



Cuba on front lines of fighting COVID-19

By Mirinda Crissman

Cuba continues to illustrate international health care solidarity in its response to the COVID-19 crisis. The island nation has sent brigades of doctors and supplies to Italy, Venezuela, Nicaragua, Jamaica, Suriname and Grenada. (telesureenglish.net) Meanwhile, the United States has been criminally negligent in stopping the spread of COVID-19 and in testing and treating its own people.

Cuba has 28,268 members of medical brigades working in 61 countries around the world, according to Dr. Jorge Hidalgo Bustillo, director of the Central Unit for Medical Collaboration. All of them are COVID-19 negative and are being monitored daily.

Through a joint venture with China, Cuba is producing large quantities of an antiviral medicine called Interferon Alpha 2b. This vital drug is “recognized as one of the most effective medicines in treating this virus. It is credited with saving 1,500 people from [dying of] the virus in China alone ... and Cuba’s producer of medicines, BioCubaFarma, is producing 21 other compatible medicines for the treatment of complications that may arise in patients with COVID-19.” (dissidentvoice.org)

The Cubans gave permission for the British cruise ship — the MS Braemar with five confirmed cases of COVID-19 and dozens of symptomatic travelers on board — to dock in the harbor at Mariel, west of Havana, on March 18. Cuba then treated those affected by the virus and arranged passage home for the rest of the passengers.

In explaining the gesture, Cuba’s Ministry of Foreign Affairs issued a statement March 18 on Twitter, saying,



Cuban doctors and nurses head to Italy to help fight the coronavirus: ‘We’re not superheroes. We’re revolutionary doctors.’

“These times call for solidarity, understanding health as a human right and strengthening international cooperation in order to address our common challenges; values that are inherent to the humanist practice of the Cuban Revolution and people.”

For Cuba: Global health care is a right

Cuba has proven its ability to stay in the forefront of medicine in areas like cancer care and ending mother-to-child HIV transmission. Cuba consistently lives its values by providing free health care around the world.

In 1965, Cuba established the National Center for Scientific Research with the aim of using scientific methods to solve biomedical problems and develop sophisticated products.

Cuba also established the Latin American School of Medicine in March of 1999. Since then the country has trained thousands of medical students from over 124 countries, free of cost, who pledge to return home to provide health care to the indigent.

Due to its first-rate nationalized health care system, the island nation has one of the highest life expectancies and lowest infant mortality rates in the world, according to the World Health Organization.

Cuba’s health care advances have seen the disappearance of malaria, polio, diphtheria, tetanus, pertussis and measles.

Cuba has been on the front lines of many global struggles, providing aid to those who need it. Cuban doctors were the first to arrive after calamitous earthquakes in Pakistan in 2005 and Haiti in 2010 and to fight a major cholera outbreak. Cuba’s revolutionary doctors cared for 20,000 cancer victims after the Chernobyl nuclear disaster in Ukraine from 1989 to 2011, all free of charge. Cuban doctors also helped treat those affected by Ebola in Western Africa in 2014.

In February 2020, underserved and neglected by the settler-colonial government of Canada, First Nations leaders from Manitoba met in Havana to discuss a possible health care partnership. (cbc.ca)

To put this meeting in context, an Ojibway-Cree person explained in a March 11 tweet: “During the H1N1 crisis at my home reserve a few years back, the government sent body bags when we asked for help.”

All this aid is provided while Cuba has been under a unilateral blockade by the U.S. for over 60 years, with new sanctions imposed regularly. □

School bus drivers win emergency pay

By Steve Gillis
Boston

On March 16, elected officers of United Steelworkers Local 8751, the Boston School Bus Drivers Union, conducted mass meetings in the bus yards over loudspeakers with hundreds of drivers, monitors, dispatchers and support staff. They presented a multipart agreement reached with Transdev—a division of the Paris-based transnational conglomerate Veolia, which employs over 170,000 workers in 104 countries and specializes in contracting with neoliberal governments to privatize water, waste, energy and transportation.

Of primary importance, the agreement

mandates full pay and benefits during the COVID-19 emergency school shutdown, which began March 17. Separately, Transdev agreed to schedule training for new hires for the last week in April.

Four days prior, officials at City Hall informed us that they could not provide testing, protective gear, proper vehicle disinfecting, nor any more than the two paid cancellation days our contract had remaining. They told us to sign up for unemployment like every other laid-off worker of a private corporation if a closing happened and to wash our hands.

The next day we told City Hall that they had the biggest problem, keeping us

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Print issue suspended

Due to the measures taken in the New York-New Jersey area to prevent the spread of COVID-19, Workers World is temporarily suspending the printing and mailing of its printed edition, starting with the issue dated March 19. Current plans are to publish individual articles on the workers.org website, along with a PDF of what would be the printed version. We will review this decision as the impact of the pandemic develops.

We recommend that all subscribers with access get an email subscription and spread our articles around on social media. If you are a subscriber, your subscription will be extended by the length of the stoppage.

— WW managing editors: John Catalinotto, Martha Grevatt, Deirdre Griswold, Monica Moorehead, Betsey Piette and Minnie Bruce Pratt.

Greater Boston Marxists Association

Building frameworks of solidarity, community care

Special to Workers World

The following interview was conducted for Workers World by Monica Moorehead, a managing editor of WW, with Leighsandra and Queen-Cheyenne, co-presidents of the Greater Boston Marxists Association that originated in the Marxist Student Association at Suffolk University in Boston.

Workers World: Can you tell our readers about the founding of the Greater Boston Marxists Association and what its guiding principles are?

Leighsandra & Queen-Cheyenne: Our organization was founded during our senior year at Suffolk University by the two of us: Queen-Cheyenne and Leighsandra. The initial founding of the Marxist Student Association was brought about by the realization that we needed to build a solid community and safe space on campus for ourselves and other leftists who may hold the same ideologies.

Beforehand, we both began our work in activism in high school after coming to the conclusion that the education we were receiving, specifically regarding Black and Indigenous history, was ahistorical and white-washed severely. This was the leading motivation behind wanting to broaden our knowledge even more in a socioeconomic sense, eventually leading to a deeper understanding of capitalism, imperialism and radical leftism itself.

The Greater Boston Marxists Association is built around the frameworks of both solidarity and community care. Our mission is not only to educate ourselves, but the Greater Boston communities about the impacts of capitalism and imperialism on the lives of marginalized peoples, locally and globally.

WW: What is the social composition of the student population at Suffolk University?

LS & QC: Suffolk University is located directly in downtown Boston and can be classified as a commuter school. Aside from many of the students being local and from Greater Boston communities, there is also a very large international student population. With all this being said, Suffolk is still a predominantly white institution.

WW: What were some of the major campaigns MSA worked on? What were some of the challenges MSA faced on campus?

LS & QC: Our newer campaigns have specifically included the framework of community care and popular education. Our biggest campaigns at the moment are our work within the Greater Boston community around historically accurate education on Black radicalism and Black Resistance movements of yesterday and today. This campaign works directly with Boston universities and Boston public schools, hopefully to continue to lead workshops and help build curriculum around the framework of accurate education about Black history.

Our second major project during this time is transitioning many of our already established workshops and interviews over to an online podcast accessible to anyone. This will have regularly updated audio recordings of our workshops and interviews of upcoming organizations, organizers and activists. Our last major campaign while working on our transition is our online reading groups, which we'll be continuing virtually on Instagram Live and Zoom calls for anyone interested in joining.

At this moment, we'd like to address a significant change for our organization. In light of recent events, we feel that it is the best time to announce that we will be officially terminating our association and/or affiliation with Suffolk University. Our lead organizers feel it is best not to put a limit on our work toward socioeconomic change and will be extending the association locally in order to

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WW PHOTO: STEVAN KIRSCHBAUM

Leighsandra and Queen-Cheyenne speak at Boston Black History Month forum.

MUNDO OBRERO WORKERS WORLD

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MUNDO OBRERO WORKERS WORLD

Join us in the fight for socialism!

Workers World Party is a revolutionary Marxist-Leninist party inside the belly of the imperialist beast. We are a multinational, multigenerational and multigendered organization that not only aims to abolish capitalism, but to build a socialist society because it's the only way forward!

Capitalism and imperialism threaten the peoples of the world and the planet itself in the never-ending quest for ever-greater profits.

Capitalism means war and austerity, racism and repression, attacks on im/migrants, misogyny, LGBTQ2+ oppression and mistreatment of people with disabilities. It means joblessness, increasing homelessness and impoverishment and lack of hope for the future. No social problems can be solved under capitalism.

The U.S. is the richest country in the world, yet no one has a guaranteed right to shelter, food, water, health care, education or anything else — unless they can pay for it. Wages are lower than ever, and youth are saddled with seemingly insurmountable student debt, if they even make it to college. Black, Brown and Indigenous youth and trans

people are gunned down by cops and bigots on a regular basis.

The ruthless ruling class today seeks to wipe out decades of gains and benefits won by hard-fought struggles by people's movements. The super-rich and their political representatives have intensified their attacks on the multinational, multigender and multigenerational working class. It is time to point the blame at — and challenge — the capitalist system.

WWP fights for socialism because the working class produces all wealth in society, and this wealth should remain in their hands, not be stolen in the form of capitalist profits. The wealth workers create should be socially owned and its distribution planned to satisfy and guarantee basic human needs.

Since 1959, Workers World Party has been out in the streets defending the workers and oppressed here and worldwide. If you're interested in Marxism, socialism and fighting for a socialist future, please contact a WWP branch near you. □

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Economic rescue bill reveals class conflict

By John Catalinotto

March 23 — The emergency \$1.8 trillion rescue bill for the combination COVID-19 and economic crisis stalled in the Senate last night. Democratic senators balked at saluting an open and obvious Republican giveaway to the super-rich who own and control the U.S. economy.

Observers expect the two capitalist parties that dominate U.S. political life — Republican and Democratic — will reach a “compromise,” as there is pressure on the Democrats to give in. The resulting bill, which the president is expected to sign, might provide a few more crumbs for the workers.

These are the same working people of all nationalities and skills who the whole country can now see are indispensable for the functioning of society. With many other workers and students forced to stay at home and shelter in place, medical caregivers, sanitation workers, food workers of all kinds from the farm to the supermarket and those who deliver goods and transport people are showing they are really essential to modern society.

Karl Marx wrote that the history of humanity has been a history of class struggle. The appearance of the new virus and the market crash only exacerbated that class struggle between the biggest capitalists and the working class. Now the U.S. ruling class is pursuing every stop to make sure it gets all or nearly all of the nearly \$2 trillion first installment provoked by the crisis.

The March 21 New York Times “quote

of the day” indicated how in the struggle between workers and their bosses, the bosses are giving full attention to this government relief package. It quotes Democratic House Representative Ro Khanna of California: “The only industry that hasn’t been slowed down by the virus is the lobbying industry.”

Khanna was referring to “the frantic efforts by lobbyists of all stripes to get a piece” of those trillions.

The capitalists want it all

As usual, the super-rich capitalists want it all. And the record of the Trump administration and the Republican Party is to give everything away to the rich. From the beginning, Trump gave the capitalists and the corporations a trillion dollars in tax cuts, opened up government lands to plunder and constricted the rights of workers to organize.

The record of the Democratic Party leadership is to put up some token opposition and then capitulate. That’s what the Democrats did last week with the first emergency bill that was supposed to give the public health system some way of containing the virus. Some \$58 billion of the money appropriated was earmarked instead to subsidize the airlines industry.

That bill’s major provisions were supposed to make it possible for workers to stay at home when they’re sick so they wouldn’t spread the virus — paid sick leave for all. In the end this provision covered only a quarter of the working class.

The paid sick leave provision omitted those 48 percent of workers who

are employed by giant corporations like Amazon, Walmart, Burger King, Taco Bell, McDonald’s, etc., which employ more than 500 people and don’t give paid sick leave. It potentially omits the 27 percent of workers employed by small businesses with fewer than 50 workers.

Republican Sen. Lamar Alexander was so opposed to ordering paid sick leave—in his ideological panic that it might become a permanent rule—that he prevented a better plan from being enacted and almost shot down the entire first emergency bill.

Republican Sen. Richard Burr not only protected the property of the super-rich, but he increased his own. He used his insider knowledge about the pandemic from being chair of the Senate Intelligence Committee to “unload 33 stocks owned by him and his spouse” just before the crash. You can read about this in a March 22 article in The Guardian by former Labor Secretary Robert Reich. ([tinyurl.com/r3djtx3](https://www.guardian.com/us-news/2020/mar/22/richard-burr-unloads-stocks))

Now all the big corporations are using their lobbyists and their other means of pressuring elected representatives to make sure that the \$1.8 trillion package, allegedly aimed at preventing an economic collapse, serves their particular, narrow interests, just as Burr did. They want bailouts for their industry, interest-free loans, etc.

Meanwhile there is no equally strong voice for the working class.

The biggest noise from the Democratic Party leadership — an accomplice to this giveaway — came when spokesperson Sen. Chuck Schumer complained about

the proposed bill. Schumer told reporters on March 22 that the bill as currently written would give bailouts to major corporations without accountability and that it would not provide enough funding for health care workers on the front lines.

This same Democratic leadership already made a big contribution to big business by pushing down the Bernie Sanders’ candidacy. Despite Sanders’ limitations — staying safely within the capitalist framework — he at least raised some major points on March 17 regarding an emergency package. ([tinyurl.com/uxpzal](https://www.tinyurl.com/uxpzal))

Sanders called for a monthly \$2,000 payment to every U.S. household for the duration of the coronavirus crisis; for unemployment insurance of up to 100 percent of a worker’s prior salary with a cap of \$75,000; a moratorium on evictions, foreclosures and utility shut-offs; and a waiver on all student loan payments.

Sanders also called for Medicare to pick up the medical costs related to COVID-19 and for the federal government to coerce suitable industries to produce needed medical materials. Trump is instead trying to coax or bribe corporations into stepping up, so far with little success.

To the extent the final compromise bill lacks vital gains for the workers, it will show how much the Democratic leadership has capitulated to the corporate thieves and their representatives in Congress. It will also show further how a system based on profit is ill-equipped to protect the health of the people. □

Doughnut workers organize in Portland, Ore.

By Mike Kuhlenbeck

March 21 — Workers at a popular eatery, “Voodoo Doughnut,” in Portland, Ore., announced the formation of the Voodoo Doughnut Workers Union (VWU) on March 20. Their written statement asserted this was “to improve working conditions and demand concessions including, but not limited to, higher wages, security and severance packages for all workers laid off due to the COVID-19 crisis.”

The doughnut chain employs more than 325 workers at nine locations in Oregon, California, Colorado, Florida and Texas. Portland workers at the 22 SW 3rd Avenue restaurant, known as the “Old Town” location, have been organizing with the local chapter of the Industrial Workers of the World since June 2019.

VWU member Samantha Bryce told Workers World that conversations between co-workers about unionizing go back even further: “We have a right to stand up for ourselves and demand that our basic needs are met, that our health and well-being be a priority and that our dignity as good working-class people be respected.”

The March 20 statement noted, “VWU workers have cited a number of serious grievances about their workplace, despite its hip and friendly image. The list includes safety concerns, low wages, stressful working conditions and lack of manageable paid time off and sick leave, as well as severance packages for all who have been laid off due to the COVID-19 crisis.”

Similar to restrictions on restaurants and bars across the U.S., Oregon Gov. Kate Brown ordered the state’s restaurants to suspend dine-in services for at least four weeks and stay open only for takeout and delivery.



Support for low-wage food service workers organizing during the pandemic.

Closures clobber food service workers

Low-paid food service workers are taking the brunt of the closures, intensifying their economic hardship. Politicians are prioritizing the well-being of banks and big business, and workers are left scrambling with little or no financial assistance or job security.

“The most notable struggle with the COVID-19 virus is that many doughnut shop workers are being laid off, and still many more employees looking at most likely being laid off in the future,” Bryce said. “These laid-off employees are offered no severance pay or access to cashing in their accrued paid time off. Employees who are still working the shop floor are not currently being offered living wages or hazard pay.”

Since the VWU announcement, the union has not received a response from management or the corporate office about the union or its demands. This reporter contacted the company for comment, but received no reply.

Bryce noted that as layoffs continue in nearly all company locations, it is unclear if these are due to meeting coronavirus COVID-19 needs or if unionization has played a role.

Greater Boston Marxists Association

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work more effectively within the Greater Boston communities. Additionally, the Marxist Student Association will no longer be operating under said name, which has officially been changed to the Greater Boston Marxists Association.

We thank you all for your support in our recent adjustments and ask that you continue to stand in solidarity with the communities most affected by the current health issue at hand.

WW: How can other activists and/or progressive organizations show solidarity with GBMA?

LS & QC: During this time, specifically

“Many of us live paycheck-to-paycheck on poverty wages and shallow benefits from companies that treat us like we are nothing more than expendable,” Bryce emphasized. “Many of us now will be struggling to find work. Struggling to pay rent. Struggling to buy food. We need each other now more than ever. Now is the time to stand up, but when you do, make sure to stand up together. For a rising tide lifts all boats.”

VWU members have received support and expressions of solidarity from the Burgerville Workers Union, the Crush Workers Collective, Virginia IWW, Portland Solidarity Network, IWW Italia, Northwest Labor Press, New Seasons Workers United, Communications Workers (CWA) Local 7901 and Portland Jobs With Justice.

“I hope that our actions inspire other working-class folks to organize and support their fellow workers, as well as their surrounding communities,” Bryce added. □

with the outbreak of the coronavirus COVID-19, some of the best ways to continue solidarity with the Greater Boston Marxists Association is keeping yourself and community safe through acts of community care—in this case, for example, not hoarding resources. Another way to continue showing solidarity is to stay up to date on current events and global issues, specifically within the Global South and other states affected by imperialist powers.

If you’re interested in continuing to follow our campaigns and/or possibly joining our lead organizing team or our general organizing populace, please feel free to reach out to our lead organizers at GBMarxists@gmail.com. □

NEW WW PRISONERS PAGE: TEAR DOWN THE WALLS!

Rikers prisoners on strike

Free 'em all, shut down prisons

By Mirinda Crissman

While the history of captivity remains a stain on this society, those directly affected by these conditions point to things officials can do to protect the incarcerated population. When that fails to happen prisoners face no choice but to take matters into their own hands.

Journalist Kim Kelly broke the news on March 22 that two dorms at Rikers Island are on strike. Their statement reads: “Two dorms of 45 inmates at Rikers are refusing to leave our dorms for work duties or for meals. We must take these actions in protest of the lack of personal protective equipment (PPE) and cleaning supplies provided to inmates, the crowded living conditions imposed on us prior to the pandemic and made worse by the daily addition of new inmates from other facilities, some of whom are highly likely to have been exposed to the COVID-19 virus, and the arbitrary disconnection of our phones for three hours on the morning of March 22.

“We demand the same calls issued by the Board of Corrections: That all inmates over 50 with parole violations, at high risk due to health conditions, with less than a year of sentenced time BE IMMEDIATELY RELEASED. We do this in solidarity with the striking prisoners of Hudson County.”

On March 17 a New York City Department of Corrections employee died after testing positive for the coronavirus COVID-19. In a press release, the NYDOC stated that the employee had “limited contact” with

people in custody.

The first confirmed case of COVID-19 for an inmate at Rikers Island was announced March 18, just hours after it was confirmed that a guard at a security checkpoint tested positive.

Since then, the number of incarcerated people at Rikers testing positive for the virus has reached at least 38. Given unsanitary conditions, overcrowding and lack of access to medical care at Rikers (medical facilities have zero ventilators), it is imperative that decarceration be prioritized before this vulnerable and captive population is decimated.

Nick Pinto described the subjugation at Rikers Island facilities for the Intercept: “They are locked in filthy intake rooms with dozens of other people for days on end, confined to housing units or dorm-style sleeping areas with scores of other people, dependent on staff for soap and on correction officers for permission and an escort to visit a medical clinic. The roughly 5,400 men and women detained in city jails on Rikers Island don’t have the agency to protect themselves from the disease, even as they are constantly exposed to the contagions of the outside world through the constant churn of three daily shifts of corrections officers and staff.” (March 18)

This particular jail and this country have a long history of super-exploiting the labor of incarcerated people. Responses to this global pandemic show that, unsurprisingly, the current moment is not divorced from centuries of violent history inside and outside prison walls.

Gov. Andrew Cuomo announced that New York state

plans to use the labor of incarcerated people to produce 100,000 gallons of hand sanitizer a week. Inmates will receive \$1.15 an hour or less for their labor, and hand sanitizer is considered contraband in prison, due to its alcohol content.

New York City has a Pandemic Influenza Surge Plan for Managing In- and Out-of-Hospital Deaths, which details using the labor of those incarcerated at Rikers to bury bodies in mass graves on Hart Island if the city’s cadaver storage and cremation facilities are overwhelmed.

Incarcerated people were digging graves on Hart Island in the 1980s and ’90s, where bodies of those who died of AIDS were sent to be buried. (nyc.gov)

Conditions are rapidly worsening at Rikers, and both Mayor Bill de Blasio and Gov. Cuomo’s responses are criminally negligent. The fact that they are not prioritizing releasing people from detention is setting the stage for genocide.

There is also a campaign demanding that Rikers Island be shut down and all prisoners be freed immediately. Call Gov. Cuomo at 518-474-8390 and Mayor de Blasio at 718-788-7585 to take part in that campaign.

Whether it’s the millions of people criminalized and incarcerated in the United States, or the hundreds of thousands of migrants detained within its violent borders, we must free them all. This moment, and every moment, calls upon us to demand that we use our resources to provide material care, not cages. □



COVID-19: Prison sentence = death sentence

By Joe Piette

Prisons are concentration camps for the poor — disproportionately Black, Brown, Indigenous, migrant, disabled and, increasingly, elderly. Prisons are especially dangerous places now because of the coronavirus COVID-19 pandemic. But just like other workers, prisoners and their supporters can fight like hell — and push back against incarceration policies that endanger their health and lives.

Former prisoners, their families and friends, and currently incarcerated people are leading the movement to empty local jails, Immigration and Customs Enforcement detention centers, youth detention centers, and state and federal prisons before COVID-19 hits full force. Health and “criminal justice” experts agree the virus will rapidly increase deaths in U.S. prisons. The U.S. has the largest concentration of prisoners in the world.

Incarcerated people are at high risk for infection and have seriously limited access to health care and hygiene within facilities. Overcrowded and unsanitary conditions of confinement, coupled with inadequate, neglectful and often punitive responses to medical needs, mean that COVID-19 poses a deadly peril. The risks are further exacerbated because criminalized and incarcerated populations have disproportionately higher rates of serious and chronic illnesses, leaving them more vulnerable to viruses.

Mass pressure to decarcerate now

Groups from California to Massachusetts are demanding the release of as many prisoners as possible before the onset of the virus decimates U.S. prison populations.

The American Civil Liberties Union of Pennsylvania joined with the Amistad Law Center and the Abolitionist Law Center to send a widely publicized letter to Pennsylvania Gov. Tom Wolf demanding the release of

1,900 prisoners who are elderly, have health issues or are pregnant, and the parole or pardon of thousands more of the state’s 47,000 prisoners (tinyurl.com/r94wzkg). Similar movements are growing in other states.

Beyond Prisons developed a “Short Guide for How to Support Prisoners During the COVID-19 Crisis” (tinyurl.com/sdjhdhf) in collaboration with a number of organizers across the country. Organizer Kim Wilson told Workers World, “First and foremost, we are demanding the immediate release of all detained people, especially all pre-trial detainees, the elderly, pregnant, immuno-com-

“As abolitionists we work to dismantle the prison-industrial complex, and to address the conditions of all incarcerated people.”

— Kim Wilson, Beyond Prisons

promised prisoners, as well as all mothers and infants in prison nurseries, and mothers who are postpartum. Additionally, we demand the release of detained people who have less than 18 months on their sentences. We echo the demand by Critical Resistance to commute the sentences of people serving life without parole.

“Additionally, we have a list of 22 demands that address the conditions inside of prisons given the COVID-19 pandemic. We’ve offered suggestions for what people outside can do right now to support prisoners and we encourage people to work locally to develop mutual aid groups and to share those efforts with us so that we

can build a comprehensive resource. As abolitionists we work to dismantle the prison-industrial complex and to address the conditions of all incarcerated people.”

As of March 20, press reports have revealed that prison guards have been sent home or hospitalized for COVID-19 in California, Washington state, Michigan and Pennsylvania. Bryant Arroyo, imprisoned in the Pennsylvania State Correctional Institution at Frackville, told WW: “The Pennsylvania Department of Corrections is not reporting these as COVID-19 positive. They are saying the guards are taking vacations.”

The DOC and the Pennsylvania Department of Health are refusing to release testing information, citing an old state health law that allows officials to keep certain information secret during a disease outbreak.

With little confidence in prison administrators from any states to release actual infection rates to the public, Incarcerated Workers Organizing Committee/Fight Toxic Prisons is asking prisoners to call 410-449-7140 during business hours to report any instances of incarcerated people becoming ill with the coronavirus.

Pressure is also mounting on judges, police chiefs, mayors and prosecutors to stop adding to prison populations, especially from oppressed communities, for non-violent and minor crimes and misdemeanors. Activists are also calling for those arrested to be released without cash bail. Cash bail policies allow those with money to pay their way out of detention while poorer defendants remain incarcerated.

People may not be able to stage mass marches on the streets but petitions (Free our loved ones now: tinyurl.com/qwb8n9h), press releases, social media campaigns and other virtual protests are making their voices heard loud and clear:

Don’t let COVID-19 turn a prison sentence into a death sentence! Let our incarcerated comrades go home now! □

Injustice prevails despite mass prisoner release

**By Martha Grevatt
Cleveland**

Since March 14 the Cuyahoga County jail, located in downtown Cleveland, has released hundreds of prisoners to reduce the jail population in light of the coronavirus COVID-19 health emergency.

Many people are now asking the obvious question: “Why can’t Cleveland’s example be followed across the country?” Most of the prisoners freed were so-called

“nonviolent offenders” not convicted of a crime, yet kept in jail because they lacked the funds to post bail. There are untold numbers of people across the country in a similar situation. They should be released, too.

However, there are important facts to consider before holding up Cuyahoga County as a model. The Coalition to Stop the Inhumanity at the Cuyahoga County Jail held a well-attended webinar on March 19 to discuss some of the injustices the released prisoners have been subjected to. Most remain under house arrest, forced to wear an

ankle bracelet for which they are being charged \$220 a month. By law these former inmates, not yet tried, are “presumed innocent.” Now they are being punished for crimes they have not been convicted of. The American Civil Liberties Union of Ohio has a petition to eliminate these exorbitant charges.

Other inmates felt coerced into taking plea deals in order to get away from the dangerous health situation in the jail. The courts were “putting people in a compromised state,”

Continued on page 5

Shale oil, energy debt and false promises

By **Betsey Piette**

Even before the first case of the coronavirus COVID-19 was confirmed in the United States, fault lines were appearing in financial markets here. Corporate debt reached 75 percent of the U.S. gross domestic product. It had more than tripled to a record \$16 trillion — three times the 2008 global economy. (New York Times, March 3)

The energy industry remains one of the biggest engines of this debt. Within the much-touted shale oil industry, debt — driven by the excessive cost of fracking for natural gas and oil and the need to repay investors — is now six times greater than industry income. Much of this debt is held by leading global investment banks, which last year increased their holdings by nearly 40 percent.

These banks dominate fossil fuel funding. JP Morgan Chase leads the pack, with almost \$257 billion in investments. Others include Wells Fargo, Citibank and Bank of America.

In early March, energy banker Mike Lister at JP Morgan Chase reported: “Banks wrote off as much as \$1 billion in 2019 in reserve-based shale loans, more than they have in 30 years of making them.” On March 9, desmogblog.com reported “an additional \$40 billion of shale debts are expected to come due in 2020, followed by over \$160 billion in debts over the following three years.”

This sudden rush to dump shale investment debt may be a case of too little, too late. Since its inception, the U.S. shale industry has incurred extremely high production costs — \$30 to \$50 per barrel compared to \$4 to \$12 a barrel in Saudi Arabia. Yet this has done little to discourage investment risk takers.

Even with stock markets crashing, it would not be surprising if Congress and the Trump administration were to slip in yet another bailout for the energy industry.

For years, the industry has lured investors using model wells with higher than average productive capacity — while being fully aware that most wells stop being productive after a few years. Their solution to this dilemma was to drill

even more wells, which required ever greater investments.

A decade ago, energy companies promised “a 100-year supply” of shale gas. But as more wells were drilled, the price of natural gas dipped to an all-time low. When wells played out after a few years, more were drilled. The result was production glut.

An article in the Oct. 21, 2012, New York Times was titled “After the Boom in Natural Gas.” It wasn’t about pollution or ruined land values or jobs. Their concern? “The

Within the much-touted shale oil industry, debt — driven by the excessive cost of fracking for natural gas and oil and the need to repay investors — is now six times greater than industry income.

gas rush is a money loser so far for many of the gas exploration companies and their tens of thousands of investors.” Gas producers drilled too many wells too quickly, causing the sale price to fall below production costs.

At that time, the industry’s solution was to push for the export of natural gas and oil, despite decades of prohibitive restrictions. Under the Obama administration, measures were taken to reverse the flow direction in pipelines, so that instead of bringing gas and oil into the country, they were delivered to new port facilities for export. Suddenly, exports were not just allowed, they were encouraged. Whatever legal barriers remained disappeared overnight.

Under the Trump administration, shale oil and natural gas have become critical drivers of the U.S. economy as this country became one of the world’s largest exporters. Pushing a program of U.S. “energy dominance,” Trump promoted the faulty argument that domestic

shale oil and gas production benefit national security by insulating the U.S. against the actions of other countries. To ensure this dominance, while simultaneously lifting environmental restrictions, Trump also expanded economic sanctions against two of the U.S.’s largest competitors — Russia and Venezuela.

It now appears that relying on the shale industry to save the economy may have left the U.S. more vulnerable during times of crisis — like the global COVID-19 pandemic.

Big hole in the barrel

At the close of commodity trading March 18, oil dropped to \$22.46 a barrel, one-third of its mid-February price. Goldman Sachs currently predicts it could drop to as low as \$20 a barrel. If Saudi Arabia continues to slash prices, a further fall to \$10 a barrel is possible.

Beginning in early March, OPEC and Russia agreed to lower the price per barrel. Both enjoy low production costs which make this possible. Not so the U.S. Currently the price would need to be at least \$48 a barrel so that Texas’ Permian basin would recoup its production costs. By contrast, current production costs in Saudi Arabia are around \$2.80 a barrel.

Although OPEC announced it would reduce production, Russia, already hard hit by U.S. sanctions, announced it will keep production at current levels because it needs the revenue. With production already impacted by U.S. sanctions, there is no incentive for Russia to carry the burden of U.S. energy debt.

Karl Marx understood that the source of all profits under capitalism stems from the exploitation of labor: Production is for profit, not human need. Competition for market control leads to the introduction of technology, which leads to increased exploitation of labor to maximize production. But increased production can also drive prices down.

To compensate, even more technology is introduced, which results in a glut of products on the market and leads to overproduction and unemployment. If capital can’t sell all it produces, and overproduction cuts into profits because prices drop, production is halted.

Fracking may be exempt from government regulations, but it can’t escape the laws of capitalism. □

Injustice prevails

Continued from page 4

according to Melekte Melaku of the Cleveland ACLU.

The freed inmates were also not given any resources to survive in an impoverished city, now in the throes of a worldwide economic meltdown.

Melaku also called emergency guidelines issued by the Ohio Supreme Court “tepid and inadequate” because they did not call for reducing incarceration — even though “jails are where the virus is going to spread the fastest.”

Inhuman conditions

At one point the county jail, built to hold under 1,800 people, housed 2,400, with prisoners sleeping on mats on the lunchroom floor. The coalition, formed after seven prisoners died in 2018, has held a number of protests. These actions drew attention to physical and mental abuse of inmates; poor quality food, sanitation and medical care; overcrowding and other deplorable conditions. While the overcrowding has finally been alleviated due to the COVID-19 danger, poor treatment of inmates continues.

Even operating below capacity, County Executive Armond Budish claims the population is now below 1,400, a figure the coalition disputes. Social distancing is unlikely and the virus can be expected to spread.

The March 19 webinar also took up the serious overcrowding at the halfway facility, Oriana House, where state and federal prisoners may be allowed to complete their sentences before release. Resident Brandon Baxter reached out to the news media after being housed with 15 other men in a room with eight beds. After the Cleveland Plain Dealer reported on the conditions, hundreds of residents were released.

However, Baxter was sent back to prison for violating a rule against speaking to anyone on the outside without permission. One of the “Cleveland Three,” Baxter was jailed in 2012 in a case of FBI entrapment directed against Occupy Cleveland.

The webinar, called in lieu of the coalition’s monthly meeting, brought in local immigration activists, who tied the fight for justice in the county jail to the struggle to close migrant detention camps.

Cleveland activists are circulating two petitions. One is to “Keep coronavirus out of Ohio’s jails, prisons and courts.” Another is to stop charging for electronic monitoring (tinyurl.com/ury7zxb/). □

At Border Patrol Expo

Protesters slam war on migrants

By **Mirinda Crissman**
San Antonio, Texas

“Border security” is a lethal operation. As the war against migrants rages on under the guise of securing the borders, acts of solidarity with migrants and other oppressed people grow. Many organizations gathered in opposition to the Border Security Expo here on March 11. Demonstrators held up banners and papier-mâché figures of migrants in front of the Henry B. González Convention Center.

There, a speaker from the Southwest Workers Union stated: “San Antonio must make a very clear stance that ‘security’ is not enhanced by ramping up the lethality of forces lined up along the border or aggressively targeting immigrants. These are methods of terror. San Antonio should redefine ‘security’ to mean access to food, housing, health care, education and work. These are the things that lead to meaningful, secure lives, not assassinations at borders or deportation of beloved community members.”

Other organizations present included RAICES (the Refugee and Immigrant Center for Education and Legal Services), Autonomous Brown Berets de San Antonio, Esperanza Peace & Justice Center, FIRE (Fight for Immigrants and Refugees Everywhere), Poor People’s Campaign, Texas Indigenous Council, Workers World Party, Party for Socialism and Liberation, and Iraq Veterans against the War.

These opponents of imperialist violence picketed and chanted in unison at the hall’s exit as convention attendees were leaving. They were further irritated as they had to walk through demonstrators to get to their hotel across the street.

Members of Autonomous Brown Berets de San Antonio made it to the roof of the parking garage where they dropped a massive banner, which exclaimed, “Migra out of San Antonio!” Then the protesters busted out miniature cages and banners which read, “Stop Family Separations!” and “Chinga la Migra!” before they began a

press conference attended by mostly Spanish media.

After the press conference, demonstrators marched to the Alamo to crash a Border Patrol ceremony. Spirits were high, and the wide coalition of folks gathered in solidarity made their message heard.

Teresa Gutierrez, a national coordinator of FIRE, put the egregious sale of weapons into context: “During the Border Expo, an ‘all-terrain vehicle’ with a gun mount was demonstrated to participants and later published in the news. This show of force is completely offensive not only to migrants dying at the border but every decent human being. While cultural and other activities were cancelled in San Antonio due to COVID-19, the Border Expo went on, demonstrating the priorities of this rotten capitalist system: unending war no matter what.” □



WW PHOTO: MIRINDA CRISSMAN

INSIDE THE COVID-19 PANDEMIC

Texas health care workers report

By Workers World Austin, Texas, bureau

The following are lightly edited testimonies about the health care system response to the coronavirus COVID-19 from several workers who currently have jobs in Central Texas or have spent their lives working there.

EMT in Austin, Texas

The response from Central Texas hospitals, nursing homes and ambulance services has so far been what I expected from profit-based medicine. Precautions are not being taken with patients unless they have a verified case of COVID-19. In order for a case to be verified, a patient must pass a strict series of questions and symptom presentation before testing is even considered. People who test positive for the [regular] influenza but have persistent coughs are not placed on precautions. The assumption is that if you have one [illness], then you can't have the other.

During this entire time, health care workers may or may not wear masks when in proximity to the patient. Triage tents are set up outside hospitals, but the workers are wearing no protection outside standard nitrile gloves, and there is no way to isolate patients while they wait to be seen.

Health care workers are already overworked thanks to the desire of our privately owned hospitals, nursing homes and ambulance services to maximize profits [during] COVID-19, and that is only making the issue worse. Rather than enough workers being brought in to take care of the influx of patients, we're expected to work faster.

Health care workers — who include medical facility cleaners, cooks, record keepers and laundry workers — are not being tested, and the lack of guaranteed food, housing and income stability incentivizes us to hide symptoms. We're largely left to do self-research on the virus. At my job as an EMT [emergency medical technician], the only training we've received on COVID-19 is a 20-minute video posted online that is not mandatory viewing.

We need more people on the job; we need a right to housing, food and health care; we need education on the virus; and most of all we need the profiteering to end.

A doctor's scribe in rural Texas

The clinic experience here can be summed up in one word: inadequate. That's thanks to a lack of organized response, research and education on COVID-19. There is little to no understanding from anyone at any level of care, from the clerks to the doctors, of the nature of this epidemic or how it is quantifiably or qualitatively different than influenza. They have consistently failed at every opportunity to give patients proper guidance and expectations for care of young children on through to elders.

It is likely that some folks here are already infected due to proximity to several large cities, and the incubation period is completely glossed over during triage of people at risk for infection. Symptoms can completely hide in young children, and they are not being kept away from at-risk populations. We can at best hope that we are late in the disease's wave when we understand the stakes. The large population of retirees and the blasé attitude held by everyone except some few brave Cassandras means we are shaping up for a rough time. [Cassandra was the



Sign in Austin, Texas.

daughter of a Greek god endowed with the gift of prophecy but fated never to be believed.]

A former Central Texas nurse living in Germany

One of the first cases of community spread of COVID-19 outside of China occurred in Germany on Jan. 27. Yet there was not much known about the outbreak at that point, and people did

U.S. government refused to invest in rebuilding Puerto Rico. I witnessed how quickly our operations could be compromised, even come to a grinding halt, without necessary equipment. This is exactly what is happening in Italy today, and I fear it is a sign of what is to come for the rest of the world that focuses more on maximizing profits rather than saving people's lives.

The wealth we workers generate should go toward things that keep us happy and healthy, not an absurd Pentagon budget of \$700 billion or another yacht for the capitalist vultures who prey on the sick and injured.

not seem concerned. What struck me was that the person who transferred the virus had no symptoms when they interacted with others in the community who then later became ill. I have been surprised by the lack of a sense of urgency or willingness to take this coronavirus seriously, even today, as borders of major nations around the world begin to close and lockdowns take effect, and yet there are still so many flaws throughout the response.

People with symptoms are still not being tested because they haven't traveled to China, yet the virus has been global since January. The hotline for people to call if they think they are infected in Berlin, Germany, where I live now, doesn't have an option for any other language than German. This is one of the most ethnically diverse cities in Europe, and even in a crisis they require you to ask for help only in their mother tongue.

Another issue I see as a major problem early on was the lack of personal protective equipment supplies. I moved here from Central Texas in October 2019 where I worked as a registered nurse for nearly 20 years. My last job before leaving the U.S. was in surgery recovery. Similar to the emergency room, this is an environment that requires there be manual ventilation bags at each bedside. After Hurricane Maria devastated Puerto Rico [creating extreme need for medical supplies], we couldn't replace these vital pieces of equipment, and many of them had expired.

There were also medications and other supplies we could not replenish, and it took months for manufacturers in the U.S. to ramp up production, while the

A nurse working in Central Texas

I'm a registered nurse and I work in an inner-city psychiatric crisis center. More than half the patients we serve are homeless. The organization I work for is social-work driven and there are few RNs. I'm 75 years old and therefore a member of one of the vulnerable populations.

The organization's leadership has been paralyzed by this whole thing. Last Thursday my supervisor, who has cancer and is on chemotherapy medications, was told she had to work from home. But she was not given a laptop, so she came back to work the next day. Then her supervisors told her to figure out how I could work without having direct patient contact. She came up with the idea that I could use her office and see the patients via telemed. I have been off work, but I'm due back at work tomorrow. My supervisor called me today to tell me the telemed idea fell through because leadership couldn't find a laptop (again!) for me to use to plug into telemed.

I was given the option — and strongly encouraged — to stay home, but I don't want to leave my co-workers short-staffed. As it stands now, my supervisor happens to be out with an upper respiratory infection (no, not corona!) so I'll use her office and do everybody else's charting, computer work and other stuff that doesn't require patient contact. However inept their efforts, leadership does seem concerned about my safety. Either that or they know I've given my adult children instructions to sue.

At any rate, I don't see that same level of concern for our clientele by my organizational leadership, by local politicians

or by the federal government. Social distancing and good hand hygiene are the order of the day. How do you do that if you live in a crowded shelter and are on the streets all day?

A paramedic student in Austin

As an emergency medical technician and paramedic student I have witnessed firsthand the crumbling of our health care infrastructure in the wake of COVID-19. Clinical sites in hospitals across Central Texas minimized the initial spread of the virus and failed to implement increased protocols for infection control for weeks until it became all too clear the scope of this pandemic could no longer be avoided.

In a single six-hour clinical shift, every patient I came in contact with in the emergency room was a patient with pre-existing conditions, with signs and symptoms of pneumonia including cough and fever. These patients, exhibiting telltale signs of the virus, were all approached without an increased level of isolation within the hospital environment.

Within the last two weeks, the grant-based Emergency Medical Services system, in which I'm a clinical student, had only then begun conversations around ensuring that N95 masks properly fit providers. Staff also discussed concerns about a lack of masks and the inability to stock up on more as the wave of this pandemic slowly grew to a crescendo. Staff continually discussed issues with dispatch, but with a lack of continuity in terms of response to potential cases of the virus, some calls were being responded to with multiple units, others with single crews.

As of March 13, I was informed that my clinical education, as well as the entire medical professions department of my college, had been indefinitely put on hold due to the virus. As of now, I am unable to afford the state registration required to work as an EMT in the state of Texas and must take a back seat as I am unable to join my fellow health care professionals who continue to drown in a system that does little to put their well-being, let alone the patients', at the forefront.

Only today, nearly a week into social distancing practices, am I hearing anecdotal reports of medical staff and patients receiving tests, as opposed to screening, for COVID-19.

Conclusion

COVID-19 is teaching many that we have no choice but to abandon profit-based medicine in favor of evidence and centralized planning. The reforms suggested by politicians such as Bernie Sanders are a start, but they fall short of what we need. The complete elimination of the profit motive and complete worker control over health care would allow us to focus on our most important task — patient health.

Health care workers who fall ill should feel able and supported to act in the interests of our patients and take time off, including extended self-quarantine should we become infected with COVID-19. We need testing that is readily available for everyone, especially those of us who care for the health of others.

The wealth we workers generate should go toward things that keep us happy and healthy, not an absurd Pentagon budget of \$700 billion or another yacht for the capitalist vultures who prey on the sick and injured. □

Rank-and-file autoworkers win fight for safety

By Martha Grevatt

Working in an auto plant is a dangerous job. From slippery floors to toxic chemicals to improperly maintained equipment, autoworkers deal with a range of safety hazards every day. Now there is COVID-19.

On any given shift hundreds, even thousands, work under one roof. Plant setups do not allow 6-foot “social distancing” between workers. Moreover, workers at Ford, General Motors and Fiat Chrysler Automobiles have complained that cleaning of “high touch” areas has been minimal, restroom sinks do not have hot water, and job stations were not being cleaned between shifts or when workers rotate from one job station to the next.

At multiple plants run by the three companies, there are workers who have tested positive for COVID-19. Yet in Michigan, with the highest number of auto plants, Gov. Gretchen Whitmer’s

March 15 order to close “non-essential” businesses contained an exemption for “manufacturing.” Other states were also allowing the plants to stay open, even after banning “large gatherings” — which happen every workday in a big plant.

Early on, the United Auto Workers union should have insisted that the plants be closed. Instead, union heads and company heads formed a “joint task force.” Their “solutions” contained little more than unkept promises to sanitize the workplace and limits on how many workers could sit at one break table. All the while, salaried employees were being encouraged to telecommute.

Rank-and-file workers were not appeased. As United All Workers for Democracy stated, “We do not believe the answer to this crisis is another joint program between high-ranking union officials and auto executives, where those who are making the decisions on what the proper protocol should be inside of the plants will not have to live with the

consequences of those decisions. We believe the correct decision to make in regards to our union leadership would be to demand a shutdown of all facilities and for workers to be paid their full wages until these facilities are safe to work inside of again.” (uawd.org)

Both UAWD and another rank-and-file group, Autoworker Caravan, initiated petition campaigns to close the plants. Local union leaders also raised that demand.

Strikes, walkouts at auto plants

Meanwhile autoworkers began to take matters into their own hands. A group of 17 at FCA’s Warren, Mich., assembly plant stopped work on March 16. Before that, FCA workers in Italy and Canada held strikes to protest the unsafe working conditions they were subjected to.

On March 18, workers at FCA’s Sterling Heights, Mich., assembly plant reported to work at 5 a.m., but refused to handle any parts or touch any equipment. By

8 a.m. all the plant’s workers were sent home and FCA stopped production at the plant. Later that day the UAW announced that the three companies had agreed to close the plants until at least March 30. That was a huge victory.

However, thousands are still working under conditions that pose a risk of infection. These include many employed by third parties which supply parts to the Detroit Three big auto companies or perform janitorial services. Some Detroit Three warehouses remain open.

Hundreds of construction workers hired by subcontractors staged a walkout at a new FCA plant being built in Detroit. At least two of the skilled tradespeople have tested positive for COVID-19. FCA has since temporarily halted construction work on the new plant.

Grevatt, trustee of UAW Local 869, retired last year from FCA after 31 years.

After teachers protest, New York City closes schools



Students from Stuyvesant High School in New York City.

WWW PHOTO: G. DUNKEL

By G. Dunkel
New York

On March 22, Education Week Magazine announced that 118,000 schools with 53.7 million students had been closed to protect students and staff and their families from contracting the coronavirus COVID-19. As of March 24, the only states that have not closed all their schools are Idaho, Iowa, Maine and Nebraska. Even in these states, many school districts have closed on their own. Perhaps one of the strongest reasons for keeping public schools open is that they supply many social services beyond education: 11 million students get free or reduced price breakfasts and 22 million get free or reduced price lunches.

New York City is the largest school district in the U.S. with 1.1 million students in over 1,700 schools. It is managed by the Department of Education, which answers to Mayor Bill de Blasio. The mayor was reluctant to close the schools because of the social services they supply.

What changed de Blasio’s decision was an open letter, published in the March 14 New York Times and signed by 62 teachers from Stuyvesant High School, including the chapter chair of the teachers’ union. It was followed by a long editorial in the New York Times the next day urging de Blasio to close the schools.

The teachers’ letter detailed the health dangers and racist threats facing the 3,400 Stuyvesant students, predominantly East and South Asian, “most of whom arrive after long commutes on multiple trains and buses across multiple boroughs.”

The letter continued: “We have received many emails a day from students whose

parents are keeping them home out of fear. Students in our classes have developed fevers and dry coughs, or say their parents or siblings have these symptoms.

“Our students are distracted and terrified. Many live in small apartments with grandparents whom they do not want to infect. Compounding their terror is the racism many of our Asian and South Asian students are experiencing as they commute to school.”

Workers World reached out to a Stuyvesant teacher who has taught there for a decade, for more details on how this letter was organized. (They remain anonymous because they are not authorized to give public statements.) A few union militants in the English Department put it together, then circulated it for signatures on the union’s private Listserv.

A number of teachers had already called out sick. The letter captured the fears of the teachers still on the job. Our source pointed out that while Stuyvesant is among the elite high schools in the city, close to 50 percent of its students qualify for free or reduced fee lunches. It is a magnet for poor East and South Asian students.

The Stuyvesant teacher said: “Some students had been to visit family in China or the Middle East over the February break, both of which were hot spots. Many of the staff are in their 50s and 60s and aware that the older you are, the more dangerous COVID-19 is. The school is overcrowded; the halls are full during class changes.

“Even though the union couldn’t directly call a sickout [because the Taylor Law prohibits strikes by public employees], one was in the air. If de Blasio hadn’t closed the schools, the teachers would have.” □

WW COMMENTARY

Austin spa workers take direct action

By Eno Flurry
Austin, Texas

The writer is a worker at a health spa in Austin.

March 16 — The spread of coronavirus COVID-19 throughout the U.S. has opened wide the many contradictions inherent in the capitalist system — most importantly, the contradiction between workers and the capital that binds them.

Here in Texas the response to the crisis is just a microcosm of the capitalist system as a whole — slow, lackluster and waiting until the eleventh hour. Recommendations are for businesses to shutter their doors or at least limit traffic by switching to “takeout only” options.

Then why have local health spas and clinics made little to no attempt to mitigate the crisis? Massage therapists and spa aestheticians are incredibly vulnerable to pathogens, given our proximity to clients while in session.

No matter how much we may sanitize surfaces in our spaces, coronavirus has been shown to remain airborne for a period of time. That is disturbing, considering our workrooms are not well ventilated and the flow of clients has not yet slowed.

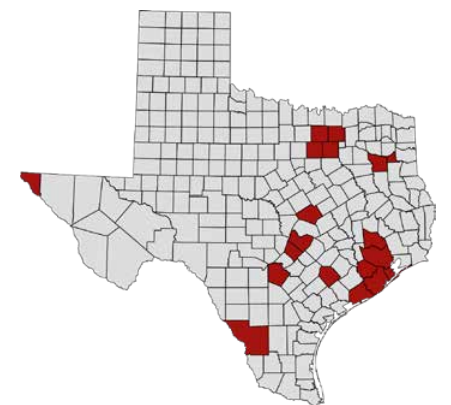
In fact, corporate management sent out emails encouraging people to “book now” since “massages help boost the immune system.” But what about the workers’ immune systems?

Workers brainstorm over action

Last week it became evident to all of us working at the spa that no useful concessions for our safety would be achieved without forcing the hand of management.

By using Slack, a group-chat application, the therapists and aestheticians coordinated a response that included the possibility of a “sick-in.” Texas is a right-to-work (for less) state. That makes it much more difficult for workers to organize against management.

It took until late in the night to get a majority of workers to agree to the possibility of a sick-in. I was going to begin the action the next day, but with that timetable, some of the workers were a bit more apprehensive. They said we should wait a couple of days. Some began to insist



Confirmed COVID-19 cases in Texas on March 17.

we meet with management and issue our demands first and then, if all else failed, escalate.

I did not want to ignore the response of the other workers or try to force them forward when they were not prepared. So I agreed to drive to the spa early and meet with management alongside other therapists and one aesthetician.

Protections won

You can ask for more than what will be given, so it now became a matter of compromise. We devised ways to decrease the flow of traffic within the spa and got a guarantee that, should any worker decide to take a leave, there would be no repercussions, such as termination — which was originally the position of management.

As of this writing, we have one therapist prone to respiratory infections staying home, and possibly two more therapists to stay home who room with immuno-compromised people. A fundraiser has been set up for those out of work, and donations are being collected as long as the pandemic threatens the lives and livelihood of us workers at the spa.

It’s a shame and disgusting that other spas have made even less effort to protect their workers. Our lives are not owed to these businesses, and we will struggle to ensure our health is prioritized.

The other therapists know we cannot stop here. We must fight to end litigation by Texas Attorney General Ken Paxton, who is withholding mandatory paid sick leave from the workers of Austin.

We must continue to organize! □

WW COMMENTARY

Anti-Asian racism accelerates

By Minnie Bruce Pratt

March 22 — As the coronavirus COVID-19 pandemic accelerates in the U.S. — amid appeals for the population to “work together” — hateful anti-Chinese and anti-Asian racism is being incited at the highest level of government.

In a March 8 press conference, President Donald Trump claimed his repeated use of “Chinese virus” — instead of the World Health Organization-designated name — was “not racist at all.” When asked if the term might put Asian Americans at risk, Trump replied, “No, not at all.” A CBS News reporter tweeted that another “White House official referred to the virus as the ‘Kung-Flu’ to her face. (Washington Post, March 17)

WHO officials emphasized the naming of COVID-19 was done specifically “to prevent the use of other names that can be inaccurate or stigmatizing.” (global-biodefense.com, Feb. 11)

Trump’s response is not surprising, given his arrogant consistency in using racist language to damn African-American political figures, Latinx immigrants, African countries and all Muslims.

His anti-Asian racism is also linked to a vile “American First” history of white supremacy and anti-Chinese discrimination. Mass assaults by white mobs on Chinese communities were common in the 19th century, including a Los Angeles attack in 1871 when at least 20 Chinese immigrants were lynched.

Racist slanders that Chinese people carried diseases — from syphilis to the bubonic plague — were constantly used to justify discrimination. Legislators, capitalist

bosses, whites-only conservative unions and “liberal” white women suffragists used this accusation to pass the infamous 1882 Chinese Exclusion Act banning Chinese workers from coming to the U.S.

Division incited between oppressed peoples and workers by this racism resulted in the 1982 murder of young Chinese American Vincent Chin, beaten to death by unemployed white autoworkers.

Impact on Asian people—and resistance

As Trump’s economic and political campaign against People’s China continues, his racism has unleashed a new round of vicious discrimination and physical attacks.

People of Asian descent have been attacked on public transportation in New York City and denied motel rooms in Indiana. (Workers World, March 3) In Los Angeles, a middle school Asian student was recently sent to the emergency room after he was assaulted by bullies accusing him of having the coronavirus. On a busy San Francisco street, a Chinese woman was cursed at and spit on by a man who yelled at a passing vehicle to “run them [Chinese people] all over.” (NBC Bay Area, March 20)

A website, Stop AAPI Hate, has been set up to report incidents by the Asian Pacific Policy and Planning Council, Chinese for Affirmative Action and the Department of Asian American Studies at San Francisco State University. Report forms are available in traditional and simplified Chinese, Korean, Thai, Japanese and English. (tinyurl.com/rgurj1z)

Jeremy Lin, National Basketball Association player, has launched his own

twitter campaign against Trump’s racism. Lin, a California native of Taiwanese descent, became the first Asian-American player to help a team win an NBA championship as a member of the 2019 Toronto Raptors.

Lin posted several tweets accusing Trump of racism, saying, “The U.S. will be powerfully supporting those industries, like airlines and others, that are particularly affected by the ‘Chinese virus.’ ...

I wish you [Trump] would powerfully support the vulnerable people that will suffer due to our mismanagement of this virus, including those [who] will be affected by the racism you’re empowering.” (Washington Post, March 18)

Lin added in a later post: “Every day, Asian Americans I know are threatened and physically attacked. ... This subtle anti-Chinese message only empowers more hate towards Asians.” In an Instagram post, Lin announced he was donating \$150,000 for medical equipment to the Chinese city of Wuhan, where the virus first came into view, and an additional \$150,000 to other anti-COVID-19 efforts, praising “doctors and nurses fighting [on] the front lines” against the pandemic.

China’s success against COVID-19

China has succeeded in containing and subduing the virus in four months. Thanks to centralized planning, a strong socialist-oriented system put in place since its 1949 revolution and a dedicated people’s base of workers, as of March 22, only 39 new cases and 9 new deaths had



On Feb. 29, hundreds marched through San Francisco’s Chinatown behind a lead banner: ‘Fight the virus, NOT the people!’

been reported in the entire country. China currently has a population of 1.43 billion people. (worldometer.info)

China’s success is in stark contrast to the chaotic response in the capitalistic bastions of Europe, where life-and-death health care is being rationed, and in the U.S., where the country’s president asserts for-profit companies will “volunteer” to meet crisis medical needs.

The current surge of anti-Asian racism in the U.S. calls for oppressed people and workers of all backgrounds to step up in solidarity against the slurs and violence. Deadly capitalism can only continue if workers turn against each other, distorted by the bosses’ propaganda, instead of uniting to fight against exploitation by the system.

Capitalism is not going to save us — from a deadly virus, from climate crisis or from any of the local assaults that profit taking makes on our lives.

Solidarity is survival — and the essential step on the road to socialism for the people. □

As coronavirus spreads

Disability activists fight for their rights

By Edward Yudelovich
New York

“The COVID-19 coronavirus pandemic has reminded us that from one moment to the next anyone can become a person with a disability,” Nadina LaSpina told this reporter. LaSpina is a wheelchair user, a prominent disability rights activist and author of “Such a Pretty Girl: A Story of Struggle, Empowerment, and Disability Pride.”

Disabled people for centuries have had to worry about every aspect of their/our health to survive and participate in whatever activities we can manage to navigate, despite the obstacles put in our way by ableist prejudice and discrimination.

Now this pandemic has put a spotlight on our collective vulnerability, especially of those who follow some of the disability community’s regimen of intensely observing every aspect of our health.

LaSpina is in Miami recovering from a broken hip. She complained that the official U.S. 6-foot social distancing rule discriminates against people with disabilities, who depend on home health aides to wash and dress them and do other intimate care, which her late spouse Danny Robert had needed. LaSpina, in a “high risk” category for COVID-19, shared how her Miami doctors would not touch her “with a 10-foot pole.”

Medical experts recommend frequent and thorough hand washing as a major COVID-19 protocol. Yet as Andrew Pulrang, a freelance disabled writer wrote in Forbes Media LLC, “For many disabled people, even some of the simplest steps

are harder to do, like washing hands. Some of us can’t move our hands as freely as others. Some of us can’t reach a sink reliably, or operate a soap dispenser by ourselves.” (March 19)

Pulrang warns, “Many of us are terrified of being harmed by potential health care rationing. Now we hear that if ventilators run short, elderly and disabled people may be passed over in favor of people deemed more likely to survive and thrive. We understand what scarcity is, and we see the tough choices that emergencies impose. But we are not okay with being deemed less worthy of medical care, simply because we are disabled or chronically ill.”

Protocols from the New York State Department of Health support medical rationing for people on ventilators during a pandemic. According to the guidelines, people who use ventilators and live on their own could have their ventilators taken away if they go to a hospital for treatment of the coronavirus.

Even New York State Gov. Andrew Cuomo and New York City Mayor Bill de Blasio have criticized Trump for refusing to order U.S. companies to produce more life-saving ventilators. He has legal authority to do so under the Defense Production Act.

Pulrang adds: “Sacrificing disabled people in a crisis and in health care situations is very much on the table, and supported by a lot of conventional wisdom and ableist ideology. There is also the long history of eugenics to contend with ... the idea that it’s actually better for society at large to have fewer chronically ill and disabled people, engineered by design and

by policy. The Nazi T4 program involved doctors actively killing disabled people, but you don’t have to go even that far to the extreme to find popular ‘better off dead’ sentiments in America’s history, and even in the present.”

Alison Barkoff, director of advocacy at the Center for Public Representation, says: “We are very concerned that people with disabilities are going to be forced to go without care and some may even be forced into nursing homes or other institutions — where they are at even higher risk of getting infected — due to these worker shortages” of home health aides and other caregivers of disabled people.

Virus makes life even harder

During a pandemic, stocking up on extra groceries and extra supplies of medications is harder for people with disabilities, who depend on accessible transportation to pharmacies and supermarkets. In the U.S. pandemic epicenter, New York City, disability rights activists are still fighting in the courts and in the streets to get elevators in the disgracefully inaccessible subway system.

Developmentally disabled patients with the coronavirus are remaining in local hospitals past the point of medical necessity because residential programs that care for them are not equipped to bring them home safely. (News 4, March 20)

The Social Security Act of 1935 was amended in 1965 to include benefits for disabled people under the age of 65. However, the Social Security Administration, citing COVID-19, closed all its field offices nationwide on March

17. This indefinitely banned in-person consultation visits and hearings and left current medical disability reviews incomplete.

Schools and programs serving children and youth with disabilities are closing. Advocates for disabled children are sounding the alarm over the Senate Republicans’ proposed “Phase 3” coronavirus stimulus package, saying that it may eventually give the government power to absolve schools of at least some of their legal obligation to educate students with disabilities.

Under the Individuals with Disabilities Education Act, the federal law that governs special education, schools are required to provide an equal education for students with disabilities. Under the Rehabilitation Act of 1973, federally funded programs are prohibited from discriminating based on disability.

However, the new Senate package, which still has to be passed by Congress, says Secretary of Education Betsy DeVos can soon tell Congress whether or not she thinks schools should be temporarily exempt from some of these requirements.

Disability community left out of decisions

The slogan “Nothing About Us Without Us!” communicates the idea that no policy should be decided by any representative without the full and direct participation of members of the affected groups. In the U.S., bigot-in-chief Donald Trump and other government officials have not included the disability community in the

Continued on page 10

Under occupation, Palestine battles the pandemic

By Susan Abulhawa

There have been relatively few confirmed cases of the coronavirus COVID-19 among the Palestinian population compared with the Israelis infected. This is in part owing to an early lockdown by the Palestinian Authority, as well as the population's general experience in supporting each other through the far greater virulence of Israeli apartheid and occupation.

The first cases of COVID-19 appeared in Bethlehem on March 5. Seven people who came in contact with a group of Greek tourists, two of whom later tested positive, were confirmed to be infected. To its credit, the Palestinian Authority swiftly instituted a complete shutdown of Palestinian cities and banned entry of foreign tourists.

The same day the first cases were confirmed, the Palestinian Authority declared a state of emergency and closed all schools, churches, mosques and non-essential businesses for one month. Eleven more cases were confirmed two days later.

As of March 22, a total of 59 cases were confirmed among the total Palestinian population of 5 million. Terrifyingly, two of those cases appeared in Gaza after two Palestinians returned from Pakistan through the Egyptian border. Hamas authorities have placed them in

quarantine in an effort to prevent the spread of the virus in the besieged population of 1.8 million Palestinians who already lack adequate clean water, electricity and sewage treatment due to Israel's 14-year blockade of Gaza.

For 14 years, Gaza has been unable to import sufficient medicine or medical equipment to meet the needs of people there. Much of what has been available is smuggled through Egypt. This, together with Israel's persistent military assaults that use Gaza as a testing ground for their booming weapons industry, has left Gaza's medical infrastructure in tatters.

Gaza's besieged population of 1.8 million Palestinians already lack adequate clean water, electricity and sewage treatment due to Israel's 14-year blockade.

Gaza can do little to nothing to stem the tide of the pandemic if it spreads along the tiny strip of coastal land, among the most densely populated in the world.

When Israel attacked Gaza in 2014, they bombed and destroyed several hospitals, which could not be rebuilt under the blockade. The hospitals that remained

have been gutted by a combination of excessive demand from a population crippled and maimed by Israeli attacks, the inability to import new equipment or even parts to repair existing equipment, chronic shortages of vital medicines and disposable protective gear, and chronic electrical blackouts.

The Trump administration's defunding of the U.N. Relief and Works Agency for Palestine Refugees in the Near East and the U.S. Agency for International Development also cuts off a minimal level of relief provided to the medical sector.

Local authorities in Gaza are going to great lengths to keep the virus out. They've built dozens of small housing units along the border with Egypt to quarantine arrivals and are in the process of setting up a field hospital in the same area. They've also retooled nearby schools to serve as quarantine areas, in addition to temporarily suspending crossings at the border.

This is the most Gaza can do to avert a potential catastrophe. If the virus slips through, it is unlikely anyone will be spared in a population of 1.8 million people.

It is also unlikely that Israel will do more than provide superficial support to Gaza for public relations purposes. In fact, in the West Bank and Jerusalem, Israel has continued its practice of night raids and mass arrests of Palestinians. There are also reports of four confirmed cases of coronavirus among Palestinian political



A Palestinian health worker checks a child's temperature during precautions against COVID-19 in Gaza City.

prisoners, who are particularly vulnerable in overcrowded Israeli prisons.

With a population of 8.7 million, Israel's cases of coronavirus have surged to over 1,200 cases. On March 18, Mossad, the Israeli spy agency, procured 100,000 test kits from abroad. Given Mossad's mandate—espionage, theft, kidnapping, blackmail, bribery and assassination—it is unlikely that the source was kosher. And, in a twist of irony, those kits lacked key components, which rendered them unusable.

Abulhawa is a Palestinian-American activist, whose political work includes the Boycott, Divestment and Sanctions movement and Al-Awda: The Palestine Right to Return Coalition. A writer whose novels include "Mornings in Jenin," she is also the founder of Playgrounds for Palestine.

China and Cuba lead in curbing pandemic

By Lyn Neeley

China and Cuba have made significant scientific advances in curbing the COVID-19 pandemic. China is considered the world's front-runner in the development of a vaccine, while Cuba's antiviral drug, Interferon Alpha 2b, is reducing the number of deaths. Both countries, in outstanding acts of socialist internationalism, are sending doctors and medical supplies to suffering countries in the midst of the pandemic.

In contrast, the U.S. has a weak health care system infected by capitalism with no centralized plan. The government is allowing the virus to spread by relying on for-profit companies to supply testing kits and necessary medical equipment in the country.

The U.S. administration is worsening the virus globally by increasing sanctions and blocking aid to over 39 countries, containing one-third of the world's peoples.

On Dec. 31, China had alerted the World Health Organization about a new strain of the coronavirus that was causing a severe respiratory illness. WHO named the disease COVID-19. The actual virus that causes the disease is SARS-CoV-2, which was so designated by the International Committee on Taxonomy of Viruses.

Within a week, Chinese scientists had isolated the virus from a patient, sequenced its genome and published the information for the world to freely use. China's speed in sequencing a previously unknown genome was unprecedented.

Creating a vaccine for COVID-19

There are seven known coronaviruses and they all cause respiratory infections in humans. Once a coronavirus enters the body, it advances directly to the lungs and can cause a range of respiratory symptoms from dry cough to fever to viral

pneumonia. Coronaviruses are zoonotic, meaning they transmit from animals to people.

The new, recent coronavirus, COVID-19, has a genome similar to SARS (severe acute respiratory syndrome), MERS (Middle Eastern respiratory syndrome) and avian flu, which can only be contracted through direct contact with birds.

Coronaviruses are covered with spikes that form a crown or corona around the virus. These attach to lung cells with their spikes, allowing them to invade and kill the cells.

Many scientists are working on vaccines by focusing on two features of the virus — the hooks at the end of the spikes and also the point of contact where those hooks cleave or crack the cell wall to gain entrance into the cell.

China leads

As of March 14, China's CanSinoBio lab had begun testing a vaccine for COVID-19 in Wuhan province, where the virus was first identified. The lab developed a genetically altered SARS-CoV-2 virus that was unable to cause infection but was effective in creating antibodies. The vaccine proved safe in trials with animals so scientists are now testing the vaccine on a large group of 108 healthy adults, aged 18 to 60.

Chinese scientists successfully created a similar vaccine for Ebola in 2017. They also used their experience and technology to create the new vaccine against the SARS-CoV-2 virus.

Lagging behind China, a U.S. company, UModerna, says it will begin a smaller set of trials on people in Seattle with a vaccine that uses only a part of the SARS-CoV-2 genome.

In a process not yet ready to proceed to human trials, Regeneron Pharmaceuticals in Tarrytown, N.Y., genetically modified mice to have human immune systems. The mice are exposed to the SARS-CoV-2

virus, causing a build-up of antibodies to fight the virus. Scientists have isolated the mouse antibodies and will combine them with antibodies from humans who have recovered from COVID-19. The company predicts making an antibody cocktail to use in human trials "soon."

Cuba's advanced pharmaceutical discovery

Cuba may have already developed a successful medicine able to cure some cases of COVID-19.

Interferon Alpha 2b is an antiviral drug that Cuba developed during a dengue fever outbreak in the Caribbean in 1981. This interferon drug creates conditions within cells that limit the replication of the SARS-CoV-2 and MERS viruses.

Interferon is a naturally occurring chemical in cells that alerts nearby cells of an invading virus, causing them to heighten their antiviral defenses. Dengue fever and coronaviruses have evolved the ability to destroy interferon and get through a cell's defenses.

Cuba's Interferon Alpha 2b was designed to mimic the response of the cells' natural interferon and thus boost the immune system against the illness.

Cuba and China unite to fight COVID-19

In China, the Cuban-Chinese company, ChangHeber, has been producing Interferon Alpha 2b since 2003. That drug helps people with compromised immune systems avoid some of the complications of viral invasions.

As soon as COVID-19 was identified, China began using Interferon Alpha 2b on people who were infected by the virus, with over 1,500 people improving under the treatment. Cuban biotech specialist Dr. Luis Herrera Martinez explained that "its use prevents aggravation and complications in patients reaching that stage that ultimately can result in death." Dr. Herrera Martinez is the creator



Chinese doctors answer desperate call from Italy for medical help.

of Interferon Alpha 2b. (tinyurl.com/ur4sa4n)

Martinez asserted, "The world has an opportunity to understand that health is not a commercial asset but a basic right. ... [Cuba] has more physicians working abroad than practically any other country in the world, not because we are exporting anything but simply because we want to participate in building a world with better health conditions and living conditions."

After the Lombardy region in northern Italy officially requested doctors and medical help from China and Cuba, both sent an emergency contingent of doctors and nurses. The 52-strong brigade arrived at Italy's Malpensa airport, near Milan, on March 22 as Italy reported 59,138 COVID-19 cases and 5,476 deaths.

This is the sixth medical brigade Cuba has sent abroad in recent days to combat the spread of the new disease, highlighting its revolutionary medical diplomacy. These brigades are being sent at a time when many Cuban hospitals are facing imperialist-imposed difficulties — they're unable to buy vital medicine abroad largely due to the blockade of decades-old U.S. sanctions. □

Here's a plan

Planning. It's something we do every day. On a personal level, we plan our meals, our work, our housekeeping, our leisure time. Sometimes our plans are interrupted by welcome surprises, sometimes they are thwarted by unforeseen circumstances. Then we make new plans.

As human activity has grown more complex with the growth of technology and social organization, so has the need for planning. The development of the computer, fortunately, has made it much easier to crunch the data and plan ahead.

Right now, a dangerous pandemic is racing around the world. The richest country of all, one with great technological development, is now confronting the novel coronavirus COVID-19. As this is written, on March 23, the United States has the appalling distinction of being the country with the largest number of new cases of COVID-19 in the world — 1,524 and growing. (worldometers.info/coronavirus)

China, where the virus first broke out, appears to have contained the epidemic, with only 39 new cases.

Of course, there are many more people in China than in the U.S. A look at the number of cases per million people—which include active cases as well as those who either died or got well—shows another sharp difference. The figure for China is 56 cases per million people. For the U.S. it is 106 per million—nearly twice the rate.

The U.S. government and local authorities had plenty of time to plan for this epidemic. It shouldn't have taken anyone by surprise. But the figures show that nowhere near enough was done, and people are getting sick and dying as a result.

And who suffers the most is also clear. While the virus knows no class boundaries, the vast majority of those who die lack adequate health care, have jobs that put them in contact with many other people daily, and/or are already in poor health from previous conditions. In other words, the majority are workers.

At the same time, the U.S. is going through an economic collapse that even government officials are beginning to call a depression. The measures taken in an attempt to limit the epidemic have

undoubtedly sped up the economic implosion, but the economy was starting to buckle even earlier.

The spread of the virus, its deadly impact and the economic collapse all point to one thing: lack of planning.

What kind of planning is needed?

This is a capitalist country, a rich and imperialist one whose ruling class exploits workers not just here but around the world. Those rulers know how to plan—because the existing system requires a lot of planning to keep it running!

But for what purpose? In order to maximize profits. When profits are threatened—as they are in every cyclical capitalist downturn—the first thought by the ruling class is how to protect their investments. Everything else is secondary.

It's not just that capitalists are bad people. (Well, most of them are really awful.) It's that their relationship to their wealth compels them to be cynical and greedy, and to make decisions that are in the interests of their private capital and not in the interests of society.

As the economic and health crises both deepen, more workers are going to be thinking about what kind of society they need. The growing popularity of socialism over capitalism, especially among young people, has found expression in the Sanders campaign.

But it will take far more than that to make even a dent in this system, which is completely dependent on the exploitation of labor for private gain.

The means of production were built by the workers. The capitalists never laid one brick, plowed one field or sewed one garment. They have expropriated the wealth built by the working class.

That wealth must be liberated so that all economic activity can be planned to meet the needs of the people. That liberating system is called socialism. Let's get used to claiming that word proudly!

The elections will come and go. The increased suffering of the great masses of working people hit by the virus of capitalist crisis will only increase. The time to focus on building the movement for revolutionary change is now. □

WW COMMENTARY

Shame on you, Mayor de Blasio

By Monica Moorehead

The National Basketball Association was the first of all the professional U.S. sports leagues to suspend their regular season after two players from the Utah Jazz—Rudy Gobert and Donovan Mitchell—tested positive for the coronavirus COVID-19 in early March.

Since that time, players from other teams, who may have come in contact when playing the Jazz, have also tested positive, along with NBA personnel in the front offices of other teams.

When four players from the Brooklyn Nets, including the great forward Kevin Durant, also tested positive for the virus, New York Mayor Bill de Blasio tweeted the following statement on March 18: "We wish them a speedy recovery. But, with all due respect, an entire NBA team should NOT get tested for COVID-19 while there are critically ill patients waiting to be tested. Tests should not be for the wealthy, but for the sick."

The mayor was responding to the Nets' hiring a private insurance company for their tests, in order not to use Centers for Disease Control and Prevention funds for testing the public.

Michele Roberts, the first Black woman to be named executive director of the

National Basketball Players Association, responded to de Blasio, stating, "There's nothing irresponsible—if you've got that information [that you've been exposed]—about trying to get the tests. The problem that more of us can't get the tests—and I'm not apologetic about saying it—in my view, that rests at the foot of the federal government. They were responsible for making sure we were protected in that regard, and I think they failed." (ESPN, March 18)

Whose interests does de Blasio truly represent?

What prompted the mayor of a city—home to the Knicks, the most profitable of all NBA teams—to play the blame game with this global, popular league about an unprecedented health crisis? Don't other prominent sports teams that bring thousands of people together on fields and arenas like Major League Baseball, the National Hockey League or the National Football League have the right to have their players tested?

Crucial to the answer to this question is that New York is also home to Wall Street—the epicenter of world finance capital—where billionaire owners and investors of insurance and pharmaceutical corporations control who gets health care and who does not, generated by the

rise and fall of stock market prices.

These are the corporations—compelled by profit greed with congressional politicians in their back pockets—that are responsible in this instance for the vast majority of the population not being tested for COVID-19 and not being adequately cared for if they do contract the virus.

So with New York City cited as having the highest numbers of active COVID-19 cases in the country, why isn't de Blasio putting the onus on Wall Street for the spread of this pandemic?

The answer is quite simple: De Blasio does the bidding of Wall Street, not the New York population. Apparently he has no shame in shifting the blame to a league that is over 70 percent Black like the NBA.

Yes, the NBA players, across the board, are very well-paid for the ability to use their skills and talents that entertain thousands of fans in person and millions more on TV during the regular season and postseason.

These players are certainly privileged, but they remain members of the working class, and every worker has the right to collective bargaining for contracts guaranteeing the best wages and benefits from billionaire owners who super-exploit their labor to make the most lucrative profits from arena and merchandise sales and TV revenue.



NBA Players Association President Michele Roberts defends COVID-19 testing of players.

While sports arenas have been shut down now because sports have been shut down, a growing number of NBA players have pledged large amounts of their salaries to pay the salaries of laid-off concession workers, ticket salespeople, ushers, janitors and many more. Other players are funding food banks in the most vulnerable communities. On March 20, the NBA announced a pledge to raise \$50 million to help stop the spread of COVID-19.

Where are similar pledges, or others even higher, being made by Wall Street profiteers to bail out Big Business, but not bail out the people who are suffering from layoffs, foreclosures, shutoffs and more from this pandemic? Roberts hit the nail on the head on who the real culprit is.

Shame on you, Mayor de Blasio. □

Disability activists fight for their rights

Continued from page 8

discussion of how to best respond to the pandemic.

This is no surprise to the disability community, who remember how Trump and his extensive real estate holdings were sued a number of times for violations of the Americans with Disabilities Act, including by James Conlon, a person with paraplegia. In 2003, Conlon complained that the buses to Trump's Atlantic City casino were virtually impossible to access in a wheelchair and was told no buses were available for wheelchair users.

Conlon ultimately forced a settlement

out of Trump. (tinyurl.com/k7q5nm8) A U.S. Department of Justice investigation found that Trump's Taj Mahal was nearly inaccessible for all people with disabilities.

As recently as a March 22 press conference, Trump pursued his campaign promise to repeal the Affordable Care Act, passed in 2010. Three years ago, massive resistance tantamount to a rebellion stopped Congress from taking up its repeal. The resistance included community and immigrant rights groups, workers in and outside of unions, students and people with disabilities who occupied government buildings in Washington, D.C. For many, the repeal of ACA would

have been a death sentence.

The ACA prohibits discrimination on the basis of disability in certain health programs, plans, activities and insurance marketplaces. Its protections against discrimination in health care—including race, color, national origin, sex and age—had not been adequately guaranteed by previous federal civil rights laws, including the Americans with Disabilities Act.

While racist Trump has called COVID-19 the "Chinese virus" many times, he has failed to properly give credit to the socialist People's Republic of China for its successful response to the pandemic.

That is no surprise to this reporter, who eight years ago proposed that the Workers World Party People with Disabilities Caucus adopt the slogan "From each according to their abilities, to each according to their needs" from Karl Marx's 1875 "Critique of the Gotha Program." It is a communist slogan whose revolutionary optimism bears great hope for workers and all of the oppressed during this most difficult time of the horrific coronavirus pandemic.

Yudelovich is a WWP People With Disabilities Caucus activist with emotional and hearing loss disabilities.

School bus drivers win emergency pay

Continued from page 1

frontline workers alive and able to someday restart the schools, and that they should close the schools immediately to stop the virus from spreading. Transdev issued a three-line memo in the yards the next day that said in full, three times, “Don’t forget to wash your hands.”

The next day the capitalist world’s stock markets crashed again, and Mayor Marty Walsh announced the school closing.

On March 16, 20,000 people in Massachusetts applied for unemployment, more than in the entire month of February. Now the state count of newly jobless filers is in the millions.

Drivers, like tens of millions of aging workers in the U.S., are forced to rely on Wall Street vulture fund “investors” who “manage” their sole savings for a dream of retirement before their funeral. Talk in the yards was about the double whammy of the stock market collapsing overnight like a pyramid scheme. The workers — who have put in hard labor their entire lives away from their homes in Haiti, Cabo Verde, Vietnam, Honduras, Georgia, Alabama and Detroit — have been watching in horror as our meager retirement savings are wiped out and stolen. Meanwhile the Trump government hands out trillions to the same banks that own our families’ homes, cars, student loans and demand impossible payments.

On March 4, the same day Italy shut down

its school system, Local 8751 President André François wrote to Transdev’s General Manager, Mayor Walsh and the Superintendent of Boston Schools, issuing a comprehensive list of demands by the drivers to safeguard ourselves, our families, our co-workers and the children and communities we serve. Demands included free, on-site and unlimited COVID-19 testing; twice-daily professional bus disinfecting; safety training by medical professionals; and that Transdev provide full protective equipment.

The president’s letter outlined the union’s leading role in providing emergency driver training beginning in February and concluded by demanding full pay to economically sustain the drivers’ families and to hire and train new drivers to prepare for the emergency period and restart. (Full letter at usw8751.org.)

Some drivers thought these demands impossible, having experienced a seven-year campaign by Veolia/Transdev to bust our union, including firing the leaders for 25 months and continuing harassment and daily struggles for rightful, every-minute-worked full pay.

But in the face of the workers’ demands, backed by a history of strikes, job actions and @TeamSolidarityBoston leadership ready to fight, the City and Boston Public Schools blinked, literally overnight, and the union held them in round-the-clock negotiations over the weekend. They realized how



Steve Gillis and members of Local 8751.

WW PHOTO: STEVAN KIRSCHBAUM

badly they need us.

The mayor ordered Transdev to sign the union’s full pay terms. The historic agreement includes USW 8751’s solidarity commitment to Boston’s communities: to provide our transport labor as needed, to shuttle food and laptops for school children, transport frontline health workers in case public transportation is shut down, and other emergency transportation needs, and to be ready and available to immediately restart school when the COVID-19 emergency is over.

Local 8751, @TeamSolidarityBoston and our allies among drivers and frontline workers immediately took emergency measures to communicate with each other and prepare for unknown contingencies, hardships and developments. We have formulated our

terms and conditions of our and the next generation’s eventual return to work. Since the shutdown, we have instituted daily, sometimes hourly, conference calls with a growing number of rank-and-file leaders.

With the vow, “The union will not be shut down,” officers are filing grievances from home and servicing a groundswell of members’ benefits and payroll needs. We are learning and implementing new technology to video conference, share documents and news with our co-workers, and strengthen and broaden our organizations and relationships.

Gillis is the financial secretary of United Steelworkers Local 8751, the Boston School Bus Drivers Union.

WORKERS WORLD
MUNDO OBRERO 
editorial

COVID-19 expone el fracaso de la atención médica de EE.UU.

En esta pandemia, las personas en los EE.UU. deberían preguntarse por qué el actual sistema capitalista de salud parece incapaz de combatir la propagación del coronavirus COVID-19. Deberíamos exigir por qué los funcionarios estadounidenses, desde la administración Trump hasta los departamentos de salud estatales y locales, han permitido que esta crisis llegue a un punto en el que la intervención gubernamental puede ser demasiado pequeña o demasiado tardía.

Treinta millones de personas en los Estados Unidos carecen de seguro de salud. El acceso para millones más está limitado por altos copagos y deducibles. En el país capitalista más rico del mundo, la atención médica es otra mercancía, disponible solo para aquellos con los medios para pagar.

COVID-19 expone la realidad de que incluso cuando uno tiene los medios para pagar, no hay suficiente atención médica para todos. La falta de centralización también significa que el sistema de salud de EE.UU. no tiene una forma institucional de analizar datos, sino que depende de informes esporádicos de los departamentos de salud estatales.

A nivel mundial, las pruebas para COVID-19 han estado disponibles desde finales de enero de 2020. A fines de febrero, la Organización Mundial de la Salud envió pruebas a 60 países, pero EE.UU. las rechazó.

La administración Trump xenófoba y con fines de lucro quería que el “Hecho en Estados Unidos” se estampara en las etiquetas de las pruebas. Ordenó a los Centros para el Control y la Prevención de Enfermedades (CDC) diseñar sus propias pruebas. Ahora los periodistas de las redes sociales están planteando la posibilidad de que el presidente Trump pueda invertir en compañías que producen esas pruebas. (tinyurl.com/sf8tgw)

Las primeras pruebas de la CDC eran defectuosas, lo que retrasó aún más las pruebas vitales cuando los casos de COVID-19 comenzaron a aparecer en el estado de Washington a fines de febrero. Ahora, a mediados de marzo, a medida que más personas reportan síntomas de COVID-19, las pruebas siguen siendo criminalmente limitadas.

Otros países informan que realizan pruebas a más de 20.000 personas por día. En los EE.UU., se han realizado menos de 20.000 pruebas en total a mediados de marzo.

Exigimos que los datos estén centralizados y que las pruebas sean gratuitas, disponibles y accesibles para todos. El hecho de que algunas municipalidades solo estén proporcionando estaciones de prueba de “tránsito” excluye vergonzosamente a las personas sin acceso a automóviles.

El enfermo sistema de salud capitalista

Pero centrarse en la cantidad de casos conocidos de COVID-19 oculta la crisis subyacente: ¿cuántas camas de cuidados intensivos tienen los hospitales de EE.UU.? ¿Cuántos ventiladores, médicos, enfermeras y otro personal capacitado para usar ventiladores están disponibles? ¿Cuántas personas gravemente enfermas pueden ser tratadas en cualquier momento en los hospitales de EE.UU.?

Abordar estas preguntas elimina la fachada de que Estados Unidos tiene el “mejor sistema de atención médica” del mundo. La realidad es que el sistema de atención médica aquí es muy inadecuado y está a punto de ser desafiado más allá de sus límites.

Incluso antes de la crisis de COVID-19, millones de comunidades urbanas y rurales enfrentaban una falta crítica de acceso a las instalaciones de tratamiento. Para 2018, los hospitales de EE.UU. estaban cerrando a un ritmo de aproximadamente 30 al año, según la Asociación Americana de Hospitales.

Actualmente, los hospitales de EE.UU. en total tienen menos de 70.000 camas de cuidados intensivos para adultos disponibles, de las cuales las tres cuartas partes ya están ocupadas. La estimación más baja de adultos que pueden necesitar cuidados intensivos debido a COVID-19 en los próximos meses es entre 200.000 y 300.000. Otros estudios ponen las estimaciones en millones.

La cantidad de ventiladores accesibles es más alarmante. En febrero, el Centro Johns Hopkins para la Seguridad de la Salud, una organización independiente y sin fines de lucro de la Escuela de Salud Pública Johns Hopkins Bloomberg estimó que EE.UU. tiene un total de 160.000 ventiladores disponibles, con 8.900 adicionales en existencias nacionales. Incluso si se pueden producir más ventiladores, no hay suficiente personal capacitado para usarlos.

La gran ironía ahora es que el sistema de atención médica con fines de lucro de EE.UU., que se basa en pruebas médicas a menudo innecesarias para el diagnóstico, no proporciona las pruebas básicas y la atención médica críticas para detener esta pandemia. Esto a pesar del hecho de que EE.UU. gasta dos veces más per cápita en atención médica que cualquier otro país.

Pero, ¿cuánto de ese gasto se destina a las ganancias de La grandes farmacéuticas y las grandes aseguranzas?

China muestra trabajos de planificación socializada

¿Es posible combatir esta enfermedad? Sí. Y China lo ha demostrado. Una vez que se hizo evidente el alcance del contagio, China rápidamente puso en cuarentena a las comunidades más susceptibles. A medida que se hizo evidente una carga extrema de pacientes, los trabajadores chinos construyeron nuevos hospitales en 10 días. Las arenas deportivas vacías se convirtieron en centros improvisados para tratar casos menos graves.

Los voluntarios recibieron equipos de seguridad para que pudieran entregar alimentos y medicinas a los pacientes. Los trabajadores médicos fueron enviados a zonas virales para disminuir la carga sobre el personal médico local sobrecargado. A los trabajadores afectados se les pagaba un salario para que pudieran quedarse en casa.

Como resultado, cerca del 80 por ciento de 80.000 pacientes infectados en China se han recuperado a partir del 13 de marzo. Ahora el gobierno chino está brindando asistencia voluntaria a otros países del mundo que actualmente luchan contra la pandemia. Todo esto es posible porque China tiene una economía planificada y centralizada que no está motivada por poner las ganancias primero.

En cuanto a los EE.UU., según los propios escenarios de los CDC, entre 160 y 214 millones de personas aquí podrían infectarse durante la epidemia que podría durar meses o incluso más de un año. De ellos, más de 21 millones de personas podrían necesitar hospitalización, y quién sabe cuántos morirán en un sistema de salud capitalista completamente no preparados para la crisis.

En la zona de guerra de la pandemia, está más claro que nunca que el socialismo es el futuro. □



Fred Goldstein utiliza las leyes de la acumulación capitalista de Marx, y la tasa decreciente de ganancia, para demostrar por qué el capitalismo global ha llegado finalmente a un punto de inflexión.

Para más información: LowWageCapitalism.com

El virus desencadena el caos capitalista

Por Deirdre Griswold

16 de marzo — El mercado de valores se derrumbó hoy. El promedio industrial Dow Jones de los precios de las acciones perdió casi 3.000 puntos en solo un día, a pesar de la infusión de varios billones de dólares en el mercado por parte del Banco de la Reserva Federal. Varias veces se cerró el mercado, pero continuó implosionando una vez que las operaciones comenzaron nuevamente.

Fue un evento monumental y la mayor caída en un día de los precios de las acciones en la historia.

Afectará no solo a los inversores ricos y propietarios capitalistas, sino a cualquier persona cuyo plan de jubilación o ahorro vital esté vinculado al mercado. Las empresas grandes y pequeñas también comenzarán a despedir trabajadores y declararse en bancarrota para proteger a sus propietarios de pérdidas personales.

Esta peor caída en la historia ha dejado en claro que la pandemia de COVID-19 ha descubierto una debilidad cataclísmica dentro de la economía capitalista de los Estados Unidos. Pero eso no es lo que dicen los políticos o los hombres de dinero. Están culpando al coronavirus mismo por causar la catástrofe económica.

Una mirada más cercana muestra que tal afirmación es falsa.

No hay crisis económica en China

El virus ha estado en todo el mundo durante meses. Primero golpeó muy fuerte a China en diciembre en la provincia de Wuhan. Sin embargo, después de sufrir casi 81.000 casos de infección y más de 3.000 muertes, China ahora

informa que los casos nuevos se redujeron a aproximadamente 20 por día y las muertes a 13 por día, en el país más grande del mundo, con una población cercana a 1,4 mil millones de personas.

En este período, la economía china ha sido duramente golpeada y las áreas afectadas prácticamente bloqueadas, cerrando gran parte de la producción.

Sin embargo, a pesar de que China se ha convertido en la “fábrica del mundo”, las graves dificultades sufridas por millones de personas durante varios meses no cerraron la economía china. Tampoco desencadenaron un colapso económico mundial.

Ahora, unos tres meses después de que se informaron los primeros casos allí, y después de que el gobierno chino lanzó un esfuerzo masivo para evitar la propagación del virus, COVID-19 se ha contenido en gran medida en la propia China, gracias a las vigorosas medidas tomadas por el Partido Comunista. Pero el virus ha surgido en 162 otros países y territorios de todo el mundo, desde Irán e Italia hasta las aisladas Islas Feroe en el Atlántico Norte.

En comparación con lo que pasó en China, la pandemia de COVID-19 ha tenido hasta ahora un efecto mucho menor en la población de EE.UU. sin minimizar la gravedad de esta enfermedad, que continuará propagándose, debe entenderse que hasta ahora se han reportado menos de 5.000 casos aquí y solo 87 personas han muerto, una pequeña fracción de lo que China ha sufrido.

Por el contrario, la crisis de los opioides, que se ha desatado en áreas económicamente deprimidas de los EE.UU., mató a más de 60.000 personas cada año de 2016 a 2018 (el último año con

estadísticas completas). (drugabuse.gov)

Sin embargo, ya hay predicciones nefastas de que la economía de EE.UU. ahora se contraerá seriamente y muchos, muchos trabajadores perderán sus empleos, tal vez millones, todo supuestamente debido al coronavirus. Esto es diferente a China, donde el trabajo se ha reanudado incluso en las áreas más afectadas por el virus.

Un nivel muy alto de deuda personal y comercial en este país limita el tiempo que las personas y las empresas pueden permanecer fuera del agua en una recesión, lo que en este momento parece seguro que seguirá al enorme colapso de los mercados financieros.

Por lo tanto, es importante observar otros factores, además de COVID-19, que están haciendo caer la economía.

La codicia de ganancias trae sobreproducción

En la acumulación del colapso que ahora ha barrido a Wall Street, se destacan los síntomas de la sobreproducción global de productos vitales. Particularmente revelador es la caída en el precio del petróleo, una mercancía que es central tanto para la industria como para el transporte.

Hace solo unos meses, el petróleo se vendía por más de \$60 por barril en el mercado internacional. Ahora hay un exceso de petróleo y el precio se ha reducido a alrededor de \$30 por barril.

Esto está muy por debajo de lo que cuesta producir petróleo a partir del fracking. Este método costoso y ambientalmente horrendo para extraer petróleo de la roca de esquisto ha crecido exponencialmente en los Estados Unidos y se ha convertido en una fuente importante de producción de petróleo de este país.

Ahora el fracking está a punto de colapsar. (Revista Fortune, 15 de febrero)

El actual exceso de petróleo puede ayudar a lograr lo que los movimientos indígenas y ambientales han exigido durante años: cerrar el fracking. Pero no se debe a que los multimillonarios petroleros estadounidenses hayan visto la luz y abrazado un planeta más verde. Es porque el petróleo de esquisto bituminoso no puede generar ganancias cuando los precios caen tan bajo.

Este es un ejemplo clásico de sobreproducción capitalista. La sobreproducción es una característica incorporada del capitalismo y precipita una crisis económica. No significa que se esté produciendo más de lo que la gente necesita. Significa que se está produciendo más de lo que se puede vender para obtener ganancias.

La sobreproducción se genera por el vertiginoso despliegue de cada vez más productos para vencer a la competencia. Para los capitalistas, la avaricia de ganancias dicta que deben expandirse o morir, vender cada vez más un producto o servicio o hundirse.

Esta ha sido la causa de crisis periódicas desde que el capitalismo se convirtió en el modo de producción dominante en el mundo. También es lo que ha llevado a los países capitalistas a librar guerras horrendas entre sí mientras han dividido el mundo en sus esferas de interés económico.

Esta propiedad privada de los vastos medios de producción por parte de un pequeño grupo de individuos súper ricos y sus bancos es lo que subyace a la actual crisis económica. El coronavirus es solo la chispa que desencadenó una implosión que se esperaba. Lo peor está por venir. □

Exigencias socialistas para la crisis del COVID-19

A medida que la pandemia de COVID-19 continúa extendiéndose, la respuesta del gobierno a la crisis ha sido criminalmente negligente, mientras que los capitalistas prefieren arriesgar la salud de los trabajadores que detener la producción con fines de lucro.

A medida que la clase dominante se muestra incapaz de abordar la crisis, ¿cómo podemos nosotros, como clase trabajadora y personas oprimidas, organizarnos para satisfacer nuestras necesidades? ¿Qué demandas podemos presentar en respuesta?

Workers World Party propone las siguientes 10 demandas, que son un trabajo en progreso basado en la fluidez de la crisis, como una respuesta socialista inicial a COVID-19:

EXIGENCIAS SOCIALISTAS

PARA LA CRISIS DEL COVID-19

1. Asistencia sanitaria gratuita para todos.
2. Nacionalizar el sistema de salud bajo control comunitario. Construir hospitales de emergencia.
3. Pago completo, beneficios e ingresos garantizados para todos.
4. Alimentos, vivienda, suministros médicos y servicios públicos, incluido internet para todos.
5. Suspender alquileres, desalojos, hipotecas, cortes de servicios públicos y TODAS las deudas.
6. Priorizar recursos para comunidades de color, migrantes, personas LGBTQ2+, personas mayores, jóvenes, personas con discapacidades.
7. Vaciar prisiones y centros de detención.
8. Cierra ICE. Poner fin a los ataques racistas.
9. Control comunitario. Sin policías. No militar.
10. \$2 billones para los trabajadores, no para los bancos.
11. Poner fin a las guerras, las sanciones y la destrucción del medio ambiente de EE. UU.

MUNDO OBRERO

Editorial

COVID-19 expone el fracaso de la atención médica de EE. UU.

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