

United States — Coronavirus and community activism

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How can we centre community organising and mutual aid in response to coronavirus?

Some of the environmentalists and leftists I know tell me not to be fooled by the mainstream hype about covid-19. Others are pleased that the lockout in China has reduced pollution. Some say the real issue is not the disease, it's racism.

I want to suggest a different way of responding to epidemics.

Communities

I was an HIV counsellor in the UK between 1988 and 1994, before we had the retroviral drugs that save lives now.

I begin here with what I learned from how gay men responded to that epidemic.

When the HIV epidemic began, the first instinct of many activists was to downplay the risk and defend the bathhouses in order to protect gay men from stigma and persecution. This rapidly gave way to a different approach, pioneered by men in the United States who were dying or at risk.

Those men created communities by caring for ill friends and reaching out to others, especially lesbians and family members. Gay men invented safe sex, which saved countless lives, and celebrated the joy of many kinds of sex, but also included the injunction to use a condom.

Gay men and lesbians then built a mass, direct action movement that forced the US government to fast track research and drugs that could save lives.

Struggle

When those drugs were finally developed, the great majority of people with AIDS in Eastern and Southern Africa could not afford them. But gay men in South Africa were instrumental in founding the Treatment Action Campaign in South Africa.

That campaign launched a mass struggle, using every tactic that came to hand. They eventually won free drugs for South Africans, and for many Africans in other countries too.

These exemplary campaigns did far more to strengthen a gay community and fight prejudice and racism than downplaying the threat of HIV and AIDS could ever have done.

Our starting point with the coronavirus should be the same – how can activism build community and save lives?

The main answers are to stop the spread of the virus, and get everyone good medical care.

Covid-19

To see what activism can do, we need to start with how the virus works.

The disease is called Covid-19, because this particular Coronavirus was discovered in late in 2019. SARS was also a coronavirus. Covid-19 is both much less deadly than SARS, but spreads much faster. So many more people will get the virus, but a smaller proportion of them will die.

We do not yet have enough reliable data to make accurate estimates. But the best estimate now is four to six days from getting the virus to becoming ill, and about two weeks of being contagious.

Of those who become ill [1], about 80 percent will have a mild case or hardly notice their symptoms. But about 20 percent of people become quite ill. A quarter of them, five percent of the total, will need treatment in a hospital intensive care unit. Perhaps a fifth of those people, one percent of those who get the virus, will die.

The very good news, so far, is that children do not seem to be much affected.

Spread

At the moment, that one percent figure is a guess. The rates in China are higher [2]. But the statistics are likely missing many people with mild symptoms [3]. All in all, the actual percentage who will die is probably somewhere between 0.5 percent and 1 percent of those infected.

The main thing that will change those rates is fast, free, intensive medical care. In its absence the death rate will increase dramatically.

The key interventions are common medicines that reduce fevers and keep airways open, and ventilators that deliver oxygen or breathe for you.

The other factor that will determine the number of deaths is whether the virus is contained or becomes common in the general population throughout the world. Because most of those infected will never need treatment, and many will not even notice they are ill, the virus is likely to spread quickly.

There are two possible scenarios. One is that virus becomes general, and infects perhaps 40 percent of humans. That could mean three billion cases. Of those, perhaps 15 to 30 million would die over the next few years. If a working vaccine is available within the next two years, the number may be lower.

For comparison [4], 57 million humans die each year from all causes. Pneumonia kills about 3 million a year, diabetes and TB about 1.5 million each, AIDS 1 million, flu 500,000 and malaria 400,000.

Isolation

In the worst-case scenario, the deaths from Covid-19 over the next few years will be much the same as these other killers.

There is little point, however, in debating whether we will reach the worst-case scenario internationally. We may, we may not. It depends on what governments and people do.

The key solution, which may work, is various forms of isolation. The reason is this. The best estimates, still very unsure, are that each person with the virus infects about 2.5 other people. But if

measures can be found that reduce the rate to less than 1.0 person per person, the number of people with the virus will begin to decline.

The disease can be contained. This worked with SARS, and it has worked so far with Ebola. This is the point in wearing masks, washing hands and avoiding big crowds. These measures do not stop transmission. But they reduce the rate of transmission.

Of all these measures, the most effective is isolation of people with the virus while they are contagious. This means isolation of people who are sick, and people who have been exposed. Testing will be essential to dramatically reduce the number who need isolation. But this in turn depends on governments manufacturing enough testing kits and their free distribution.

Quarantine

Of course, isolation cannot work over the long term. There is a real possibility of a working vaccine within two years .

At the moment there is a big political argument about “quarantine”.

On the right, many propose isolating foreigners. On the left, many say this will only increase racism.

Both positions miss out that the great majority of people who should be isolated in any country will be local residents. Isolation that focuses on foreigners alone will be a public health catastrophe.

Inequality

Let’s think about the United States – though, much of what I say is relevant to other countries, and especially ones without a national system of free health care.

We can see one obvious political consequence of the epidemic in the US: The worse it is, the more voters will turn away from Trump.

But if you are in the US, this is not a time to just watch the political game. We need to learn how to intervene politically from the grassroots to help each other deal with this environmental disaster.

We need to do that because this epidemic is going to be painful for many. But even more, given climate change, we need the habit organizing in the midst of disaster.

There are several aspects of the epidemic that are particularly relevant here. They all have to do with inequality.

Vulnerability

One is that the elderly are particularly vulnerable, but so are people with diabetes. In the US 34 million people, ten percent of the population, have diabetes. They are disproportionately poor, because it is a disease caused by eating cheap food laced with sugar, and the best protection is eating fresh, unprocessed, expensive food.

African-Americans, and especially Native Americans, are disproportionately diabetic because they are also more likely to be poor.

Many diabetics are unable to afford insulin. This is partly because they have no health coverage, or their insurance does not cover medication. But it is also because Big Pharma has rigged the prices so they are much higher than in other countries.

The result is that many people ration their insulin to less than they need, and a lot of those people die. People with diabetes are also more likely to be confined to wheelchairs. All these physical and economic challenges mean both that they will be more likely to become sick, and find it harder to cope with illness.

In the US there are also at least 16 million people with COPD - chronic obstructive pulmonary disease. They have constant trouble breathing. Many had jobs which wrecked their lungs - like miners, chemical and oil workers, and farm workers exposed to pesticides; many others smoked tobacco -those are more likely to be manual workers or poor people, because the harder your life, the more likely you are to smoke.

People with COPD are more vulnerable to dying from Covid-19 because they already have trouble breathing. Moreover, many of them are already poor and have trouble getting across the room, let alone up and around.

Workers

Then there are all the people who will be told to stay home from work because they may have the virus or because a test says they do have it. But half the population in the US live from paycheck to paycheck, and federal law guarantees the right to only seven days unpaid sick leave a year.

Most workers, of all kinds, are accustomed to going to work when they have a cold or flu. The majority of people with Covid-19 will have mild symptoms and be fully able to work. Most employers will not pay those people to stay home.

Then there are parents. In China, Iran, Italy and many other countries, governments are beginning to close schools. From a business point of view, it is a cheaper way to isolate people than to close workplaces.

But most American families with two working adults rely on both schools and after-school programs to enable them to work.

Single parents are in an even more difficult bind. Many adults will have to stay home, and lose part of their income, or leave their children with god knows who, Or leave them alone to look after each other, and hope the social workers don't find out.

Loneliness

Then there are the lonely. It is well worth reading Eric Klinenberg's book *Heat Wave*, which focusses on more than a thousand deaths in a heat wave in Chicago in 1995.

Two things are particularly relevant from that book. One is the way the Mayor's office responded to the heat wave not by debating what action to take, but by debating how to handle the media.

The other is that many of the dead were older men who had lost contact with their children, and died because they lived alone, could not afford air conditioning, and no one checked on them.

A large majority of those who get Covid-19 will survive, but they will have a lonely and scary time if they are trapped at home.

Anecdotal accounts of the Chinese epidemic tend to feature a grandparent who dropped by with a meal. But when people are isolated, a knock on the door or a phone call every couple of days from someone can make an enormous emotional difference.

Remember, there will be many, many people who are isolated because they have mild symptoms and then become seriously ill. They will need hospitals. Someone staying in touch will make all the difference.

Medicaid

The list could go on. But let's end with health care.

27 million Americans have no health insurance or Medicaid. As things stand, no one is going to pay for their care, and most of these are working people and their families.

Moreover, who will pay for the tests? Who will pay for the medicines? Insurance often does not cover medication.

Who will make sure that the medicines are manufactured and delivered?

How many really sick people will have to suffer at home because they cannot afford a hospital, or the hospital will not take them?

Organising

But how can you, and we, react to such an unequal epidemic? The answer on one level is vote for Sanders. On another, sign petitions and demonstrate. But with all the problems highlighted above, two kinds of organizing will make an enormous difference.

One is to organise neighbourhood help. Make sure someone knocks on the doors on your streets, or in your building. Do this yourself, but more important, as you knock on doors build a network of people to do it.

Even when someone is in isolation, a prior visit will mean someone can phone them every day.

You can build local pages on social media where neighbours can discuss the situation, and say what help they need or can give.

Remember, though, that not everyone can access the internet. So use platforms that old people can access easily, and get people to contact and post for other people.

In the process, you will create a kind of neighbourhood you never had before, and the legacy will last for years.

Networks

You can also build these networks at work, so people can keep track of fellow workers at home and their needs. And they can organize to make the employer pay sick pay to anyone off work.

But here again, try to build networks that do not just include other nurses or other electricians. Where you can, build networks that cover whole workplaces. That will be the beginning of a different kind of workplace, and maybe a union too.

Those of you who regularly go to church, mosque, or temple, are likely to know a good deal more about how to do this than many environmentalists or socialists. But my fellow environmentalists and socialists – it's time we learned from people of faith.

Helping, sharing, keeping in touch – these are human things, and enormously important.

But the beauty is that these fit well alongside collective organizing. Every challenge I have highlighted above can be changed by collective action.

Power

On the simplest level, when someone can't get medical care, six neighbours or fellow workers can go the emergency room or the clinic with them, and insist on help loudly when they get there. When someone can't afford food or medicine, you can do a collection among neighbours.

If the federal government won't act, state governors can declare an emergency and order the National Guard to deliver free medicine.

Governors can also order employers to pay sick pay to the isolated and those looking after children out of school. Mayors could do it too. They do not have the legal power, but think what would happen to employers who went to court.

Even in circumstances of lockdown, demonstrations and occupations by the infected, the contagious and the recovered can be very powerful.

And never, never underestimate the power of a picket line of ten sick old people in wheelchairs. And never underestimate the power of disabled people to organize themselves.

Actions

One flash point will be official attempts to send people home with home ventilators. Those people will need hospital care and close monitoring.

Quite soon in an epidemic, hospitals will become overloaded. Much surgery will be cancelled, and patients with other diseases will be sent home.

Health workers will be particularly vulnerable to exposure and infection. And a large proportion of the common medications, all over the world, are manufactured in China and India. If trade is not kept open, there will be disaster.

In such a situation, direct action can insist on treatment. If there are not enough hospital beds, it is time for small, noisy, dignified occupations of empty factories, courtrooms, police stations, schools, television stations, city halls, or nearly empty hotels.

These are all actions that can be shared widely, and fast, on social media. They are actions that will scare the authorities. And they are an opportunity to make the wider argument, over and over, for free health care for all. That is something that we will win sooner or later in the US. But sooner is better.

Change

Moreover, these are all ways of fighting racism and prejudice. The most important effect of racism in the epidemic will be killing minorities because they are poorer and sicker. But, as with AIDS, mobilizing communities is also key to their dignity and ability to defend themselves.

This way of looking at activism also avoids falling into the trap of "whataboutery" - saying we should not act on this thing, because what about that thing? In this case, for instance, what about diabetes? What about hunger? What about poverty?

Finally, in the years and decades of climate change to come, this is how we will have to learn to deal with many environmental disasters across the world.

Each of those disasters, like this virus, will have important economic effects. In each, there will be a clash between an authoritarian right-wing response and a socialist, environmentalist and human attempt to share and take care of each other.

To put it differently, we have start defending each other in ways that will change us, and make it possible for us to change the world.

Jonathan Neale

P.S.

- The Ecologist. 6th March 2020:

<https://theecologist.org/2020/mar/06/coronavirus-and-community-activism>

- Jonathan Neale is a writer, climate activist and trade unionist. He is the author of A People's History of the Vietnam War and Stop Global Warming, and the editor of One Million Climate Jobs. Follow him on Twitter @bonny_pirate.
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Footnotes

[1] <https://www.nejm.org/doi/full/10.1056/NEJMoa2002032>

[2] <https://www.who.int/docs/default-source/coronaviruse/who-china-joint-mission-on-covid-19-final-report.pdf>

[3] <https://www.nytimes.com/2020/02/18/opinion/coronavirus-china-numbers.html>

[4] https://www.who.int/healthinfo/global_burden_disease/estimates/en/index1.html