

Though I've tested NEGATIVE since the latest quarantine kept me inside a cell since 4/22, somehow I'm now POS?

WILLIAM GOEHLER
K77832

Unit: MCSP B 010 1 - Room: 142 - Bed: 142001U

Your COVID-19 Test on %COLLECTIONDATE% was POSITIVE.

- **What does a Positive COVID-19 test mean?** This means the virus that causes COVID-19, called Sars-CoV-2 was found in your test sample and this means you are infected at this time.
- **What happens to my housing now?** Your housing will change to isolation status, and you will need to stay isolated (separated from people who are not infected) for at least 14 days. If you have not been moved into an isolation area and you are not sure if staff know that you have tested positive for COVID-19, please talk to a staff member right away (keeping 6 feet distance). This is to make sure you do not spread the virus to others.
- **Can I spread the virus to others?** Yes. It does not matter if you have or do not have symptoms, you can give the virus to other people. Many people with the COVID-19 infection feel perfectly normal, but spread COVID-19 to others. You need to wear a mask at all times, cannot go to work, or be around any other people who are not infected.
- **How is my infection going to be taken care of while I am in isolation?** During your time in isolation housing, nurses will be talking with you twice a day and will check you temperature, blood pressure, and blood oxygen level. Some problems only show up by checking these vital signs, so please let the nurse check yours. This way we can make sure you see a doctor or go to the hospital as soon as you start having problems.
 - Tell any staff member immediately, if you feel that you have a fever, shortness of breath, difficulty breathing, chest pain, or any other medical emergency. Do not wait for 7362.
 - For many symptoms, you can ask for and take Tylenol and drink plenty of fluids, especially if you have a fever. Most people with mild symptoms feel better within two weeks.

causes
cross-
contamin-
ation?

The only people I've been in personal contact with are the inept medical staff whose job security relies upon

Statistics

- **How will my family know if I get sick?**
 - Some patients get very sick from COVID-19 and have to go to the hospital. If that happens, it is important that we know if there is anyone that you want us to call. In order for us to give anyone information on your medical condition, you need to give us permission by filling out and signing CDCR Form 7385 called "Authorization for Release of Protected Health Information" (ROI form). If you we do not have a form, we are unable to call and let someone know if you get extremely sick.
- **When does the isolation end?** Medical Staff will determine when your isolation ends, based on the results of nurse checks and other information. The time in isolation is usually no longer then three (3) weeks.
 - Once isolation period ends, your COVID infection is called "Resolved". You can now safely be housed with people who are not infected.
 - Even though you are released from isolation, you may still feel tired and no back to your usual health. Please be sure to tell your healthcare clinic team if you are not getting better or if you have new symptoms.
- **Can I get COVID-19 again?** Yes, there are some examples of people getting COVID-19 again after 3 months. But for the first 3 months after this infection you should be protected. You must continue to wear the face mask and wash hands even during these 3 months.

How do I prevent another COVID-19 infection? You need to continue to wear a mask, and try to keep at least six (6) feet away from other people, wash your hands frequently, and report any symptoms to healthcare staff. After the 3 months, if you have symptoms or are around someone who has COVID-19, you will have another COVID-19 test.

Result Name	Current Result	Reference Range
SARS CoV 2 RNA (COVID19)	DETECTED ((A)) 11/30/20	NOT DETECTED -

One hell of a way to end 2020, isn't it? Now we can anticipate the coup d'etat to usher in their pogrom? per the Malthusian design. Such is Life.

Capitalists profit off pandemic

By Deirdre Griswold

Many countries around the world have successfully contained the coronavirus. Most notable is China, the most populous nation and the place where the virus first appeared. As of Nov. 15, China reported a total of 4,634 deaths from COVID-19 and only 13 new cases. (worldometers.info/coronavirus)

Here in the United States, however,

251,525 deaths have already occurred, and there is now a surge of new cases. This shocking number is only expected to grow as cold weather sets in.

Clearly, the U.S. capitalist government has done practically nothing to protect the population from this lethal new disease.

With mass sickness and quarantine has come a drastic downturn in the U.S. economy. As of mid-October, almost 21.5 million workers had lost their



jobs. Others were trying to work from home in order to get by. Deaths were rising in more than 20 states, and the number of people living in poverty had jumped by about 6 million.

But there has been one bright spot. Guess where? You got it — Wall Street.

The investment bank Morgan Stanley has announced that, in the three months from July to September, it reaped \$2.7 billion in profits — a rise of 25% compared to a year earlier.

Goldman Sachs, Morgan Stanley's principal rival, was doing even better. It

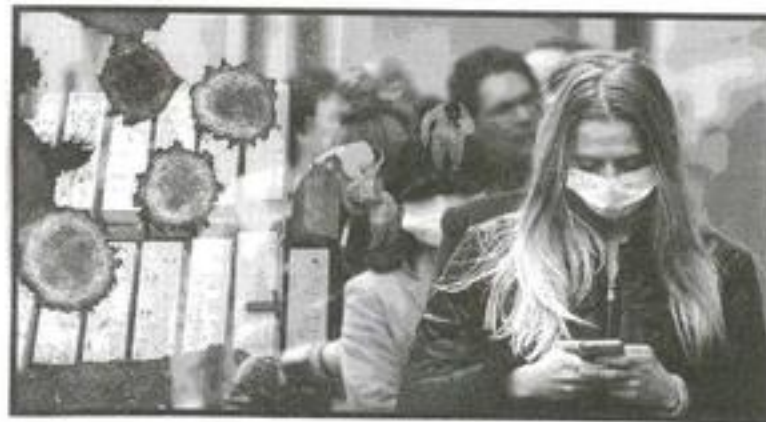
announced quarterly profits of \$3.62 billion, or twice what the firm had earned in the same quarter in 2019.

If this were a society based on serving the people, rather than boosting the profits of a few, wouldn't all that money be spent on helping the sick and the dying while finding a cure for this terrible disease?

It's just another reason, on top of so many others, why we need revolutionary change in this country. □

CAPITALISM on a VENTILATOR

*The Impact of COVID-19
in China & the U.S.*



An anthology of social justice activists discussing a global choice: cooperation vs. competition

Edited by Sara Flounders & Lee Siu Hin

A Project of the International Action Center & China U.S. Solidarity Network

ORDW AB CHAO

We hope you read "Capitalism on a Ventilator" and explore the reasons why China and other countries building socialism are doing better in this pandemic than the capitalist world. Please share the preview chapters: wp.me/p4Yme1-404. And your tax-deductible \$25 (or more) contribution to this campaign against censorship will qualify you for a free copy!

Make a tax free donation directly at: tinyurl.com/y6pleh23.

Consider yourselves warned!

Montana issues COVID death sentence to prisoners

By Johnnie Lewis

Montana State Prison reported Nov. 6 that Robert Gonzalez, 70, died Oct. 24 of COVID and that "underlying health conditions contributed to his death." MSP reported another prisoner Jeffery Alan Lafield died of COVID the same day. (tinyurl.com/y4ay7e5f) According to NBC Montana, this prisoner, also in his 70s, had underlying conditions. (Nov. 2)

Age, in itself, is an underlying condition. At 17.6%, Montana ranks No. 1 in U.S. states for its percentage of older (55+) prisoners. (tinyurl.com/y52wjkph)

Additionally, according to 2015 Bureau of Justice statistics, 32% of people in prisons and 40% in local and county jails are disabled, making them more susceptible to COVID. (tinyurl.com/yydu9df7)

In April, Disability Rights Montana and ACLU sought the release of all prisoners with disabilities, older people



PHOTO: SARA DIGGINS

In October, Montana families turned out in Missoula to support incarcerated people.

Numbers are also rising in the women's prison in Billings; Indigenous women make up a disproportionate 34% of the state's female prison population. (tinyurl.com/y94mkgdn) The numbers issued by state reports may also hide COVID deaths inside overall death statistics.

The state reports no racial/ethnic statistics for COVID

and those with underlying health conditions. The state's Supreme Court unanimously denied the claim. (tinyurl.com/y4yj7kt8)

COVID-19 deaths and infections are increasing in Montana prisons. Of some 3,600 prisoners that the Montana Department of Corrections listed in the state system at the end of 2019, percentages of infections have been reported variously, from 12% of the population at MSP to 43% at privately run CoreCivic's Crossroads in Shelby. (tinyurl.com/yyh2bwur).

infections and deaths among incarcerated people. While Indigenous people comprise 6% of the state's population, overall they make up 22% of those in prisons and 26% of jail populations. (tinyurl.com/y94mkgdn) While the state's Black population is 1%, 3% of prisoners are Black and are incarcerated at 5.7 times the rate of whites. The Latinx population is 3% and makes up 5% of prisoners. (prisonpolicy.org/profiles)

The MSP warden has said that unless people in the prison show COVID symptoms, none of the 1,400 inside are tested. No PPE is distributed. No social distancing protocols are in place. All prisoners are locked down 23.5 hours per day. All are assumed positive for the coronavirus.

COVID among guards and staff in all Montana prisons and jails is rampant. (tinyurl.com/y3lwtgns) National Guard military police and battlefield medical units — some veterans of U.S. wars on Iraq and Afghanistan — have been deployed to 17 prisons and jails across the state, ostensibly to assist prison staff with distribution of meals and mail, laundry and inmate counts. (tinyurl.com/yxnx3g7l)

But the pandemic death threat and repressive prison conditions raise the possibility that military forces have been brought in to put down any possible uprising by incarcerated people. □

Pennsylvania prisons

Breeding grounds for coronavirus

By Betsey Piette
Philadelphia

When the coronavirus first became a global pandemic in the spring of 2020, there were widespread demands, met with promises from state officials, to release particularly vulnerable incarcerated workers. Some states and municipalities did release people, but never in the numbers the situation warranted.

Instead of broad releases, prison officials in Pennsylvania instituted draconian lockdowns where prisoners daily spent 23 hours in cells and were given only 45 minutes per day to shower, make phone calls or get fresh air. In person visits were stopped, and access to libraries, commissaries and other programs were strictly curtailed. Exercise and hot meals ended.

While until recently, only 160 cases of COVID-19 were reported among the incarcerated workers, these restrictive measures never applied to the guards and prison staff, who appear to be the ones bringing COVID-19 into the prisons.

Fast forward six months, and prisons, including those in Pennsylvania, are facing a deadly full-blown resurgence of COVID-19 among those incarcerated as well as staff. The result has been outbreaks of COVID-19 in 21 of the 23 state prisons. As of Nov. 12, there have been 17 reported

deaths of incarcerated people. At least 442 prisoners and 244 staff have tested positive. According to the Department of Corrections, when staff have requested testing, more than half are positive for the



Protesters in Philadelphia call for prisoners to be released due to COVID-19 surge, April.

WW PHOTO: JOE PIETTE

coronavirus. Testing of staff is not mandatory. (Philly.com, Nov. 12)

Rather than release more people or make staff testing mandatory, PADOCC officials have responded by moving prisoners who test positive to other prisons or isolation units within a prison. The

lockdown policies have been kept in place for over seven months now, amounting to mass torture for the over 46,000 incarcerated workers.

The DOC is also limiting testing for



are passing out power of attorney and property release forms in anticipation of more deaths. The 943 men in Chester are only tested if they have a fever, even when many are experiencing other classic COVID-19 symptoms.

The crisis is not limited to state prisons. A recent court filing by U.S. attorneys reported 80 prisoners and eight staff tested positive at the Federal Detention Center in Philadelphia. At the Federal Corrections Institution at Fort Dix, in nearby New Jersey, 150 men out of 220 in one unit tested positive.

As far as numbers in county jails, Claire Shubik-Richards, executive director of the Pennsylvania Prison Society said: "We don't know, because our county governments aren't telling us, and that is astounding." (Philly.com, Nov. 12)

The consistent refusal by prison officials to release at-risk incarcerated workers, and to even provide basic PPE and other preventative items, amounts to the cruel and unusual punishment expressly forbidden by the Eighth Amendment to the U.S. Constitution. It is turning every sentence into a death sentence with no chance of appeal. □