Pandemic, Depression, and Authoritarianism

written by Dan La Botz, Sherry Baron | July 13, 2020

The United States confronts an uncertain future in the face of an unprecedented situation. Environmental changes, perhaps caused by industrial agriculture, have produced a new virus and a pandemic that in turn triggered an altogether unique economic crisis. Today (June 1) the country has over 104,000 COVID-19 deaths and 43 million unemployed, over 25 percent of the workforce, a level not seen since the Great Depression of the 1930s Overseeing this catastrophic situation is an erratic, authoritarian president unconcerned about the health and well-being of the American people who has as his first priorities winning reelection and returning business to profitability. And in this vertiginous context we have a looming constitutional crisis over the conduct of the November election, a realignment of the Bernie Sanders forces with Joe Biden and the Democratic Party establishment, right-wing militias brandishing arms, outbursts of worker resistance, and the continuing growth of the small socialist left. This may be the greatest crisis in all of American history, and we, as socialists, must project a vision for the future and a strategy to fight for it. To do so we have to understand where we are and how we got here.

The cause of this catastrophe we are living through is the world capitalist system, which in the last 75 years, propelled by coal, oil, and nuclear power and driven by high-speed machines that are managed by computers and operated to enrich the 1 percent, has virtually destroyed the planet's environmental equilibrium, brought about an era of perpetual wars, and impoverished hundreds of millions. Industrial agriculture and unplanned sprawl created conditions for the generation of viruses that, mutating, spread from wild creatures to domestic animals and to humans. We have always had plagues, but international commerce, mass travel, and mass migration have spread this one around the globe more rapidly than ever before. When the disease arrived in Asia, Europe, and then the Americas and Oceania, it came up against health and social-welfare systems severely weakened from forty years of the neoliberal free-market model and austerity budgets.

Capitalism, once the creator of the wealth that might have made another world possible, has become the destroyer of the planet, the disrupter of production, the sower of disease, the generator of authoritarian governments, and the purveyor of irrationality. Never before has socialism—a democratic and collectively owned and managed society—been more urgently needed, and not since the Fascist-Nazi period has the challenge of bringing it about seemed greater.

The Failure of Government

SARS-CoV-2, the virus that produces the COVID-19 disease, popularly referred to as the coronavirus, was a new virus that could cause severe illness and death, a virus to which no human being had

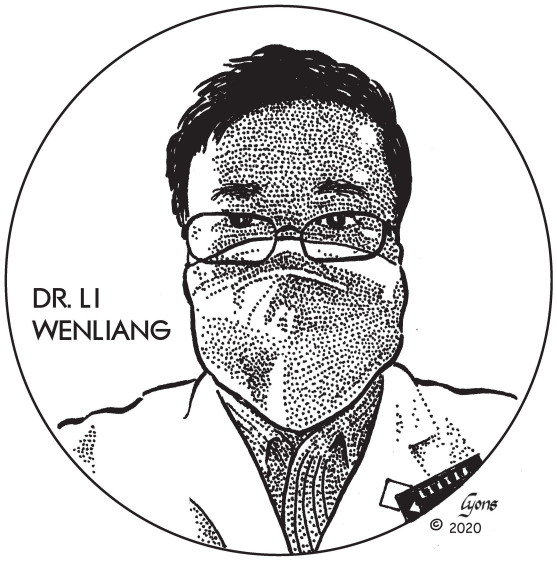
immunity and for which there was no vaccine or medical treatment. When it first arrived in the United States from Asia and Europe in January 2020, President Donald J. Trump's administration failed to take rapid action to contain it and misled the public about the dangers. The first U.S. case was confirmed on January 21, but Anthony Fauci, head of the National Institute of Allergy and Infectious Diseases, said on January 24, "We don't want the American public to be worried about this because their risk is low. The American people should not be worried or frightened by this. It's a very, very low risk to the United States, but it's something we, as public health officials, need to take very seriously."

Since the disease has a typical and sometimes symptom-free incubation period of four to five and sometimes as long as 11 to 12 days, the virus had an opportunity to spread silently across the country. Then the first person-to-person transmission was confirmed on January 30, leading Trump to declare a public health emergency on January 31. Trump's only significant action at the time, however, was putting travel restrictions on China on January 31, which failed both because 40,000 Americans were allowed to return from China and because the disease had already entered the United States via travelers from both Asia and Europe. Research on the spread of the virus suggests that the East Coast of the United States was infected with the European strain while the West Coast was infected with the Asian strain of the virus, and most of the subsequent spread came from the east, moving westward throughout the country.

The first death in the United States occurred on February 6, but it was not until February 21 that Dr. Nancy Messonnier, director of the Center for Disease Control's (CDC's) National Center for Immunization and Respiratory Diseases, said that a pandemic was likely, that it would "disrupt our lives," and that businesses might close. As a result of her remarks the stock market plummeted and Trump excluded her from his televised COVID-19 press conferences. A few days later, on February 26, Trump appointed Vice-President Mike Pence, who is not a public health expert and who as governor had ignored other public health warnings, to head the coronavirus epidemic team. Trump then declared another travel ban on March 11, this one on Europe, the UK, and Ireland. (Later there would also be travel bans on Canada and Mexico and now on Brazil too.) Still there was little information on the actual spread of the disease because of a lack of testing.

Testing was a debacle. The United States failed for over a month to develop a polymerase chain reaction assay to determine whether someone was actively infected with the virus. China had sequenced the genome of the virus by January 10, and a week later German scientists had developed a diagnostic test. In the first week of February, the World Health Organization shipped about 250,000 tests to 159 laboratories around the world. The United States, however, decided not to use the WHO test and to develop its own. The Food and Drug Administration approved the U.S. test on February 4, and CDC shipped ninety test kits to state public health labs on February 6 and 7. But on February 12 the CDC disclosed that the test produced inconclusive results and it was not until late February that the CDC produced an acceptably accurate test. An additional problem was that at first all tests had to be sent to the CDC laboratory, which delayed reporting of results by days to weeks. Complicating this process further, testing was at first limited to those who had traveled to China or been in contact with a confirmed case and had symptoms, meaning some early cases went untested. At the end of February, the CDC allowed hospitals and state laboratories to develop and use their own tests. Yet throughout March and into May the number of potential cases quickly overwhelmed the available testing capacity. As Fauci told Congress on March 12, "The idea of anybody getting (a coronavirus test) easily, the way people in other countries are doing it—we're not set up for that. That is a failing."

CHAMPIONS OF JUSTICE



— Dr. Li Wenliang, *33, Wuhan China, sounded the alarm about a new coronavirus in an online chat room for medical school classmates.*

When his role in revealing the news became known, Dr. Li was forced, in early January, to "sign a statement denouncing his warning as unfounded and illegal rumor." He made this public on social media.

A month later the Chinese Supreme People's Court said the rumor "might not have been entirely unfounded," and, "It might have been a fortunate thing if the public had believed the 'rumors' then and started to wear masks and carry out sanitization measures, and avoid the wild animal market."

Dr. Li wrote, "If the officials had disclosed information about the epidemic earlier, I think it would have been a lot better. There should be more openness and transparency." "I think that there should be more than one voice in a healthy society, and I don't approve of using public power for excessive interference."

Dr. Li contracted the coronavirus on January 8. "After I recover," he wrote, "I still want to return to the front line. The epidemic is still spreading, and I don't want to be a deserter."

Dr. Li died on February 6. There was an outpouring of grief and anger in China after his death. Over 17 million people had been following a livestream of his status. An action for free speech was launched in his memory entitled, "I blew a whistle for Wuhan tonight."

In honor of whistleblowers, and the dedicated doctors, nurses and other health care workers around the world who are risking or who have lost their lives caring for others

Following these initial, disastrous missteps, what would prove to be devastating errors and delays continued. Trump declared the coronavirus pandemic to be a national emergency on March 13 but then waited three days more to issue nonmandatory guidelines, which called for 15 days of limiting social gatherings to ten people and suggested limited discretionary travel. Apparently now facing reality, he said that to mitigate the virus the country might maintain such restrictions through July

or August. This finally began what was in effect a national shutdown of the economy, as governors around the country ordered the closing down of businesses and stopped public events, though each state's rules were different, some loose and some strict. From the first confirmed case it had taken nearly two full months to establish a national public health policy to begin to mitigate the spread of COVID-19.

The same failure to act quickly and strongly was also true of state governors. In New York, which became the epicenter of the disease, after the first cases appeared Governor Andrew Cuomo and New York City Mayor Bill de Blasio both failed to take rapid and decisive action to contain the contagion, and both initially suggested that it wouldn't become a major problem. Cuomo did not declare a state of emergency until March 11, when the state had 216 cases. California Governor Gavin Newsome did not declare a state emergency until day forty of the coronavirus in California, after several California counties and cities had already done so. Other governors, such as Jay Inslee of Washington, the state that had the first case in the country, did not shut down until March 23. Everywhere the entire month of February was wasted, as the disease spread silently through the population and few measures were taken to stop it. The failure of containment meant that governments then had to turn to mitigation in the months of March and April, through measures such as social distancing, with the goal of "flattening the curve," that is preventing peaks in the disease that would overwhelm hospitals as happened in New York City.

Why Did Government Fail?

The U.S. government's failure to react in a timely and decisive way is particularly shocking when one considers that the outgoing Obama administration had warned Trump of the dangers of a pandemic, and multiple government agencies—the CDC, Health and Human Services (HHS), Homeland Security, the National Security Council—were all aware of the possibility and had made plans to respond. HHS even conducted an exercise called Crimson Contagion that envisaged a novel coronavirus originating in China and brought into the United States by a man returning home with a "dry cough." In the fictional scenario, the CDC issued guidelines urging social distancing from the beginning. The mock pandemic drill revealed bureaucratic bungling, lack of preparation for some issues like the handling of school children, and inadequate equipment and supplies. Congress was briefed on the situation in December 2019 (with the head of the Senate Intelligence Committee selling off his stock just in time). In January the National Security Council (NSC), trade advisor Peter Navarro, and HHS Secretary Alex M. Azar II also warned Trump of the danger of a pandemic. Navarro told him it could kill half a million people and lead to trillions of dollars in economic losses. Trump presumably failed to act in a timely manner because he feared that the public health experts' plans would disrupt the economy, the basis for his reelection campaign. So he not only ignored all the warnings but also resisted advisors and took no serious action until March 16—and then it was too late to prevent hundreds of thousands of cases and tens of thousands of deaths.

When Trump finally did decide to act, he found the government ill prepared. COVID-19 manifested itself principally as a severe respiratory illness, meaning that the most important tool to reduce deaths was the ventilator that helps patients breathe. Trump boasted that the government had 10,000 ventilators in reserve, but 2,100 of them were broken. Some 170 faulty ventilators were shipped to California. The Defense Department found 1,065 more, but they were a nonstandard type that requires special training. Similarly with medical masks, essential in dealing with a respiratory disease: Many of those in the government stockpile had rotted. Montgomery County, Alabama, received 5,000 rotten masks. All of this put health workers' lives in danger, and indeed some died. There were also numerous delays in the development of test kits throughout March and April, and no state had the capacity to conduct contact tracing—testing and contact tracing being the two things essential to containing the virus. Americans and observers around the world were astounded to see the American president dither and the most powerful and wealthiest nation utterly stymied.

Faced with these problems, the Trump administration failed to take responsibility to organize the purchase or the production and distribution of medical equipment and supplies, so individual hospitals, cities and states, the federal government, and governments around the world competed in the market as supplies went to the highest bidder. Even individual nurses sought to buy their own masks. The situation was chaotic, and of course, in this bidding war the biggest losers were the poor nations of the Global South. As the Washington Post's writers put it on April 4,

> The administration often seemed weeks behind the curve in reacting to the viral spread, closing doors that were already contaminated. Protracted arguments between the White House and public health agencies over funding, combined with a meager existing stockpile of emergency supplies, left vast stretches of the country's health care system without protective gear until the outbreak had become a pandemic. Infighting, turf wars, and abrupt leadership changes hobbled the work of the coronavirus task force.

The New York Times reported that a Columbia University diseases modeler's report estimated that there might have been 36,000 fewer deaths had social distancing begun two weeks earlier on March 1.

Trump's failure had been prepared over many decades by his predecessors of both parties. Unlike other developed nations, the United States failed after the Great Depression and World War II to create a national health care system. Instead there were federal agencies, fifty state health departments, and thousands of private players: insurance companies; public, nonprofit, and private hospital systems; pharmaceutical companies; and drug store chains. The irrational, competitive, and profit-driven system would have impeded any administration from tackling the problem. Still we should note that even some countries with national health systems—Italy, Spain, France, Sweden, and others—also failed the test. And countries with very different political systems did quite well: South Korea and Vietnam, for example.

Trump's Disdain for Science and Health

The American health care system has had enormous problems for decades; the United States spends twice as much per capita for health care as other developed countries with no better results—including on coronavirus—and still leaves many millions without adequate access. President Barack Obama's Affordable Care Act (ACA) of 2014, popularly known as Obamacare, was a reform that preserved all of the elements of the private, for-profit system, while expanding coverage by about 20 million people through reorganizing insurance markets, changing some Medicaid rules, and offering government subsidies. Nevertheless, in 2018 some 27.9 million nonelderly individuals were uninsured. The coronavirus relief legislation (the CARES Act) provided for COVID-19 related diagnoses and treatment during the pandemic, nevertheless, many who had not had adequate health care entered the pandemic with chronic diseases that made them more vulnerable to coronavirus death.

Pandemic preparedness was no priority of the Trump administration. In May 2018, the Global Health Security and Biodefense unit of the NSC was disbanded and its head, Timothy Ziemer, the top White House official in the NSC for leading U.S. response against a pandemic, left the Trump administration. Trump's disdain for medical science and public health could be seen in his budget proposals in 2017, which would have made deep cuts in both the National Institutes of Health and the CDC, though Congress did not ultimately make those cuts. While Trump is not now proposing to repeal Obamacare, the New York Times reports that he would, in his 2021 budget proposal, cut "about $1 trillion out of Medicaid and the ACA's premium subsidies, the two pillars of the law's expansion of insurance coverage." With the coronavirus still spreading and taking lives, Trump's proposed 2021 budget would also cut the Health and Human Services budget by ten percent.

The Economic Crisis

The U.S. economy had already slowed before the coronavirus, and with the pandemic and the shutdown it virtually collapsed. Trump's decision on March 16 to initiate the national lockdown with his voluntary guidelines, followed by state governors' shutdown orders, closed many schools and universities and workplaces from manufacturing plants to service businesses of all sorts: bars, restaurants, barbershops, and beauty salons. The lockdown triggered an economic depression in an economy that was already beginning to slow down. During March, April, and May 43 million workers lost their jobs, millions of small businesses closed, and at least 100,000 of these closed forever. The closures led to a plunge in state, county, and city taxes and to the greatest fiscal crisis of modern America. Everywhere state and local government began to plan cuts in their budgets that would also mean more unemployment.

The United States had not experienced such a crisis since the Great Depression of the 1930s. Everyone recognized that the federal and state governments' social safety net, a patchwork of programs with varying coverage and benefits, could never handle the needs of the millions without jobs and incomes. Over several decades, wages for workers had stagnated while health care costs and rents had increased. Many Americans lived hand-to-mouth existences, and before the shutdown four out of ten couldn't afford an unexpected $400 expense. Before the pandemic, tens of millions were already getting groceries from food banks.

Faced with such an economic crisis, the U.S. Congress passed the unprecedented $2.2 trillion CARES Act. The bipartisan act was principally aimed at supporting business, though the support for workers was unprecedented. There was $349 billion supposedly for small businesses, though much of it went to corporations; $500 billion for big businesses, with $46 billion going to the airline corporations and their employees; $339 billion for states and municipalities; and $130 billion for hospitals and medical equipment companies. There would also be processing fees for banks that would eventually amount to $10 billion and $174 billion in tax breaks for wealthy individuals and large corporations.

The act also provided that all who had a Social Security number and had income of less than $75,000 would receive a one-time payment of $1,200 to individuals, $2,400 to couples, plus $500 per child. Those who in addition filed for unemployment were given an additional $600 per week to supplement state unemployment benefits. Republicans fumed that roughly half of American workers, most of them low-wage workers, might receive more money during their forced layoff than they had earned while working. Many workers, though they paid taxes, would find themselves excluded from the CARES Act's benefits, most explicitly some 4.3 million undocumented immigrants who were denied government testing and care, cash rebates, and unemployment insurance. The act also excluded the U.S. citizen children of undocumented immigrants and may also deny payments to couples where one is an undocumented immigrant. While the Democrats fought for more extensive benefits for workers, they ultimately joined the Republicans in passing the pro-business act; only Alexandria Cortez-Ocasio voted against, explaining that it didn't address her constituents "and the core issues facing working families."

To receive the CARES Act supplemental $600 payment, recipients must be registered with the state unemployment benefits office, but many states make it difficult to get unemployment insurance and don't pay much. The Pew Research Center, using U.S. Labor Department figures, found that "in March, just before the pandemic really began wreaking havoc on the economy, 65.9 percent of unemployed Massachusetts residents received benefit payments but only 7.6 percent of jobless Floridians did. … Overall, about 29 percent of unemployed Americans, or 2.1 million out of 7.37 million, received benefits in March." Weekly benefits also vary greatly, from $823 in Massachusetts to $235 in Mississippi and $190 in Puerto Rico. And with unemployment offices overwhelmed, even

those who were entitled often could not get their benefits for days or weeks. The failure of the United States to build a genuine social security system in the postwar period left tens of millions in the lurch.

The Social Crisis

The combination of the pandemic and the economic depression created a social crisis of enormous dimensions. In April nearly a third of renters couldn't, and therefore didn't, pay their rent. The closing of schools meant that almost 30 million children who usually get one, two, or even three meals a day at their schools might not. An advocacy group for children's nutrition reported that by April, one in five children were hungry. In cities across the country, lines of cars miles long formed as people waited to get groceries from food banks. When the government told people to stay home, the country's estimated 568,000 homeless had no home to go to and feared staying in the crowded homeless shelters. Prisons and immigrant detention centers became petri dishes for breeding and spreading the virus, as did nursing homes and meatpacking plants.

The American working class has always been deeply divided by gender, race, religion, and nationality, as well as by occupation, education and training, and other factors. The pandemic has revealed just how deep these divides are. During the pandemic, it is estimated that 29 percent of Americans may be working from home and being paid; they are mostly professionals like teachers, professors, engineers, information tech workers, middle-management people, and other white-collar workers. A second group, the unemployed refugees from millions of closed businesses, vary greatly, from those with unemployment and relief package supplements to those receiving nothing. Some of the undocumented immigrants among the latter group continue to go to street corners and hardware store parking lots in search of work. A third group, the frontline essential workers, includes workers in health, police and fire, transportation and warehousing, agriculture and food distribution, some food preparation, and grocery stores. A large percentage of this third group are black or Latinx, some are immigrants, and a great many are low-paid. The essential workers, some taking public transportation to their jobs and often working in close contact with the public, were among the most likely to become infected; many were and became sick, and some died. They are working and being paid, but putting their health and their lives, as well as those of their families, in jeopardy.

The epidemic has had very different impacts on black and white communities, revealing the profoundly racist economic and social structures of American society. In Chicago in late May it was reported that since the outbreak began though black people make up only 30 percent of the population, they accounted for 70 percent of the deaths, while in Milwaukee, where blacks make up 20 percent of the population, they made up 80 percent of the deaths. In addition to occupational differences, these disparities are attributable to the social conditions that many black people face: environmental pollution, lack of access to health care, lack of healthy food, and lack of opportunities for exercise. The result is a greater prevalence of serious health problems such as obesity, diabetes, asthma or other respiratory disease, and cardiovascular issues. Black families are more likely to live in dense neighborhoods, in overcrowded buildings and apartments, and to include essential workers, who suffer more exposure to the illness.

The situation is quite similar for Latinx, whose access to health care and whose living and working conditions resemble those of blacks. While New Jersey is 19 percent Latinx, they made up 30 percent of COVID-19 cases as of May 13, 2020, and while Washington State was 13 percent Latinx, they made up 31 percent of COVID-19 cases. While there are no good statistics, undocumented immigrants of all races and ethnicities are likely to have equally high or higher rates because they often face similar conditions and have been denied health care or fear that seeking health care may lead to their deportation. Physicians have been alarmed by the much higher rates among Latinx than

among the population as a whole, attributing some of the problem to their work in industries like agriculture and meatpacking and the associated living conditions. As described in a New York Times story,

> They live in close quarters, often multiple families to a house or with several farmworkers crowded into a barracks-style room, where social distancing and self-isolation are impossible. They perform jobs that require interaction with the general public, in food service, transportation, and delivery; and some also work in meatpacking plants that have emerged as major hot spots.

Years of discrimination against Latinx and recent anti-immigrant policies, including immigrants' exclusion from CARES, have taken a toll.

While men die at a higher rate, women have been particularly hard hit by the pandemic in many other ways. The front-line health workers dealing with the sick are largely female: 90 percent of nurses are women, as are 73 percent of respiratory technicians, and many other hospital workers of all sorts are women as well. Dozens of health workers have died of coronavirus, many of them women. Women also make up 90 percent of home health aids, serving clients who depend on them to visit and take care of them, and 90 percent of nursing-home workers are female, in an industry that has been a cauldron of coronavirus disease and death. Women also make up 72 percent of all cashiers working in grocery stores and pharmacies; deemed essential, these low-paid workers are also putting their health and lives in danger because of their constant interaction with the public. And women have been hard hit by unemployment. As the Economic Policy Institute notes, "The latest payroll employment data for March show that women were the hardest hit by initial job losses in the COVID-19 labor market; women represented 50.0 percent of payroll employment in February, but represented 58.8 percent of job losses in March."

There is great concern that in their homes, some women now find themselves trapped with abusive partners who may injure them or their children physically and mentally, though given the situation it is hard to get statistics. And while all of this is going on, Republican politicians in several states have worked to take away women's abortion rights.

Reopening and Resistance

Trump passed the month of April giving televised coronavirus press conferences in lieu of conducting campaign rallies. Surrounded by Pence and Azar, Dr. Fauci and Dr. Deborah Birx, a physician and diplomat who has served as the United States' global AIDS coordinator since Obama, as well as CDC Director Robert Redfield, Trump spent as much as two hours a day on TV contradicting the health experts, making happy talk, promoting the unproven and sometimes fatal hydroxychloroquine as a cure, speculating about the possibility of drinking bleach and shining ultraviolent light into the body as a cure, and praising his administration's brilliant success. Meanwhile there were tens of thousands of deaths and the economy plunged to new depths with tens of millions unemployed. By this point Trump was practically jumping out of his skin, talking gibberish on TV and sometimes tweeting dozens of messages in a single night, blaming the virus on China, Obama, and the Democrats, and forwarding a tweet calling for firing Fauci. Fearing that the economic collapse was going to cost him the election, Trump decided to end the national shutdown and turn responsibility over to the governors, some of whom were also anxious to get the country back to the business of making money at whatever cost.

Big business certainly wanted to reopen the economy as soon as possible as did many Republican politicians and some Democrats. Trump and the Republicans encouraged a collection of kooky and dangerous groups, from white Evangelical Christians and anti-vaxxers to FreedomWorks, the Tea

Party Patriots, and other conservative groups, some of them financed by the Koch brothers and other deep-pocket right-wingers, as well as armed militias. In mid-April Trump tweeted encouragement to the protestors demanding to "LIBERATE MICHIGAN" and to those in other states, and when the mob in Michigan showed up brandishing their high-powered weapons, Trump called them "very good people." The demonstrations, which had the character of Trump rallies, included as well white nationalists and neo-Nazis who, as Michigan Governor Gretchen Whitmer noted, carried confederate flags, nooses, and swastikas. Trump had previously, during the neo-Nazi march in Charlottesville, Virginia, said that there were "very fine people on both sides," but we are now in new territory as the U.S. president forms a tacit alliance with the neo-Nazis. Small-business owners, who saw the militia protestors in action, then began to hire them to protect their businesses as they reopened in violation of state regulations. When businesspeople turn to these far-right militias, fascism in America is no longer only a theoretical issue.

Trumped announced reopening as a "Transition to Greatness." Guided by the CDC, the White House established a set of rational health guidelines for the gradual reopening of the country—but then completely ignored them, encouraging governors to reopen everywhere as soon as possible. By May 15, the great majority of states had completely reopened, several others had reopened some regions, and others were planning to reopen soon, though some mayors resisted doing so. Dr. Fauci and other health experts testifying before the Senate warned against reopening too soon and too fast, when states' case counts were still rising, and because the United States did not have the testing or contract tracing capacity to ensure the public's health. Fauci warned that if business was put before public health, "there is a real risk that you will trigger an outbreak that you may not be able to control." That, he said, would result not only in "suffering and death," but might also set back the economic recovery. Everywhere in the country Trump's go-ahead signal, economic desperation, and the return of warm weather led many to abandon social isolation, social distancing, and the use of masks. While, as we write, the consequences of this remain to be seen, it should be noted that many health authorities fear that the fall might see a return of the coronavirus combined with the seasonal flu. As whistleblower Rick Bright, former director of the Biomedical Advanced Research and Development Authority, who had been removed from his position because he resisted Trump's promotion of hydroxychloroquine, put it, "Without clear planning and implementation of the steps that I and other experts have outlined, 2020 will be the darkest winter in modern history." If reopening is not done safely, it could have deadly repercussions for workers, their families, and their communities.

Worker Resistance, Mutual Aid, and the Left

With the federal government and the states, as well as public and private employers, failing to take appropriate action, workers began to organize protests and strikes in defense of their health. Nurses and other hospital workers organized demonstrations to demand masks, gowns, and ventilators. Many nurses demonstrated at their hospitals, but, organized by National Nurses United, some went to the White House to demand that Trump invoke the Defense Production Act to order the mass production of personal protective equipment, ventilators, and coronavirus test kits. While there, in a moving tribute, they read the names of their colleagues killed by the virus.

Nurses were not alone. In mid-March teachers threatened a sickout to force the closure of New York Public Schools when Mayor de Blasio failed to do so and their own union, the United Federation of Teachers, had failed to take action. In hundreds of mostly small, brief, and localized wildcat strikes, essential workers who were forced to continue working without adequate safety and health protections either protested or walked off the job. Some of these actions, like a small walkout at an Amazon warehouse in New York, garnered publicity but failed to find a mass following or to affect the business. Others, like a walkout at a meat-processing plant in Colorado, brought attention to the plight of workers facing dangerous conditions. In Washington state's Yakima Valley, where there is a

long history of worker strikes, hundreds of fruit packers struck for safer working conditions and hazardous-duty pay. Where workers have acted, they have generally done so on their own without a union or, if they had one, without any union leadership. Bus drivers and construction workers are exceptions. The Amalgamated Transit Union supported its members who struck for health and safety measures in Detroit, Birmingham, Richmond, and Greensboro. The North Atlantic States Regional Council of Carpenters, which represents about 10,000 workers in Massachusetts, ordered its members to strike on April 5 over concerns about COVID-19 and did not end the strike until April 20.

With the exception of the nurses unions, by and large most labor unions have provided little more leadership than have government or business in this hybrid health and economic crisis. Many unions issued statements calling for employers and government to protect their members, and unions have also put out helpful information and have lobbied Congress, but they have not attempted to generalize and raise the level of class struggle as might be possible. Some important unions capitulated early to reopening factories and resuming production, even though it is clear that it may put their members' health at risk. As early as May 5 the United Auto Workers conceded that the company had the contractual authority to resume production later that month at GM, Ford, and Fiat-Chrysler plants, without strong health protections.

Fearing the coronavirus, demobilized by the shutdown, then recalled to work without adequate protections, the crisis has further divided and demoralized much of the working class. As we write on June 1 there has been no mass mobilization of workers on an industrial, regional, or national scale, though some in the left have that in mind.

The largest left organization in the United States, the Democratic Socialists of America (DSA), which has been active among nurses and teachers, has undertaken some new initiatives. It joined forces with the small United Electrical Workers Union, known as the UE, which organizes in a variety of industries, and together they have created the Emergency Workplace Organizing Committee (EWOC). EWOC is now training hundreds of volunteer organizers to help shop-floor activists in their workplaces. DSA has also begun to organize a network of restaurant workers in several cities. At the same time, Labor Notes, the labor education center, which helped to create the United Caucus of Rank-and-File Educators (UCORE), a network of caucuses in the teachers unions in Chicago, Los Angeles, Philadelphia, New York, Massachusetts, and elsewhere, is now working to create a similar network in higher education.

Some in the left, especially the anarchist and anti-capitalist left, have also been engaged in organizing what is called "mutual aid," though their projects are few in number and small. While leftists sometimes talk about mutual aid as leading to "dual power"—a period in a revolutionary situation where there are two rival governments—there is no evidence of such projects representing any significant working-class movement or any alternative to government on any level, admirable as the attempt to build solidarity may be. Far more important than left-led groups in that work are the thousands of mutual assistance projects across the country that have sprung up from block clubs and neighborhood associations, involving bringing food to the hungry, checking in on the elderly and handicapped, providing health education, sharing books and educational materials, and myriad other good works. Those largely traditional community groups, however, seldom have a political dimension.

Latinx immigrant communities organizing through their neighborhood groups, workers centers, and other advocacy organizations represent some of the strongest and most genuine examples of real mutual assistance, and some of those centers engage as well in lobbying for legislation for their communities. One of the largest and most important of them, Make the Road New York, a community organization with around 25,000 dues-paying members, provides food pantries; takes part in efforts to organize Amazon warehouse workers, carwash workers, domestic cleaners, and

others; conducts education on health and safety for essential workers; and advocates for legislation, including laws to provide undocumented immigrants with access to many of the benefits afforded to U.S. citizens.

The coronavirus crisis and its economic impact have revealed the enormous economic, racial, and gender disparities in society. It has lifted the veil on the relentless exploitation that existed even before this crisis. So far we have not seen this change in consciousness lead to significant mass action, but we're still early in the crisis and attempts to reopen workplaces without adequate health protections or with changes in employment security and wages could spark new actions, perhaps on a larger scale. Though as we finish this article, the national rebellion against the police murder of George Floyd in Minneapolis on May 25 has roiled the country as tens of thousands have protested in 75 cities.

Populism, Politics, and the Threat of Authoritarian Government

Donald Trump's populist demagoguery has deeply divided American society since he first ran for president in 2015, promising to protect Americans from Mexican immigrants, Muslim terrorists, and Chinese competition, while excoriating the "fake news" media. He put himself forward as an alternative to the Washington insiders, promising to shake things up, to drain the swamp, and to "Make America Great Again." His vulgar misogynist, racist, and xenophobic rhetoric and his white nationalism appealed to and won a following among about 40 percent of the American electorate, and remarkably, he has managed through scandals and failures of all sorts to hold on to that base. He succeeded in taking control of the Republican Party and has held its loyalty largely through his $2 trillion-dollar tax cut, plus now billions more in relief packages. He has also become the central figure for the right-wing alliance of white evangelical Christians, anti-abortion forces, gun rights activists, and increasingly of quasi-fascist white nationalists. And, though he has worked constantly for the wealthy and against working people, he holds on to the support of a significant portion of white working-class families. He could well be reelected president to lead what would without doubt be an even more authoritarian and right-wing administration.

The Democratic Party establishment, based in banks and corporations, with a powerful national political organization and deeply rooted in the state, succeeded following Biden's primary victory in South Carolina in uniting the other leading contenders—Amy Klobuchar and Pete Buttegieg—to support Biden and defeat Bernie Sanders, the champion of "democratic socialism," a struggle against the "billionaire class," and "political revolution." With coronavirus making further in-person campaigning impossible, Sanders, after several conversations with Barack Obama, withdrew and backed Biden. Then Elizabeth Warren also endorsed Biden. But Biden, a Democratic Party moderate with a long record of support for neoliberal policies and votes for racist programs on welfare and criminal justice, was now also being accused of sexual assault. A Monmouth poll found that 55 percent of Democrats believed that Biden was not guilty of assaulting his accuser Tara Reade. And leading women in the Democratic Party and in liberal and progressive circles—including some like feminist writer Linda Hirschman who believe Reade—continue to back him in the belief that Trump, an admitted sexual abuser, represents the worse option.

In mid-May Joe Biden and Bernie Sanders announced that they were forming a coalition to shape the party's political agenda. Nominated by them were 48 legislators, labor officials, economists, academics, and NGO leaders, among them New York Congresswoman Alexandria Ocasio-Cortez, who many presume to be the inheritor of Sanders' mantel and political legacy. Some in the Sanders camp are disappointed and looking for alternatives, such as the Los Angeles branch of his organization Our Revolution, which left the Democratic Party to join the Movement for a Peoples Party. Still, most Sanders supporters can be expected to vote for, and some will work for, Biden.

The contest is now between a white nationalist authoritarian demagogue and an uninspiring, moderate candidate with a bad record on race issues who is accused of sexual assault. While there are disappointed Bernie supporters looking for alternatives and while socialism has become more accepted among American voters, and though millions of Americans' lives have been disrupted and in some cases ruined by the crises, unfortunately there is no significant and credible political party to the left of the Democrats for whom voters might cast their ballot. In the last presidential election, the Green Party, which with its national presence would be the one possible option, got only 1.1 percent of the vote, and it has elected no one to national office. The Movement for a People's Party, which attracted the southern California Bernie voters, does not have ballot status anywhere and has yet to run any candidates. Some on the left will vote for the Greens' presidential candidate Howie Hawkins in safe states, but in contested states many leftists will vote for Biden, being reluctant to contribute to a Trump victory.

There is now also the question of how party conventions and an election can be conducted, especially if there is a second COVID-19 wave, or if the election will take place in November at all. In an interview, Jared Kushner, Trump's son-in-law and advisor, raised the possibility of postponing the election. The U.S. Constitution states that "Congress may determine the Time of choosing the Electors, and the Day on which they shall give their Votes; which Day shall be the same throughout the United States." Still there have been discussions of presidential emergency powers. If Trump attempts to postpone the election, we would be entering a new, more serious period of authoritarianism. We would be on the slippery slope that slides toward dictatorship.

As we write at the beginning of June, in the midst of the complete or partial reopening of all of the states and of entire regions of the country, possibly on the brink of a new wave of coronavirus cases and deaths, we find it difficult to see very far into the future. Trump and the Republicans will fight to maintain their stranglehold on government, the Democratic Party offers a tainted candidate who has either failed to develop a serious political campaign or is keeping a low profile, the latter suggesting he may not want to campaign, letting Trump hoist himself on his own petard. And we have not developed an independent political alternative. If Biden becomes president, there is a chance that the depth of the crisis and the pressure of progressives may push him to the left, but the crisis will also lead to calls for austerity. Employers and legislators have moved not only to protect their interests but also to reimpose and strengthen their power in the workplace and society. We on the left have a responsibility to create movements and working-class organizations that can develop an alternative vision, a workable strategy, and an inspirational movement from below. Our principles remain the same: Rise up from below, fight for democracy, and advance the struggle for socialism.