

## Report to the SEP (US) Eighth National Congress

# The barbarism of “forever COVID” and the fight for socialist public health

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*We are publishing here the report to the Eighth Congress of the Socialist Equality Party (US) given by Evan Blake. The congress was held from August 4 to August 9, 2024. It unanimously adopted two resolutions, “The 2024 US elections and the tasks of the Socialist Equality Party” and “Free Bogdan Syrotyuk!”*

## Introduction

At our last congress, in August 2022, an extensive report was given on the COVID-19 pandemic, tracing its epidemiological and political development up until that point, as well as the historical background of the fight for public health by the socialist movement.

We also unanimously passed a resolution on the pandemic, which this year’s resolution cites and reaffirms as the basis of our struggle for a socialist public health program in our election campaign.

Our last congress began just after Biden was first infected with COVID in mid-July 2022. As we wrote at the time, Biden’s infection was seized upon by the White House to openly proclaim its “forever COVID” policy, which had de facto been adopted in response to the emergence of the Omicron variant the previous winter.

On July 22, 2022, then-White House COVID Response Coordinator Dr. Ashish Jha said bluntly, “This virus is going to be with us forever.” Three days later, on July 25, 2022, White House Press Secretary Karine Jean-Pierre stated, “As we have said, almost everyone is going to get COVID.” Numerous articles in the bourgeois press parroted these same talking points.

To describe this new policy, the WSWs coined the term “forever COVID,” which is now commonly used among critical scientists and anti-COVID advocates. It aptly summarizes the reality we now live in, which, as we wrote in 2022 amounts to: “Everyone will get infected with COVID-19, repeatedly, year after year, forever.”

Drawing out the implications of this policy, which amounts to the total repudiation of public health, the report to the last congress on the pandemic noted:

The death toll and the number of people suffering from Long COVID will continue to mount with each new variant, while each reinfection will increase one’s chances of death, Long COVID or associated health risks. Rates of heart attacks, strokes, cardiovascular diseases, kidney disease, neurological disorders, neurodegenerative diseases, and more will steadily rise, while life

expectancy will continue to fall for the working class.

These warnings have been entirely confirmed. As we meet this week, we are now in the midst of the ninth wave of mass infection in the US and the second-worst summer surge of the pandemic, as shown in the graphic below.

The latest wastewater data indicate that over 1 million Americans are now being infected with COVID each day, a figure that will likely rise in the weeks ahead as schools reopen and the KP.3.1.1 variant becomes dominant. The all-time record for a summer wave of 1.28 million daily new infections, which was set around at the time of our last Congress, might soon be broken.

Just before this session began, news broke that the American sprinter Noah Lyles, who was expected to win gold and possibly break the world record, collapsed after winning bronze and had to be taken off the track in a wheelchair. He apparently tested positive for COVID and then competed, as dozens of other athletes have done at the Paris Olympics.

## Two years of “forever COVID”

The second half of my report will delve into the latest science on Long COVID and draw out some of the implications of the ongoing “forever COVID” policy, but first I will review the key political developments with the pandemic over the past two years.

Shortly after our last Congress, in September 2022, Biden attended the Detroit Auto Show, where he infamously declared, “the pandemic is over.” Just after this statement, we published Volume 1 of *COVID, Capitalism and Class War*, noting in the Introduction:

Contrary to the lies of capitalist politicians and the media, the COVID-19 pandemic is not over. The future course that the pandemic will take remains to be seen. However, after three years, it should be readily apparent that neither the pandemic, nor any of the other dangers confronting humanity, will be resolved under the auspices of world capitalism...

The title of this book, *COVID, Capitalism, and Class War*, is justified. The pandemic has revealed the reality of a global class war, in which the most urgent needs of mankind are subordinated to the drive for corporate profits and the accumulation of obscene levels of personal wealth.

The disastrous consequences cannot be explained as solely the unintended by-product of incorrect policies. The policies implemented by governments bear the criminal mark of what is defined in law as “malice aforethought.” The response of capitalist governments to the pandemic has served the interests of their super-rich patrons.

This analysis was immediately re-verified through the catastrophic lifting of Zero-COVID in China. In October 2022, many of the super-rich patrons who control the world’s major transnational corporations, including Apple, Google, Samsung, Microsoft and others, began threatening to move production out of China unless the limited lockdowns and other basic public health measures of their Zero-COVID policy were abandoned.

Pressure continued to mount, both externally from the imperialist powers and from sections of the Chinese ruling class and upper-middle class, who wanted to return to their pre-pandemic lifestyles. Over the course of 2022, Chinese capitalists suffered economically as it became more challenging to contain the Omicron variant.

The overall growth rate in China dropped from 8.1 percent in 2021 to only 3 percent in 2022, far below targets for the year. China’s billionaires saw the biggest drop in their collective wealth in decades. According to *Forbes*, China’s 100 richest people saw their collective wealth decline by \$573 billion between late 2021 and late 2022. Another tracker found that the absolute number of Chinese billionaires dropped from 1,185 to 946, or 20 percent, during the same time period.

The threats by the world’s major corporations in October to shift production away from China was the nail in the coffin for Zero-COVID, which despite its costs was incredibly successful at saving the lives and health of China’s population for nearly three years.

The abandonment of Zero-COVID was horrific. As we have covered over the past two years, multiple studies have estimated that the death toll during China’s first wave of mass infection was likely between 1 and 2 million, and possibly up to 2.6 million, in the two-month period of December 2022 to January 2023, as almost the entire population was infected. Alongside the initial surge of the Delta variant in India in the spring of 2021, which killed millions of people, this was the most concentrated period of mass infection and death at any point in the pandemic.

Furthermore, contrary to the lies of the Chinese Communist Party (CCP) regime, this was by no means a one-time “exit wave” from the pandemic, but rather an “entry wave” into the dystopian nightmare of “forever COVID.”

Just five months later, China underwent a second wave of the pandemic, in May-July 2023, which reinfected hundreds of millions of people. Only the WSWS covered this extensively, while drawing attention to the growing reports of Long COVID cases across China.

The lifting of Zero-COVID amounted to a massive social crime against the Chinese and international working class.

While the Western imperialist powers and the Chinese ruling class bore direct responsibility, a critical accomplice in this crime was the international pseudo-left. Virtually every pseudo-left political party and publication in the world agitated against Zero-COVID despite knowing full well the consequences, as we documented in an extensive polemic against these tendencies published in March 2023.

The ICFI was the only political party in the world which opposed the lifting of Zero-COVID in China and advocated for the extension of this elimination strategy throughout the world in order to stop all human-to-human transmission of COVID-19.

From November 2022 to January 2023, we published over 30 articles focused on the lifting of Zero-COVID in China, including 7 Perspective

columns, which were written by nine different authors throughout the world. Each article analyzed the latest developments and provided a Marxist political explanation for this reversal in public health policy, which was rooted in the inability of any single country to isolate itself from the world economy.

Summarizing this analysis, we wrote in this year’s New Year statement:

28. The longstanding success with Zero-COVID in China proved the viability of an elimination strategy towards COVID-19, even in less developed and densely-populated countries. At the same time, its ultimate demise reaffirmed the unviability of any nationally-based program in the epoch of imperialism. What proved to be unviable was the national framework, not the policy itself. Elimination remains both viable and necessary, but can now be attained only through the building of a mass movement fighting for the following principles:

- The fight against the pandemic is a political and revolutionary question which requires a socialist solution.
- The organization of public health must be on the basis of social need, not corporate profit.
- The profit motive must be entirely removed from all healthcare, pharmaceutical and insurance companies.

In January 2023, in the immediate aftermath of China’s lifting of Zero-COVID, there were initial indications by the Biden administration that it intended to end the COVID-19 public health emergency (PHE) declaration in the spring, which the World Health Organization (WHO) initially said it would not reciprocate.

This went hand in hand with increasingly blunt statements expressing the staggering indifference of the ruling elites to the mass death and suffering of their populations.

On January 20, 2023, at a meeting with US city mayors, Biden referred to the COVID death toll—at that point well over 1 million—stating blithely, “I sometimes underestimate it because I stopped thinking about it.”

Behind the scenes, the Biden administration clearly pressured the WHO to first announce its ending of the global Public Health Emergency (PHE), which it did on May 5, 2023, one week before the Biden administration did the same on May 11.

The ending of the PHEs was among the most critical turning points of the entire pandemic. Politically, this triggered the complete dismantling of all public health measures to curtail and monitor the pandemic globally.

It also provided grist to the mill of bourgeois propaganda, enabling capitalist politicians and the pliant corporate media to justify their fraudulent claims that the pandemic was over.

Shortly after the ending of the PHE in the US, the White House COVID Response Team was disbanded, and its coordinator, the insufferable pandemic minimizer Ashish Jha, returned to his role as dean of the Brown University School of Public Health. Parenthetically, Jha stated last month that it is now “fringe” behavior to be masking indoors, under conditions in which mask bans are being passed in various states and counties across the US.

Centers for Disease Control and Prevention (CDC) Director Rochelle Walensky—who voiced the eugenicist conceptions of the ruling class during the initial Omicron wave, when she said it was “encouraging news” that the “overwhelming number of deaths” occur in “people who are unwell to begin with”—announced just before the lifting of the PHE that she would resign from her position.

Walensky was replaced by Mandy Cohen, who immediately posted a deluge of maskless indoor photos on social media as part of the

propaganda to portray the pandemic as over.

This wave of propaganda after the lifting of the PHEs had a significant impact on mass consciousness, disarming the vast majority of the population throughout the world. Mask-wearing, already low, became increasingly uncommon, while awareness of the ongoing dangers of death or Long COVID was confined to an ever-smaller section of the world's population.

There was, of course, no scientific basis for these decisions, which were made entirely to suit the ruling class' political and economic demands for a "return to normal."

One of the most consequential impacts of the lifting of the PHE in the US has been the mass disenrollment from Medicaid, which has been referred to as "The Great Unwinding." According to the Kaiser Family Foundation tracker, 24.8 million Americans have been disenrolled from Medicaid over the past year.

In addition, COVID-19 tests, treatments and vaccines have become increasingly privatized and inaccessible to millions of Americans, while billions globally continue to be deprived of access to these life-saving treatments.

Vaccination rates have plummeted globally, meaning the overwhelming majority of the population has lower protection against death and Long COVID.

On August 28, 2023, Anthony Fauci expressed most bluntly the eugenicist conceptions now dominant in ruling circles when he stated in an interview with the BBC that "the vulnerable will fall by the wayside, they'll get infected, they'll get hospitalized and some will die." Globally, there have been nearly 3 million excess deaths since Fauci made these comments, the vast majority being those he condemned—the elderly and most vulnerable sections of society.

Within weeks of the ending of the PHEs, the fourth summer wave began, fueled by the EG.5 variant, nicknamed "Eris" by scientists. In August 2023, only three months after the ending of the PHEs, the highly-mutated BA.2.86 "Pirola" variant was first detected, raising alarm bells globally among variant trackers.

Pirola soon evolved into JN.1, which caused the second-largest wave of infections of the entire pandemic this past winter. In the US alone, roughly a third of the population, or over 100 million Americans, was infected last winter.

The bipartisan assault on public health and science has proceeded full steam ahead in 2024.

On March 1, 2024, the CDC issued new guidelines urging people who are actively infectious with COVID-19 to return to schools and workplaces, thereby infecting their coworkers and the general public.

Throughout this year, mask bans have become increasingly prevalent, with North Carolina passing such a ban on May 15 and Nassau County, New York passing one on Monday, during this Congress.

Drs. Peter Daszak and Anthony Fauci were both dragged before McCarthyite-style show trials in the House, replete with wild accusations and denunciations. The aim was to revive the thoroughly discredited Wuhan Lab conspiracy theory. In his hearing, Fauci, a longtime political figure in Washington, threw Daszak under the bus, with the WSWS remaining the only publication that has come to the defense of this highly principled and courageous scientist.

### **The immense dangers of the "forever COVID" strategy**

This brings us to today. Global excess deaths now stand at 27.3 million, with roughly 6,000 people dying every day from acute COVID-19 infections or the myriad post-acute health impacts of the virus.

In the US, the cumulative excess death toll is now 1.47 million, and every day there are another 550 excess deaths due to COVID. This is nearly 10 times higher than the official daily death figure, another product of the scrapping of the PHE last year and the dismantling of all pandemic surveillance in the US.

Nearly 1 million Americans are now being infected with COVID each day, but many have no idea what they are sick with or the potential damage they could be suffering to their bodies.

As shown in the graph below by infectious disease modeler Mike Hoerger, as of March 2024, the average American had been infected with COVID 3.5 times. Globally, the same is true for every country except China, where this figure is now likely over 2 infections per person. If rates of transmission and viral evolution continue on the same linear path as the first four years of the pandemic, Dr. Hoerger estimates, by March 2028, the average American will have 7.3 cumulative infections, as shown in this chart.

We have written this in articles and made the point at prior meetings, but I want to emphasize again that there is nothing comparable to this scale of time-concentrated mass reinfections with any virus or pathogen in human history. Let alone with a virus known to be capable of damaging virtually every organ in the body, whose negative impacts are compounded by reinfection and only slightly mitigated by vaccination.

To prepare for our work in the coming period and the remainder of our election campaign, of which a critical component will be deepening our fight for public health within the working class, we must examine the broader implications of this "forever COVID" policy.

First, comrades must understand that we are only in the medium-term phase of this pandemic. I know it *feels* like the pandemic has gone on forever, but in the broader historical and medical scope, four years is not a long time.

The latency period for HIV, i.e., the time it takes before a patient develops symptoms associated with AIDS, is on average roughly 8-15 years. With chickenpox, it takes decades for shingles to emerge. We have no idea if there is such a latency period for asymptomatic COVID infections, or for patients who do not suffer from Long COVID, or how long such a latency period could be. There could be all sorts of long-term hazards down the road for people who have seemingly recovered from their infections but are in fact harboring latent viral reservoirs in their bodies.

These long-term ramifications of "forever COVID" are impossible to quantify at present, as there are many unknowns, including the potential for viral evolution and the health impacts of new variants. But based on what we know so far and the negative impacts the virus is already having on public health globally, the long-term forecasts are quite bleak.

COVID-19 is now the most researched disease in any four-year span of human history. There are literally hundreds of thousands of scientific papers that have been published on COVID-19 and Long COVID, analyzing almost every facet of the acute and post-acute phases of infection.

There is now a total disconnect between the current state of the science on the pandemic and the level of understanding in the population of the ongoing dangers they face. This also applies to most doctors and other medical professionals, who are overworked and susceptible to the misinformation emanating from the CDC and White House, and are therefore often not knowledgeable on Long COVID.

One study from 2011 estimated that it takes on average 17 years for scientific research to be incorporated into clinical practice. This has been demonstrated throughout the pandemic, from the science of airborne transmission and the efficacy of N95 masks, to Long COVID, and everything in between.

What follows are the key findings of just five recent studies or position papers, which underscore the immense ongoing health hazards of

COVID-19.

**First**, a study from February 2024, titled, “Long COVID is associated with severe cognitive slowing: a multicentre cross-sectional study” is perhaps most significant for what it found among confirmed COVID patients who thought they had fully recovered. As shown in the pie charts below from the study, while 53 percent of symptomatic Long COVID patients demonstrated severe cognitive slowing (shown on the right), 19.4 percent of those who had been infected with COVID but seemingly recovered also demonstrated severe cognitive slowing (shown in the middle), compared to only 4 percent of non-infected controls (shown on the left).

**Second**, a StatCanada report from December 2023, titled, “Experiences of Canadians with long-term symptoms following COVID-19,” found that by their third infection, 38 percent of Canadian adults had symptomatic Long COVID, as shown in the chart below. After one infection, 14.6 percent had long-term symptoms, as shown in the second column from the left. This went up to 25.4 percent after two infections, as shown in the next column, and up to 38 percent after three infections, shown on the right-hand column. These findings reaffirmed the results of the study by Dr. Ziyad Al-Aly on the compounding risk of reinfections, which we wrote on in late 2022 and have referred to repeatedly since then.

**Third**, a review titled, “Persistent Risk of Developing Autoimmune Diseases Associated With COVID-19,” which was published in March 2024, found:

COVID-19 is associated with an increased risk of developing autoimmune diseases in the Japanese population, and this effect persists for a long time. This study provides insights into the association between viral infections and autoimmunity.

The association between COVID and autoimmune disorders is incredibly concerning, and has led many to draw comparisons between COVID-19 and AIDS, referring to COVID-19 as “airborne AIDS.” Time will tell what percentage of people go on to develop autoimmune disorders, but there has already been a significant uptick in recent years.

**Fourth**, an important paper on Long COVID commissioned for the New Zealand government, which Dr. Michael Baker was involved in writing, was published in March of this year. As comrades will recall, Baker took part in both of our powerful webinars in 2021, advocating forcefully for a policy of global elimination. The authors noted:

Some people who are currently well post-Covid are already expressing biomarkers of risk for cardiovascular disease, neurodegenerative disorders, a range of autoimmune diseases, and cancers: conditions that typically have latency periods lasting years or decades.

In essence, biomarkers are indices in the body that are believed to be associated with various diseases and conditions, and the scientists are highlighting the fact that patients who appear to have recovered and are not suffering from Long COVID are nevertheless presenting these biomarkers. The findings of this paper underscore the utter criminality of the Jacinda Ardern government’s lifting of Zero-COVID two years ago.

**Fifth**, one of these studies on biomarkers in asymptomatic COVID patients was published in March 2024, titled, “Neurofilament light chain and glial fibrillary acid protein levels are elevated in post-mild COVID-19 or asymptomatic SARS-CoV-2 cases.” The study notes:

Our findings indicate a potential ongoing injury affecting neurons and astrocytes following SARS-CoV-2 negativization [i.e., testing negative after “clearing” infection], evident ten months after negativization. Neurofilament light chain and glial fibrillary acid protein levels are elevated in post-mild or asymptomatic cases. Our results suggest an ongoing damage involving neurons and astrocytes after SARS-Cov2 negativization, which reduce after ten months, [however are] still evident compared to healthy controls.

Neurofilament light chain and glial fibrillary acid protein are the same biomarkers associated with multiple sclerosis, an autoimmune disease which can cause severe neurological degeneration.

The potential for profound damage even with asymptomatic cases is extremely concerning. Significantly, the billionaire Bryan Johnson, famous for spending two million dollars annually to monitor his health and pay for the most advanced therapies, reported recently that an asymptomatic COVID infection in 2021 aged his lungs by 19 years. He has since paid millions for therapies to recover his lung capacity, but it still remains aged by 11 years today, and needless to say only the capitalists can afford such therapies.

We have known since the first year of the pandemic that COVID-19 can damage virtually every organ of the body, increasing one’s risk of heart attacks, strokes, diabetes, neurological diseases and more. These findings are continuously being reaffirmed and developed through new research.

Scientists and experts on the pandemic and Long COVID are making increasingly dire warnings on the unsustainable character of the “forever COVID” policy, which we have either quoted or been the original source through interviews on the WSWS.

In the “Discussion” section of the paper, “The immunology of long COVID,” which was published in July 2023 in *nature reviews immunology*, and whose lead author was the prominent immunologist Danny Altman, the authors concluded:

The oncoming burden of long COVID faced by patients, health-care providers, governments and economies is so large as to be unfathomable, which is possibly why minimal high-level planning is currently allocated to it. If 10% of acute infections lead to persistent symptoms, it could be predicted that ~400 million individuals globally are in need of support for long COVID.”

This was now over a year ago, and the figure they estimate is likely well over 500 million today.

In an August 2022 paper, prominent neuroscientist Dr. Leslie M. Kay wrote:

More than 15 million people worldwide experience persistent COVID-19 olfactory dysfunction, possibly caused by olfactory bulb damage. SARS-CoV-2 can cause inflammation and viral invasion of the olfactory bulb, initiating a cascade of degeneration similar to Alzheimer’s disease and Lewy body disease. People who have had even mild cases of COVID-19 show signs of degeneration in cortical areas connected with the olfactory system. These data suggest a wave of post-COVID dementia in the coming decades.

In the interview we did with Dr. Amy Proal in November 2023, after

reviewing studies on viral persistence with COVID, including one which found that SARS-CoV-2 persisted in the tonsils of children, she stated quite sharply:

We're seeding children, from a young age, with viral RNA in their tissues, with a virus that people are getting multiple times a year as it continues to mutate, and we do, as you mentioned, see that reinfection seems to up the chances of developing chronic symptoms. It's absolutely unsustainable and a complete crisis.

Dr. Proal is one of the world's leading experts on persistent infections and oversees some of the most advanced research on viral reservoirs through the PolyBio Consortium.

In our June 2023 interview with Arijit Chakravarty, which focused on the dangers of viral evolution, he stated:

Not only is the pandemic very much not over, but by creating the impression that the pandemic is over in the face of rampant viral spread and continuing rapid viral evolution, we are essentially sticking our chin out and asking the virus to do its worst... I can't predict the outcome of the next wave. I can't predict the outcome of the next five waves. But, at the rate that we are going, a prediction can be made with a high degree of certainty that something bad will happen sooner than later along these lines. Keep this pandemic running for another five years and you'll face a debacle on a scale that you haven't yet seen. That's a given.

Most recently, Dr. Phillip Alvelda, who was a program manager at the DARPA Biological Technologies Office, stated in an interview in June with the Institute for New Economic Thinking:

What does this look like if we continue on the way we are doing right now? What is the worst-case scenario? Well, I think there are two important eventualities. So we're what, four years in? Most people have had COVID three-and-a-half times on average already. After another four years of the same pattern, if we don't change course, most people in the U.S. will have some flavor of Long COVID of one sort or another... And we know that somewhere between five and eight percent of those people will be so debilitated that they will no longer be able to work.

These statements speak for themselves, and are obviously deeply concerning. Essentially, every infection is a roll of the dice, or another round of Russian Roulette, and the international working class in particular is continuously staring down the barrel of the gun.

Due to the criminal response of world capitalism, no treatments for Long COVID are available and it is unclear if or when such treatments will be available. As I said, we cannot predict precisely what will happen in the years ahead, but as shown in this graph using the data from the StatCan survey, on the current trajectory ever-broadening sections of the population will develop symptomatic Long COVID, or new onset Long COVID symptoms upon reinfection, threatening a gradual collapse in the basic functioning of society.

Beyond this, there is the ever-present danger of viral evolution leading to the emergence of a qualitatively more deadly variant, which would be truly catastrophic. On Tuesday, WHO Technical Lead Maria Van

Kherkhove declared:

I am concerned. With such low coverage and with such large circulation, if we were to have a variant that would be more severe, then the susceptibility of the at-risk populations to develop severe disease is huge.

Comrade Benjamin Mateus will speak on H5N1 bird flu further in his report, but the dire warnings we have been making on bird flu would be similar to a SARS-CoV-2 variant evolving with a 10 percent or higher fatality rate.

## Conclusion

To conclude my report, I want to emphasize the need for the cadre internationally to protect ourselves and each other. We know that it is incredibly difficult, especially for comrades with children who attend daycare or school, but we strongly encourage comrades to continue to mask in all indoor public spaces and stay as vigilant as possible, trying your best to minimize your overall number of COVID infections. There have been developments with mucosal vaccines, but it is still unclear when they will be available and how much protection they will offer, and until then masking with a well-fitting N95 or better respirator is critical and effective, as noted in the recent study which Comrade Bill Shaw wrote on for the WSWS.

Until indoor air is clean in all public spaces, which will only happen after the socialist revolution, we will be confronting the dangers of COVID-19 and other airborne pathogens going forward as the descent into capitalist barbarism deepens. Comrades' overall health, which can be affected not just by COVID but also the flu, RSV and many other airborne pathogens, will be better in the long term if you continue masking in public spaces and try to limit your social interactions to other comrades and people who you know are cautious. We are now a small minority, but there are still millions of people masking globally, many of whom are active on social media. There are also sites to meet other families and people who continue to take precautions, at least in the US.

We need every comrade, from the youngest generation to the oldest, to maintain your health to the best of your ability, in order to be able to carry out the increasingly difficult day-to-day political work demanded of our party by the objective situation, and to prepare for the revolutionary struggles ahead.

As Marxists, our movement is rooted in and guided by a scientific, dialectical materialist understanding of nature and society. As multiple comrades have spoken to at this Congress, our record on the pandemic is unparalleled and a source of tremendous political strength.

The prestige of the ICFI has been elevated by our coverage on the pandemic and public health, which now spans to well over 5,000 articles covering the development of this world historic public health crisis throughout the world. No other publication outside of scientific journals has covered the science of the pandemic as extensively as the WSWS, and no other party has analyzed the social and political dimensions of the pandemic from a revolutionary standpoint.

The resolution before this Congress reaffirms the principles of a socialist public health program as central to our election campaign, and I urge all comrades to support this resolution and carry forward this struggle in the period ahead.



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