A Resolution to Ensure the UCLA Community’s Health, Safety, and Wellness in Response to COVID-19

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WHEREAS, the Undergraduate Student Association Council’s highest priority is to protect the health, safety, and welfare of the students, faculty, and staff, and

WHEREAS, the University of Los Angeles, California has a duty to its students, staff, faculty, and the community at large to provide consistent updates and reminders of infectious disease protocols, news, and best practice, as well as free and easily accessible resources for disease mitigation such as high-quality masks and tests, and thoroughly ventilating all spaces, and

WHEREAS, UCLA’s Infectious Disease Management Team (IDMT) was quietly disbanded in December 2023 with no announcement, despite their statement of purpose saying that “The university must continue to manage our COVID-19 response and recovery efforts, with the realization the pandemic and its impact on academic and administrative operations will persist for the foreseeable future.”, and

WHEREAS, all students, staff, and faculty deserve to safely access their education and jobs without being under the constant threat of infection from multiple disabling diseases, including COVID-19, measles, tuberculosis, and more, and

WHEREAS, lack of universal layered mitigation measures such as high-quality masking, thorough ventilation and air filtration, etc., for indoor spaces and crowded outdoor spaces leads to thousands of student, staff, and faculty absences due to illness, having a significant negative impact on learning, livelihoods, and health, and

WHEREAS, despite evident health risk, the UC system and the state, local, and federal levels of government are demonstrating pervasive negligence in acknowledging the grave severity of COVID-19 and infectious airborne disease. Students, faculty, and staff are forced to attend school and the workplace without layered protective mitigation measures in place,³ and

WHEREAS, inexcusably, the pervasive negligence of the state, local and federal levels of government and the UC has DIRECTLY created the hazardous, perilous status quo for our UCLA community,³,⁴ and

WHEREAS, the federal government has stated that masking “is not something [they] get involved in,”⁵ so the UCLA administration must be taking actions on an institutional level to protect the community, and

WHEREAS, over 1000 people have died of COVID-19 each week since August 26,⁶ and “COVID levels are two to 19 times higher than numbers being reported around the world, a WHO official said Friday [Jan 12, 2024], citing wastewater data”⁷, displaying how state, local, federal, and global levels of COVID continue to be severely undercounted and underreported due to the dismantling of COVID tracking, testing, and reporting, with wastewater data being the most accurate representation of current COVID population levels,⁸ and UCLA is directly contributing to this lack of accurate data representation, and

WHEREAS, despite COVID-19 levels surging to become the second largest wave so far in the pandemic at the beginning of the 2024 Winter Quarter,⁶ UCLA did not send out a single campus-wide email about COVID-19 news, policies, and resources the whole Winter Quarter,⁹ and

WHEREAS, the UCLA Administration, specifically Administrative Vice Chancellor Michael Beck and Vice Chancellor Monroe Gorden, refused FOUR TIMES to make a campus-wide BruinPost on infectious disease, updated health information, COVID-19, or the Disabled Student Union’s “Health Promotional Initiative” that the Ashe Center, DSU, the USAC, and Admin are currently implementing together,¹⁰ and

³ https://prismreports.org/2023/04/20/covid-19-state-has-abandoned-us/
⁵ https://twitter.com/prognosticchats/status/1743746317472477407?s=46&t=btUuw-seuHsk08GeTTsfkg
⁸ https://youtu.be/YkqAmg63ZSs?t=1580
⁹ https://covid-19.ucla.edu/updates/
WHEREAS, wealthy, privileged, upper-class people and government officials are continuing to protect themselves from COVID at events for themselves through testing requirements, most updated vaccine recommendations, a COVID-19 hotline, frequent disinfection and “state-of-the-art” ventilation, and

WHEREAS, “As the U.S. crosses the grim milestone of 1 million deaths from Covid-19, U.S. billionaires have seen their combined wealth rise over $1.7 trillion, a gain of over 58 percent during the pandemic. This troubling juxtaposition underscores the story of unequal loss and sacrifice during the worst pandemic in a century. While billionaires have seen their wealth surge, millions have lost their lives and livelihoods.”, and

WHEREAS, at the same time that wealthy people from around the world convene safely, many of them are systematically stripping away COVID protections from everyone else — such as removing paid sick leave for COVID, the federal government stopping the USPS home tests delivery, the CDC lowering the 10-day isolation period for COVID-19 to 5 days in 2021 following lobbying from airlines, the CDC ending daily reporting of COVID case and death data, UCLA forcing everyone back in person in 2022, UCLA almost eliminating isolation housing, UCLA removing many PCR testing sites and removing the requirement of a negative test to end isolation, and more — which largely disenfranchises disabled people, students, poor people, working class people, Black, Brown, and Indigenous people, and people of color, and

WHEREAS, untracked, circulating COVID-19 leads to more viral mutations and immune-evasive variants such as the JN.1 variant derived from the highly mutated BA.2.86 variant, where the lack of surveillance and mitigations to stop spread has led to the World Health Organization admitting it is deeply concerned that there is not enough rapid information being shared to truly track and respond to COVID-19 in a timely manner, and

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12 https://inequality.org/great-divide/updates-billionaire-pandemic/  
18 https://femmagazine.com/strike-for-our-safety-protesting-the-push-for-in-person-classes/ (the Mother Orgs + the DSU represent UCLA's students of color and queer and disabled students, who comprise a majority of the student body, and the Strike For Our Safety received tremendous support from democratically elected USAC officers)  
21 https://www.youtube.com/watch?v=1KkUdFBB5Ac
WHEREAS, the Biden administration has amassed over 1.1 million CONFIRMED deaths from COVID-19 during its term, which by its own and all reasonable standards is a horrific failure to fulfill the most basic responsibilities of government. The federal government continues to pretend the pandemic is not a threat anymore to the public at large while continuing to take their own internal precautions, and

WHEREAS, after Winter 2023-2024, the total (cumulative) global excess death toll of COVID has reached 28.5 million people and excess cases from just this winter in the U.S. reached nearly 100,000,000, and

THEREFORE, LET IT BE RESOLVED, UCLA must uphold its Principles of Community from the UCLA Mission Statement, where it claims that “We affirm our responsibility for

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22 https://twitter.com/JoeBiden/status/1319446692236791814
23 https://covid19.who.int/region/amro/country/us
24 https://www.whitehouse.gov/briefing-room/statements-releases/2022/02/04/statement-by-president-joe-biden-on-90,0000-american-deaths-from-covid-19/
creating and fostering a respectful, cooperative, equitable and civil campus environment for our
diverse campus communities.” 26 and

LET IT BE RESOLVED, the Undergraduate Student Association Council needs to hold UCLA
accountable and ensure UCLA upholds its commitment to providing a space for learning and
community for minorities/underrepresented/vulnerable communities by enacting the following
asks, as well as commit to engaging with disabled and marginalized communities to inform their
work on campus, per the slogan “nothing about us without us.” 27

26 https://www.ucla.edu/about/mission-and-values
SECTION I: COMMUNICATION, INFORMATION, and TRANSPARENCY

WHEREAS, UCLA’s notifications about COVID-19 since Winter 2020 have been decreasing, now at ZERO (0) notifications as of Winter 2024, as displayed in the graph below pulling from UCLA’s updates website, and

WHEREAS, the dwindling number of messages about COVID-19 shows a lack of dedication and care for the UCLA community — especially BIPOC, LGBTQIA+, and disabled constituents, and those who sit at the intersections of those identities. These communities have historically been blocked from access to education about infectious disease and healthcare, disproportionately experience health disparities, and are at heightened risk for severe negative outcomes from COVID-19. Ending consistent and regular campuswide communications about COVID-19 is dangerous for everyone, and particularly for marginalized groups, as well as contradictory to the actual state of COVID-19 which continues to kill and disable thousands of people per week, and

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WHEREAS, UCLA ceasing communication about COVID-19 and infectious diseases on its campus is linked to the unannounced termination of the Infectious Diseases Management Team (IDMT) and lack of BruinPost updates. The IDMT page remains up with no notifications about disbanding. The Disabled Student Union found out the IDMT had been disbanded only after emailing one of the previous members to express concern about UCLA’s COVID-19 protocols. The disbanding of the Infectious Disease Management team in December 2023 without public notification prevents regular and thorough communication about COVID-19 and all infectious diseases on UCLA’s campus, and

WHEREAS, in light of LACPH, CADPH, and the CDC weakening COVID-19 guidance to a 24hr isolation for those infected with COVID-19 that don’t have a fever and have ‘improving symptoms,’ the DSU advocated to UCLA Administration to implore that UCLA keep, at minimum, its 5-day isolation protocol for staff/faculty and students until further notice. However, following confirmation that UCLA will be keeping the 5-day isolation, the UCLA Administration, specifically Administrative Vice Chancellor Michael Beck and Vice Chancellor Monroe Gorden, refused FOUR TIMES to make a campus-wide BruinPost on the maintained 5-day isolation for UCLA, infectious disease, updated health information, COVID-19, or the

32 https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Beyond-Blueprint.aspx
33 https://prismreports.org/2024/03/25/experts-advocates-criticize-weakened-covid-guidance/
Disabled Student Union’s “Health Promotional Initiative” that the Ashe Center, DSU, the USAC, and Admin are currently implementing together, and

WHEREAS, the “Health Promotional Initiative” includes four new signs on the importance of layered mitigation strategies, airborne transmission and risky situations, the importance of masking, and Long COVID that are now on every UCLA building, but UCLA Administration refuses to make a campuswide announcement about the new signage, and

WHEREAS, content of the previous BruinPosts from the IDMT have been misleading, where messaging in the Sep 22, 2023 BruinPost mentions handwashing before masking in relation to protection from COVID-19, an aerosolized disease. Additionally, IDMT did not cite their sources in terms of ‘severity remaining low’ for COVID-19, as discussed in previous sections, wastewater levels are currently the only accurate way of measuring the prevalence of COVID, and by not ignoring wastewater levels IDMT dramatically underestimated the threat posed by COVID, and

WHEREAS, as mentioned in DSU’s previous resolution, in the Sep 22, 2023 BruinPost, it mentions that for students who test positive for COVID-19, “The Exposure Management Team will provide students with an individualized assessment, including instructions on isolation and further testing, and will notify individuals identified as close contacts (as capacity allows).” Isolation housing is not mentioned in this email at all. This lack of transparency is unfair to the student body, especially when the BruinPost was sent out after many students had already moved-in, and

THEREFORE, LET IT BE RESOLVED, in conjunction with ex-Chair of the IDMT and current Administrative Vice Chancellor Michael Beck, Tim Groeling from the Department of Communication, Chief of Staff Michelle Sityar from Administration, and the rest of the acting administrators that offer direct insight into infectious disease on campus and at large such as members of the Arthur Ashe Center, we demand:

1. the immediate reinstatement of the Infectious Disease Management Team, making sure to include at least one undergraduate and graduate student representative — especially making an effort to include marginalized groups
2. to make the IDMT meetings recorded and public with a public comment section, and

LET IT BE RESOLVED, that UCLA/IDMT immediately resumes campuswide BruinPost updates on infectious disease resources, protocols, and news for the UCLA community to be sent out indefinitely and quarterly, at MINIMUM, and

LET IT BE RESOLVED, that UCLA/IDMT immediately sends out a campuswide BruinPost with infectious disease resources, protocols, news, and updates to the UCLA community, including information on the Health Promotional Initiative with credit given to the DSU, Ashe, various UCLA Administrative teams, and the USAC, and

LET IT BE RESOLVED, the USAC urges the University of California Los Angeles to immediately update all of their websites that have outdated health information regarding COVID-19 and infectious disease, as misinformation is dangerous and will lead to further preventable infections and sickness and death, jeopardizing people’s health, safety, and well-being, especially BIPOC, LGBTQIA+, and disabled constituents, and those who sit at the intersections of those identities, and

LET IT BE RESOLVED, the USAC urges the University of California Los Angeles to prioritize the messaging of high-quality, consistent, universal masking being effective against airborne viruses such as COVID-19, with handwashing being important but not the number one prevention strategy for airborne diseases.

36 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9114791/
SECTION II: LONG COVID

WHEREAS, the long-term risks of COVID-19 infection are common, and data shows “a consistent pattern of increased likelihood of hospitalization, cardiovascular effects, clotting and other blood disorders, diabetes, fatigue, gastrointestinal distress, kidney damage, mental health effects such as depression, musculoskeletal damage, neurological deficits, and pulmonary damage with each episode,” and

WHEREAS, as pictured below in the image “COVID-19: Lasting Impact” from a renowned study done by Washington University researchers, “Even those survivors with mild initial cases can have wide-ranging health issues for six months or more.” Follow-up research by the same authors indicates lasting Long COVID symptoms for at least two years, and

WHEREAS, at least 75% of adults in the U.S. are considered at high-risk for severe outcomes from COVID-19 infection by CDC criteria, based on medical risk factors in the population ALONE, contrary to the notion that only immunocompromised, chronically ill, disabled, or old people are at heightened risk, and

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37 https://www.harvardmagazine.com/2022/12/covid-reinfection
38 https://medicine.wustl.edu/wp-content/uploads/Long-Covid.jpg
39 https://www.nature.com/articles/s41586-021-03553-9
40 https://www.nature.com/articles/s41591-023-02521-2
41 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7880833/
WHEREAS, anyone who is BIPOC, LGBTQIA+, has depression, anxiety, any mood disorder or mental illness, or has ever had COVID-19 in the past is at additional heightened risk for severe illness and Long COVID for asymptomatic and symptomatic cases of COVID-19,\textsuperscript{42,43} and

WHEREAS, BIPOC make up close to 65\% of UCLA’s undergraduate population alone, and therefore most of UCLA’s undergraduate population is at heightened risk just based off of demographic data,\textsuperscript{44} and

WHEREAS, 31.1\% of all American adults who have previously had COVID reported lasting symptoms three months after initial infection, AKA Long COVID,\textsuperscript{45,46,47} and

WHEREAS, marginalized genders and LGBTQ+ people have the highest rates of Long COVID in comparison to cishet straight men, with transgender people having the highest rates of Long COVID at a staggering 48.5\%, as displayed in Figure 1.,\textsuperscript{46} and

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\begin{figure}
\centering
\includegraphics[width=\textwidth]{figure1.png}
\caption{Share of COVID-19 Sufferers Who Had Long COVID by Age, Race, Sex (In percent)}
\end{figure}

Note: Estimates from respondents ages 18 and older surveyed June through December 2022.
Source: U.S. Census Bureau, Household Pulse Survey Public Use File Weeks 46 through 52.

\textsuperscript{42} https://www.yalemedicine.org/conditions/long-covid-post-acute-sequelae-of-sars-cov-2-infection-pasc
\textsuperscript{43} https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html
\textsuperscript{44} https://www.ucla.edu/about/facts-and-figures
\textsuperscript{45} https://www.census.gov/library/stories/2023/05/long-covid-19-symptoms-reported.html
\textsuperscript{46} https://www.census.gov/library/stories/2023/05/long-covid-19-symptoms-reported.html
\textsuperscript{47} https://www.help.senate.gov/imo/media/doc/baf4e4e7-b423-6bef-7cb4-1b272df66eb8/AI-Al%20Testimony.pdf
WHEREAS, adults without a high school degree are more likely to report Long COVID symptoms, and “those at the top income distribution (more than $100,000) were less likely than those at the bottom (less than $100,000) to report Long COVID”, and

Figure 2.
Share of COVID-19 Sufferers Who Had Long COVID by Education, Income
(In percent)

<table>
<thead>
<tr>
<th>Educational attainment</th>
<th>Overall</th>
<th>31.1</th>
</tr>
</thead>
<tbody>
<tr>
<td>No high school degree</td>
<td>40.9</td>
<td></td>
</tr>
<tr>
<td>High school degree</td>
<td>32.9</td>
<td></td>
</tr>
<tr>
<td>Some college</td>
<td>35.1</td>
<td></td>
</tr>
<tr>
<td>College degree</td>
<td>23.6</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Income (universe limited to 2 adults, 2 child households)</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $25,000</td>
<td>45.4</td>
</tr>
<tr>
<td>$25,000 - $34,999</td>
<td>40.7</td>
</tr>
<tr>
<td>$35,000 - $49,999</td>
<td>33.6</td>
</tr>
<tr>
<td>$50,000 - $74,999</td>
<td>29.8</td>
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<td>$75,000 - $99,999</td>
<td>27.5</td>
</tr>
<tr>
<td>$100,000 - $149,999</td>
<td>22.4</td>
</tr>
<tr>
<td>$150,000 - $199,999</td>
<td>19.3</td>
</tr>
<tr>
<td>$200,000 and above</td>
<td>15.0</td>
</tr>
</tbody>
</table>

Note: Estimates from respondents ages 18 and older surveyed June through December 2022. Due to the categorical nature of the income categories, it was necessary to only make comparisons of households that were the same size and composition.
Source: U.S. Census Bureau, Household Pulse Survey Public Use File Weeks 46 through 52.
**WHEREAS**, adults experiencing financial insecurity, food insufficiency, mental health hardship, housing insecurity, and job insecurity are much more likely to experience Long COVID symptoms, as pictured below in Figure 3, a representation of data pulled from the U.S. Census Bureau Household Pulse Survey,\(^46\) and

![Figure 3. Percent of Adults Experiencing Hardship for each COVID-19 Category](image)

**WHEREAS**, Long COVID qualifies as a disability when it substantially limits one or more major life activities under the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act,\(^48\) and “Major life activities’ include a wide range of activities, such as caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, writing, communicating, interacting with others, and working. The term also includes the operation of a major bodily function, such as the functions of the immune system, cardiovascular system, neurological system, circulatory system, or the operation of an organ.”, and

WHEREAS, there are no cures for Long COVID or comprehensive validated treatments for Long COVID, and

WHEREAS, the best way to avoid Long COVID and its disablement akin to heart disease, AIDS, and cancer is to avoid contracting COVID-19, and

WHEREAS, in the recent Senate hearing on Long COVID by the Committee on Health, Education, Labor and Pensions (HELP), COVID experts and those impacted by Long COVID expressed the urgency of support for the general population, and

WHEREAS, tens of millions of people have Long COVID in the U.S. alone, and millions more Long COVID cases are emerging due to the Winter 2024 wave and the continued transmission of COVID-19 worldwide, and

WHEREAS, a national survey was supplied through the Association on Higher Education And Disability membership distribution list, “To investigate whether guidance and/or resources were provided to support students with Long COVID, disability resource professionals were surveyed on institution communication strategies used during the 2021-2022 academic year. Of those who completed the survey, 46.43% of DRPs indicated that their institutions had no communication on Long COVID with the campus community. According to respondents, 83.57% had not created any student resources on Long COVID and 78.57% reported not having created any resources for faculty in working with students with Long COVID. Overall, three-quarters of surveyed DRPs noted that their offices had yet to provide any communication or guidance to their campus communities on information related to supporting students’ Long COVID cases.” and

WHEREAS, UCLA has only supplied LIMITED information on Long COVID to its constituents because of the Disabled Student Union’s signage campaign, and has otherwise stayed entirely silent on Long COVID and its effects on the UCLA community, and

49 https://www.nature.com/articles/d41586-024-00901-3
51 https://thetyee.ca/Analysis/2024/02/06/Why-So-Quiet-Long-COVID/?utm_source=twitter&utm_medium=social&utm_campaign=editorial
53 http://dx.doi.org/10.15585/mmwr.mm7306a4
54 https://doi.org/10.1002/dhe.31444
WHEREAS, the Center for Accessible Education (CAE) at UCLA is already short staffed, underfunded, and overworked, and is ill-equipped to handle current student needs — let alone thousands more students needing accommodations due to Long COVID, and

WHEREAS, disabled students and students needing accommodations due to illness — including but not limited to immunocompromised status, chronic illness, Long COVID, myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS), or an active infection that they don’t want to spread to others — get ignored by professors and let down by CAE specialists, worsening their conditions and impeding learning and engagement. This shows the need for a wider, comprehensive education of the UCLA community, as well as structural support for all students.

THEREFORE, LET IT BE RESOLVED, the USAC will urge UCLA to take necessary actions outlined in SECTION IV: LAYERED MITIGATION MEASURES to mitigate COVID risk and thus Long COVID risk, and

LET IT BE RESOLVED, the USAC will urge UCLA to have a non-UC-affiliated third-party audit the Center for Accessible Education in order to ensure disabled students as well as those continuing to become disabled by Long COVID are being supported in accessing their education, and

LET IT BE RESOLVED in conjunction with Vice Chancellor of Strategic Communications Mary Osako, where Strategic Communications manages the UCLA COVID-19 website, we demand that UCLA immediately dedicate a page on the UCLA COVID-19 website to Long COVID and include educational materials and up-to-date facts and figures, such as to sites like longcovidlearning.org, updating the information on at least a quarterly basis, and

LET IT BE RESOLVED, the USAC will urge UCLA to implement aforementioned website changes by the end of Spring Quarter 2024 and no later than the end of Summer 2024, and

LET IT BE RESOLVED, that the USAC urges the Executive Director of UCLA Transportation Tony Lucas and UCLA Strategic Communications to place the new updated Health Promotional Initiative signage on University affiliated transportation such as BruinBus, Bruin Access, Safe Ride, etc. to accurately represent policy and display the importance of COVID-19 mitigation and COVID-19 information.

55 https://dailybruin.com/2024/02/02/its-just-a-fact-understaffed-cae-office-fails-to-meet-students-needs
SECTION III: FAIR LABOR STANDARDS and COMPENSATION

WHEREAS, student workers counted as ‘Casual/Restricted’ or ‘Per Diem’ do not typically receive sick pay or sick leave for illness and when they do it is based on accrual which suggests someone must earn the right to be able to be sick and also survive, placing extreme hardship on students who depend on their job, and Teaching Assistants (TAs) do not receive adequate sick pay or sick leave either as they are not full-time employees, and

WHEREAS, Residential Assistants in particular are not provided adequate sick leave or sick pay\(^56\) and with UCLA making isolation housing extremely inaccessible, Residential Assistants and other ResLife and Housing workers should not be expected to perform their duties while they themselves are sick, and

WHEREAS, in the Student Labor Advocacy Project and the Disabled Student Union’s Grievance Form\(^57\) that was shared to our student worker body to gather their experiences working at UCLA:

1. 100% voted that they agree that sick pay is necessary to their well-being as a worker.
2. 80% of these respondents voted that they strongly agree that sick pay is necessary to their well-being as a worker.
3. 45% of people said they were pressured to come into work sick. A quotation from a student worker says, "Sick pay and fair wages are essential provisions that should be bare minimum!" and,

WHEREAS, workers are pressured to come into work sick when they are not given sick pay or benefits, or have unsafe working conditions. In the Grievance Form, 20% of respondents reported that they caught COVID-19 from their workplace. Further, 85% of respondents said they agree that their workplace should have better COVID-19 and infectious disease mitigation measures in place. One of these respondents stated that they “wish we were able to require masks in the space though, and the University prevents us from doing that.”

WHEREAS, former UC President Janet A. Napolitano issued an executive order March 16, 2020 providing all employees with 128 hours of paid administrative leave specifically for COVID-19 related reasons\(^58\) but no further sick leave/pay provisions have been made for the past 3.5 years, and

\(^{56}\) [https://reslife.ucla.edu/employment/resident-assistant-job-description](https://reslife.ucla.edu/employment/resident-assistant-job-description)

\(^{57}\) [https://tinyurl.com/workergrievanceform](https://tinyurl.com/workergrievanceform)

WHEREAS, the Higher Education Emergency Relief Fund that distributed grants to students that demonstrated financial need through their 2021/2022 FAFSA or Dream Act, although minimal, was extremely beneficial to students who received the grants, but the Fund was not active for the 2022-2023 academic year,

WHEREAS, although minimal, American Federation of State, County and Municipal Employees (AFSCME) 3299 workers accrue 0.046154 hours of sick pay credit for each hour of work on pay status, not including overtime work, and

WHEREAS, AFSCME 3299 workers are allowed to accumulate and utilize an unlimited amount of sick pay credit for personal injury, illness, and/or disability, and

WHEREAS, AFSCME 3299 workers, when they have a worked-incurred injury or illness, are granted two-thirds of the gross wages lost while recovering from the job injury through the California Workers Compensation Act. AFSCME 3299 workers are permitted to use their accrued sick leave to supplement the two-thirds payment while recovering, and

WHEREAS, AFSCME 3299 workers are allowed to use up to 30 days of accumulated sick leave per year when an employee is required to be in attendance/provide for a parent, grand-parent, or child’s illness, disability, or health condition, and

WHEREAS, AFSCME 3299 workers are allowed up to five days of accumulated sick pay to attend to the death of a “parent, spouse, or children, brother, sister, grandparent, grandchildren, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, or step–relatives; or any other person for whom the employee has a personal obligation who is residing in the employee’s household,” and

WHEREAS, AFSCME 3299 workers are allowed to utilize sick pay so long as they notify their supervisor no later than the beginning of the employee’s work day, and if UCLA requires their AFSCME 3299 employee to be seen by a physician to provide verifiable proof of illness or injury, “the University shall pay the reasonable costs” of the medical evaluation but the visit will be on the employee’s work time, and

WHEREAS, the University has the right to determine whether an AFSCME 3299 employee’s use of sick pay is abusive and can deny future instances of sick pay, “irrespective of the nature or duration of illness” use so long as the University provides prior written notice.

59 https://financialaid.ucla.edu/higher-education-emergency-relief-fund-heerf3-faq
60 https://ucnet.universityofcalifornia.edu/labor/bargaining-units/ex/docs/ex_38_sick-leave.pdf
61 https://www.dir.ca.gov/dwc/TemporaryDisability.htm
THEREFORE, LET IT BE RESOLVED in conjunction with ASUCLA Student Union Director Roy Champawat, ASUCLA CEO Pouria Abbassi, the rest of the ASUCLA Leadership, Assistant Vice Chancellor of Student Development and Executive Director of Residential and Student Life Suzanne Seplow, Assistant Vice Chancellor of Housing and Hospitality Services Peter Angeles, we demand accommodations for students and faculty on sick leave and compensation for all UCLA and ASUCLA workers, and

LET IT BE RESOLVED, the USAC will urge the University of California, Los Angeles and ASUCLA to provide sick pay, paid time off, and sick leave for illness to student workers, Residential Assistants, Teaching Assistants, and all other University workers and ASUCLA workers who do not currently have those policies in place in their job contract, and

LET IT BE RESOLVED, the USAC will urge the University of California, Los Angeles and ASUCLA to make a public, direct statement to the UC Regents in support of providing, and provide, AT MINIMUM the same AFSCME 3299 protections for student workers, part time workers, Residential Assistants, Teaching Assistants, and all other University and ASUCLA workers who do not currently receive the protections that AFSCME workers receive, relative to sick pay, sick leave, and disability leave as detailed above, and

LET IT BE RESOLVED, the USAC recognizes that the AFSCME 3299 protections are a minimum, have substantial room for improvement, and are not the bar to meet but rather the standard to surpass, etc… AND the USAC will commit to continuing to advocate to the University for expansions upon these protections, and

LET IT BE RESOLVED, the institution of these provisions proves even more necessary with respect to COVID-19, concerning both individuals who get infected with COVID-19, as well as the effects of Long COVID on the workforce and what that entails — people getting sick more often, more injuries occurring, and more illness in general, which calls for upgrades to protections and more accessible workplaces, and

LET IT BE RESOLVED, the USAC asks the University of California, Los Angeles and ASUCLA to commit to working with students, workers, and faculty to develop policies and programs upholding the rights and advancing the wellbeing of people at UCLA and beyond who are suffering from Long COVID, including, but not limited to: providing good-quality patient-centered care and all necessary accommodations and support for all UCLA students, workers, and faculty with Long COVID.

[62 https://www.asucla.ucla.edu/board-of-directors]
SECTION IV: LAYERED MITIGATION MEASURES

MASKING and PERSONAL PROTECTIVE EQUIPMENT

WHEREAS, UCLA has a “strong recommendation for masks” indoors, but forbids individual departments and groups from requiring masks in their spaces for the sake of ‘equity’ and the political optics of ‘normal.’  UCLA cannot claim it is prioritizing the health and safety of its constituents when it prevents departments and groups that want to protect the health and safety of everyone from requiring masks, and

WHEREAS, only through the advocacy of the Disabled Student Union, the USAC, and other campus organizations, has UCLA been provided with high quality respirators (N95, KN95, and KF94s) across UCLA as part of the DSU x Ashe x USAC Health Promotional Initiative, and

WHEREAS, UCLA must maintain Mask Distribution operations and enhance distribution channels to create accessibility to a variety of masks to provide its constituents with the best resources that we as a #1 public University can offer. This is critical because NIOSH testing is made for white male faces and KN95 and KF94 masks offer better fit for many non-white-male individuals, and protection is maximized when respirators are high quality and well-fitting for the wearer, since surgical masks offer some protection but not nearly as much as respirators, and

WHEREAS, prior to the Disabled Student Union’s advocacy, the provision of masks at UCLA was largely handled by a small number of members of the Environment, Health & Safety (EH&S) department, whose job descriptions do not include mask ordering and management, but who took on ordering and mask provision for the UCLA PPE store out of necessity, and

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65 https://macsphere.mcmaster.ca/bitstream/11375/28032/2/Sheikh_Fatima_202208_MSc.pdf
68 https://brieflands.com/articles/healthscope-62884.html
69 https://ehjournal.biomedcentral.com/articles/10.1186/1476-069X-10-17
70 https://www.researchgate.net/publication/6470259_Racial_Differences_in_Respirator_Fit_Testing_A_Pilot_Study_o f_Whether_American_Fit_Panels_are_Representative_of_Chinese_Faces
71 https://www.axios.com/2022/01/11/n95-mask-protection-covid
72 https://www.cidrap.umn.edu/covid-19/commentary-wear-respirator-not-cloth-or-surgical-mask-protect-against-respir atory-viruses
WHEREAS, the combination of worsening climate crises and environmental disasters means that air quality is worsening, and additional infectious diseases have been, and will be worsened by climate hazards — “Over half of known human pathogenic diseases can be aggravated by climate change”. Infectious disease and pandemics are present and imminent, reflecting the need for high quality, well-fitting masks to be permanently available and accessible to the UCLA community, and

THEREFORE LET IT BE RESOLVED, in conjunction with the Administrative Vice Chancellor Michael Beck, Vice Chancellor of Student Affairs Monroe Gorden, and Vice Chancellor of Strategic Communications, Mary Osako, supported by Chief of Staff from Administration, Michelle Sityar, we demand the following:

1. EITHER:
   a. the funding of at least two positions for EH&S or the Ashe Center to continue Mask Distribution and ordering logistics, created and staffed by the end Summer 2024
   b. The building of a reimbursement system and permanent allocation of at least $10,000 per year for (at minimum) all sites in the Health Promotional Initiative to be able to order respirators for their site and get reimbursed, plus an accessible workflow for the process, created and implemented by the end of Summer 2024
2. The ordering and provision of the aforementioned respirators and masks (N95, KN95, KF94, and surgical) at all front desk sites of the initiative to be a required and expected part of regular operations, and for the relevant administrative groups (Strategic Communications, etc.) to communicate these expectations at the start of every quarter at the minimum

LET IT BE RESOLVED, that the USAC commits to helping the Disabled Student Union advocate to the mentioned administrators by endorsing their support of the Health Promotional Initiative and the importance of providing free, accessible, high quality respirators for the UCLA community.

TESTING

WHEREAS, and at the peak of testing and reporting, the CDC still estimated that only ~25% of COVID-19 cases were reported, and

73 https://www.epa.gov/climateimpacts/climate-change-impacts-air-quality
74 https://www.nature.com/articles/d41586-022-02167-z
75 https://www.hsph.harvard.edu/c-change/subtopics/coronavirus-and-climate-change/
76 https://oem.bmj.com/content/75/6/446
WHEREAS, “a significant proportion of COVID-19 transmission is asymptomatic or presymptomatic – potentially as high as 60%”\(^{78,79}\) and “Rapid COVID tests miss 90% of asymptomatic cases” with single administration versus serial testing multiple times over the course of multiple days,\(^{80}\) indicating the need for consistent, accurate testing to be available and administered, as well as universal layered mitigations of masking, ventilation, testing, etc., and

WHEREAS, UCLA has been providing free PCR testing by providing an open basket of PCR tests, and also through the following avenue: “Any student, staff, faculty or approved non-affiliates with an active BruinCard can receive up to two self-test kits each week using the vending machines available on campus. BruinCards automatically receive a weekly credit to be used to purchase COVID-19 tests from these dedicated machines. Credits will not be valid at any other vending machines or for any other use.”\(^{81}\) UCLA should continue to keep this system active, and

WHEREAS, the discontinuation of requiring and tracking weekly PCR testing and of many of the easily accessible vending machines for PCR test drop-offs is very dangerous to the UCLA community,\(^{82}\) and

WHEREAS, the provision of PCR testing machines, pick-up, and processing is due to the incredible work of UCLA SwabSeq laboratories, created specifically in response to COVID-19.\(^{83}\) UCLA must ensure that UCLA SwabSeq continues to be funded to provide free, accurate testing to UCLA constituents, and

THEREFORE, LET IT BE RESOLVED in conjunction with the UCLA Administration, Department of Human Genetics and the Department of Computational Medicine, UCLA Health, and Octant, we demand that UCLA maintain at minimum the current PCR and rapid test machines and drop-off sites, as listed here,\(^{84}\) and

LET IT BE RESOLVED, that the USAC urges the University of California Los Angeles to help SwabSeq broadcast the continued availability of free PCRs on campus as the most accurate form of COVID-19 testing that UCLA provides for free, and

LET IT BE RESOLVED, that the USAC urges the University of California Los Angeles to provide easily accessible free Rapid Antigen Tests available to all UCLA constituents through

\(^{78}\) https://abcnews.go.com/Health/covid-transmission-asymptomatic/story?id=84599810
\(^{79}\) https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2774707
\(^{80}\) https://www.nature.com/articles/d41586-023-02254-9
\(^{81}\) https://www.studenthealth.ucla.edu/covid-19-self-test-options-campus
\(^{83}\) https://swabseq.commped.ucla.edu/news-page/barda
BruinCard access, which includes providing tests on-site for all University-owned housing at the front desks for each Hall on the Hill, as well as off-campus University-owned housing at the front desk, as well as making all Rapid Test Vending Machine locations free of charge (Ackerman Union A Level, Haines Hall, Pauley Pavilion, Neuroscience Building, Ackerman Union Student Store, Bruin Health Pharmacy), and

LET IT BE RESOLVED, the USAC will urge the University of California Los Angeles to provide explanations of the importance of wastewater testing on the UCLA COVID-19 website on the COVID case dashboard, linking to wastewater levels in Los Angeles county such as those through Biobot\(^{85}\) and explain how to read and interpret wastewater levels.

VACCINES and MEDICATION

WHEREAS, due to waning immunity from previous COVID vaccines and constant variant mutations, and that immunity provided by vaccine doses wanes quickly,\(^{86}\) repeated and timely updated COVID vaccinations for the population are vital and call for urgent messaging. On September 12, 2023, the Center of Disease Control (CDC) “is now recommending updated COVID-19 vaccination for everyone 6 months and older to better protect you and your loved ones.”\(^{87}\) The new vaccine is meant to replace the initial primary series of vaccination for COVID-19, since the immunity provided from the initial primary series has waned enough to be not effective enough against the new variants, and is therefore not a ‘booster.’\(^{88}\) However, the University of California has not informed its constituents enough about the new XBB 1.5 COVID-19 vaccine in terms of the availability of both Moderna, Pfizer, AND Novavax, nor stated or updated their systems to reflect that unless students, faculty, and staff to get the new COVID vaccine, then they are NOT up-to-date, per the CDC, and

WHEREAS, the University of California Los Angeles, as well as the UC wide system, already requires an annual influenza vaccination, as well as Tuberculosis screening, Measles, Mumps, Tdap, Rubella and Varicella (Chicken Pox) vaccinations for all of its constituents, and the UC system has required COVID-19 vaccinations in the past, along with religious and medical exemption,\(^{89}\) and

\(^{85}\) https://biobot.io/data/#county-06037
\(^{86}\) https://time.com/6276552/covid-19-vaccine-immunity-wanes/
\(^{89}\) https://immunizationrequirement.ucla.edu/
WHEREAS, a study published in 2024 showed that there was an inverse correlation between those patients with highest risk and those patients most likely to receive Paxlovid, meaning that patients in the highest risk groups were the least likely to be prescribed the antiviral Paxlovid treatments, with deaths due to this gap estimated to be around 16,000,\(^90\) and

WHEREAS, UCLA Ashe provides Paxlovid antiviral medication, Remdesivir antiviral in the case of interactions with Paxlovid, and Molnupiravir antiviral for patients who do not meet the requirements for either of the other two medications, but as of November 2022 have stopped offering monoclonal antibody therapies due to the resistance the Omicron strain has to it,\(^91\) and

WHEREAS, the out-of-pocket commercial cost for receiving Paxlovid antiviral is roughly $1400 per course, more than double what the US government paid for doses and more than what insurance companies have been expected to pay for doses for their patients, placing unnecessary financial burden on individuals who cannot afford health insurance,\(^92\) and

WHEREAS, Ashe’s resources need to be regularly announced and promoted campus-wide, especially the COVID-19 treatment and medication resources that Ashe provides, and

THEREFORE LET IT BE RESOLVED in conjunction with the Arthur Ashe Center, we demand the annual requirement of the most recent COVID-19 vaccinations and that the Ashe Center continues to provide and advertise life-saving antiviral medications, and

LET IT BE RESOLVED, the USAC asks the University of California Los Angeles to mandate its students, faculty and staff to acquire their updated COVID-19 vaccinations as soon as possible before the start of the 2024-2025 school year, with the understanding that people with disabilities and chronic illnesses cannot necessarily get vaccinated due to potential conflicts with their health and contraindications.\(^93\) UCLA has mandated COVID-19 vaccinations in the past already with op-out for health reasons, and must continue to provide the vaccines to their constituents at little to no cost (significantly less than $150-$200). This is because delays in vaccine rollout and insurance systems changing actively hinders people trying to get vaccinated, and paying out of pocket for vaccines, hoping insurance will reimburse them, is simply not possible for many people.\(^94\) Additionally, since vaccination availability is paramount, and that the vaccines options include Moderna, Pfizer, AND NOVAVAX, and to mandate and provide subsequent COVID-19 vaccines within the shortest time frame possible after release, again while

\(^{90}\) [https://jamanetwork.com/journals/jama-health-forum/fullarticle/2814359](https://jamanetwork.com/journals/jama-health-forum/fullarticle/2814359)


\(^{93}\) [https://www.ucop.edu/local-human-resources/policies-guidance/covid-19-vaccine-exception-request-process.html](https://www.ucop.edu/local-human-resources/policies-guidance/covid-19-vaccine-exception-request-process.html)

understanding that there are some individuals that qualify for medical exemption due to chronic illness, disability, and pre-existing health conditions, and to be inclusive of those identities, and

**LET IT BE RESOLVED**, the USAC will urge the University of California Los Angeles and the Arthur Ashe Center to create promotional materials about Ashe’s resources for COVID-19 treatment and resources to be disseminated campus-wide, including but not limited to, updates on Ashe’s website and the covid-19.ucla.edu website, regular campus-wide announcements, social media posts, inclusion of information in newsletters, insurance updates.

**VENTILATION UPGRADES**

**WHEREAS**, in the Senate HELP committee hearing, it was explained how “Preventing long COVID requires ventilation and air filtration systems in schools and hospitals to stop the spread of COVID. Bad air is an eminently fixable problem.”³⁵⁵ and

**WHEREAS**, the California Department of Public Health (CDPH), following CDC guidelines, recommends a MINIMUM of 6 air changes per hour, and “In California, Title 24-2019 Energy Efficiency Standards now require a MERV 13 or higher filter for schools with mechanical ventilation systems.”³⁶⁶ As mentioned by the U.S. Environmental Protection Agency “Transmission of COVID-19 from inhalation of virus in the air can occur at distances greater than six feet. Particles from an infected person can move throughout an entire room or indoor space. The particles can also linger in the air after a person has left the room – they can remain airborne for hours in some cases,”³⁶⁷ but UCLA still has poor ventilation in many of the older buildings on our 103-year old campus, on The Hill, and in University-owned off-campus housing,³⁶⁸ and

**WHEREAS**, comprehensive implementation of ventilation upgrades, air purification technology throughout UCLA campus and University-owned buildings (housing, etc.) would significantly decrease airborne and fomite transmission of COVID-19, influenza, RSV, tuberculosis, measles, colds, and other viral, bacterial, and fungal organisms,⁷¹,⁷²,⁷³,⁹⁵,⁹⁶,⁹⁷ and

**WHEREAS**, UCLA’s Ventilation Systems page states that “Facilities Management (FM) has been making interventions when possible to provide additional fresh air and improve building

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³⁵⁵ https://thetyee.ca/Analysis/2024/02/06/Why-So-Quiet-Long-COVID/?utm_source=twitter&utm_medium=social&utm_campaign=editorial
³⁶⁶ https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/EHLB/IAQ/CDPH%20Document%20Library/School_ventilation_and_filtration_ADA.pdf
filtration. For spaces without adequate outdoor air and/or filtration (MERV 13), the university will provide portable air purifiers for multi-occupancy spaces including classrooms, conference rooms and shared offices, where it is likely non-vaccinated individuals will occupy the space.”

However, UCLA is no longer providing new air purifiers or maintaining existing air purifiers and checking and changing the filters for the aforementioned spaces, and

WHEREAS, UCLA Facilities’ statements about vaccination are outdated since vaccination does not stop transmission. UCLA Facilities should be maintaining and supplying ventilation and air purification technology. This will help everyone, regardless of identity or status, in the pursuit of a healthier, cleaner campus for all, and

WHEREAS, UCLA states that “Portable Air Purifiers will not be provided campus-wide and will be placed strategically where warranted. If MERV-13 filters cannot be installed in a building or the HVAC system cannot provide adequate ventilation, the university will provide a portable air purifier to filter and re-circulate air within each multiple occupancy space, as well as naturally ventilated spaces with multiple occupancy (e.g. Moore Hall classrooms). If a housing unit does not meet the ventilation and filtration standards (e.g. Hitch, Saxon, Sunset Courtyard), a portable air purifier could be appropriate if it is likely unvaccinated individuals may occupy the space.” However, UCLA has not actually provided air purifiers for dorm buildings and dorm rooms that don’t have individual HVAC systems, and UCLA should be providing and ensuring clean air for ALL, regardless of vaccination status, and

WHEREAS, UCLA’s Ventilation Systems page does not state it is evaluating, upgrading, or has upgraded any of the off-campus University-owned apartments, which student transfers (who are majority BIPOC and frequently overlooked and underrepresented) occupy the majority of. This displays direct neglect of a significant portion of UCLA’s population, and

WHEREAS, UCLA and ASUCLA employees have reported broken ventilation and workers and customers fainting from heat exhaustion as well as illness transmission in the workplace,

THEREFORE, LET IT BE RESOLVED in conjunction with Administrative Vice Chancellor Michael Beck, Assistant Vice Chancellor of Facilities Management Kelly J. Schmader, and the rest of the Facilities Management Leadership team, we demand upgrades and maintenance of air filters in multi-occupancy rooms in residential and campus buildings, and

LET IT BE RESOLVED, in the interest of the student body’s health, safety, wellness, and fair working conditions, the USAC will urge the University of California, Los Angeles’s key

99 https://adminvc.ucla.edu/ucla-ventilation-systems-faq
100 https://www.instagram.com/apuc.la/?hl=en
101 https://facilities.ucla.edu/fmleadership
Facilities Managers to expediently fully address workplace orders made for broken AC/HVAC, particularly for food-service buildings which includes ASUCLA buildings, and

**LET IT BE RESOLVED**, the USAC will urge the University of California Los Angeles to establish and maintain CADPH’s ventilation recommendations in all UCLA owned buildings, including all University-owned housing, to get to the recommended 6 minimum air changes per hour in non-healthcare environments (12 recommended for healthcare environments).  

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102 [https://www.instagram.com/p/C5oxofSST0b/?igsh=MzRIODBiNWFlZAE=](https://www.instagram.com/p/C5oxofSST0b/?igsh=MzRIODBiNWFlZAE=)


SECTION V: HOUSING and ISOLATION

WHEREAS, the University’s now-disbanded “Infectious Diseases Management Team,” removed the need for a negative COVID test to end isolation as well as reducing isolation time to 5 days, citing guidelines of that were originally instituted by the Center of Disease Control (CDC) directly after airline companies lobbied to reduce the 10-day quarantine to 5 days, a reduction not supported by infectious disease transmission and health science but rather a push to open the flight industry,

WHEREAS, UCLA’s decision to follow the reduced isolation guidelines from the Los Angeles County Department of Public Health (LACDPH) when noting that LACDPH “strongly recommends” testing negative for COVID-19 prior to leaving isolation reflects UCLA’s unwillingness to be proactive in reducing transmission, and

WHEREAS, UCLA’s claim that there are “isolation and quarantine spaces available to students living in on-campus housing… as space permits” suggests readily available isolation and quarantine spaces, but isolation housing in the 2022-2023 academic year was frequently overwhelmed, and for the 2023-2024 academic year there are only be SIX rooms on the same floor as non-isolating rooms (total occupancy = 18) available in De Neve Birch for over 14,000 Hill-dorming students, with no isolation housing made available to off-campus University-owned apartments even though Gayley Heights had been used for off-campus isolation housing in the past, and

WHEREAS, UCLA claims it provides portable air purifiers for multi-occupancy rooms, but dorm rooms count as multiple-occupancy rooms, and UCLA does not provide air purifiers to dorm rooms on or off campus, and

WHEREAS, classic hall dorms do not have individual HVAC systems or private bathrooms, both of which reduce transmission risk but are attainable only at a high economical expense which is an example of another wealth and health inequity, and

107 https://www.nature.com/articles/d41586-022-02026-x
109 https://www.youtube.com/watch?v=Gi9kiiJ9o3U
110 https://adminvc.ucla.edu/ucla-ventilation-systems-faq#:~:text=For%20recirculating%20air%20systems%2C%20UC%20LA%20are%20based%20on%20maximum%20occupancy.
111 https://portal.housing.ucla.edu/new-students/classic-residence-hall
WHEREAS, UCLA has not made clear to students, staff, and faculty the proper usage and placement of the air purifiers they do provide, and when individuals have contacted UCLA multiple times to identify air purifiers that need new filters, UCLA has failed to respond or address the problem, and

THEREFORE, LET IT BE RESOLVED in conjunction with Administrative Vice Chancellor Michael Beck, Executive Director of Residential and Student Life Suzanne Seplow, Assistant Vice Chancellor of Housing and Hospitality Services Peter Angeles, Assistant Vice Chancellor of Facilities Management Kelly J. Schmader, and the rest of the Facilities Management Leadership team, we demand the expansion of on-campus isolation beds, changes to isolation policies, provision and maintenance of air filters in multi-occupancy rooms, and

LET IT BE RESOLVED, that the USAC urges the University of California Los Angeles to reinforce the isolation guidelines for those who test positive for COVID-19 by reinstituting the scientifically-based requirement of a minimum of 1-2 Rapid Antigen Tests (RATs/rapids) 24 hours apart to end isolation, and

LET IT BE RESOLVED, the USAC will urge the University of California Los Angeles to recognize that providing only 6 isolation rooms in De Neve Birch on the same floor as non-isolation rooms for all of The Hill is unacceptable, especially considering that COVID-19 is not the only transmissible virus that would also call for isolation. The University must provide expanded isolation and quarantine housing for ALL University-owned housing constituents, and

LET IT BE RESOLVED, the USAC will urge the University of California Los Angeles to provide meal delivery services three times a day to those in isolation in addition to consistent monitoring of student well-being, and

LET IT BE RESOLVED, the USAC will urge the University of California to reinstate takeout dining options for main food halls — De Neve, Epicuria at Covel, and Bruin Plate on The Hill — in recognition of indoor dining being high risk, as well as in recognition of students with disabilities who cannot access dining halls, and

LET IT BE RESOLVED, the USAC will urge the University of California Los Angeles to stay true to their claims of providing and maintaining air filters to supplement clean air delivery rate to multi-occupancy rooms, providing air filters to all university-owned housing where there is no HVAC available and where UCLA has not upgraded their ventilation system to MERV 13 yet, and to educate students, staff, and faculty on the proper usage and placement of provided air purifiers.

SECTION VI: ACCESSIBILITY to EDUCATION

WHEREAS, student workers are at a significant disadvantage in terms of accessing their education at UCLA. Work hours often conflict with required classes, impeding student workers’ learning, course engagement, and grades, which can subsequently affect financial aid, scholarships, and expected graduation timelines. Thousands of students therefore require online/recorded access to their classes in order for their learning to be equitable, and

WHEREAS, students with disabilities deserve full access to their classes without having to fight every step of the way for their lawful accommodations and for the sake of equity in education, and

WHEREAS, the Disabled Student Union, the USAC, and many organizations have been advocating for hybrid learning for more than two years, and have demonstrated that hybrid learning is popular with UCLA students by getting more than 30,000 signatures on petitions for hybrid learning and building a coalition of organizations representing most UCLA students for the Strike For Our Safety which had hybrid learning as a central demand, and

WHEREAS, UCLA’s Academic Senate responded to the Strike for Our Safety by stating that universal hybrid learning infringes on the ‘academic freedom’ of lecturers and professors, which disregards students’ freedoms to not be forced to attend inaccessible classes to the detriment of their mental and physical health. This is hypocritical because UCLA does not give professors and TAs the freedom to choose whether they will teach virtually or in person, but instead requires faculty to teach most classes in person and makes it difficult for faculty to do hybrid teaching by not supplying adequate tech for all classrooms, and

WHEREAS, UCLA has a Disability Inclusion Training that has existed since Summer 2023, but it reportedly is only required for INCOMING lecturers and professors, and

WHEREAS, California Assembly Bill 2821 “would require the governing boards of community college districts and the Trustees of the California State University, and would request the University of California and the governing boards of independent institutions of higher education, to provide, as part of existing college personnel onboarding and training, a Disability

113 https://chr.ucla.edu/job-opportunities/asucla-career-opportunities#:~:text=ASUCLA%20proudly%20employs%20over%201500%20students%20each%20year
116 https://bruinlearn.ucla.edu/courses/167390
Access and Compliance Training Program that meets prescribed requirements.” However, the bill only would ‘request’ the UCs to provide disability training, and not ‘require’ them to — since the state legislature has only limited authority over the UCs, the UCs are obligated to proactively implement just policies like requiring all faculty to complete Disability Inclusion training, and

**WHEREAS,** UCLA’s complete disregard for disabled students’ concerns and retention by ignoring the previous USAC resolution calling for the removal of punitive incomplete notations and other efforts by disabled and allied student advocates furthers the oppression of disabled students, especially those from diverse backgrounds, as well as not acknowledging the continuing mental and physical health needs of students and the intense emotional and physical burdens of the COVID-19 pandemic, and

**THEREFORE, LET IT BE RESOLVED,** in conjunction with Erin Sanders O’Leary, Vice Provost of Teaching and Learning; Monroe Gordon Jr., Vice Chancellor Student Affairs; and the UCLA Academic Senate; we demand that, in-line with California AB 2821, the Disability Inclusion Training be mandatory for all staff and faculty regardless of tenure or status, and we demand expansion of BruinCast and subsequent universalization of hybrid learning access, and

**LET IT BE RESOLVED,** the USAC will pressure the University of California, Los Angeles to work closely with students, academic workers, lecturers and the Academic Senate to instate the following: recorded and live streamed lectures, discussions, and labs, arts, and performing arts where possible, such as through BruinCast and Zoom, and for labs, arts, and performing arts, which can be difficult to implement online, to offer multiple dates/make-up options, and

**LET IT BE RESOLVED,** the USAC re-urges the University of California Los Angeles administration to implement the changes previously called for in the resolution in support of remote learning passed through USAC in the 2021-2022 academic year, and

**LET IT BE RESOLVED,** the USAC will pressure the University of California Los Angeles to implement the changes called for in the previous, unanimously passed USAC resolution calling for changes to the usage and removal process of punitive incomplete notations.

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117 [https://legiscan.com/CA/text/AB2821/id/2930578#:~:text=The%20bill%20would%20require%20the%20governing%20boards%20of%20community%20college,existing%20college%20personnel%20onboarding%20and](https://legiscan.com/CA/text/AB2821/id/2930578#:~:text=The%20bill%20would%20require%20the%20governing%20boards%20of%20community%20college,existing%20college%20personnel%20onboarding%20and)


FINALLY, LET IT BE RESOLVED

LET IT BE RESOLVED, The USAC will urge UCLA and ASUCLA to follow the U.S. Department of Education’s insistence that “Consistent with CDC guidance, [schools must] prioritize offering in-person learning to all students by implementing layered prevention strategies from the very start of the school year. This includes helping everyone eligible to get vaccinated, universal and correct indoor masking, improving ventilation, physical distancing to the maximum extent possible, implementing screening testing programs, contact tracing in combination with isolation and quarantine, and more.” and

LET IT BE RESOLVED, the USAC will urge UCLA Administration to immediately reinstate the Infectious Disease Management Team, making sure to include at least one undergraduate and graduate student representative — especially making an effort to include marginalized groups to make the IDMT meetings recorded and public with a public comment section, and

LET IT BE RESOLVED, the USAC will urge UCLA Strategic Communications to make a dedicated, detailed page on Long COVID on the main UCLA COVID-19 website with educational materials, and

LET IT BE RESOLVED, the USAC will urge UCLA Administration to commit to immediately creating a structure to indefinitely provide free and accessible N95, KN95, KF94, and surgical masks at all front desk sites of the Health Promotional Initiative as a required and expected part of regular operations, and to communicate these expectations at the start of every quarter at the minimum, and

LET IT BE RESOLVED, the USAC will urge ASUCLA and the University of California, Los Angeles to make a public, direct statement to the UC Regents in support of providing, and provide, AT MINIMUM the same AFSCME 3299 protections for student workers, part time workers, Residential Assistants, Teaching Assistants, and all other University and ASUCLA workers who do not currently receive the protections that AFSCME workers receive, relative to sick pay, sick leave, and disability leave, as well as ensuring protections and accommodations for workers with Long COVID, and

LET IT BE RESOLVED, the USAC will urge the Academic Senate and the UCLA Administration that the Disability Inclusion Training be mandatory for all staff and faculty regardless of tenure or status, per AB 2821, as well as commit to expanding BruinCast and hybrid learning access and the removal of punitive incomplete notations, and

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LET IT BE RESOLVED, the USAC urges the University of California, Los Angeles to not collectively sacrifice the safety and health of their constituents for political and economic means under the guise of a propagandic “normal,” and that USAC will not stand by as UCLA quietly abandons its population, and

LET IT BE RESOLVED, the USAC, in collaboration with the Disabled Students Union, the Student Labor Advocacy Project, and other advocacy groups, will advocate for COVID protections and accessible learning through measures including but not limited to policy and legal advocacy, campus organizing, and making all of our events as COVID-safe and accessible as possible.