Title

DSA Organizing for Pandemic Justice

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Resolve

Therefore, be it resolved that DSA commits to support efforts that would:

(1) End the pandemic by halting the transmission of SARS-CoV-2 for the benefit of the working class, all of proletarian society, and people around the world besieged by the eugenic policies of unyielding mass infection and re-infection imposed by the capitalist class;

(2) Bring greater attention within DSA to the continuing urgent need for a vigorous pandemic response rooted in solidarity—especially with those most severely impacted, including low-wage and health care workers, people with disabilities, elderly people, and people of color—and in recognition that no one is safe from this extremely infectious and rapidly mutating virus until everyone is safe;

(3) Continue prioritizing COVID safety for all—and particularly for those who are especially vulnerable—when planning meetings, events, and organizing activities;

(4) Engage, as DSA, in community-based efforts to provide aid where possible to those who most suffer from the ongoing pandemic by, for example, distributing free N95 masks to those who cannot afford them, organizing teams to construct air filter devices for schools and senior centers, or disseminating information about guarding against airborne transmission;

(5) Build a movement to take society forward, not back, by retaining, restoring, and

expanding on the unprecedented increases in public benefits and social supports—vital sustenance, although far from adequate—that were rapidly created when the pandemic hit the U.S.;

(6) Build a movement for better public policies to prevent viral spread—with the ultimate goal of ending the COVID pandemic and reducing all airborne illnesses—to improve future responses to public health crises, and to aid people harmed by the pandemic by, for example, demanding that elected officials and government at all levels:

(a) Reverse federal, state and local decisions that have undermined pandemic response efforts and are ending emergency policies as if the pandemic were over, and that have cut off vitally-needed benefits, including hunger relief,[1] medical coverage, and more;
(b) Invest in infrastructure to reliably clean the air in publicly-owned buildings, establish policies to require and facilitate ventilation and filtration upgrades in other indoor spaces where people gather, and set legally enforceable standards for indoor air quality;
(c) Enact a large-scale public program of free PCR testing and robust contact tracing;
(d) Offer fully paid leave and supported isolation for those who test positive or are experiencing symptoms until they are no longer contagious;
(e) Make treatment for both initial infection with COVID and for its delayed effects, such as Long COVID[2], completely free of charge at the point of service;
(f) Increase research funding for Long COVID and related diseases such as ME/CFS;
(g) Compensate all pandemic-related injuries to health;
(h) Reintroduce hazard pay for essential workers and all those who have been forced by COVID's prevalence and the lack of protections to assume permanently higher job-related risks of illness and disability, a group that disproportionately includes people of color;
(i) Guarantee better and safer working conditions for all health care and home care workers, including safe staffing, adequate air filtration and ventilation, and mandatory respirator use for all hospitals and nursing homes;

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[1] A mile-long line for free food offers a warning as covid benefits end. *Washington Post*. March 4, 2023; Nora de la Cour, "Every Child Has the Right to a Free School Meal," *Jacobin*, March 19, 2023.

[2] In a Feb. 2023 update to its guidance for death certificates, CDC finally acknowledged COVID's delayed effects can kill. "Emerging evidence suggests that…the virus that causes COVID-19, can have lasting effects on nearly every organ…weeks, months, and potentially years after infection. Documented serious post-COVID-19 conditions include cardiovascular, pulmonary, neurological, renal, endocrine, hematological, and gastrointestinal complications, as well as death." https://www.cdc.gov/nchs/data/nvss/vsrg/vsrg03-508.pdf (Accessed March 23, 2023.)

(j) Enhance funding to provide free resource access for foster homes and participating youths in both foster care as well as residential services, and to improve their economic and health outcomes both during and after the pandemic while building systemic resiliency for future humanitarian crises that threaten great loss of life;
(k) Establish trust funds on a national level for the benefit of children whose parent or primary caregiver has died or been disabled due to COVID, taking inspiration from the California HOPE for Children Act of 2022;
(l) Require patent and royalty-free global technology transfer of all technological breakthroughs, including mRNA vaccines, testing, formulations, and prevention technologies, and issue a waiver of World Trade Organization (WTO) rules with the recognition that these technologies are global common goods;
(m) Ensure tests and vaccines are rapidly updated to match circulating variants, made freely available to all, and that frequent boosters to maintain resistance to infection are permitted;
(n) Provide safe housing, including continued eviction and utility shut off prevention, and reduced crowding in congregate settings (prisons, nursing homes, shelters, etc.)
(o) Automatically re-enroll all people covered by Medicaid during the pandemic and continue to protect them from being kicked off;
(p) Mandate daily reporting from health care facilities nationwide,
(q) Reinstitute mask mandates in all healthcare, public transportation, and government facilities until transmission is halted, and distribute high quality (N95/KN95) masks for free;
(r) Ensure availability of remote work for all positions with which it is compatible and remote school options for those who need them, and expand virtual access to government, arts, and community events;
(s) Direct the Occupational Safety and Health Administration (OSHA) and other regulatory agencies to institute a strong protective and permanent policy for all workplaces, including educational facilities, to protect workers, students, and children in care settings nationwide from the airborne threat of COVID-19[3];
(t) Act to expand production and drive down prices of masks/respirators and other personal protective equipment, HEPA filters, air purifiers, CO2 monitors, and other tools for cleaning indoor air of airborne infections, so those tools can be widely and affordably used;

[3] Pres. Biden initially urged strong protections for workers in general (https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/21/executive-order-protecting-worker-health-and-safety/), and OSHA developed a detailed draft (https://thehill.com/homenews/administration/550371-osha-sends-draft-emergency-temporary-standard-for-covid-19-to-omb/) but that was abandoned for policies narrowly focused on health care workers.

(u) Ensure recognition of the ongoing emergency nature of the COVID-19 crisis by both U.S. and international bodies such as the World Health Organization;
(v) Clearly communicate through public health service announcements about the threat of SARS-CoV-2 exposure, the dangers of Long COVID, and how to protect against airborne threats from COVID-19;
(w) Prioritize protecting public health in all federal, state, and local policies and budgetary decisions, and reject the pursuit of restoring business operations to pre-pandemic levels at all costs;
(x) Remove obstacles to and facilitate enrollment in workers compensation and Social Security benefits on the part of people disabled by COVID.
(y) Initiate a new program based on the successful model of Operation Warp Speed[4] to research superior treatments and seek a vaccine that provides durable immunity to infection and stops transmission ("sterilizing immunity");
(z) Develop novel medical treatments for other conditions and pathogens and provide resulting treatments for free as in Operation Warp Speed, where the federal government effectively funded and coordinated the pharmaceutical research and development process;

(7) Bring to justice leaders in business, government, and the media whose actions and omissions in the face of the pandemic have led to the social murder of the working class on a staggering new scale. This includes barring the chief architects of the disastrous U.S. COVID-19 response from future employment in government, healthcare, or public health-related roles; and calling for a people's tribunal on that response modeled after international truth and reconciliation commissions, which could take the form of either an unofficial inquiry conducted by DSA in concert with other organizations, an official inquiry by the U.S. government, or an effort to seek justice through the application of international law[5];

(8) Resolve the current crisis and improve responses to future public health crises by radically reorganizing the U.S. government to prioritize the needs of the people over the prerogatives of capital, in particular by demanding:

a. Enactment of Medicare For All to avert collapse of a fragmented and profit-driven healthcare system severely overstrained by the pandemic, and in

[4] "Operation Warp Speed: Accelerated COVID-19 Vaccine Development Status and Efforts to Address Manufacturing Challenges" https://www.gao.gov/products/gao-21-319 (Accessed March 25, 2023)

[5] Given the obvious difficulty of getting justice at any level of the domestic judicial system, access to the international justice system seems desirable. However, the United States Senate would have to ratify the Rome Statute to grant jurisdictional access to the United Nations International Criminal Court and repeal the American Service-Members' Protection Act (Public Law 107-206) (colloquially known as the Hague Invasion Act).

order to make services available where they are needed[6] and to guarantee that comprehensive care for all is paid for by the government and is free at the point of service—reforms that are crucial to putting patients before profits and protecting everyone in the U.S. from the debilitating and lethal effects of pervasive SARS-CoV-2[7];

b. Publicly-owned or publicly-contracted non-profit facilities to produce essential medications at an affordable cost and in quantities sufficient to prevent shortages[8];
c. Nationalization and defunding of the military industrial complex, which has been siphoning resources from the U.S. pandemic response and has been a key part in forcing the economy open without protections in order to further U.S. geopolitical strategy;

(9) Denounce in the strongest terms the ongoing attempt by the U.S. government, its intelligence agencies, think tanks, and right-wing forces to pin the blame for the pandemic on China in the service of igniting national and racial hatreds in preparation for an illegal war of aggression against that country; as well as the directly related increase in anti-Asian hate crimes that have been occurring due to the fears, racism, and xenophobia stoked by the United States government and media to deflect responsibility from the inadequate response to the pandemic;

Therefore, this work will be developed collaboratively by seeking to unite related nascent efforts within DSA, such as by the Disability Working Group, National Mutual Aid Working Group, International Committee, Medicare for All and Labor Committee, etc., to leverage existing relationships with labor unions and other organizations to build coalitions that can help achieve the objectives described above;

Therefore, the DSA Disability Working Group[9] (DWG) will house this work and be accountable for ensuring the work is done, by establishing a Pandemic Organizing Committee within the

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[6] To address, for example, the problems of rural and safety-net hospital closings. https://medicareforall.dsausa.org/blog/hospital-closings-threaten-survival-of-rural-areas

[7] https://medicareforall.dsausa.org/, https://medicareforall.dsausa.org/2022-organizing-guide/intro

[8] California is launching, and other states are considering, an initiative to counter pharmaceutical industry monopolies by manufacturing their own insulin supply and selling it at cost. https://www.vox.com/policy-and-politics/23574178/insulin-cost-california-biden-medicare-coverage Recently, California announced that publicly manufactured insulin will be sold for $30 and the state will also manufacture Naloxone. https://www.cnn.com/2023/03/18/us/california-newsom-insulin-naloxone-health/index.html Massachusetts has for decades made some of its own vaccines. Some advocates are developing proposals for states to undertake public manufacturing and distribution of other pharmaceuticals as well. https://democracypolicy.network/agenda/strong-people/strong-bodies/public-pharmaceuticals.

[9] DSA Disability Working Group https://www.dsausa.org/working-groups/disability-working-group/ webpage and links: https://linktr.ee/DSADisability

Disability Working Group, and a Health and Safety Sub-committee therein;

Therefore, the Disability Working Group will be responsible for developing and distributing to locals, regional bodies, and national DSA bodies, guidelines that can be dynamically updated according to new conditions for conducting DSA meetings, events, and other work (including that of DSA staff) that aim for minimizing transmission of COVID-19 and that center medically vulnerable comrades.

Be it further resolved that DSA establishes minimum requirements for the health and safety of all in-person events to ensure that risk is mitigated as much as possible, known henceforth as the "National DSA COVID Safety Policy for In-Person Events";

Be it further resolved that the first edition of this policy is included with this resolution based on current data and available countermeasures;

Be it further resolved that each local establish a Health and Safety Committee (HSC) to facilitate good health and safety practices in the local and ensure compliance with the COVID safety policy for in-person events, with assigned tasks including but not necessarily limited to: creating educational materials, purchasing and distributing materials for meetings (e.g. tests, respirators, air filtration materials), and ensuring safety policy compliance at meetings, working with event organizers, working groups, and committees as needed;

Be it further resolved that the HSC will be open to any local members who accept the efficacy, safety and importance of masking, vaccines, and other public health safety measures, and accept airborne transmission of COVID-19 as a basic principle;

Be it further resolved that the Disability Working Group may update the COVID safety policy and the remote meeting policy periodically based on scientific evidence that can be reasonably trusted not to be politicized towards minimizing the risk of the pandemic;

Be it further resolved that each established HSC will appoint one member to be a liaison to the Disability Working Group and provide DWG with contact information so that DWG may from time to time convene meetings to help coordinate and discuss health and safety policy across the nation;

Be it further resolved that the HSC in conjunction with other relevant committees or working groups in the local, YDSA local, organizing committee, or regional or national body, will be responsible for (1) ensuring membership is aware of the COVID safety policy, (2) reminding attendees of the policy in advance of in-person meetings, (3) ensuring hard copies of the policy are posted at in-person meetings, (4) ensuring that available safety supplies are accessible to members for in-person meetings and events, and (5) updating membership about changes to

the policy.

Be it further resolved that DWG will serve as a national clearinghouse for reportable data from DSA and YDSA locals such as incident reports and anonymized counts of confirmed or suspected COVID-19 cases among participants at endorsed events[10]; reportable data will be determined collaboratively with the local HSCs; ideally statistics will be published at least monthly, but no later than quarterly;

Be it further resolved DSA National will subsidize the purchase of a pandemic safety start-up kit[11] up to $950 per eligible DSA or YDSA local, organizing committee, regional or national DSA body (collectively "bodies"); eligible bodies will be ones that have passed a pandemic resolution that implements the current recommendations from the Disability Working Group; eligible bodies that have already purchased equipment will be reimbursable;

Be it further resolved the National Political Committee (NPC) and staff are tasked with publicizing this resolution in Democratic Left, on the DSA website, and as a press release to remove any possible doubt among the wider public where DSA stands on the pandemic.

Rationale

Scale of the Pandemic

Whereas we are now in the fourth year of the COVID-19 pandemic, a world-historic catastrophe that has claimed more than 6.6 million lives globally[12] based on documented cases alone—including over one million here in the U.S.[13]—and whose toll has likely been much higher in light of nearly 15 million worldwide excess deaths in 2020 and 2021 alone[14];

Whereas the U.S. suffered all-cause deaths at least 10–20% above the pre-pandemic average

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[10] See the first edition of the National DSA COVID Safety Policy for In-Person Events toward the end of this document which delineates the HSC's responsibility for contact tracing.
[11] An example pandemic safety start-up kit can be found in the following sections.
[12] World Health Organization, "WHO Coronavirus (COVID-19) Dashboard." Available at https://covid19.who.int/. Accessed January 4, 2023.
[13] Adeel Hassan (May 19, 2022). "The U.S. surpasses 1 million Covid deaths, the world's highest known total," *New York Times*. Available at https://www.nytimes.com/2022/05/19/us/us-covid-deaths.html. Accessed January 4, 2023.
[14] This excess deaths estimate reflects both those from COVID itself and those from pandemic-related problems such as inability to get needed medical care for other problems. WHO press release (May 5, 2022), "14.9 million excess deaths associated with the COVID-19 pandemic in 2020 and 2021." https://www.who.int/news/item/05-05-2022-14.9-million-excess-deaths-were-associated-with-the-covid-19-pandemic-in-2020-and-2021. See also U.S. CDC timeline shown here: Comparison of excess deaths and hospital admissions to reported COVID deaths.

during most weeks of 2022[15], and, despite claims the pandemic is fading, in March 2023 had more than twice as many emergency room visits for COVID as in March 2022[16];

Whereas official COVID case counts represent an extreme underestimate of the actual number of cases[17];

Whereas widespread transmission of SARS-CoV-2, the increasingly infectious virus that causes COVID-19, continues to pose a dire threat to the working class both domestically and internationally;

A Pharma-Focused Response Is Not Enough

Whereas U.S. resources could make everyone far safer from this dangerous virus but the nation's pandemic response, here and globally, leaves many at great risk and unsupported;

Whereas vaccination has so far been an important but insufficient tool for resolving this threat given that current vaccines provide incomplete and quickly waning immunity[18] while new and increasingly contagious variants are emerging rapidly[19], and given that recent evidence suggests as much as one-quarter of the U.S. population may still be unvaccinated[20];

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[15] https://ourworldindata.org/grapher/excess-mortality-p-scores-average-baseline?country=~USA

[16] For example, 10,693 ER visits for COVID in the week ending March 26, 2022, but 23,783 in the week ending March 18, 2023. https://www.cdc.gov/ncird/surveillance/respiratory-illnesses/, accessed March 22, 2023.

[17] An April 2022 analysis estimated that only one in 14 COVID cases in the US was being reported. CNN, "Rise in at-home testing means we could be undercounting COVID-19 cases even more than before," https://www.cnn.com/2022/04/18/health/covid-at-home-testing-data/index.html. A mid-2022 survey suggested case rates were up to 40 times the CDC's estimate. https://www.news-medical.net/news/20230227/Study-shows-COVID-19-rates-were-likely-forty-times-higher-than-CDC-estimates-during-BA4BA5-dominant-period-in-the-US.aspx

[18] Evans, J.P., Zeng, C., Carlin, C., Lozanski, G., Saif, L.J., Oltz, E.M., Gumina, R.J. and Liu, S.L., (2022). "Neutralizing antibody responses elicited by SARS-CoV-2 mRNA vaccination wane over time and are boosted by breakthrough infection," *Science translational medicine*, *14*(637), p.eabn8057. https://www.science.org/doi/full/10.1126/scitranslmed.abn8057

[19] The newer variants becoming dominant tend to be more contagious, and/or better able to overcome vaccine- or infection-induced immunity. See, for example, https://www.wsj.com/articles/covid-19-variants-keep-getting-more-contagious-heres-why-11660210202 and https://www.vox.com/science-and-health/22215121/new-variants-contagiousness-covid-coronavirus. The WHO recently announced that it will recognize subvariants of Omicron independently as Variants of Interest (VOI), Variants Under Monitoring (VUM), and Variants of Concern (VOC), paving the way for new greek letters to be assigned. XBB.1.5 is now classified as a VOI due to its possible growth advantage (high confidence) and immune evasion properties (moderate confidence). Many people have been skeptical of the absence of new greek letters even as Omicron variants have lead to waves of infection, albeit smaller than the astonishing case load of early 2022. https://www.who.int/news/item/16-03-2023-statement-on-the-update-of-who-s-working-definitions-and-tracking-system-for-sars-cov-2-variants-of-concern-and-variants-of-interest

[20] "Report finds CDC is overestimating number of vaccinated Americans," March 21, 2023, https://medicalxpress.com/news/2023-03-cdc-overestimating-vaccinated-americans.html

Whereas the vaccines approved thus far, for all their benefits, cannot stop transmission of the virus; do not protect many immunocompromised people, who have also now lost access to alternative pre-exposure prophylaxis[21]; are not authorized in the U.S. for infants under six months; and do not eliminate the risk of death[22], hospitalization, or other severe adverse outcomes such as the post-acute syndrome known as "Long COVID"[23];

Whereas this nation and many others have increasingly abandoned efforts to prevent the spread of COVID-19, relying almost entirely on pharmaceutical products—vaccines, plus treatment for some infected people—to cope with the pandemic, while downplaying the seriousness of infection and insisting people must "learn to live with the virus"[24];

Whereas the ruling class has sabotaged preventive measures such as scientifically informed isolation periods, routine testing, and masking—with Pres. Biden ignoring his campaign's COVID proposals for 100,000 new community contact tracing workers, paid COVID leave, free quarantine housing, and more[25]; with the CDC in December 2021 cutting its main isolation policy from 10 to 5 days,[26] apparently to push workers back to work faster at the urging of Delta Airlines' CEO[27]; and with CDC now recommending "removing your mask" after day 10[28] even though infectiousness can exceed 14 days[29];

Whereas officials in the U.S. often focus on antiviral treatments in claiming that "we have the

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[21] Because it is not effective with recent variants, the FDA revoked its emergency use authorization for tixagevimab/cilgavimab (Evusheld). U.S. Food and Drug Administration (January 26, 2023), "FDA announces Evusheld is not currently authorized for emergency use in the U.S." Available at https://www.fda.gov/drugs/drug-safety-and-availability/fda-announces-evusheld-not-currently-authorized-emergency-use-us.

[22] "Covid deaths no longer overwhelmingly among the unvaccinated," *Washington Post*, April 29, 2022, https://www.washingtonpost.com/health/2022/04/29/covid-deaths-unvaccinated-boosters/

[23] Long COVID after breakthrough SARS-CoV-2 infection, *Nature*, 2022

[24]Billionaire dark money think tank, the Brownstone Institute provides some of the intellectual genealogy for this pro-capitalist messaging: https://brownstone.org/articles/we-cannot-stop-the-spread-of-covid-but-we-can-end-the-pandemic/

[25] Joe Biden's Plan to Beat COVID-19 https://joebiden.com/beat-covid19/

[26]CDC's current guidance states that individuals should isolate for 5 days and mask until day 10 unless testing out after day 5 with two negative rapid antigen test results 48 hours apart, implying that the disease is contagious for at least that long. https://www.cdc.gov/coronavirus/2019-ncov/your-health/isolation.html

[27]Shivaram, Deepa. "Delta's CEO asked the CDC for a 5-day isolation. Some flight attendants feel at risk". NPR, December 2021.

[28] CDC's isolation policy states this clearly. https://www.cdc.gov/coronavirus/2019-ncov/your-health/isolation.html (Accessed March 23, 2023.)

[29]This paper, which studied the ancestral strain exclusively, noted that for "general" transmission, between 2.4% and 11.2% of infections may have infectious periods greater than 14 days and in some cases last up to the 21st day. For asymptomatic transmissions, between 0% and 13% may be infectious after day 14. Wei, Y., Wei, L., Liu, Y., Huang, L., Shen, S., Zhang, R., Chen, J., Zhao, Y., Shen, H., Chen, F., 2022. "Comprehensive estimation for the length and dispersion of COVID-19 incubation period: a systematic review and meta-analysis." *Infection* 50, 803–813. https://doi.org/10.1007/s15010-021-01682-x. More typically, however, infectiousness reportedly ends by day 10. Adam, David. "How long is COVID infectious? What scientists know so far." *Nature News*, July 2022.

tools" to manage the effects of the pandemic, even though the usefulness of existing treatments is being severely eroded by rapid viral mutation arising from uncontrolled SARS-CoV-2 transmission[30]; no antiviral monoclonal antibody treatments remain usable[31]; evidence is growing that some viral variants are resistant to other mainstay treatments[32]; and no effective therapeutics have been approved for Long COVID;

Vast Damage Is Persisting

Whereas on average, over 400 Americans per day were still dying from acute COVID as of early 2023,[33] with the prospect that the next surge could come at any time, and over 13 million adults are currently suffering from some degree of Long COVID symptoms, with at least 4 million having substantially limited daily activities as a result[34];

Whereas unless massive prevention efforts are launched, uncontrolled mass infection and reinfection will tend to persist because both current vaccines and SARS-CoV-2 infection fail to induce durable immunity, and the rapidly mutating virus is now one of the most contagious human pathogens, so "herd immunity" is impossible and a future of "hyperendemic"[35] COVID is likely;

Whereas COVID reinfections are common and risks of death and other bad outcomes, including brain damage, strokes, and heart attacks, rise with repeat infections[36,37];

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[30] Prater, Erin. "'The tools are getting picked off': An ever-mutating mix of COVID variants means fewer and less effective treatments this fall". Fortune. September 24, 2022.
[31] FDA Announces Bebtelovimab is Not Currently Authorized in Any US Region, FDA, 2022
[32] Non-circulating mutants have been detected that may have resistance to Remdesivir and Ritonavir-boosted Nirmatrelvir (Paxlovid); John I Hogan, Ralf Duerr, Dacia Dimartino, Christian Marier, Sarah E Hochman, Sapna Mehta, Guiqing Wang, Adriana Heguy, Remdesivir Resistance in Transplant Recipients With Persistent Coronavirus Disease 2019, *Clinical Infectious Diseases*, Volume 76, Issue 2, 15 January 2023, Pages 342–345, https://doi.org/10.1093/cid/ciac769; Noske, G.D., Silva, E. de S., Godoy, M.O. de, Dolci, I., Fernandes, R.S., Guido, R.V.C., Sjö, P., Oliva, G., Godoy, A.S., 2023. Structural basis of nirmatrelvir and ensitrelvir activity against naturally occurring polymorphisms of the SARS-CoV-2 main protease. *Journal of Biological Chemistry* 299. https://doi.org/10.1016/j.jbc.2023.103004
[33] Spencer Kimball (December 28, 2022), "U.S. records 100 million Covid cases, but more than 200 million Americans have probably had it," *CNBC*. Available at https://www.cnbc.com/2022/12/28/us-records-100-million-covid-cases-but-more-than-200-million-americans-have-probably-had-it.html. Accessed January 2, 2023.
[34]Hayley Brown, Shawn Fremstad, and Julia Tache (December 20, 2022), "The Extent and Demographics of Long COVID Disability in the United States," Center for Economic and Policy Research. Available at https://cepr.net/the-extent-and-demographics-of-long-covid-disability-in-united-states/. Accessed December 26, 2022.
[35] Lesson 1: Introduction to Epidemiology. CDC, 2012
[36] Bowe, B., Xie, Y., Al-Aly, Z., (2022), "Acute and postacute sequelae associated with SARS-CoV-2 reinfection," Nature Medicine 28, 2398–2405. https://doi.org/10.1038/s41591-022-02051-3.
[37] People who caught Covid in first wave get 'no immune boost' from Omicron, *The Guardian*, 2022.

Inequity Magnified

Whereas the pandemic has impacted everyone, but has hit people of color and low-income essential workers especially hard due to a lack of social supports such as healthcare; exploitative employers not providing personal protective equipment; greater likelihood of working in-person service or production jobs; and spending more time in high-contact environments, including public transportation and crowded housing;

Whereas the pandemic briefly revealed to all Americans that large sections of the low-wage workforce that were thought to be disposable by the well-to-do are in fact so essential that society cannot function without them;

Expanded Public Supports Are Urgent

Whereas pandemic emergency measures in some states and on the national level showed that bold public action can create previously unthinkable social benefits including stipends, free vaccines and medications, sick pay, eviction bans, and expanded medical coverage and food aid;

Whereas local jurisdictions with affordable housing and policies prohibiting evictions or utility shut-offs in response to the pandemic have had demonstrable decreases in COVID-19 cases and deaths.[38];

Whereas the lack of paid medical leave for many American workers and insufficient economic and social support for disabled and chronically ill people mean that Long COVID can have serious financial consequences, including loss of health insurance, a job, or even a home;

Whereas in 2020, the experience of the pandemic, for a moment, made it abundantly clear to nearly everyone that the government should provide free healthcare and education for all people in the U.S.;

Whereas in 2023, ending continuous Medicaid re-enrollment and public health emergency declarations in the U.S. will leave all but the very wealthy at risk of impossibly high costs for COVID testing, treatment, and Long COVID care, given the huge holes in this nation's patchwork of health coverage; growing numbers will be unable to afford vital care—even as the chronically-ill and disabled population has soared by millions—and the toll of disability and death, and the viral spread, will worsen;

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[38] Emily A. Benfer, Robert Koehler, Alyx Mark, Valerie Nazzaro, Anne Kat Alexander, Peter Hepburn, Danya E. Keene & Matthew Desmond (2022) COVID-19 Housing Policy: State and Federal Eviction Moratoria and Supportive Measures in the United States During the Pandemic, Housing Policy Debate, DOI: 10.1080/10511482.2022.2076713

Whereas the fulfillment of these universalist demands would provide needed relief for everyone, but particularly for core constituencies that have been disproportionately harmed by the pandemic, such as the estimated 220,500 children who have lost one or both parents and need alternative sources of care,[39] workers who have now assumed additional risk in their workplaces without additional compensation, and people of color and LGBTQ communities who have been disproportionately impacted by Long COVID[40];

U.S. Institutions Are Failing Us All

Whereas capitalist institutions that perpetuate systemic injustices like the U.S. healthcare system or foster care must be engaged in ways that do not reinforce these harms, while also addressing the immediate crisis posed by COVID-19;

Whereas both the Trump and Biden Administrations and both major parties have presided over increasingly disastrous and eugenic efforts to minimize and normalize the continuing pandemic and accustom the public to astonishingly high levels of ongoing death, disability, and social murder[41], and have treated human life and health as worthless and disposable in order to prioritize profits for the capitalist class;

Whereas the Centers for Disease Control and Prevention has abdicated its responsibility to control and prevent disease and has failed to properly educate the public about the scientific consensus that SARS-CoV-2 is an airborne virus,[42,43,44] one that is predominantly transmitted via aerosols emitted while breathing, speaking, singing, coughing, or sneezing;

Whereas the Occupational Safety and Health Administration has also thus far declined to issue standards to protect workers from airborne infectious disease transmission[45];

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[39] COVID-19 Orphanhood Calculator, Imperial College of London, 2021

[40] U.S. Census Bureau Household Pulse Survey, https://www.cdc.gov/nchs/covid19/pulse/long-covid.htm. See also, for example, Miles Griffis, "Long COVID Is More Common in Bisexual and Trans People," *Them*, July 27, 2022, https://www.them.us/story/long-covid-trans-and-bisexual-people-healthcare-disparities

[41] Nate Holdren (March 21, 2022), "Depoliticizing Social Murder in the COVID-19 Pandemic," Harvard Law School Petrie-Flom Center's *Bill of Health* blog. ("The present pandemic nightmare is the most recent and an especially acute manifestation of capitalist society's tendency to kill many, regularly, a tendency that Friedrich Engels called 'social murder.'") Available at https://blog.petrieflom.law.harvard.edu/2022/03/21/depoliticizing-social-murder-covid-pandemic/.

[42] Trisha Greenhalgh, Jose L Jimenez, Kimberly A Prather, Zeynep Tufekci, David Fisman, Robert Schooley (2021), "Ten scientific reasons in support of airborne transmission of SARS-CoV-2," *The Lancet* 397(10285):1603-1605. Available at https://www.thelancet.com/article/S0140-6736(21)00869-2/fulltext.

[43] Why the WHO took two years to say COVID is airborne, Nature News, 2022

[44] Coronavirus disease (COVID-19): How is it transmitted?, World Health Organization, 2021

[45] Bruce Rolfsen (June 2, 2021), "Biden to Revive OSHA's Stalled Infectious Disease Rulemaking," *Bloomberg Law*. Available at https://news.bloomberglaw.com/safety/biden-to-revive-oshas-stalled-obama-era-infectious-disease-rule. Accessed December 27, 2022.

Prevention Is Vital

Whereas the pandemic response in the U.S was characterized early on by few technical interventions beyond distancing, but there is now a greater scientific understanding about the value of widely available but under-used preventative measures effective against all variants, such as respirators and air cleaning;

Whereas indoor superspreader gatherings likely have caused a great majority of COVID infections[46,47];

Whereas healthcare should "first, do no harm," but lack of universal masking and other vital protections in healthcare, such as air filtration in doctors' offices, means people get infected with COVID while receiving other care and many people who need medical care avoid it for fear of infection[48];

Whereas the dismantling of virtually all public health protections has unjustly curtailed the freedom of many people who are chronically ill, disabled, immunocompromised, or otherwise especially vulnerable by substantially increasing the risks associated with accessing healthcare, use transportation, and other essential services, and has made it difficult for anyone concerned with the potentially catastrophic consequences of contracting COVID-19 in America today to fully participate in public life;

Whereas there is an urgent need to recover an understanding of public health as an inherently collective effort rather than a matter of "individual risk assessment," and to reject a false opposition between the personal freedoms or material security of the working class and measures to protect human life and health;

DSA Stepping Up

Whereas several DSA locals and organizing bodies have taken exemplary steps to model in their own practices a scientific and inclusive approach to health and safety in the pandemic era, such as by distributing and requiring the use of high-quality respirators, operating

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[46] Flaherty, Colleen. Pandemic at the Conference. *Inside Higher Ed*. May 11, 2022

[47] Aschwanden, Christie. How 'Superspreading' Events Drive Most COVID-19 Spread. *Scientific American*. June 23, 2020

[48] Systematic U.S. data on COVID infections acquired in medical care are scarce, and (unlike data on other hospital-acquired infections) hidden by government policy. https://www.politico.com/news/2022/06/25/biden-officials-to-keep-private-the-names-of-hospitals-where-patients-contracted-covid-00042378. But unless infection control is strict, the problem can be huge; in England, for example, from Sept. 2022 to March 2023, about one-third of hospitalized people with COVID got infected in the hospital. NHS data reported here: https://twitter.com/AdeleGroyer/status/1636301372961304578

"Corsi-Rosenthal boxes,"[49] or portable air cleaners, at in-person meetings; and facilitating remote participation in these meetings for those who continue to shelter at home or who cannot attend in person for any other reason;

Whereas these measures can and should serve as inspiration for all DSA locals, for the national organization, for other socialist and leftist groups, and for civil society in general;

Whereas failing to safeguard our comrades will impede our ability to organize for socialism;

Whereas the COVID-19 crisis and the deadly response to it by the international capitalist class demands that we rise to the challenges of our moment in history and engage in collective struggle and sacrifice, not merely to restore the world of 2019, but to create a better one for the sake of the working class and all of society;

. . .

Acknowledgements

Thank you to North Carolina Triangle DSA for providing the text of their resolution which provided a basis we developed into the "National DSA COVID Safety Policy for In-Person Events".

[49] Richard L. Corsi (April 14, 2022), "Science in Action: How to Build a Corsi-Rosenthal Box," UC Davis College of Engineering. Available at https://engineering.ucdavis.edu/news/science-action-how-build-corsi-rosenthal-box. Accessed December 26, 2022.

Budget and Staff Implications

Promotion of scientific information and political education
Unofficial People's Tribunal
DSA Disability Working Group

Example Pandemic Safety Start-Up Kit

Item	Quantity	Unit Price	Price
CO2 Monitor (Aranet4)	1	$250.00	$250.00
N95 Respirators	50	$0.50	$25.00
KN95 Respirators	50	$0.50	$25.00
Paper	3	$0.01	$0.03
Corsi-Rosenthal Box (50+ db)	0	$80.00	$0.00
Quiet CR Box (43 dB) (480 CFM, preassembled)	2	$300.00	$600.00
Rapid Antigen Tests	20	$6.00	$120.00
		Subtotal	$900.03

Per Body Financial Projection (Recurring Costs, 1 Year)

Recurring costs	Frequency per Year	Unit Price	Quantity	Price
Air filter replacements (quiet)	2	$45.00	2	$180.00
Air filter replacements (noisy)	0	$40.00	2	$0.00
N95 Masks	2	$0.50	50	$50.00
KN95 Masks	2	$0.50	50	$50.00
Rapid Antigen Tests	8	$6.50	20	$1,040.00
AA Batteries	1	$5.00	1	$5.00
			Subtotal	$1,325.00

Assumptions

- Projections are for 12 indoor meetings per year.
- 20 people per meeting using 1.2 respirators each (288 respirators)
- 70% doing a risky unmasked activity and not testing before meeting with a 5% spoilage rate (176 rapid tests)
- Reality might be less expensive (for the local) if comrades are careful in the days leading up to an event, bring their own respirators, and/or perform their own tests.

National DSA COVID Safety Policy for In-Person Events

This policy applies to all in-person events held by DSA locals, including co-sponsored events.

The policy should be posted visibly at the entrance to in-person events.

Attendees are expected to abide by the COVID safety policy and may be asked to leave if they do not agree to comply with it.

The Health and Safety Committee (HSC) will be responsible for bottom-lining this task, but **any member should feel empowered to respectfully communicate the boundaries in the policy.**

If a member feels the boundaries of this COVID Safety Policy are/were not respected at a Local function even after being respectfully communicated and reiterated, both support requests and formal grievances can be filed.

I. At all events

a. Any attendee who has been sick with any infectious illness should not attend within 14 days of the onset of symptoms
b. Any attendee who has been sick with COVID-19 should **additionally** test negative on a rapid antigen test twice after waiting 48 hours between tests[50] in advance of attending and must not be symptomatic
c. Any attendee who has a known exposure to a sick person within the past 14 days should not attend
d. Any attendee who has engaged in a high-risk activity in the past 14 days, such as being unmasked at a large indoor event or unmasked air/train/bus travel, should take a rapid antigen test on the day of the DSA event and attend only upon receiving a negative result
e. Rapid antigen tests will be provided by the local for people who would be financially burdened by the cost of the tests
f. If a participant tests positive or has suspected symptoms of COVID-19 within 4[51] days after the event, they should contact the HSC so that the HSC can perform contact tracing. (DWG will develop guidelines for contact tracing to protect both community health and patient privacy.)

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[50] "At-Home COVID-19 Antigen Tests-Take Steps to Reduce Your Risk of False Negative Results: FDA Safety Communication" https://www.fda.gov/medical-devices/safety-communications/home-covid-19-antigen-tests-take-steps-reduce-your-risk-false-negative-results-fda-safety

[51] Safer In-person Gatherings. People's CDC. 2022

II. Indoor events

1. Convening

a. A member will be designated to perform intake of members to get contact information for contact tracing. (This may overlap with pre-existing intake duties.)
b. A member will be designated to ask participants to wear their masks correctly if they are out of compliance.
c. The chair will remind the participants that medically vulnerable people may be in attendance and that these conditions are not always visible, advertised, or known. The chair will also remind participants of the meeting safety features in effect.

2. Masking

a. Masking with well-fitting N95 equivalent (N95, KF94, KN95, FFP2, P2) or better required for all attendees
b. N95 equivalents, along with instructions for proper fit, will be provided by the local for attendees who do not have their own
c. We recommend 3M Aura, as they are likely to provide a good seal on most people without requiring a fit test, along with a bifold earloop option for people who prefer it

3. Food/drink

a. No food/social drinking; attendees should remain masked at all times

4. Ventilation

a. Where possible and weather permitting, indoor air quality should be improved by opening windows and/or providing air filtration via Corsi-Rosenthal boxes or commercial HEPA filters
b. A CO_2 monitor should be posted in a location away from windows or doors and at least a few feet away from people along with directions for interpretation so that people can see at a glance their current risk of long range transmission[52].
    - A reading above 1000 ppm should trigger the introduction of fresh air or the subtraction of participants, with a goal of driving CO2 levels below

[52] Risk of airborne transmission, both indoors and out, varies with ventilation, air cleaning, mask usage, number of participants and degree of crowding, activity type, prevalence of infection in that community, and the infectiousness of the current circulating variant. About 400-450 ppm is the baseline level in outdoor air.

800 ppm (lower is better).[53,54] If participants are exercising, talking loudly, or singing, 800 ppm is a more appropriate threshold for action.

c. Venues should be considered based on their ventilation capacity

III. Outdoor events

As illness can still spread outside[55,56], outdoor events are not risk-free,

1. Masking

a. Masking is recommended at outdoor events, particularly in larger groups, since larger/denser groups increase the risk of infection
b. Masks will be provided by the local for those who want one, along with instructions for proper mask fit

2. Food/drink

a. Food and drinks are allowed; good food-handling practice should be exercised. For example, attendees should wear a mask when handling or standing near food

IV. Large, outdoor outward-facing events, such as rallies or protests

As illness can still spread outside, outdoor events are not risk-free

1. Masking

a. Masking is recommended, since larger/denser groups increase the risk of infection
b. Reasonable effort should be made to encourage attendees to wear masks, such as recommending masks on flyers and providing masks

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[53] Indoor CO2 levels of 800–1,000 ppm or more are widely considered to indicate inadequate ventilation. See, for example, National Education Assoc, "How to Evaluate Building Ventilation Using Carbon Dioxide Monitors," https://www.nea.org/resource-library/how-evaluate-building-ventilation-using-carbon-dioxide-monitors

[54] At 800 ppm, 1% of each breath is rebreathed and starts to become risky (assuming the carbon dioxide sources are organic and not e.g. a nearby internal combustion engine). "FAQs on Protecting Yourself from COVID-19 Aerosol Transmission," https://tinyurl.com/FAQ-aerosols

[55] Coronavirus FAQ: Can I get COVID outdoors?, *NPR*, 2022

[56] Outbreak of SARS-CoV-2 Infections, Including COVID-19 Vaccine Breakthrough Infections, Associated with Large Public Gatherings — Barnstable County, Massachusetts, July 2021, *CDC Morbidity and Mortality Weekly Report*, 2021

Chart summary

	Indoor events	**Outdoor**
Masking	N95/KN95 equivalent required	Recommended
Food/drink	No	Yes; exercise safe food-handling practices
Ventilation	Improve by opening windows & using air filtration	N/A
Recent Risky Activity	Must test negative on a rapid test on the day of the event if you have done a high-risk activity in the last 14 days: unmasked air/train/bus travel, unmasked at a large indoor event	
Recent exposure/ illness	Do not attend if you have been exposed to a sick person within the last 14 days; if you are sick, do not attend an event within 14 days of symptom onset. If ill with COVID, additionally test negative before attending.	