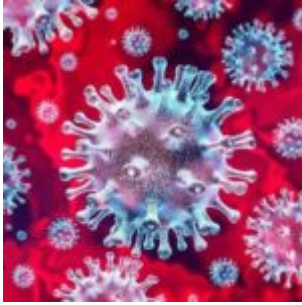


Neoliberal Healthcare Fails the COVID Test

May 7, 2020



This is the transcript of a talk originally given on April 4, 2020 as part of an online meeting titled “Coronavirus, Crisis and Class Struggle,” co-sponsored by New Politics.

As David kicked us off by elaborating, we’re marching right into a world-historic moment, predicated on what can easily be called a world-historic failure of the largest and strongest capitalist economy to do, really, anything approaching the well-known ABCs of fighting a virus of this virulence and of this magnitude. We had examples and images and very clear-cut science coming out of places like China and South Korea and Hong Kong and Singapore about how to do this right, or how to do this effectively.

So, we had going into this, as healthcare workers and as regular people watching this unfold, a basis for comparison already, about what could have been done and what wasn’t. And, I think, that fact—that we’re the richest economy in the world and we couldn’t figure that out—has massive political implications, and opens up questions for people, and creates an unprecedented political moment for us in terms of our organizing and our strategies.

How these questions get interpreted and how they get turned into political action is really the key task for the socialist movement right now. Because, as we are well aware, there will be other explanations and distractions and scapegoating waiting in the wings, both from the current establishment debate around it and also from more nefarious forces of the far right. So, in this moment I think we really need to figure out how to strike the right balance, as a socialist movement, of intervening with our concrete but large-in-scale, big-picture political conclusions, and articulating those for people.

As David succinctly summed up, people are literally understanding and crystallizing this idea that it’s capitalism versus their lives. And [our job is] reinforcing that, elaborating on that, making the connections politically and otherwise—and balancing that task with the task of developing drilled-down, specific and effective concrete strategies for organizing and fighting for what we need in the here and now.

It hasn't been mentioned yet, but I think in the last week what we've really seen is a significant turn from the initial shock, the initial grappling with the social isolation, grappling with the incapacitation of dealing with this crisis and dealing with the social-distancing measures, etc., and a turn towards figuring out how to organize—organize publicly, organize on the job.

And we're seeing mini strike-waves—strike ripples, you might want to call them—in essential services, in the private sector. I was part of organizing actions, along with others around the country, on the healthcare front, in terms of politicizing what our critical needs are.

Just to take a brief couple of minutes, building on what Sherry said[1], to talk about how the failures of this moment relate to the healthcare sector. I think you can break it down into four main categories.

The first and foremost was the failure around widespread testing. The CDC and the FDA, and the Trump administration overall, completely fell on their faces in terms of figuring out how to create and develop a basic test on the scale necessary to do what South Korea was able to do, what China was able to do later on, which was to test what was necessary here in the hundreds of thousands right away. That was the key initial failure.

Of course, the big fight that I've been involved in is around N-95 masks and other personal protective equipment for healthcare workers. It has been widely understood among healthcare workers that this is going to kill us in an unprecedented way, it's going to sicken us and incapacitate the healthcare system in an unprecedented way, and it's a hugely radicalizing factor for healthcare workers.

And then, the third would be the abject failure in the system as a whole to have any ability to centralize information and resource allocation in this crisis, in terms of hospital capacity, in terms of information, in terms of getting things from where they are right now to where they need to be.

And then there's what Sherry also began to touch on, which is the actual physical hospital capacities and actual physical equipment that exists, to be able to deal with the curve. The number of beds, the number of ICU beds, the number of ventilators, which is often talked about, and the number of staff—all of that being conditioned by the financial priorities of the healthcare system in the last couple of decades in particular.

Then layered upon the specific public health failings and the structural failures of our system, you have the other elements of inequality under capitalism that, again, Sherry touched on—homelessness, mass incarceration, undocumented immigrants not having access to healthcare, the housing crisis, and the general racialized apartheid system that we have in healthcare in this country. I'll give a shout out to Keeanga-Yamahtta Taylor's article in *The New Yorker* for putting those things together in a really brilliant piece.

I'm not going to go too deeply into all of those areas, there's lots to read about them. But obviously one of the key features with PPE is the collapse in the global supply chain. China produces 90 percent of N-95 masks. Trump failed two months ago to invoke the Defense Production Act to domestically scale up N-95 mask and other PPE production.

A key recognition of this—that it killed healthcare workers and was going to kill way more healthcare workers—is the CDC changing its guidelines from COVID-19 being an airborne and contact precaution disease to a droplet precaution disease. That then gave license to healthcare departments and hospitals to overnight, and in a widespread way, change their recommendations and their PPE preparation.

What that meant for us, in practice, was that the N-95 mask was no longer necessary to have with every patient interaction. The hospitals were allowed to only give surgical masks to healthcare workers and a scaled-down version of PPE to treat this virus. That in and of itself was the basis for widespread healthcare-worker contamination. So, that's a huge thing that we're fighting, the CDC guidelines and the Defense Production Act.

Capacity—Sherry touched on Cuomo. There's a really good *Nation* article that touches on it. Just to put a fine point on it, not only has there been two decades of systematic hospital closures where we've lost 20,000 beds in New York state alone (that's compared to needing to triple the number of beds we need to deal with this crisis—we're already starting 20,000 beds behind and we need a total of about 100,000 to 150,000 beds to deal with the crisis), Cuomo has the gumption—from a capitalist perspective he has the foresight, but from a working-class perspective he has the gumption—to cut \$2.5 billion from Medicaid in the middle of this crisis.

So, the contradictions that this is exposing about how both parties are dealing with this are, I think, fairly profound. Having no national healthcare system, I think that's a pretty obvious one. To be able to produce, to distribute, to collate information, I think has profound implications. All the other countries that did, were able to deal with this in a much better way—even the countries that really also failed, like Italy and the UK.

But the fact that we have such a hodge-podge system you can see in Cuomo and DeBlasio's response—they're dealing with seven layers of public hospitals versus private hospitals. We're at the point now where even a neoliberal like Cuomo is sending New York state's National Guard to private businesses to collect N-95 masks and PPE, and to commandeer equipment, because they had no mechanism for collecting those resources for the last couple of months. So, those are things we need to be pointing out and drawing conclusions around.

The decades of neoliberal restructuring, combined with this specific, Trump-led incompetence and just profound callousness towards the lives of working people, is going to lead to upwards of a quarter-of-a-million people dying from this overall—that's the potential of this by the time that this is said and done. There of course can be mitigating factors, but we're talking about—along with the economic implications, again—an unprecedented crisis.

Shifting gears to what this means for our political and strategic conclusions—what this meant for me when I was trying to figure out how to navigate this terrain, and what I was going through as a healthcare worker and my coworkers were, what I noticed at the micro-level was that these political ideas and this visceral anger, visceral fear, and the developing political consciousness was developing at such a rapid pace, more rapid than I've ever seen before.

Some of us recognized that this could be the basis for developing some actions that we wouldn't have thought previously possible. In a time when the pressure to socially distance and the pressure to stay away from the public eye was so severe, that pressure was rubbing right up against, and was at loggerheads with, the need to politically act, the need to actually speak out.

And so that compelled us—compelled me and my close collaborators in my union, namely Kelley Cabrera, another one of my nurses that I work with closely—to really reach out and say we really need to do something. Let's do this right, let's do this safe, let's figure it out within the union, whatever we can do, but let's not wait, let's get this done.

We built in 48 hours a very modest action with very modest expectations. We said if we can get a couple of dozen people, maybe a couple of news cameras will come. We can at least break the ice, we can at least hopefully allow other people to feel that this thing is possible, and the message can

get out—this specific thing around the N-95 masks and the dire needs can get out there, because it hadn't broken through at that level.

And we were sort of blown away. We were blown away by how quickly people wanted to be a part of it and how quickly there was an echo chamber within the mainstream media. We got more press, I think, from a single action than any action in the history of our union. We were on all the local news stations and national news stations throughout that day and throughout that weekend.

We were then on the front page of one of the New York tabloids, *The New York Daily News*, and the following week we were deluged with press calls all week long, from international sources, the BBC, *Al Jazeera*, the full nine, and then culminating this weekend, Kelley is going to be on *60 Minutes* along with another doctor from Jacobi [Medical Center].

So, it worked is the short conclusion, and it also spurred other actions. It gave confidence to other people in the union—it gave confidence to the union that this was something that could be realized without risking everything politically. So, we were very happy with the results. But obviously the lesson for us, and I think for the socialist movement, is that public action is possible. People are very ready. Eyes are on frontline workers. Media access is unprecedented.

But also, the lesson for us is that it's not enough. We did get responses from our hospital system that were both good and bad. We got responses from DeBlasio and Cuomo that were both good and bad. And we got even the Trump administration's attention—him having invoked, in a very nationalistic way, the Defense Production Act around N-95 masks for the very first time. So, there's way more to fight for around that, but the fact that we helped get federal action from the Trump administration is, I think, significant.

So, just to wrap up, I think our method has to be we aim nationally and then apply locally. We need to expect unprecedented urgency and boldness amongst the people who are around us, but we can't leap ahead of the people around us at the same time. We have to bring people with us. And then, finally, we have to be political. We have to draw these big picture political conclusions as we're organizing with people and draw out the political lessons, both historically and what people are experiencing right now.

And then a few key demands that are healthcare specific. Reversing the CDC guidelines around COVID-19—they need to advise hospitals to go back to airborne and contact precautions. We need the Defense Production Act to mobilize around production, not just what they're doing now, which is basically starting a trade war between Canada and Latin America by curtailing exports—that's what Trump did last week, but we need to fight for the Defense Production Act to be aimed at production, not just distribution.

We need to fight for reorganizing employment around the public-health response, given the mass unemployment crisis that's brewing. And then, of course, Medicare for All. I think we can be looking at national actions, national marches, for Medicare for All, and even going beyond Medicare for All and arguing, as they did in Spain, for nationalization of certain aspects of the healthcare system.

So, I think those are all on the table. We need to start where we're at, but so many things are possible. Healthcare workers have the most leverage politically and organizationally right now. We need to get creative about how we're involving the community under social distancing. And I think we need to broaden our demands to unite with other sectors who are involved in these strike waves and these strike ripples around the country. A little can go a long way. Political projection of ideas, building organization, is just as important as organizing around demands, and the art of our politics right now is going to be getting that balance right.

[1] We have not posted Sherry Baron's presentation, because she believes that the health information in it is now dated. Those who are interested, can listen to it here.