.D. Tex. June 17, 2019); *United States v. Lynn*, 2019 U.S. Dist. LEXIS 135987 (S.D. Ala. Aug. 13, 2019); *United States v. Gotschall*, No. CR17-4031-LTS-4, Doc. No. 337, at *5 (N.D. Iowa Dec. 27, 2019); *United States v. Schmit*, 2020 U.S. Dist. LEXIS 2832 (N.D. Iowa 2020); *United States v. O'Bryan*, 2020 US Dist. LEXIS 29747 (D.Kan 2020); *United States v. Young*, 2020 U.S. Dist. LEXIS 37395 (M.D. Tenn. 2020); *United States v. Mondaca*, 2020 WL 1029024 (S.D. Cal. March 3, 2020); *United States v. Davis*, 2020 WL 1083158 (D. Md. March 5, 2020); *United States v. Perez*, 2020 WL 1180719 (D. Kansas March 11, 2020); *United States v. Redd*, 2020 WL 1248493 (E.D. Va. Mar. 16, 2020); *Poulios v. United States*, 2020 WL 1922775 (ED Va. Apr. 21, 2020); *United States v. Scparta*, 2020 WL 1910481 (SDNY Apr. 20, 2020); *United States v. Atwi*, 2020 WL 1910152 (ED Mich Apr. 20, 2020); *United States v. Gileno*, 2020 WL 1916773 (D Conn. Apr. 20, 2020); *United States v. Turner*, 2020 WL 1917833 (WD Va. Apr. 20, 2020); *United States v. Asaro*, 2020 WL 1899221 (EDNY Apr. 20, 2020); *United States v. Joling*, 2020 WL 1903280 (D Ore. Apr. 17, 2020); *United States v. Atkinson*, 2020 WL 1904585 (D Nev. Apr. 17, 2020);

Don't Delay! If you are interested in having NLPA's lawyers prepare a Motion for Compassionate Release to be filed by your counsel before it is too late, contact NLPA as soon as possible. NLPA can prepare the motion for your loved one's legal counsel to file into court. Under the special Compassionate Release Program we have reduced the fee to \$2,500.00.

NATIONAL LEGAL PROFESSIONAL ASSOCIATES

Margaret A. Robinson Advocacy Center

11802 Conrey Road, Suite 150

Cincinnati, OH 45249

Phone: 513-247-0082 • Fax 513-247-9580

Website: www.NLPA.com • E-mail: contactus@nlpa.com

MEMORANDUM

TO: ALL INTERESTED DEFENSE COUNSEL AND THEIR CLIENTS
FROM: NATIONAL LEGAL PROFESSIONAL ASSOCIATES
NAME: BROOKS - COVID
RE: CLIENT CONVICTED OF MURDER RECEIVES PAROLE TO ESCAPE COVID-19

In the Commonwealth of Virginia for Amelia County Circuit Court, case numbers CR10000075-00 and CR10000075-02, the defendant, Donald Lee Brooks, was convicted at trial on September 2, 2010 of murder in the first degree and use of a firearm. Mr. Brooks received a sentence of 25 years for the murder and 3 years for the firearm. Mr. Brooks appealed his case to the Virginia Fourth Circuit Court of the Appeals and the Virginia Supreme Court – both of which were denied.

Mr. Brooks then suffered a massive heart attack while incarcerated in the Virginia Department of Corrections and under went quadruple bypass surgery. Mr. Brooks also suffers from high blood pressure and diabetes.

Due to his age (72), major health complications, and the ravages of COVID-19, Mr. Brooks and his family retained NLPA along with attorney David Parker to apply for release on Geriatric Parole. On July 17, 2020, Mr. Brooks was released by the Virginia Board of Parole. Mr. Brooks was released from incarceration with the stipulation he could reside with his brother in Florida.

Per Mr. Brooks' niece, Debra Folks: "We are happy to share the 'good news' that my Uncle has been granted Geriatric Parole with the contingency he be transferred to live in Florida with our family here. We are so thankful for your direction and help along the way".

NLPA, WE CARE, WE LISTEN, WE GET RESULTS!

DISCLAIMER: This informational memorandum is designed to introduce you to NLPA. As NLPA is not a law firm, professional services are only provided to licensed counsel in all areas that involve the practice of law. Nothing presented herein is intended to be legal advice. Such advice can only be provided by a local licensed attorney based on a full discussion of a client's individual facts and circumstances. The contents of this document are provided solely for general informational purposes. Always seek the advice of a licensed attorney for specific legal problems.



COMMONWEALTH OF VIRGINIA

6900 Atmore Drive
Richmond, Virginia 23225
VTDD (804) 674-3081
FAX (804) 674-3284

Order of Conditional Geriatric Release for

Brooks, Donald L
DOC #: 1434805

In accordance with law (Title 53.1-40.01 of the Code of Virginia), you have been granted Geriatric Conditional Release on April 19, 2020. If accepted by you, your release from the Division of Adult Institutional Services is directed upon development of an acceptable parole plan.

Your case is now being referred by the Board to the Parole Release Manager, Division of Adult Community Corrections, P.O. Box 26963, Richmond, Virginia 23261, whose staff will develop the placement plan and set your release date. The Parole Board hereby delegates to the Parole Release Manager the authority to release you subject to the Virginia Parole Board Conditions of Release. If you have any questions about your release, you should contact that office.

It is important during this period that you be very careful not to allow your attitude or conduct to jeopardize the possibility of your being released.

Final action to release you is not taken until you have signed the Conditions of your Conditional Release. In no case, of course, can a person be released on Geriatric Conditional Release if he/she does not meet the criteria for such release as set forth in §53.1-40.01. Provided you meet these criteria, your Conditional Release Date may be set for any future date.

Special Condition(s):

Condition: Special Condition

At the Discretion of the Parole Officer: []

Condition Detail: Release is conditioned upon a Home Plan approved by the Parole Board and authorized by the Department of Corrections.

Condition: Specific Program

At the Discretion of the Parole Officer: []

Condition Detail: Intensive supervision for a period of six months; thereafter, supervision level shall be at the discretion of your Parole Officer.

NATIONAL LEGAL PROFESSIONAL ASSOCIATES

Margaret A. Robinson Advocacy Center
11802 Conrey Road, Suite 150, Cincinnati, OH 45249
Phone: 513-247-0082 ● Fax 513-247-9580
Website: www.NLPA.com ● E-mail: contactus@nlpa.com

COVID-19 RELEASE - SUCCESSFUL CASES

Casey v. United States, 2020 WL 2297184 (ED Va. May 6, 2020)
Poulios v. United States, 2020 WL 1922775 (ED Va. Apr. 21, 2020)
United States v. Al-Jumail, 2020 WL 2395224 (ED Mich. May 12, 2020)
United States v. Almonte, 2020 WL 1812713 (D. Conn. Apr. 9, 2020)
United States v. Amarrah, 2020 WL 2220008 (ED Mich. May 7, 2020)
United States v. Ardila, 2020 WL 2097736 (D Conn. May 1, 2020)
United States v. Arey, 2020 WL 2464796 (WD Va. May 13, 2020)
United States v. Asaro, 2020 WL 1899221 (EDNY Apr. 20, 2020)
United States v. Atkinson, 2020 WL 1904585 (D Nev. Apr. 17, 2020)
United States v. Atwi, 2020 WL 1910152 (ED Mich Apr. 20, 2020)
United States v. Barber, 2020 WL 2404679 (D Ore. May 12, 2020)
United States v. Barrenechea, 2020 WL 2315638 (ND Cal. May 7, 2020)
United States v. Beck, 2019 U.S. Dist. LEXIS 108542, (M.D.N.C. June 28, 2019)
United States v. Bray, 2020 U.S. Dist. E.D.M.I (2:19-cr-20216-VAR-APP. May 14, 2020)
United States v. Brooks, 2020 WL 2509107 (CD Ill. May 15, 2020)
United States v. Brown, 2019 U.S. Dist. LEXIS 175424, (S.D. Iowa Oct. 8, 2019)
United States v. Campagna, 2020 WL 1489829 (SDNY Mar. 27, 2020)
United States v. Cantu, 2019 U.S. Dist. LEXIS 100923 (S.D. Tex. June 17, 2019)
United States v. Cassidy, 2020 WL 2465078 (WDNY May 13, 2020)
United States v. Connell, 2020 WL 2315858 (ND Cal. May 8, 2020)
United States v. Davis, 2020 WL 1083158 (D. Md. March 5, 2020)
United States v. Early, 2020 WL 2112371 (ND Ill. May 4, 2020)
United States v. Echevarria, 2020 WL 2113604 (D Conn. May 4, 2020)
United States v. Fischman, 2020 WL 2097615 (ND Cal. May 1, 2020)
United States v. Foreman, 2020 WL 2315908 (D Conn. May 11, 2020)
United States v. Fox, 2019 U.S. Dist. LEXIS 115388 (D. Me. July 11, 2019)
United States v. Gileno, 2020 WL 1916773 (D Conn. Apr. 20, 2020)
United States v. Ginsberg, 2020 WL 2494643 (ND Ill. May 14, 2020)
United States v. Gonzales, 2020 WL 1536155 (Ed Wash. Mar. 31, 2020)
United States v. Gonzalez, 2020 WL 2511427 (D Conn. May 15, 2020)
United States v. Gotschall, No. CR17-4031-LTS-4 (N.D. Iowa Dec. 27, 2019)
United States v. Gutman, 2020 WL 2467435 (D Md. May 13, 2020)
United States v. Handy, 2020 WL 2487371 (D Conn. May 14, 2020)
United States v. Hansen, 2020 WL 2219068 (ND Ill. May 7, 2020)
United States v. Howard, 2020 WL 2200855 (ED NC May 6, 2020)
United States v. Hunt, 2020 WL 2395222 (ED Mich. May 12, 2020)

United States v. Joling, 2020 WL 1903280 (D Ore. Apr. 17, 2020)
United States v. Joseph, 2020 WL 2315806 (ND Cal. May 8, 2020)
United States v. Kelly, 2020 WL 2104241 (SD Miss. May 1, 2020)
United States v. Kubinski, 2020 WL 2475859 (ED N.0 May 13, 2020)
United States v. Lee, 2020 WL 2512415 (ND Cal. May 15, 2020)
United States v. Lopez, 2020 WL 2489746 (D N.M. May 14, 2020)
United States v. Lynn, 2019 U.S. Dist. LEXIS 135987 (S.D. Ala. Aug. 13, 2019)
United States v. Mattingley, 2020 WL 2499707 (WD Va. May 14, 2020)
United States v. Mondaca, 2020 WL 1029024 (S.D. Cal. March 3, 2020)
United States v. Moskowitz, 2020 WL 2187770 (EDNY May 5, 2020)
United States v. Muniz,, 2020 WL 1540325 (SD Tex. Mar. 30, 2020)
United States v. Norris, 2020 WL 2110640 (ED NC Apr. 30, 2020)
United States v. O'Bryan, 2020 US Dist. LEXIS 29747 (D.Kan 2020)
United States v. Pabon, 2020 WL 2112265 (D Mass. May 4, 2020)
United States v. Pena, 2020 WL 2301199 (SDNY May 8, 2020)
United States v. Perez, 2020 WL 1180719 (D. Kansas March 11, 2020)
United States v. Pomante, 2020 WL 2513095 (ED Mich. May 15, 2020)
United States v. Powell, No. 1:94-cr-00316 (ESH) (DDC Mar. 28, 2020)
United States v. Quintero, 2020 WL 2175171 (WDNY May 6, 2020)
United States v. Ramirez, 2020 WL 2404858 (D Mass. May 12, 2020)
United States v. Redd, 2020 WL 1248493 (E.D. Va. Mar. 16, 2020)
United States v. Reddy, 2020 WL 2320093 (ED Mich. May 11, 2020)
Unites States v. Rehman, 14-19-CR-0254 (SDTX Apr.10, 2020)
United States v. Reid, 2020 WL 2128855 (ND Cal, May 5, 2020)
United States v. Rivernider, 2020 WL 2393959 (D Conn. May 12, 2020)
United States v. Robinson, 2020 WL 1982872 (N Cal, Apr. 27, 2020)
United States v. Rodriguez, 2019 U.S. Dist. LEXIS 204440, (N.D. Cal. Nov. 25, 2019)
United States v. Sawicz, 2020 WL 1815851 (EDNY Apr. 10, 2020)
United States v. Scparta,, 2020 WL 1910481 (SDNY Apr. 20, 2020)
United States v. Schmit, 2020 U.S.Dist LEXIS 2832(N.D. Iowa 2020)
United States v. Scott, 2020 WL 2467425 (D Md. May 13, 2020)
United States v. Sedge, 2020 WL 2475071 (EDNY May 13, 2020)
United States v. Sholler, 2020 WL 2512416 (ND Cal. May 15, 2020)
United States v. Simpson, 2020 WL 2323055 (ND Cal. May 11, 2020)
United States v. Soto, 2020 WL 2104787 (D Mass. May 1, 2020)
United States v. Turner, 2020 WL 1917833 (WD Va. Apr. 20, 2020)
United States v. Ullings, 2020 WL 2394096 (ND Ga. May 12, 2020)
United States v. Velencia, 2020 WL 2319323 (SDNY May 11, 2020)
United States v. Williams, 2020 WL 2494645 (ND Ill. May 14, 2020)
United States v. Young, 2020 U.S. Dist. LEXIS 37395 (M.D. Tenn. 2020)
United States v. Young, 2020 WL 2514673 (D Mass. May 15, 2020)

The U.S. Prison System Has Reached 1,000 COVID-19 Deaths

reason.com/2020/08/28/the-u-s-prison-system-has-reached-1000-covid-19-deaths/

August 28, 2020

r

America crossed a grim threshold this week. The Marshall Project and the Associated Press calculate that there have now been 1,000 COVID-19 deaths across the state and federal prison systems. Of the people who died, 928 were inmates and 72 were prison staff.

There have been at least 108,000 reported COVID-19 infections among inmates, and the rates can vary wildly from state to state: Less than 10 percent of California's prison population has reported infections, while 30 percent of Arkansas' population has. You probably shouldn't use those numbers alone to determine how effectively prisons have responded to the outbreak: There are other variables, like how long it took for prisons to start widespread testing and how they've managed the infections. There has been a big spike in newly reported infections in prisons in July and August, but reported deaths are stable and about half what they were in April and May.

Research published in early July found that COVID-19 infection rates among prisoners were 5.5 times that of the general population. The death rate (39 per 10,000) among inmates was also higher than the death rate (29 per 10,000) among the general population. Again, this can vary wildly from state to state. Some states, such as Pennsylvania, report lower infection and death rates among its inmates than in the general population.

In California, the consequences of poor prison COVID policies are still playing out in San Quentin State Prison. California's oldest prison had been doing very well at keeping the coronavirus at bay, reporting no infections at all until May. But that month, several prisoners were transferred to San Quentin from the Correctional Institute for Men in Chino. The Chino prison had seen a massive outbreak and several deaths, and this was supposed to relieve overcrowding. But the transferred prisoners were not properly tested and quarantined, and so San Quentin had an outbreak too.

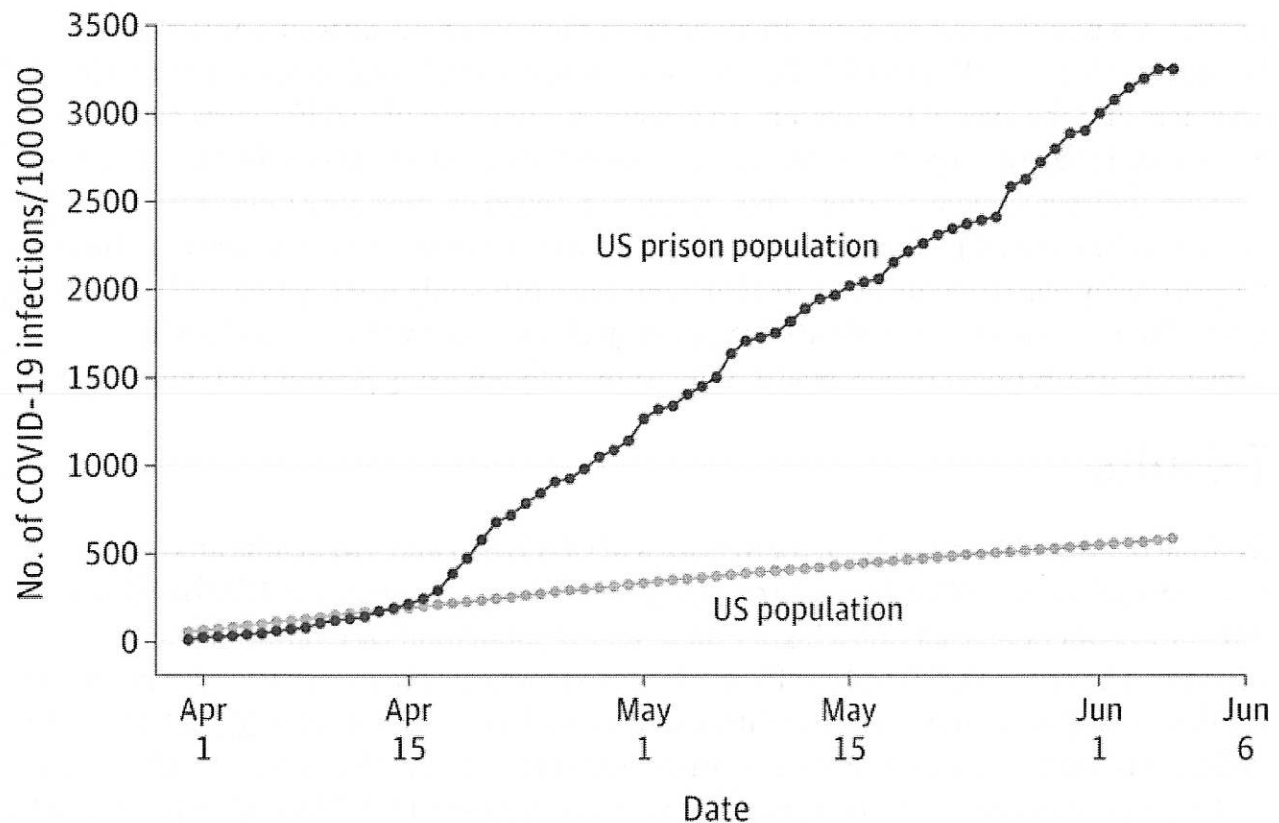
When *Reason* first noted this new infection cluster at the end of June, there had not yet been any COVID-19 deaths at San Quentin. Now, less than 90 days later, there have been 26 deaths, and San Question has bypassed Chino to have most deaths among inmates in

the state. This month a San Quentin prison guard also died of COVID-19.

When we critique politicians who try to shower themselves with undeserved glory for their COVID-19 responses, like New York Gov. Andrew Cuomo, we tend to focus on their poor grasp of risks at both ends of the spectrum—in Cuomo's case, pushing the infected elderly into nursing homes while shutting down parks and other outdoor spaces. The problems in the prisons deserve more attention, but it often takes a back seat because of people's attitudes toward prisoners.

But prisoners are in a position where they depend almost completely on government competence in a pandemic for their survival. And this should matter to you even if you don't particularly care about criminal justice reform (though it's certainly worth thinking about the facts that almost all of our biggest infection clusters are in prisons and that America has the world's highest incarceration rate). The people who are most dependent on government competence are getting infected at a higher rate and dying at a higher rate than those who are not. What does that tell you?

COVID-19 Cases and Deaths in Federal and State Prisons



Novel coronavirus disease 2019 (COVID-19) represents a challenge to prisons because of close confinement, limited access to personal protective equipment, and elevated burden of cardiac and respiratory conditions that exacerbate COVID-19 risk among prisoners.¹ Although news reports document prison outbreaks of COVID-19, systematic data are lacking.² Relying on officially reported data, we examined COVID-19 case rates and deaths among federal and state prisoners.

Methods

Counts of COVID-19 cases and presumed or confirmed deaths among prisoners were collected daily by the UCLA Law COVID-19 Behind Bars Data Project from March 31, 2020, to June 6, 2020.³ Counts were extracted daily from departments of corrections websites and, as needed, supplemented with news reports and press releases. Data included all states, the District of Columbia, and the Federal Bureau of Prisons. Cases were reported cumulatively (including active confirmed cases, recoveries, and decedents).

Many of the current restrictions will remain to a greater or lesser extent while Covid-19 is in general circulation, and will exacerbate the challenges in prisons caused by outdated facilities and overcrowded conditions.

Scrutiny visits by HM Inspectorate of Prisons during the pandemic have highlighted the difficulties of following public health guidance in prisons – and where conditions are not what we might expect in 2020. A visit to three category C training prisons, for instance, noted that at one prison – Coldingley – people were having to use buckets in their cells as toilets at night, as the cells did not have built-in sanitation. They otherwise had to wait to be let out to go to communal toilets, which could take up to two hours.

Management of the virus also needs to be considered alongside the mental and physical health impact on prisoners. Prior to Covid-19, self-harm rates in prison were high, and increasing. There were over 63,000 incidents of self-harm in 2019, which was a rise of 14% on the previous year. Self-harm rates have been a point of concern in HMIP scrutiny visits – with higher levels now than before the pandemic.

The impact on prisoners of having very little time outside their cells, and little or no meaningful contact with others, cannot be understated. As a possible sign of the pressure that restrictions have had, in May there were five suicides in prisons over a six-day period.

The impact of Covid-19 on prisoners' access to health care

Even under 'normal' circumstances, prisoners face poorer access to hospital services than the general population do. In 2017/18, prisoners had 24% fewer inpatient admissions and outpatient attendances than the equivalent age and sex demographic in the wider population, and 45% fewer attendances at A&E departments.

While Covid-19 remains a threat, access is likely to be further restricted. That raises concerns about both unmet need and a further widening of the gap between how often and why prisoners and those in the general population access services.

Access to hospital services for prisoners is dependent on initial triage in prison. With most prisoners only out of their cells for short periods each day, being physically seen by health care staff in prison is likely to be more difficult.

Demand for limited access to secondary health care will also increase, as people may need to go to hospital due to symptoms of Covid-19. However, prisons will still need to manage the care needs of patients who require unavoidable hospital care, such as dialysis. That means the threshold (how sick people need to be) to go to hospital will invariably increase.

Crucially, staff also need to be available to escort prisoners to hospital. Some staff will have Covid-19 themselves or be self-isolating, and this may affect escort capacity.

both prisons and the overall population were uneven, with many facilities testing no prisoners or only symptomatic persons.^{2,5} Mass testing in select prisons revealed wide COVID-19 outbreaks, with infection rates exceeding 65% in several facilities.² Reported case rates for prisoners therefore likely understated the true prevalence of COVID-19 in prisons.

A second limitation is that departments of corrections generally did not report demographic data on decedents, and therefore we could not adjust death rates to account for race/ethnicity and comorbidity. This study focused on prisons but did not include jails or other detention facilities where there have been notable COVID-19 outbreaks. Although some facilities did engage in efforts to control outbreaks, the findings suggest that overall, COVID-19 in US prisons is unlikely to be contained without implementation of more effective infection control.