RECOMMENDATIONS
To protect incarcerated people from harm and exploitation during the Coronavirus pandemic:

> Release people detained pretrial and incarcerated people at higher risk for infection without the use of bail bonds or electronic monitoring.
> Provide hygiene and cleaning products at no cost and end predatory commissary pricing.
> Provide access to adequate healthcare services, including testing for Coronavirus, and eliminate co-pays for medical care.
> Make all phone calls, video calls, and communication free and more accessible, particularly if visit access is temporarily limited.
> Prohibit use of prison labor in the manufacturing of safety products without compensation at minimum wage and adequate training. —from Worth Rises, 168 Canal St, 6th Fl., New York NY 10013

Re “flattening the curve” so that the infection rate for COVID-19 stays below the health care system’s capacity. Government and institutions must focusing on densely populated places whose inhabitants cannot isolate themselves.
Jails are notorious incubators and amplifiers of infectious diseases. On any one day, more than 600,000 people, of whom roughly 75% have not been convicted of a crime, are being held in U.S. jails. The population turns over at an average rate of 54% each week.
Approximately 29,000 people are released from U.S. jails every day. In 2017, state and federal prisons released approximately 1,700 people per day.
Jails, unlike prisons, are revolving doors. In the course of a year, 10.6 million people will cycle through them. To greatly lessen the problem, this number must be drastically reduced. First, by releasing anyone who does not present a greater danger to themselves or others than they would if they were infected. Then, by radically decreasing the number of people being sent there who don’t require immediate confinement. For example, to immediately reduce everyone who has fewer than 90 days left to do. We must act before the infection rate surges. —from Kelsey Kauffman, The Appeal, and Prison Policy Initiative, P.O. Box 127, Northampton MA 01061

Concerning the safety of our most vulnerable residents, those who are incarcerated and employed in U.S. prisons and jails.

> We call for governors to immediately order a review of all those imprisoned who are elderly or infirm in order to provide medical furloughs or compassionate release to as many of them as possible. Doing so wouldn’t only protect them, but also other incarcerated people, as well as prison staff. Particular consideration should be given to the high percentage of elderly women and men who have already done decades behind bars. The death rate among the elderly and those with pre-existing health issues is particularly high.
> In order for any release program to be effective at lowering the threat to the most vulnerable as well as of others, it is necessary to move swiftly. Therefore, it is necessary to begin review immediately, before the virus is detected in prisons and jails.
> Accurate up-to-date information must be made available, as well as free soap.
> Facilities must not be locked down to outsiders. Family members and lawyers must be able to maintain access to their clients and loved ones. —from Parole Illinois, 601 S. California Ave., Chicago IL 60612.

From Leonard Pelter, Coleman Prison FL:
“Be safe out there, as this virus is not racist and and anyone can get it. If at all possible, please look out for the people in the Native Nations.”

Please Note
The Prison Book Program of Quincy MA is closed under further notice as a community health measure. We will do our best to keep you informed about more developments.
Coronavirus en las cárceles

Detención Watch Network, una coalición nacional de organizaciones y personas que colaboran para exponer las injusticias del sistema estadounidense de detención y deportación de inmigrantes, dijo en una declaración: “Sus vidas ya están en riesgo bajo reclusión, y, con la propagación del coronavirus, las personas son presa fácil en un sistema tristemente célebre por la letal falta de atención médica”.

También hay una creciente preocupación de que la deportación de los solicitantes de asilo de Estados Unidos y México podría acelerar la propagación del coronavirus en Centroamérica. Honduras canceló la llegada de vuelos con personas que fueron deportadas, luego de que el país declaró sus dos primeros casos del virus. El Salvador ha declarado una cuarentena nacional y ha prohibido el ingreso a todos los viajeros extranjeros, aunque todavía no se reporta ningún caso confirmado de coronavirus. En Guatemala, el Gobierno anunció el 11 de marzo que prohibiría la entrada de ciudadanos europeos, así como de personas de Irán, China, Corea del Sur y Corea del Norte, para intentar controlar la propagación del coronavirus.

Mientras tanto, un médico del refugio de Matamoros, México dijo que las infecciones por COVID-19 a lo largo de la frontera serán “catastróficas”.

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To receive the CPR Newsletter by postal mail monthly, send us up to 12 self-addressed, stamped envelopes—with the CPR return address in the upper left-hand corner of the envelope.

Keep sending us address changes and renewal requests in order for us to have our only permanent mailing list—the one for our January holiday card/new calendar—be as accurate as possible.

NONE OF US ARE LAWYERS OR LEGAL WORKERS; to maintain our best possible access to all of our prison-based readers, please do NOT mark envelopes addressed to us as “Legal Mail”.

Many, many thanks to the Real Cost of Prisons project for posting our Newsletter on-line for free downloading and distribution. All issues since 2009 are there at: www.realcostofprisons.org—this is a GREAT site!THANK YOU ALL FOR YOUR SUPPORT

This and the next column come from the Stanford hospital board, starting with:

HELPFUL TO KNOW ABOUT CORONAVIRUS

1. If you have a runny nose and sputum, you have a common cold.
2. Coronavirus pneumonia is a dry cough with no runny nose.
3. This new virus is not heat-resistant. It despises the sun.
4. If someone with it sneezes, it takes about 10 feet before any vapor drops to the ground and is no longer airborne.
5. If it drops on a metal surface, it will live for at least 12 hours — so, if you come into contact with any metal surface – wash your hands thoroughly, as soon as you can, with a bacterial soap.
6. On fabric, the virus droplets can survive for 6-12 hours. Normal laundry detergent will kill it.
7. Drinking warm (room temperature) water is effective for all viruses. Try not to drink liquids with ice.
8. Wash your hands frequently as the virus can only live on your hands for 5-10 minutes, but, a lot can happen during that time: you can rub your eyes, pick your nose unwittingly and so on.

THE SYMPTOMS

1. The virus will first infect the throat; the sore throat will last 3 to 4 days.
2. The virus then blends into a nasal fluid that enters the trachea and then the lungs, causing pneumonia. This takes about 5 to 6 more days.
3. With the pneumonia comes high fever and difficulty in breathing.
4. The nasal congestion is not like the normal kind. You feel like you’re drowning. It’s imperative you then seek immediate attention.

WE REPEAT

WHEN WASHING HANDS, USE LOTS OF SOAP, MAKE LOTS OF FOAM, WASH THOROUGHLY ALL SURFACES. ESPECIALLY AFTER BEING WITH LOTS OF PEOPLE & TOUCHING LOTS OF THINGS. TRY TO ARRANGE TO DRY YOUR HANDS WITH SOMETHING DISPOSABLE.

AVOID TOUCHING YOUR FACE AS MUCH AS YOU CAN MANAGE.

TRY TO SNEEZE/COUGH INTO SOMETHING DISPOSABLE.

DO WHAT YOU CAN TO STAY 3 TO 6 FEET AWAY FROM OTHER PEOPLE.

DO WHAT YOU CAN TO AVOID BEING IN LARGE GROUPS OF PEOPLE.