Demands from Grassroots Organizers Concerning COVID-19

written by Kelly Hayes | March 8, 2020

Greetings friends, I spent about 48 hours working on this resource because I believe it is needed. I hope that you will find it useful in your work and advocacy. – Kelly

The Trump administration has botched its response to COVID-19. Due to incompetence and an unwillingness to acknowledge mistakes, the administration has worsened an already serious situation. COVID-19 is a deadly public health threat that must be taken seriously. We are a group of organizers whose work addresses a variety of issues, and we recognize that there is no organizing community or area of our work that will not be touched by this crisis. We hope this list of demands will serve as a tool for organizers and activists who are crafting their own responses to COVID-19. Panic is dangerous and often accompanied by violence against marginalized people. We believe responsible, productive dialogues about the needs of our communities must be initiated throughout the country.

According to the World Health Organization, about 3.4% of reported COVID-19 cases have proven fatal. By comparison, seasonal flu usually kills far fewer than 1% of those infected. Over 3,000 people in China have died of COVID-19. China's containment efforts gave the US precious time to prepare for this crisis, but rather than developing a nationwide testing system, Trump scapegoated Asian people, and later, migrants at the southern border.

Given the failure of the federal government and the obvious lack of preparedness in some municipalities, we have drafted a list of demands for people and groups to uplift and utilize for advocacy purposes. In addition to learning what safety practices to adopt in our own lives, we must also make demands for the greater good. These demands were drafted by grassroots organizers in collaboration with doctors, scientists and nurses.

Officials at the city and state level will likely tell you that the federal government is responsible for services that you will be requesting from them. Under Donald Trump, the federal government has chosen not to be responsible, so we have to seize the narrative and demand action at all levels of government.

When reviewing the first list below, which includes demands that should be made of city and state government, you may find that your municipality has already covered some of these bases. In that case, share what information you learn with others, if it's useful, and focus on the demands that have not been met in your area. When calling public officials, such as city councilors or your governor's office, be sure to ask for specifics. "There's a plan" is not a satisfactory answer.

When calling public health offices to request information, please be kind to the people you speak to. They are most likely doing their best with limited resources. We want to improve their situation by getting resources allocated where they belong so that providers can do their work.

Some demands may fit your community's needs, others may not. One may jump out at you as your area of focus. To figure out what you should be demanding locally, you will want to find out if your city and state are in compliance with the following demands:

1) Your city should have a plan for housing the sick, including people experiencing homelessness.

Where will your city be housing people who become ill if hospitals become oversaturated? Will modular units be built? Are there properties your municipality plans to purchase?

2) Local reporting mechanisms are essential. Some states already have 24/7 hotline numbers for people to report a suspected case of COVID-19 or ask questions. If your state is not providing this service, it should be pushed to do so. Calls to the hotline must remain anonymous, and must not under any circumstances lead to any involvement of law enforcement, ICE, or detention of callers against their will as a result of using the hotline, and this must be made clear to public health authorities, law enforcement, and callers. In the absence of state action, large cities should be able to arrange hotlines of this nature.

3) Cities and states should have protocols for shelters and outreach workers to implement around screening for illness and what to do after someone has been screened. This information should be WIDELY available.

4) Shelters and outreach workers should have stashes of surgical masks to give out only to those who are sick or who have symptoms.

5) Shelters and outreach centers must be able to remain open. Cities should provide added support to ensure baseline services for people experiencing homelessness are maintained or exceeded.

6) Recent events have highlighted the need for strict discharge planning protocols for people who were sick and received housing through the end of the quarantine period.

7) Assistance should be extended to help people enroll in Medicaid or local health plans, such as NYC Care, so that more people will have access to care.

8) City and state governments must take measures to ensure adequate protective measures for health care workers. All hospitals and care facilities must brief workers on what measures are being taken to mitigate the risks they face when providing care.

9) State governments should offer a safety hotline (which is not routed to law enforcement) that people who experience racist or xenophobic violence related to COVID-19 can call for assistance.

10) Medical teams must be dispatched to jails, prisons, halfway houses, and other locked facilities to assess and treat patients. Most facilities already have inadequate medical staffing and an outbreak will likely lead to many people failing to come to work. Physicians on-site must have the authority to dictate necessary changes in facility conditions in order to treat the sick and stem the spread of the illness. Iran has temporarily released 54,000 imprisoned people to prevent COVID-19 from spreading like wildfire through the country’s prison system, creating new outbreaks and new geographic concentrations of the disease. We believe this tactic must also be considered in the United States given the overcrowded state and torturous conditions of U.S. jails and prisons.

11) There must be aggressive public education about the illness, how it spreads, and best safety practices. These educational efforts must also actively dispel racist, xenophobic assumptions about the disease, such as racist characterizations of Asian people representing a public health threat.

12) Each city’s COVID-19 plan should include transportation assistance and accessible care for patients with disabilities. These guidelines should be developed in collaboration with disabled people and public health officials and must respect the rights and autonomy of people with disabilities.

13) Cities with high-density public housing buildings should dispatch teams, or create “clinic hours” on site to ensure that elderly and disabled residents who may have difficulty seeking medical care

have access to it. If this is not possible, at a minimum, make sure public housing authorities are coordinating with local health providers to get important information to residents.

14) A commitment from public health authorities, law enforcement, prosecutors, and immigration authorities that disclosure or failure to disclose COVID-19 symptoms will not under any circumstances lead to criminalization, family court involvement or involvement of immigration authorities.

We make the following demands of the federal government and invite you to join us in doing the same:

1) We demand free testing for anyone who is being told by a clinician that they should be tested. Tests have been in short supply in the US. We find this inexcusable, given that other countries have managed to mobilize mass testing. The government's failure to provide and administer tests means that, at this point, we have no idea how many cases actually exist in the US or how far the illness may have spread. Doctors in affected areas have complained that they have no tests to administer or that health officials have not allowed them to administer tests for COVID-19. This is a disastrous failure on the part of the Trump administration and must be addressed immediately. We need reliable tests that are readily available to clinicians and administered at no charge.

2) We demand free care for those who test positive to ensure that those who are uninsured receive care and participate in measures that help slow the spread of the virus.

3) We demand transparency. We demand that the Trump administration allow CDC officials and other government scientists to speak publicly, without clearing their remarks with Pence, Trump or anyone in the administration. We demand the restoration of the page of the CDC's website that tracked how many people had been tested. We also demand full transparency about this government's handling of the crisis, and the release of all emails and documentation related to the federal government's handling of this outbreak.

4) We demand financial and material assistance plans for people who are expected to refrain from working. It is not realistic to tell people not to leave their homes if failing to do so means they will lose their homes or go without food or medicine. Containment must be made accessible.

5) We demand that the federal government transparently address supply issues, including shortages in protective gear, testing kits and ventilators. If COVID-19 spreads nationwide, it is likely that our country will face a critical shortage of ventilators to care for patients who become critically ill. We demand a transparent plan to address and navigate these shortfalls.

6) We demand a moratorium on ICE deportations to ensure that undocumented people are not discouraged from seeking treatment or testing.

7) We demand a safety plan that addresses the needs of disabled people in the U.S. who may be affected by the virus. Disabled people have often been left behind in times of crisis. We consider that outcome unacceptable. Disabled people must also have a voice in determining what measures will be taken to help ensure their survival.

8) We demand an end to the Trump administration's dangerous rhetoric that has been directed at migrants attempting to cross the southern border. We will act in solidarity with our undocumented friends, family and community members to protect them in this time of crisis. Trump's racist fearmongering and provocation will lead to escalations of state violence and violence perpetrated by civilian groups and individuals around the country. This rhetoric and violence must be opposed.

9) The federal government must honor its legal obligations to Native people by providing necessary medical personnel on reservations in order to combat this crisis. Indigenous people have suffered terribly during previous pandemics because they have been treated as disposable by government officials and the public at large. We must not allow those histories to repeat themselves.

These demands are not all-inclusive, but it is our hope that they will offer a solid jumping-off point for people and groups who are fed up with the administration's inept and disastrous response to this crisis. The current media narrative is confused and unhelpful, while the administration's narrative is both incoherent and actively harmful. We also recognize that this illness poses unique challenges to those of us organizing for change in our communities, and we intend to rise to those challenges, but first and foremost, we demand a just and appropriate response to this crisis. We will not be spectators as the president makes a deadly situation even more catastrophic for our communities.

Signed,

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