

A Medical, Economic and Social Crisis

The global coronavirus outbreak is not (fortunately) the end of civilization, nor is it (unfortunately) the end of capitalism. It is, however, a very deep systemic crisis with interlocking public health, environmental and economic dimensions – and reveals the need for a profound social transformation both in the United States and internationally.



On a global level, it seems highly likely that the panoply of viral diseases that human beings confront – from the old ones like the common cold, seasonal flu and measles to the newer H1N1 flu, SARS, MERS, HIV, Ebola and now “novel coronavirus” originated – either in the distant past or recently, with viruses jumping from animal to human hosts. In today’s world system, the intrusion of human populations into animal habitats is ever increasing – in Asia, in Africa, in the Amazon and in North America too. This reality, along with the rapidity of international travel, makes such transfers more frequent and their dispersal much faster.

These facts throw into sharp relief the deadly deficiencies of existing medical systems. We can begin of course in the USA, with tens of millions of uninsured people and many more inadequately insured who can’t afford co-pays and deductibles (especially when they’re suddenly thrown out of work). It’s entirely true that the choice, as a new slogan puts it, is “healthcare for all or coronavirus for all.” The absolute

minimum that's required to meet such a crisis is single-payer universal health insurance. In the absence of Medicare for All and guaranteed paid sick leave, hastily improvised half-solutions are being announced or legislated that inevitably have all kinds of gaps and inadequacies.

In reality, though, the global crisis reveals deeper shortcomings in medical systems. Even in countries with universal health care – take for example the cases of Italy and Canada – all too often their systems, however vastly superior to the mess in the United States, are embedded in a regime of “neoliberal” capitalism where social budgets and services are slashed.

This means that medical systems are inadequately funded, and in particular that “excess capacity” is to be avoided like the plague (forgive the expression). But excess capacity is exactly what's essential to meet medical emergencies – a surplus of beds, ventilators, surgical masks and other essential resources beyond what's normally required, because (unlike auto parts, for example) they can't be conjured up at the moment when suddenly needed. South Korea's efficient and massive testing system stands out as an exception to a generally dismal pattern.

Equally important, a “surplus” of trained medical personnel is also required, instead of doctors and nurses being overworked in “normal” times and overwhelmed when emergencies erupt. And funding for research, both basic and applied, needs to be ramped up without regard for a monetary payoff

That's why it's essential that not only health insurance, but health care itself be decoupled from the capitalist profit imperative. The development of therapeutics, for example, can't be entrusted to a private pharmaceutical industry that chooses whether or not to create a vaccine depending on whether it will be a sufficient moneymaker. Big Pharma should be nationalized so that the amazing fruits of publicly funded

research are available to all, not treated as market commodities (e.g. whether treating a rare disease saves enough people to be “worth it”).

Another sickness in a diseased system is the lying dishonesty of governments to protect their own interests. We’ve all witnessed the spectacle of Donald Trump talking about a “Chinese hoax” and then the “Chinese virus” (language endangering Asian Americans on the street). The ultimate obscenity, perhaps, was Trump’s attempt to contract with a German company to develop a vaccine for U.S. use only. But it’s not only about Trump’s antics and his complacency at the outset of the crisis. The Chinese regime, for its part, initially hid the outbreak from its population, targeting whistleblowers who tried to warn about it, before turning to mass coercive quarantining in Wuhan city and Hubei province. We don’t even know the death toll from that practice. The existence of powerful governments that treat their citizens with cynical contempt is a global recipe for disaster.

On top of all this, we’ve only begun to think about the absolutely horrific potential impact of a pandemic on the most vulnerable populations. The million or so Uighurs held in “re-education” concentration camps in China provide one example. Countries like Iran and Venezuela, where crippling U.S. sanctions magnify the effects of government irresponsibility, are another. Massive refugee populations – think of northern Syria, or Rohingya camps in Bangladesh after the expulsion from Myanmar – could be utterly devastated. The entire continent of Africa, where the coronavirus is just now appearing, could be at risk. But right here at home, think about prison populations where social distancing is impossible, or the conditions in immigrant detention centers, or hundreds of thousands of homeless people without access to clean water let alone the capability of “self-isolation.”

Associated with the Covid-19 outbreak, of course, is a global economic shock whose depth and duration can’t be predicted.

Going into 2020, the world economy was slowing down and primed for a recession. The circumstance that touched it off, the coronavirus explosion, has created a unique combination of both supply and demand crises at the same time. The “external” nature of the trigger makes the situation difficult to measure by conventional means.

For example, the massive boost that was supposed to result from the Federal Reserve’s full one percent (100 basis points) interest rate cut seemed to turn into its opposite on Monday, March 16, when the Dow fell by an unheard-of 3000 points and the U.S. stock market as a whole is off by 12 percent. Was this the market’s panicky no-confidence vote in the Trump administration, or a calculated expectation of how deep the downturn will become? It will take a while for any clear answer to emerge.

What does seem evident is that the Fed’s tools for interest-rate manipulation have been exhausted, partly as rates had already been kept low to keep the stock market pumped up during Trump’s reelection bid. What remains is “quantitative easing” – the Fed’s purchase of Treasury bonds – on a scale that dwarfs what was done during the Obama administration (which the Republicans bitterly denounced at the time). Also pending are desperate government efforts to inject liquidity into the economy, perhaps with checks mailed to each household, or payroll tax deferrals (which would also be a stealth attack to starve Social Security).

Might the Trump administration be tempted to use a state-of-emergency national lockdown as a pretext to launch massive anti-immigrant raids or other extreme anti-democratic actions? Right now, there haven’t been signs pointing toward this in the United States. But it’s good to remain alert to all possibilities in times like these – remember the abuses under the pretext of the USA PATRIOT Act?

What kind of campaigns and demands are possible in this

situation, when rallies, marches and organizing meetings are generally impossible and many activist communities are effectively in lockdown? One good list can be found in the Michigan Covid-19 Community Response [policy demands](#) and can be applied or adapted to specific local circumstances.

These are good immediate demands that the movement can unite and build around. It's also important to understand that the coronavirus is another urgent example of deeply interlocking and mutually reinforcing crises – along with the climate change catastrophe, the threat of nuclear annihilation, the contagion of authoritarian ethno-supremacist politics from the USA to India to Israel, extreme violence against women and Indigenous peoples – that require fundamental change. We have a world to lose – but one to win too.

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