

This Will Be an Uncomfortable but
Necessary Read

ANTI ABLEIST ACTION



An informative Open Letter and Call to Action
to “Vancouver” Organizers.

“No movement can survive unless it is constantly growing and changing with the times. If it isn't growing, if it's stagnant, and without the support of the people, no movement for liberation can exist, no matter how correct its analysis of the situation is. . .”

– Assata Shakur

Look to **page 18** for the **Be It Resolved** section.

Please read Water Falling on Granite before engaging with the open letter

This Will Be an Uncomfortable but Necessary Read

We are a group of organizers, artists, disabled and immunocompromised activists, and community members writing to express our grief and solidarity in proactively requesting increased COVID protections in our community in the spirit of harm reduction, disability justice, and fighting genocide and mass deaths on all lands. We are based in so-called Greater “Vancouver” on the unceded traditional lands of many Coast Salish peoples, including but not limited to the xʷməθkʷəy̓əm (Musqueam), Skwxwú7mesh (Squamish), kʷikwə́łəm (Kwíkwetlem), Səlíl̓wətał (Tsleil-Waututh), Qʷa:ń̓ ʔəń̓ (Kwantlen) and hə́ŋqəmiń̓əń̓ (Halkomelem) speaking nations. In addition to Indigenous territories of Ohio Seneca and Cayuga, the Lenni Lenape (Delaware), the Miami, the Shawnee, the Wyandot (Wendat), the Ottawa (Odawa) and the Ojibwe Nations. This letter was inspired by Atlanta and Chicago disability justice organizers who also called in their communities to resist the white supremacist comforts of individualism, demand the practice of collective care, and honour liberatory harm reduction.

We have long been involved in fighting debilitating systems that led to our loved ones and community members dying from COVID, legislated poverty, systemic racism, the ongoing drug war, climate catastrophes such as heat waves and floods, and ongoing genocides across the world. At the same time, we fought significant economic, social, and emotional isolation as disabled people, and specifically immunocompromised people, in which everyday activities such as going grocery shopping, going to restaurants, finding employment, attending community events, or even visiting a doctor's office became prohibitively high-risk situations. This isolation, simultaneously, led many community members to die by suicide, state-sanctioned euthanasia through an expanded medical assistance in dying program, and also significantly increased other forms of violence we experienced at the hands of both the state and our peers. We have seen this isolation used against incarcerated people, poor people, drug users, mad people, d/Deaf people and every other group with disabled and immunocompromised people involved/impacted.

We seek to not fight oppressive systems in isolation. We seek to participate in liberation movements that do not replicate the violence of white supremacy internally through prioritising individualist comforts, and thus abled fragility, before the needs of disabled people.

As Palestinians resist attempts of extermination that our tax dollars are funding, they also remind us that slow death, medical apartheid, and eugenics are weapons of the state, and a tactic of fascism and necropolitics.

Israel's withholding of vaccines from Palestinians created conditions that predisposed them to death and elimination (Howard & Schneider, 2022, Nasser-Najjab, 2024). After October 7, Palestinians have increasingly lost access to life-giving infrastructure like hospitals yet still have to deal with rampant infectious disease cases in overcrowded shelters, including COVID-19. A former Israeli Major General outright declared these "severe epidemics will bring victory closer" (Middle East Eye, 2023). Throughout history we have seen colonizers relying on disease to conquer and commit genocide.

Before the US empire utilized disablement, ableism, and eugenics as a means of mass death, imperialism, and counterinsurgency on Turtle Island, Palestine, and the holocaust, it was utilized in the African continent. A notable instance of this is Belgian Leopold II and his imperialist pursuits in the Congo Free State (CFS), what is presently known as the Democratic Republic of the Congo (DRC). His regime and legacy perpetuated mass disablement through mutilation and brutality as intimidation tactics in response to the failures of enslaved Indigenous Congolese labourers to meet exorbitant rubber collection quotas. This brutality would be justified by the Force Publique as a means of punishing the enslaved Indigenous Congolese labourers for not delivering on quotas and/or in reaction to village resistance efforts. These tactics included punishment by death, and/or the Force Publique cutting off the hands, the feet, or even the heads of their victims (Morel E. D., 1904).

It is important to note that this is only one instance of many that Black Africans and the African diaspora have been subjected to and that this

history has been systemically overlooked, misconstrued, and erased from the collective consciousness—even among those who proclaim to be on “The Left.” This regards every genocide against Black people whether it be the overlooking of those who were kidnapped and enslaved in the Trans Atlantic slavetrade and/or are subjected to its present day ramifications, what Germany did to the people of Namibia, the historic and present displacement projects of Black communities into places that put us into precarious living situations, slowly kill, and/or disable us, among many other instances. This Black void is attributable to the academy’s deliberate neglect of African history (before and during European contact), which is a flawed feature of the present landscape within “The Left’s” movement-building efforts. There is a eurocentric narrative that dates back to Henry Morton Stanley who coined the anti-Black misnomer of Africa being “The Dark Continent” that has been infamously perpetuated within academia by many, but most notably through the Oxford historian Hugh Trevor-Roper who said, “Perhaps in the future there will be some African history to teach but at the moment there is none; there is only the history of Europeans in Africa. The rest is darkness, and darkness is not the subject of history” in 1963. These sentiments permeate academia today and the present landscape of liberatory organising which urgently requires acknowledgement, political education, and mobilisation if we seek to not perpetuate anti-Blackness, and thus be intersectional as the western pro-Palestinian movement.

As we witness the re-criminalization of drug possession and fight for a free DULF we refer to excerpt from the book *Saving Our Own Lives: A Liberatory Practice of Harm Reduction* to inform and expand “Vancouver” organizers imagination of what harm reduction is and could manifest as in collective praxis:



Harm reduction is a philosophy and set of empowerment-based practices that teach us how to accompany each other as we transform the root causes of harm in our lives. We put our values into action using real-life strategies to reduce the negative health, legal, and social consequences that result from criminalized and stigmatized life experiences such as

drug use, sex, the sex trade / sex work, surviving intimate partner violence, self-injury, eating disorders, and any other survival strategies deemed morally or socially unacceptable.

Liberatory Harm Reductionists support each other and our communities **without judgment, stigma, or coercion**, and we do not force others to change. We envision a world without racism, capitalism, patriarchy, misogyny, ableism, transphobia, policing, surveillance, and other systems of violence. **Liberatory Harm Reduction is true self-determination and total body autonomy.**

Presently in regards to liberatory harm reduction and disability justice, mask blocs are mobilizing against the root causes of harm being perpetuated from the deliberate eugenicist negligence of public health by practicing mutual aid through the distribution of free respirators, COVID tests, lending air purifiers, creating accessible educational materials on COVID, etc. as a means of reducing the chain of transmission and preventing more death and disablement due to people getting COVID.

This work is under threat of further stigmatization by COVID denialists, abled centric rhetoric, and criminalization via the introduction and resurrection of mask bans across the united states. By refusing to facilitate and practice masking as community care, ableist leftists are capitulating to carceral eugenics. In response to the sparse resurgence of masking at encampments and protests in solidarity with Palestine, fascist governments are resurrecting and proposing legislation to criminalize masking across the United States. Including Washington DC, North Carolina, Ohio, Chicago, New York, and LA of whom have announced their support, consideration, and/or implementation of mask bans in the name of being “against crime.” In the words of organizers from Mask Bloc NYC and Artists in Resistance (A.I.R.) “It is ableist and discriminatory to coerce anyone, including higher-risk and disabled people, to unmask and expose themselves to COVID and other dangerous airborne pathogens under the guise of so-called “public safety.” [Furthermore, it would diminish the already-dwindling access that disabled people have to public spaces.]

We also recognize this proposed mask ban as an escalation of the ongoing attack on pro-Palestine protests, and a violation of people's privacy. Under a fascist and pro-Zionist state, "crime" is totally arbitrary, as is proven by the state's decision to brand any anti-Zionist protests as inherently "violent," "antisemitic," and "unlawful." We insist that protesters have the right to conceal their identities to protect themselves from state and employer retaliation as they resist mass death.

Supposed exemptions from a mask ban for medical reasons invite invasive scrutiny of our private health information, often based on stereotypes and policing of what "abled" bodies look like, as evidenced by the Governor's own assumption that masks are for the "ill and elderly."

Additionally, in the words of Plague Prose on Twitter *"To preface this, I am a mask advocate and mutual aid organizer in Ohio, where the attorney general is resurrecting a law from 1953 that makes it possible to charge people with 4th degree felonies just for wearing a mask."*

Seeking medical exceptions is not a sound strategy.

This prosecution ploy is also happening in North Carolina, and there are more states with these laws still on the books.

Anti-mask culture and anti-mask policies are, by definition, eugenics. It is peak neoliberalism to ask the fascist state for reform such as medical exceptions.

Those who have the healthcare access and legal recourse to seek exceptions to anti-mask laws are going to be people in proximity to white supremacist privileges. This will further marginalize those who are already more harmed by the violence masks mitigate, especially Black folks.

Medical exceptions would not only be exclusionary, but they certify the myth that only high risk disabled people need to be masking. No one is safe without masks in a world wrought with airborne infections, air quality crises, and surveillance. There are no exemptions from breathing.

We need EVERYONE (who is able to) to be masking universally. We need a masked critical mass that outnumbers the carceral state's capacity to capture and prosecute people for wearing masks. We need to make anti-mask policies obsolete by making masking absolute. . .”

Just as anti-mask politics are antiBlack and enact eugenics, anti-mask policies are antiBlack and enact enhancements in policing. Black people, specifically multiply marginalized Black disabled people, are already under constant attack and surveillance by the police state and civilian partisans. Black people are already criminalized, incarcerated, and killed for wearing masks, face coverings, and hoodies. Seventeen-year-old Trayvon Martin was lynched in Florida in 2012 for being a Black boy wearing a hoodie. Racists are always looking for a reason to harm Black people, and the criminalization and stigmatization of masking is escalating the ongoing genocide of Black people on Turtle Island. Reforms to mask bans, such as so-called health exemptions, are reactionary, and they replicate the very abandonment Black people and all People of the Global Majority are facing as the COVID-19 pandemic rages on.

Before the establishment of the US empire, disablement through illness, ableism, and eugenics were a means of mass death, colonization, and thus counterinsurgency on Turtle Island. European colonists' introduction of smallpox, influenza, measles, and other diseases played a major role in justification narratives for colonialism by the New England Puritans who perceived epidemics as evidence of God's blessing or wrath depending on if it killed settlers or Indigenous people. These narratives correlated Indigenous mortality which was due to immunological differences from colonisers, to being due to Christian/heathen and civilized/savage tropes (Silva, *Miraculous Plagues*, p.16). From 1616 to 1619, the first generation of Anglo-European settlers had an advantage when a series of epidemics spread through New England. Despite the colonialists suffering some population losses, it was estimated that 95% of the Indigenous populations were killed from these outbreaks. The Anglo-Europeans perceived these deaths as a sign of God's blessing of their appropriation and occupation of land and resources (Silva, *Miraculous Plagues*, p.17). This is illustrated in the words of Puritan colonialist

governor John Winthrop who perpetuated this colonial narrative stating that “God hath consumed the natives with a miraculous plague, whereby the greater part of the country is left void of inhabitants.”

This particular instance is one of many that illustrates disability justice’s intersections with Land Back on Turtle Island. To resist, avoid, and/or be passive towards masking amidst the present acceleration of fascism is the praxis of settler colonialism and thus is anti-Indigenous. Intersectional liberatory praxis obligates us as the western pro-Palestinian movement to be co-conspirators. To say “no one is free until we are all free” and act accordingly. We demand that these obligations are honoured and reflected upon with reverence.

Genocidal governments like Israel, the U.S., and Canada know that our struggles are tied to and depend on lateral violence to weaken the western pro-Palestinian movement among many other liberation movements. Due to this, we must keep each other safe and prevent exposure to COVID-19, measles, and other infectious diseases. Additionally, it is imperative that an understanding of how protecting our identities from the surveillance state preserves the momentum of our organizing, ensures the longevity of our pursuits of liberation, and honours the intersectionality between seemingly different liberation efforts.

We as people who organize for a free Palestine cannot continue to be complicit in or perpetuate ableism, eugenics, and thus fascism by enabling the transmission of diseases at the high risk events and community spaces we organize, exposing each other to airborne illnesses.

We as people who organize for a free Palestine cannot continue to be aiding and abetting the surveillance state in its pursuits to slow the momentum of our efforts towards liberation through the military industrial complex.

We as people who desire liberation within our lifetime cannot continue to watch while people become disabled or die of Long COVID. Currently, these are viewed as “acceptable losses” in this environment of

mass COVID-19 denialism and individualism, which is inextricably tied to the perpetuation of white supremacy, and the intersections of ableism and eugenics. We must honour an ethos of community care in our efforts of solidarity and ensure that disabled people are not treated as disposable. We cannot afford such losses in our fight towards Palestinian liberation, and thus Land Back on Turtle Island and Africa when it comes at the expense of sustainability and strength in numbers within our organizing efforts.

As we continuously grapple with our losses and cling to our wins within this movement we must consider the long term. Presently, our substantial efforts lie among those who are sending funds to help Palestinians escape and/or endure the genocide (sending money to flee to neighbouring countries, sending money for resources, sending eSIMs, etc.). We have yet to establish systems in solidarity with the Palestinian resistance. We cannot reach that point without an approach of community care and harm reduction in the west that ensures the safety of those that may eventually settle across Turtle Island to escape the genocide, only to find themselves amidst another that has normalized complacency within the western pro-Palestinian movement and among self proclaimed leftists—that is the genocide of disabled people.

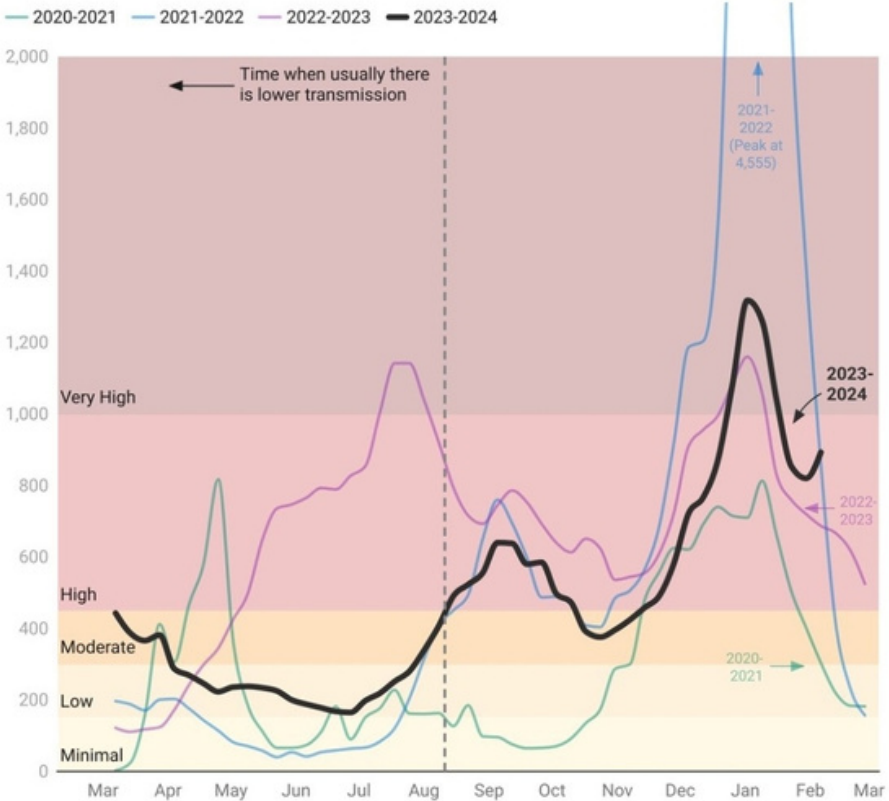
We as a people who desire a free Palestine in our lifetime must understand that enduring the displacement, eugenics, and military violence that comes with genocide is inherently disabling mentally and physically. Inviting or enabling the settlement of the Palestinian people in the western world, while public health and security culture is a grassroots pursuit and initiative of mask blocs, enables the bioweapons that eugenicist states like the US empire and the settler state of israel are relying on. Eugenicist states utilize the prevention of healthcare accessibility as a means of preventing the mobilization of the masses and sustaining the extermination of the Palestinian people in Gaza and beyond. We must sit in our discomfort with mass death in Palestine and get uncomfortable with the mass death that is among us. Let it call you to action. That is the easiest way that we can be co-conspirators in Palestinian liberation.

The COVID-19 pandemic has never ended, despite the manufactured social ‘end’ of it via our governments, institutions, and media. Similarly to harmful media framings and propaganda about Palestine, harm reduction, and more, discourse surrounding the ongoing pandemic has minimized its reality and pushed a eugenic “back to normal”. At the beginning of 2024, we faced the second-highest infection levels of the last four years, indicated by wastewater analysis. As COVID-19 Resources Canada reported, about one of every 13 people in “Canada” were infected in late January 2024 alone (around 2 million+ cases). Even outside of case surges, we have been experiencing extremely high transmission, hospitalizations, deaths, and Long COVID cases year-round, much higher than early pandemic when public health was still engaged in protections. This situation is not a secret; the interim director of the WHO’s Department of Epidemic and Pandemic Preparedness and Prevention stated in early 2024 that **the COVID pandemic is not over**.

When BIPOC, women, and trans people are at the highest risk of COVID-19 reinfections and developing Long COVID, this evidently becomes a racial justice and feminist issue. It is no coincidence these groups are also the most likely to experience discrimination and medical gaslighting in the healthcare system. Ableism has always been intertwined with white supremacy, capitalism, and colonialism.

We are Still in One of the Largest Waves of the Pandemic, According to U.S. Wastewater Levels (Feb 2024)

This chart shows SARS-CoV-2 virus levels by month since Biobot first started detecting the virus in wastewater, with all years depicted on the same plot. Because of the timing of historical winter peaks, years are shown from March to February. Vertical axis displays the effective SARS-CoV-2 virus concentration (copies/mL of sewage).



Data last updated February 05, 2024 from samples collected during the week of January 29, 2024. Most recent data are subject to change.

Chart: @luckytran • Source: Biobot • Created with Datawrapper

The following basic scientific facts about SARS-CoV-2 should be public knowledge and understood by artists and event organizers:

- COVID is airborne and spreads primarily through aerosols, like smoke. Poorly ventilated spaces are therefore high risk.
- COVID is a vascular and neurological disease that impacts every organ of the body, notably the brain and heart.
- 59% of transmission occurs without symptoms (35% pre-symptomatic, 24% true asymptomatic).

- 10–30% of infections lead to Long COVID (1 in 10 infections according to the WHO), which is disabling and has no cure or approved treatments. There are over 200 million longhaulers worldwide and this number is quickly growing.
- Vaccination alone does not necessarily prevent transmission nor Long COVID.
- Reinfections increase the likelihood of Long COVID and other adverse outcomes including organ damage, no matter how ‘mild’ or asymptomatic.
- COVID has been shown to exacerbate existing medical conditions including asthma, migraine, diabetes, cardiovascular disease, and liver disease.
- Some studies show that previous infections harm our immune response by hyperactivating T-cells and prematurely ageing them, also making us more susceptible to future viral & bacterial infections.
- Findings suggest that **“SARS-CoV-2 infection damages the CD8+ T cell response, an effect akin to that observed in earlier studies showing long-term damage to the immune system after infection with viruses such as hepatitis C or HIV.”**
- Numerous medical conditions significantly impact COVID severity, including but not limited to diabetes, asthma, lung conditions, HIV, and mental health conditions.

Despite the high cases and most immune-evasive variants yet, events and social gatherings are still proceeding without any protective precautions, which not only excludes people who are disabled and/or immunocompromised, but also contributes to COVID-19 transmission in the community, which may inadvertently reach higher-risk members in healthcare settings, at the grocery store, or on public transit. The simple and effective layers of wearing high-quality respirators and improving indoor air quality can reduce this risk by a large magnitude. We are disappointed that these protections are not being upheld by organizers despite public commitments made to prioritize community care and harm reduction and the intersectionality of COVID’s impacts upon our most marginalized populations.

We demand that event organizers learn the implications of ‘encouraging’ versus ‘requiring’ masks within venue spaces and social gatherings. The onus of creating inclusive spaces necessitate organizers to require masking, especially when we all share the same air. “Masks encouraged” implies that the organizer does not care about the health and safety of attendees, that masking is a decision only posing individual risks, and that those not wanting to mask will attend. What this signals to disabled and high-risk¹ attendees is that this space will not be safe and that unmasked people will be present. Furthermore, it suggests that COVID-19 is only a risk to a specific group of people, which is not true. Everyone is at risk of developing Long COVID, regardless of vaccination status or previous fitness levels, and this risk compounds with each reinfection. This is not truly inclusive if maskless attendees will be present and potentially be a large vector of transmission at the event and beyond. ‘One-way masking’ is not as effective compared to everybody masking to reduce inhalation and exhalation of viral loads. With the majority of transmission occurring without symptoms, infected attendees can make any event a superspreader without even knowing it, as well as impact the health of those who didn’t even attend (i.e.: transit, stores).

[1] Being of “high-risk” includes older adults, younger adults, teens, and children with the following medical conditions: cancer, chronic kidney disease, chronic liver disease, chronic lung diseases, cystic fibrosis, dementia or other neurological conditions, diabetes (type 1 or type 2), heart conditions, HIV infection, immunocompromised condition or weakened immune system, mental health conditions, being fat, physical inactivity, pregnancy, sickle cell disease or thalassemia, being a current or former cigarette smoker, solid organ or blood stem cell transplant, stroke or cerebrovascular disease, those who fit the description of substance use disorders, tuberculosis, and disabilities. Disabilities that make it more difficult to do certain activities or interact with the world around them consist of the following: those that need help with self-care and/or daily activities, people with ADHD, people with Cerebral palsy, people with birth defects, people with ASD, cerebral palsy, hearing loss, fragile X syndrome, Tourette syndrome, people with learning disabilities, people with spinal cord injuries, and people with down syndrome according to the CDC. However, being of “high-risk” is not only for the immunocompromised. According to the CDC, age, race, and ethnicity play determining roles in the likelihood of contracting COVID. In addition to the physical health aspects, social determinants of health including 2SLGBTQIA+ identity, ethno-racial identity, and economic precarity compound the negative physical and psychological impacts of contracting COVID.

Additionally, we demand that organizers **understand that the outdoors are not risk-free**, and especially in crowded outdoor areas such as events, COVID-19 can be easily transmitted. **There have been multiple outdoor events tied to outbreaks**, including outdoor music festivals and night markets (Luo, Li, and Zhu, et al., 2023). **This is why using high-quality masks outdoors continues to be essential to avoid transmission; this need for outdoor masking extends to protests.** Before the encampments, this was made evident in multiple western pro-Palestine demonstrations, most notably in Washington D.C. by the American Muslim Task Force for Palestine, which organized a march on Washington for Gaza on January 13th, 2024. They emphasised the importance of masking within all of their promotional materials, uplifted and organized with local mask blocs, and called upon their community to make a commitment to an intersectional understanding of “we keep us safe.”

Mass masking in solidarity towards disability justice and Palestinian liberation did not begin and should not end at the encampment. It is praxis of daily life that must be honoured if we are committed to liberation within our lifetime.

We demand event organizers to understand the ableist and eugenicist implications of perpetuating ugly laws. By telling concerned able and disabled people to stay home in response to being informed of the responsibilities of a community organizer, organizers continue to uphold able comfort, fragility, and thus contribute to the further isolation of disabled people who are aware of the present risks, thus replicating ugly laws.²

[2] Many American cities within the 19th and 20th century had municipal ordinance that fined “any person who diseased, maimed, mutilated, or in any way deformed so as to be an unsightly or disgusting object” for appearing in public. This deemed it illegal to be disabled and present in public, thus criminalising the existence of disabled people—particularly houseless disabled people (Coco A. P., 2010).

Furthermore, we demand event organizers account for perpetuating Ugly Laws. Organizers consistently respond to concerns about COVID by telling disabled people to “just stay home.” This isn’t just defaulting to State-sanctioned eugenics, it’s sustaining a lineage of anti-Blackness and ableism as opposed to sustaining a lineage of liberation.

We demand event organizers and venue spaces to take on the labour of requiring masks in shared community spaces, whether that means engaging in dialogue surrounding COVID safety or providing masks and air purifiers at the event.

We demand nightlife and protest event organizers who have made the commitment towards serving the queer community, especially the BIPOC queer community, to honour the ethos of their commitments through praxis. The scene that you foster as organizers within the so-called city of “Vancouver” should serve as a place of refuge for queer people to engage in queer culture, escape from cis-heternormativity, and co-create a means of defiance of the status quo without being subjected to preventable harm. This must be done to materially honour the cultural history of what it means to participate/create a queer community space. We demand that this is done in honour of our queer elders who threw the first brick.

In the words of Casey Elise on Twitter ". . .People often compare COVID to HIV. A mistake people make when doing this is overlooking the ableism inherent in the response to HIV/AIDS in favour of centering the homophobia aspect of said response.

Homosexuality was removed from the DSM-II in 1937, 9 years before the CDC was alerted to AIDS. That removal was close to the beginning of the AIDS crisis as we are to the Caitlyn Jenner Vanity Fair cover story. The WHO still considered homosexuality a mental illness until 1990.

AIDS had no proven cause. The research paper on the discovery of the virus was published on May 20th, 1983. By that time 1,500 AIDS cases have been reported and 500 had died. We are still determining the causal

mechanism of Long COVID. At least 200 million worldwide have it (Chen et al., 2022), and it's estimated 3500 have died.

When HIV was discovered, it was immediately known to be the cause of AIDS. Subsequent research showed that by the mid 80s, most people who had contracted HIV hadn't developed AIDS. Viral persistence of HIV was known, and the virus was eventually discovered in tissue samples.

Similarly, viral persistence has been found in those with Long COVID. The fact that most HIV+ people hadn't developed AIDS (yet) was used to downplay the virus. "Healthy people do not get AIDS" was a line that was printed in the Playboy cover story of June of 86.

HIV had a median latency of 10 years. With Long COVID, hundreds of millions worldwide are already experiencing long-term symptoms and it's only been a few years of this pandemic. We have yet to uncover the long-term adverse effects and organ damage upon our bodies, particularly in those who have been infected several times thinking they "got over the virus fine and it was mild." With both HIV and COVID, people cannot innately sense the induced organ damage from infection. . ."

We demand the understanding that participating in ableist, individualistic, and/or passive behaviour justified through sentiments and rhetoric such as "healthy people do not get Long COVID" perpetuates the same violence that was perpetuated during the HIV/AIDS crisis through what was printed in the Playboy cover story in June of 1986. Silence equated to violence during the HIV/AIDS crisis and passivity towards masking is the same now.

[3] The National Library of Medicine states that "Viral Persistence is when the viral infection is not cleared but remains in specific cells of infected individuals. Persistent infections may involve stages of both silent and productive infection without rapidly killing or even producing excessive damage to the host cells." Additionally, it has been found that HIV's "Persistence of viral reservoirs forms the major obstacle to achieving HIV eradication or a long-term remission" (Pasternak & Berkhout, 2023). Just as HIV/AIDS has been found to be virally persistent, findings from this (DOI:[https://doi.org/10.1016/S1473-3099\(24\)00171-3](https://doi.org/10.1016/S1473-3099(24)00171-3)) study have shown that residual SARS-CoV-2 otherwise known as Long COVID can persist in patients who have recovered from mild COVID-19 and that there is a significant association between viral persistence and Long COVID symptoms.

Furthermore, deaths and infections in population groups associated with AIDS were seen as acceptable, and even deserving to the 2SLGBTIAQ+ community (France, 2013). We are likewise witnessing similar eugenic attitudes with immunocompromised and existing disabled groups being viewed as “acceptable losses”, despite how both viruses occurring in pre-existing “healthy” bodies.

The 2SLGBTQIA+ community must not disregard the learnings from the previous generation’s resistance against the state and health institutions that sought to similarly downplay HIV/AIDS. The parallels between Long COVID and AIDS are eerily similar, with institutional reluctance to acknowledge the crisis, recommend prophylaxis, fund treatments, and contribute to stigmatizing population groups most at-risk. In resistance and in the “absence of adequate healthcare”, queer communities formed ActUp, and “learned to become [their] own clinicians, researchers, lobbyists, drug smugglers, [and] pharmacists” (France, 2013). ActUp’s confrontation of the NIH, CDC, and federal government shows us what is possible when demanding healthcare equity in the face of mass death, especially in marginalized populations. 2SLGBTQIA+ folks are at even higher risk of adverse outcomes of COVID-19 and Long COVID, and those with HIV are 2–4 times more likely to develop Long COVID. According to the US Census Bureau, transgender people experience the highest rates of Long COVID, followed by bisexual people. In the early days of AIDS, the state ignored mass death. We must honour the lives lost and the elders that survived this crisis. We cannot let history repeat itself with COVID/Long COVID.

With the rise of the “No Pride in Genocide” campaign against pinkwashing and the co-opting of pride we demand the understanding that these sentiments against what is taking place due to the US empire are rendered meaningless, vain, and co-opting what it truly means to be intersectional if pride is partaken in without masks required events, community spaces, and actions. Queer disabled people deserve better from those who portray themselves as comrades in liberation. Disabled people more broadly deserve better than assimilated disabled folks and abled folks generously—rather than accurately—describing themselves as

intersectional and against genocide perpetrators investing in corporate pride as if they themselves are not participating in the genocide that is the perpetuation of ableism and eugenics.

We demand that those who sincerely resonate with the slogan **No Pride in Genocide** mask up in honour of our queer ancestors and in solidarity with disabled agitators for disability justice being that we are in a summer surge of COVID on the unceded territories of what is presently known as “british columbia” and across “canada.”



BE IT RESOLVED

- Make high-quality mask/respirator requirements for your events (protests, raves, live shows, meetings, teach-ins, workshops, etc) and have masks available. Surgical and cloth masks do not provide the level of filtration needed to efficiently prevent COVID transmission.
 - Ensure that if surgicals are provided, and there are no other options available, that they are provided with a mask brace, a badger seal mask fitter, or a DIY mask brace to guarantee a fit seal so that they can be optimized for COVID safe efficiency—MIND THE GAPS: If air can get out, virus can get in! The best mask to wear is one that fits.
 - Ensure organizers and attendees are aware of these requirements, and delegate people to remind attendees to follow them.
- Encourage and require those attending marches, rallies, and actions to mask, and if you are planning a march, rally, action, or teach-in incorporate COVID mitigation strategies into your security plan.
- Urge people to stay home from gatherings if sick, even if they are not testing positive for COVID.
- Hire disability justice advocates to help you do this risk assessment and reduction work if you feel unequipped to do it through the creation of disability justice committees
- Track current COVID data using a variety of sources, including the ones listed below, to inform decisions around gathering.
- Prioritize outdoor or virtual options for meetings. Use HEPA air filters, MERV-13, or CR boxes if needed indoors.
- Encourage updated COVID-19 vaccinations (one dose of the 2023–2024 vaccine) when possible to lower risk of Long COVID and lessen the magnitude of symptoms.

- Encourage people to mask in essential spaces such as public transit, lectures, grocery stores, medical/healthcare buildings, etc.
- Share information about COVID and its impact on our movements within your organizations and on your social media platforms.
- Read through the attached resources and allocate time during leadership meetings to discuss how you will utilize them.
- Include accessibility information and image descriptions when promoting events.
- Discuss how you can collaborate with disabled people and incorporate political education around disability justice into your work.

Sign the petition:

<https://forms.gle/CX9CpPyojzrbGjRu9>

“Every chain of transmission that is broken is valuable. Every person that doesn’t get sick, that doesn’t lose that week of work, that doesn’t become disabled or die, from the minorest of inconveniences, to the greatest of losses: every single one of those things is valuable.”

– Becca on Death Panel podcast, 2/15/23

Resources:

Community “vancouver” resource link of masks, studies, & FAQ:

<https://beacons.ai/covidcommunityresources>

Mask + Clean Air Blocs:

- Masks4EastVan: <https://linktr.ee/masks4eastvan>
- MaskBloc BC: <https://linktr.ee/maskblocBC>
- Clean Air 604: <https://linktr.ee/cleanair604>
- Clean Air Club (Chicago): <https://cleanairclub.org>

Local Advocacy:

- DoNoHarmBC: <https://donoharmbc.ca>,
Instagram: [@donoharmbc](https://www.instagram.com/donoharmbc)
- Protect Our Province BC: <https://protectbc.ca>,
Twitter: https://twitter.com/Protect_BC

Disabled Creators + Educational Resources (Instagram handles):

- [@wandering](https://www.instagram.com/wandering) (Kayli Jamieson, Disabled activist and Long COVID Researcher)
- [@fierceblackfemme](https://www.instagram.com/fierceblackfemme) (Sami Schalk, Black queer disabled author, activist, and educator)
- [@sheabutterfemme](https://www.instagram.com/sheabutterfemme) (K (Toyin) Agbebiyi, organizer, writer, and strategist)
- [@disability_visibility](https://www.instagram.com/disability_visibility) (Alice Wong, Disabled activist and Writer)
- [@crutches_and_spice](https://www.instagram.com/crutches_and_spice) (Imani Barbarin, Black Disability Writer)
- [@luckytran](https://www.instagram.com/luckytran) (Dr. Lucky Tran, Science Communicator)
- [@plagueprose](https://www.instagram.com/plagueprose) (R. O’Neal, disability justice advocate)
- [@peoplescdc](https://www.instagram.com/peoplescdc) (People’s CDC, pandemic news and data, advocacy)
- [@laughterinlight_phd](https://www.instagram.com/laughterinlight_phd) (Dr. Melanie Matheu, Immunologist)
- [@covidvaccinefacts](https://www.instagram.com/covidvaccinefacts) (Science Communication by Physicians)
- [@long_hauler_haven](https://www.instagram.com/long_hauler_haven) (Lily Laine, Disabled, Long COVID Advocate)
- [@covidcanary](https://www.instagram.com/covidcanary) (Covid safety news, resources, community stories)
- [@lola.germs](https://www.instagram.com/lola.germs) (Lola, Science Communicator specialising in Masks)
- [@thesicktimes](https://www.instagram.com/thesicktimes) (Non-profit news site covering Long COVID/the pandemic)

Covid Aware Community:

- [@berlin_buyers_club](#) (Advocacy collective of young people with Long COVID)
- [@covidisntover](#) (Weekly virtual hangouts of those still ‘Coviding’)
- [@ps4.future](#) (Pandemic Solidarity for the Long Future, virtual convening space for BBIAPI, first one occurred March 8–10th)

JULY 16 , 2024

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