Lack of planning and coordination by the Trump administration created chaos at the state and local levels as agencies sought to fulfill desperately-needed requests for personal protective equipment, ventilators, masks, and other supplies. The Trump administration added to the confusion by continuously changing its tune — often placing itself at odds with governors — and shifting responsibilities to the states in an attempt to absolve itself of any responsibility for the damage it caused. The result was a failed response to COVID-19 that continues to endanger ordinary people in desperate need of relief and support.

In response to the Trump administration’s mishandling of the coronavirus pandemic, Accountable.US launched a nationwide public records investigation to obtain communications and seek information from officials in all 50 states as well as Washington, D.C., American Samoa, and Guam on how the Trump administration’s incompetence hindered states’ ability to adequately respond to COVID-19 while also encouraging many states to reopen prematurely against overwhelming expert advice.

On April 12, 2020, Accountable.US filed public records requests in Idaho for records related to the state’s response to the pandemic, including coordination with the federal government. The records Accountable.US received in return are troubling. Here are our top findings:

- Top Idaho officials were given just 24 hours to review Governor Little’s reopening plan. After the head of the state’s emergency management department said Idaho wasn’t yet in the position to meet criteria set out for testing, PPE distribution, and scaling up medical surge capacity, Gov. Little then released the plan the next day anyway, keeping much of the language with which the emergency management head took umbrage.
- Idaho lost out on 2.5 million N95 masks after South Africa (allegedly) refused to let a shipment bound for the state out of the country after Trump said that the U.S. would stop sending PPE to its allies abroad. The state was working with a non-governmental contact to obtain the masks, who first told the state the shipment got held up by the FDA, and then said South Africa would not let the supplies out of the country. This shows that Trump’s belligerent conduct is negatively impacting our global relationships, and will likely continue to do so to the detriment of public health and safety in the U.S..
- Idaho proposed continuing with plans to cut provider Medicaid reimbursements, which historically disproportionately affects hospitals that serve lower-income and rural populations. Emails show that the vice president of an Idaho hospital asked if the state could postpone the cuts until after the crisis.

The results of the federal government’s lack of planning are bleak: states don’t have the supplies that they need, the rate of testing is far below where it should be, and first responders still don’t have the proper equipment to combat the virus. Unable to depend on the government for help, governors were forced to take matters into their own hands by creating regional coalitions to find solutions and coordinate efforts. Still, the Trump administration continues to peddle the idea of loosening stay-at-home orders and fast-tracking plans to reopen the country.
Emails Reveal Idaho’s Incompetence During COVID-19 Pandemic And “Re-Opening”

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Cuts to Medicaid Reimbursement

On March 18, 2020, in an email to the Idaho Hospital Association President and the State’s Department of Health and Welfare, St. Luke’s Health System Vice President Christine Neuhoff suggested that the state halt Idaho’s plans to cut Medicaid reimbursements to hospitals, as the cuts would further endanger hospitals’ abilities to provide services during a public health crisis.

In response to Neuhoff’s suggestions, Idaho’s Deputy Administrator of Medicaid wrote that he did not see how the state could proceed with the cuts “without violating Idaho Code.” There is no public indication of whether Idaho proceeded with its plan to reduce Medicaid reimbursements, but the emails provide insight into behind the scenes machinations around the plan.

March 18, 2020: St. Luke’s Health System Vice President, Christine Neuhoff Wrote An Email To Idaho Hospital Association President, Brian Whitlock Who Forwarded It To The Idaho Department of Health & Welfare...

From: Christine Neuhoff <neuhoff@slhs.org>
Sent: Wednesday, March 18, 2020 1:51 PM
To: Brian Whitlock <bwhitlock@ihha.org>
Cc: Chris roth <rothc@slhs.org>
Subject: state rules

Warning: This email originated externally. DO NOT CLICK links or open attachments unless you recognize the sender, have validated the sender’s email address and know the content is safe.

Brian,
As Chris mentioned a moment ago on the call with the Governor, we have some suggestions for ways the Governor and on the Director could help hospitals to remain viable as we respond to this pandemic. Specifically, I have identified some areas for which the temporary suspension of state rules/laws would help us as we face this pandemic. These are the items I have identified so far:

... Neuhoff’s Email Explicitly Stated That The State’s Plan To Reduce Medicaid Reimbursement “May Endanger The Ability Of Hospitals To Continue To Provide The Types Of Services That Are Under-Reimbursed” And Relied Upon In A “Community-Wide Emergency”

ISSUE: Hospitals will need to dramatically reduce, if not eliminate, elective procedures in the interest of reducing the likelihood individuals will be exposed to someone with the coronavirus. Even if the hospitals did not cancel appointments and procedures, many patients are cancelling pursuant to advice from the CDC. Hospitals will face a dramatic reduction in private pay services that they depend on to remain financially viable. The state’s plan to reduce Medicaid reimbursement may endanger the ability of hospitals to continue to provide the types of services that are under-reimbursed (revenue less than expenses) and upon which we all rely in the event of a personal or community-wide emergency. PROPOSED SOLUTION: Suspend the reduction in Medicaid reimbursement until...

... And Neuhoff Recommended The State Suspend The Reduction In Medicaid Reimbursement “Until After This Crisis Subsides.”
*the red text is Idaho Department of Health & Welfare Director Dave Jeppesen's Response to Neuhoff's suggestions.*

Idaho’s Deputy Administrator Of Medicaid, Matt Wimmer (Bold Text) Responded To Neuhoff's Suggestion To Suspend Medicaid Reimbursement Reductions, Writing “I Don’t See How We Do It Without Violating Idaho Code.”

ISSUE: Hospitals will need to dramatically reduce, if not eliminate, elective procedures in the interest of reducing the likelihood individuals will be exposed to someone with the coronavirus. Even if the hospitals did not cancel appointments and procedures, many patients are canceling pursuant to advice from the CDC. Hospitals will face a dramatic reduction in private pay services that they depend on to remain financially viable. The state’s plan to reduce Medicaid reimbursement may endanger the ability of hospitals to continue to provide the types of services that are under-reimbursed (revenue less than expenses) and upon which we all rely in the event of a personal or community-wide emergency. PROPOSED SOLUTION: Suspend the reduction in Medicaid reimbursement until after this crisis subsides. Matt — I was wondering when this one would come up. I don’t know if this gets addressed through some of the emerging federal relief packages, but something we need to talk through with Sara.

This one is tough — the NF’s are also hinting around about the same and their may be some considerations there relating to the recently passed bill for C19. I don’t see how we do it without violating Idaho Code. I think we may be looking at choices between doing what we need to do to keep everyone as safe as possible or being in conflict with IC.

I hope this list is useful to you. Please let me know if there is anything further you may need. I would be happy to discuss any of these items in more detail.

Christy

Sourcing PPE From South Africa

In April 2020, according to emails, Idaho lost out on at least 2.5 million N95 masks after the state retained a non-governmental contractor to obtain PPE from South Africa. The Contractor, Josh Tolman was unable to deliver the masks, after multiple evolving excuses. Tolman’s final reasoning for the neglected shipment was that South Africa refused to let a shipment bound for the state out of the country—Apparently a direct reaction to Trump’s statement that the US would stop sending PPE to its allies abroad. There were no payments to a vendor named Josh/Joshua Tolman in the Idaho transparency portal, which is current as of April 18, 2020.

April 6, 2020: A Non-Governmental Contractor Named Joshua Tolman Was Set To Deliver 2.5 Million N95 Masks To The State Of Idaho And Claimed They Had “Landed In America” But “The FDA Has Put A Stop On Clearing Any Medical Supplies Into The Country”...
But Days After Tolman’s April 6th Email, The Purchasing Agent From Idaho Emailed Again Stating “If You Fail To Provide Proof Within 24 Hours From The Time Of This Email, The State Of Idaho Will Be Cancelling The Purchase Order (DS200014) For The Masks And Will Not Be Obligated There-After.”

April 13, 2020: Tolman Finally Replied, Telling The Idaho Purchasing Agent That South Africa Refused To Let The Shipment Bound For The State Out Of The Country Following Trump’s Comments That The US Would Stop Sending PPE To Its Allies Abroad.
Governor Brad Little’s Reopening Plan Ignored Advice From Emergency Management Official

According to emails and a draft plan, Governor Brad Little issued a reopening plan after ignoring advice from the state’s top emergency management official while facing intense pressure to reopen the state.

The Idaho Division of Public Health Gave Key Officials 24 Hours To Review Gov. Brad Little’s Proposed Reopening Plan In Order To Accommodate A Planned Press Conference
Brad Richy, The Director Of Idaho’s Office Of Emergency Management Raised Several Concerns About The Plan, Including The State’s Ability To Obtain “Sufficient” Supplies Of PPE And “Quickly” Supply Those In Need Of PPE And To Develop A “Comprehensive” Plan For Testing

Brad Richy Raised A Multitude Of Concerns With Governor Little’s Office, The Idaho Division of Public Health, The Idaho Health and Welfare, And Others About Idaho’s Inability To Meet The Reopening Criteria Proposed By Governor Little

Hi Elke, I added my comments to the document that Lora and Carolyn commented on.

I appreciate all your hard work and the efforts you and your team have put into this document. First and foremost, I understand the expedient need to review, as well as pressure to begin the opening process across the state.

I’m a bit challenged to understand the use of the term “sufficient”, as it relates to testing, PPE, and surge capacity staffing. Having worked the PPE issues, I don’t know how soon I would feel comfortable with determining that Idaho has sufficient PPE levels to meet this criteria, and the continued need to request that FEMA to fill urgent needs. The ability to “quickly” supply PPE to those in need has not yet been achieved. While we believe healthcare providers have not gone without, we continue to hear concerns about the short supply on hand and the need to reuse items multiple times in order to preserve inventory as long as possible. The production of PPE, medications and equipment is out of Idaho’s hands, we can only hope to get our fair share when the resources are needed.

Testing also remains a concern. While Idaho may be a position to confirm its increasing ability to test “symptomatic healthcare workers rapidly”, we are still struggling to develop a comprehensive plan to test the greater population.

Additionally, the “ability to surge intensive care unit capacity” concerns me. To what level of surge are we to accommodate? Given the levels of surge, I believe Idaho is positioned to meet a surge Community Level 1. However, whether Idaho could handle an external surge today is in question, particularly as it relates to the ability to staff such a need.

My question, would it be possible to be less specific on the steps needed to move into level one? I would recommend we eliminate (red colored text and yellow highlights), or be less specific.

v/r
Brad
The Next Day, Gov. Little Released The Plan That Appears To Ignore Many Of The Concerns That Brad Richy, Director of Idaho Office of Emergency Management, Raised Directly To The Governor’s Office The Day Before

Brad Richy Wrote That He Needed More Clarity On Using The Term “Sufficient” And Didn’t Feel Like Idaho Has “Sufficient PPE Levels” To Meet Governor Little’s Proposed Criteria Including “Quickly” Supplying PPE...Yet The Next Day Gov. Little Released Reopening Guidelines Using That Exact Language

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Governor Little’s Reopening Plan Released The Next Day Said One Of The Needed Capabilities Is “Ability To Quickly Supply Sufficient PPE, Medications, And Critical Medical Equipment To Handle Dramatic Surge If Needed”

[Guides For Reopening Idaho, 4/23/20]
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Brad Richy Wrote That “We Are Still Struggling To Develop A Comprehensive Plan To Test The Whole Population” “Testing also remains a concern. While Idaho may be a position to confirm its increasing ability to test ‘symptomatic healthcare workers rapidly’, we are still struggling to develop a comprehensive plan to test the greater population.” [Idaho Department Of Health And Welfare, 4/22/20, Obtained Via Accountable.US Public Records Request]

Gov. Brad Little’s Reopening Plan Included As A Capability Needed “Ability To Quickly Test Symptomatic Healthcare Workers”

![Image](https://example.com/idaho-rebounds)

**Strategies, Responsibilities, and Capabilities Needed**

**Testing and Contact Tracing:**
- Ability to quickly set up safe and efficient screening and testing sites for symptomatic individuals, including those with mild symptoms
- Contact tracing in place for all COVID-19 positive results
- Screening and testing locations in all regions of the state in place that serve older individuals, rural and lower income populations, and racial and ethnic minorities, such as Native Americans and Hispanics

**Healthcare System Capacity:**
- Ability to quickly supply sufficient PPE, medications, and critical medical equipment to handle dramatic surge if needed
- Ability to quickly test symptomatic healthcare workers
- Ability to surge intensive care unit capacity
- State and local preparedness plans are in place including surge plans
- Crisis Standards of Care Plan established
- Long-Term Care Task Force operational to support long-term care facilities
- Testing strategy developed
- Contact tracing strategy developed

[Gu de nes For Reopen ng Idaho, 4/23/20]

Brad Richy Also Raised Concern About Idaho’s Ability To ‘Surge Intensive Care Unit Capacity’ And Asked To Understand Exactly What That Meant…Yes Gov. Brad Little’s Reopening Plan Included The Exact Language That Richy Questioned The Day Before

Brad Richy Wrote That The Ability To ‘Surge Intensive Care Unit Capacity’ Concerned Him “Additionally, the ‘ability to surge intensive care unit capacity’ concerns me. To what level of surge are we to accommodate? Given the levels of surge, I believe Idaho is positioned to meet a surge Community Level 3. However, whether Idaho could handle an external surge today is in question, particularly as it relates to the ability to staff such a need.” [Idaho Department Of Health And Welfare, 4/22/20, Obtained Via Accountable.US Public Records Request]
Gov. Brad Little’s Reopening Plan Released The Day After Brad Richy Raised His Concerns
Included As A Needed Capability “Ability To Surge Intensive Care Unit Capacity”

Little Typically Listens To Health Experts Around COVID-19, Which “Doesn’t Sit Well With Some Of His Fellow Republicans”

“Little typically listens to health experts when it comes to making decisions involving how the state should react to the coronavirus. That doesn’t sit well with some of his fellow Republicans, despite Little’s success in slowing infections. Idaho’s first recorded infection came on March 13 in Blaine County, which includes Sun Valley Resort and its ski area that draws national and international visitors, and is thought to be a likely vector for the virus’ entry into Idaho. Just three weeks later, on April 4, Idaho had 1,000 infections.”

Some In The State Questioned Gov. Little’s Decision To Keep A Stay At Home Order As Cases Slowed

“Meanwhile, protests have increased, as have criticisms from other Republicans in what is one of the nation's reddest states. ‘There is a Libertarian ideology that is going to be more hesitant, or question more, the necessity of a statewide stay-at-home order,’ Kettler said. ‘And once the caseload (of virus infections) is slowing, that's where you can see that shifting of mindset even more.’ That has been manifested in everything from ignoring park closures to holding prohibited yard sales to protests outside the closed Statehouse in Boise.”
Fellow Elected Officials, Including The Lt. Governor Pushed Against Gov. Little’s Stay At Home Orders And One Called Him “Little Hitler.” “In northern Idaho, Republican state Rep. Heather Scott last week referred to the governor as ‘Little Hitler’ and compared the stay-at-home orders to Nazi Germany during the Holocaust. Republican Lt. Gov. Janice McGeachin, a small business owner in eastern Idaho, in an April 17 letter told Little she couldn't support the isolation order going past April 30, which she said would be catastrophic for the economy. ‘I also fear the potential of a constitutional showdown between some of the people of Idaho and your Administration,’ she wrote. And early on, Republican House Speaker Scott Bedke in an April 12 letter to Little voiced concerns about the governor’s use of emergency powers and their potential curtailment by the Legislature.” [Associated Press, 4/22/20]

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