

# United States: Reopening the Economy Will Send Us to Hell

Tuesday 30 June 2020, by [DAVIS Mike](#) (Date first published: 22 April 2020).

**As we head into the fifth month of the outbreak millions of working families feel like they have been kidnapped and sent to hell.**

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As unemployment (officially reported) soars toward 30 percent or more, an estimated 20 million more people will fall helplessly below the poverty line. In a recent Pew poll, 60 percent of Latinos reported losing jobs or wages, as did more than half of all workers below the age of 30. In addition to their jobs, millions will lose everything they had spent their lives working for: homes, pensions, medical coverage, and savings accounts.

Most of us have already lived through a brutal preview of economic collapse: the 2008-09 “Great Recession.” In a span of 18 months a majority of Black and Latino families lost all their net wealth and college grads from non-privileged backgrounds found themselves marooned, seemingly for life, in the low-wage service economy. That’s why so many millions flocked to Bernie Sanders’ New Deal banner. But the threat ahead is mass immiseration and hunger on a scale unseen since 1933.

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## A Nurse’s Warning

Reopening the economy while the virus is still freely circulating will cost lives.

This illness has taken a massive toll on my patients, my coworkers and myself over the past month. We have watched our patients, seemingly on the upswing, suddenly slip away before our eyes. We have watched our coworkers go out on sick leave and never come back.

Without question, the partial shutdown of the economy has lead to a decrease in hospital admissions and deaths. Without the shutdown, our already overburdened hospital system would have collapsed under the pressure of skyrocketing admissions.

As it stands, our hospital-wide census is decreasing and we are beginning to close our emergency COVID units. If the economy is reopened prematurely, we will see a resurgence in deaths of patients and the health care workers caring for them.

*—Sarah Dowd is a medical-surgical nurse at Harlem Hospital in New York City and a member of the New York State Nurses Association.*

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People desperately need to go back to work and save what they can of their lives. But heeding the siren call of the MAGA demonstrators, puppets on strings manipulated by hedge funds and billionaire casino owners, to “reopen the economy” would only result in tragedy. Consider these points:

- Sending millions of people back to work without protection or testing would be a death sentence for thousands. Thirty-four million workers are over 55; 10 million of them over 65. Millions more suffer from diabetes, chronic respiratory problems, and so on. Straight from home to work to ICU to morgue.
- Millions of our “essential workers” face intolerable hazards because of the shortage of protective equipment. It will be weeks, at best, before there will be an adequate supply for medical workers. Workers in warehouses, markets, and fast food have no guarantee of ever receiving masks, unless legislation compels it. If this is a war, Trump’s refusal to use existing laws to federalize the manufacture of masks and ventilators is a war crime.
- The proposal to test people’s blood and then issue back-to-work certificates if they have the right antibodies is mere fantasy at the moment. Washington has allowed more than a hundred different firms to sell serological kits without human trials or FDA certification. The results they give are all over the map, just a mess. It may be weeks or longer before public health workers have reliable diagnostics to use. Even then it would take months to test the workforce and it’s doubtful that enough people would have the antibodies to safely staff all the closed businesses.
- The most heroic assumption is that a vaccine could be available by spring 2021, although no one knows how long its conferred immunity would last. Meanwhile, hundreds of research teams and smaller biotech firms are working on medicines that will reduce the risk of respiratory failure and serious heart or kidney damage. But this sprawling scientific experiment lacks coordination and funding from Washington.

## **INDEFINITE LOCKOUT**

In a sense, we are living in an indefinite lock-out, facing an administration that sets a higher priority on destroying the Postal Service than it does on organizing a crash program to produce the tests, safety equipment, and antivirals that will allow the U.S. to return to work.

Trump’s accomplices are monsters like Amazon, which in two weeks made Jeff Bezos \$25 billion richer, and UnitedHealth Group, the world’s largest health insurance company, whose profits increased by \$4.1 billion in the first three months of the pandemic. Medical insurers have experienced a windfall, since most of their enrollees are now unable to book operations or obtain vital treatments.

A volcanic rage is rapidly rising to the surface in this country and we need to harness it to defend and build unions, ensure Medicare for all, and knock the bastards off their gilded thrones.

## HOW WE GOT HERE

Last New Year's Eve, while we were lifting our glasses, hugging our mates, and singing a few verses of a song written several centuries ago by a Scots revolutionary, Chinese doctors were notifying colleagues around the world that a rapidly increasing number of acute pneumonia cases, clustered around the city of Wuhan, was the result of infections caused by a previously unknown virus.

Within a week it had been gene-sequenced and unmasked as a "coronavirus." Until 2003, research on this family of viruses had principally responded to the serious diseases they cause in a variety of animals, including livestock and poultry. Only two were known to infect humans, and since they produced only mild colds, researchers at the time considered them insignificant.

Then in 2003 a new viral epidemic started with a traveler in a Chinese airport hotel who passed his infection on to everyone with whom he had contact. Within 24 hours the virus had flown to five other countries. Severe Acute Respiratory Syndrome (SARS) killed one out of every 10 victims.

The SARS pathogen was identified as another coronavirus, passed from bats to small lithe carnivores known as civets, long valued in southern Chinese cuisine. SARS reached 30 countries and caused a full-scale international panic. But it had an Achilles heel: it was only contagious at the stage when infected people displayed symptoms like dry coughing, fever, and muscle aches. Because it was so easily recognized, the SARS virus was finally contained.

A similar virus, a kind of mummy's curse spread by tomb bats to camels, emerged in 2012 and has killed 1,000 people, mainly in the Arabian peninsula. But it's mostly spread by direct contact with camels and thus has not been considered a candidate for starting a pandemic.

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### **Bus Drivers Are Cautious**

Bus drivers in Detroit refused to work one morning early in the pandemic and won all their demands for gloves, masks, hand sanitizer, and cleaning. Still, they later lost driver Jason Hargrove to COVID-19.

Here their union vice president responds to the idea of reopening Michigan.

I don't think the disease has gone away or is under control. If we open the state up again, we're going to have a bigger explosion; it will be worse than the first time.

Conditions are pretty good right now for drivers as far as safety precautions. We are able to get tests. We fought for that.

We're not carrying more than 15-20 passengers, so they can have separation between themselves. Ridership has been down so we went to a Saturday schedule, so there are less buses out there too.

Opening it back up exposes drivers to a lot more contact with passengers. Right now they don't come past the first row of seats, they're in the back of the bus. Carrying a full bus would be uncomfortable. I don't feel like it's over yet.

—Willie Mitchell, Jr., vice president, Amalgamated Transit Union Local 26  
*THE STEALTH VIRUS*

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Researchers hoped that the current killer, a virus known as SARS-CoV-2 and sharing most of its genes with the original SARS, would likewise be simple to identify through correlation with patients' symptoms. They were disastrously mistaken.

After four months of circulation in the human world, we now know that the virus, unlike its predecessors, flies on the same wings as influenza: spread easily by people without visible signs of illness. The current pathogen has turned out to be a "stealth virus" on a scale far exceeding influenzas and perhaps unprecedented in the annals of microbiology. The Navy has tested almost the entire crew of the stricken aircraft carrier Theodore Roosevelt and discovered that 60 percent of those infected never displayed visible symptoms.

A large universe of undetected cases might be considered good news if infections produced durable immunity, but that doesn't seem to be the case. The dozens of antibody-detecting blood tests that are now in use, all uncertified by the FDA, are producing confusing and contradictory results, making the idea of a back-to-work antibody ID card impossible at the moment.

But most recent research (which can be reviewed at the National Institutes of Health pandemic website, LitCovid) suggests that conferred immunity is very limited and coronavirus could become as entrenched as influenza. Barring dramatic mutations, second and third infections will likely be less dangerous to survivors, but there is as of yet no evidence that they will be any less dangerous to uninfected people in high-risk groups. So COVID-19 will be the monster in our attic for a long time.

## **THEY KNEW THIS WAS COMING**

But the disease is not an eruption of the totally unknown, a biological asteroid. Although its transmissibility was unexpected in a coronavirus, the pandemic otherwise corresponds closely to the scenario long described for an avian flu outbreak.

For nearly a generation the World Health Organization and all major governments have been planning how to detect and respond to such a pandemic. There has always been a very clear international understanding of the need for early detection, large stockpiles of emergency medical supplies, and surge capacity in ICU beds. Most important has been the agreement of WHO members to coordinate their response along guidelines they all had voted to accept. Early containment was crucial: comprehensive testing, contact tracing, and the isolation of suspected cases. Large-scale quarantines, sealing off cities, shutting large sectors of the economy—these should be only last-ditch measures, made unnecessary by extensive planning.

Along these lines, after the arrival of avian flu in 2005 the U.S. government published an ambitious "National Strategy for Pandemic Influenza" based on the finding that all levels of the American public health system were totally unprepared for a large-scale outbreak. After the swine flu scare in 2009, the strategy was updated, and, in 2017, a week before Trump's inauguration, outgoing Obama officials and incoming Trump administrators jointly carried out a large-scale simulation that tested the response of federal agencies and hospitals to a pandemic arising in three different scenarios: swine flu, Ebola, and Zika virus.

In the simulation the system, of course, failed to prevent the outbreaks or, for that matter, flatten the curves in time. Part of the problem was detection and coordination. Another was inadequate

stockpiles and supply chains with obvious bottlenecks, such as depending on a few overseas factories to produce vital protective equipment. And behind all this lay the failure to aggressively take advantage of revolutionary advances in biological design over the last decade in order to stockpile an arsenal of new antivirals and vaccines.

In other words, the U.S. was not ready and the government knew it was not ready.

## **DOMINOES OF DISASTER**

By the end of January 2020 three things had happened. First, the WHO quickly distributed hundreds of thousands of test kits designed by German scientists but otherwise was pushed to the sidelines while each nation bolted its doors and ignored previous commitments to mutual aid.

Second, three East Asian nations with well-prepared medical arsenals and single-payer health systems—South Korea, Singapore, and Taiwan—successfully contained outbreaks with minimal mortality and moderate periods of social isolation. After early disasters that allowed the virus to escape on air flights and forced the lockdown of Wuhan, China mobilized on an unprecedented scale and quickly extinguished all COVID-19 hotspots outside Wuhan.

Third, our Centers for Disease Control and Prevention (the CDC) decided to create its own diagnostic kit rather than use the one distributed by the WHO. The CDC's production lines were contaminated with viruses, however, and the test kits were useless. The entire month of February, when it was still possible to prevent the exponential increase of infection through testing and contact tracing, was squandered.

This was the first disaster. The second was in March, when severe and critical cases began to crowd hospitals. As institutions began to run out of respirators (N-95 masks) and ventilators, they turned to their states and then to the federal government's National Strategic Stockpile, which had been designed specifically for use during an outbreak like COVID-19.

But the cupboard was almost bare. It had been largely depleted during the national panic over swine flu in 2009 and several subsequent emergencies. The Trump administration had been repeatedly warned of its statutory duty to restock it, but had other priorities such as slashing the budget of the CDC and killing the Affordable Care Act.

As a result millions of American workers have been going into battle in hospitals, nursing homes, public transit, and Amazon warehouses without essential protection that costs only pennies to manufacture. Nothing is as emblematic of the Trump administration's total dereliction of duty than the fact that on the same day that the president was bragging of the USA's "unmatched scientific and technological superiority," the New York Times was devoting a page to "How to Sew a Mask at Home."

**Mike Davis**

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**P.S.**

• Labour Notes. April 22, 2020:

<https://labornotes.org/2020/04/reopening-economy-will-send-us-hell>

- Mike Davis is the author of City of Quartz, Planet of Slums, Ecology of Fear, and The Monster at Our Door: The Global Threat of Avian Flu.