Editorial

Under the Knee of Jim Crow and Neoliberalism

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Twenty years ago I co-led a research project investigating occupational health disparities among healthcare workers. We set out to study how the ongoing reorganization of healthcare facilities was shaping worker health and safety and discrimination in relation to sex, race, ethnicity, and immigration status. The research team included members with no prior study or expertise in occupational health and safety. They were sometimes shocked to learn of the disregard that managers demonstrated for employee health and safety, from nurses to food service workers. Even more, they were dumbfounded by the overall attitude expressed by management and many workers about occupational hazards and risks, "It's part of the job." Nurses and aides were supposed to "deal" with the violence and the lack of ergonomic lift-assist devices. Everyone was expected to meet the demands of schedules intent on keeping costs down rather than facilitating healthy working conditions and optimizing patient-care capacity.

Our research was hampered by the difficulty that lower paid workers had in finding time to participate in interviews and focus groups or to complete a survey. They worked two or three jobs, as did their spouses if they were married. They would juggle work schedules within the family so that one parent was always available to feed the children and be home with them in the evenings and on weekends. The higher paid workers had exhausting schedules and also found it difficult to make time for research participation.

The neoliberal management ethos of "doing more with less" had taken strong hold by then and many managers had come to the state's thriving healthcare sector after being laid-off during downsizing in the manufacturing and finance sectors. They thought that what healthcare needed was a strong dose of the lean-and-mean business practices gaining currency in private industry. Healthcare, to them, was just another business, but a poorly managed one that they could improve. Besides, the insurers, private and government, were forcing that on healthcare as they demanded cost reductions along with improved outcomes.

But there was a problem with the model, and it came in the form of patient injuries and medical errors that were going through the roof. Occupational injuries, especially musculoskeletal injuries for nurses and aides, were soaring. Since the late 1980s, back injury rates for these workers exceeded those in most other sectors, including most manufacturing and even some mining sectors.

Hospital functions were being reduced and outsourced where possible. Bed capacity steadily decreased, as did intensive care unit (ICU) capacity. There was an ongoing nursing shortage, even as nurses were being laid off. Nurses with more experience and higher pay were taken from direct care and assigned to supervisory roles. Registered nurses (RNs) were replaced on the floor by other less educated and less experienced RNs, and licensed practical nurses as well as aides who delivered patient care under the new RN supervisors. The dynamics were even worse in the long-term care facilities, where direct care was mostly provided by aides with very limited healthcare training and education.

With all this restructuring—making healthcare work like a business that makes widgets—U.S. healthcare costs steadily rose and U.S. health indicators steadily declined, falling lower than all other wealthy nations and even some not-so-wealthy nations. It turns out that people who need health and medical care need a system that treats them like humans, not widgets. And it certainly seems that healthcare workers get sick and injured while trying to treat patients in a system that treats patients like widgets.

A decade later, a worker health and safety training program that I led had an opportunity to get a grant to deliver free infectious disease pandemic training for healthcare workers. We reached out to the hospitals in the greater Boston area—and we were surprised to find that none would team up with us to get the training. We were repeatedly told that they were well-prepared and that there were only a few hospital employees who

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needed any training. We were also told that in case of a pandemic they would triage victims to the regionally designated hospitals that were prepared to address the surge demand. Plans were in place and the hospitals were ready.

We've experienced a decade book-ended by global economic recessions. The hospital system in Massachusetts, and those in much of the country, has become further concentrated and restructured. Smaller hospitals have been closed or merged into larger systems. Bed capacity has been reduced and more services are being provided on an outpatient basis. Patient injuries and medical errors continue to remain high and exposure to acts of violence and the subsequent rates of physical and psychological injuries keep soaring, while the musculoskeletal injury numbers and rates remain consistently high.

In much of the United States, the healthcare system—hospitals, long-term care facilities, home care—literally stands on the backs of poorly paid, overworked, workers of color; many of whom are immigrants who fear deportation and family dislocation and lack legal protections against abusive employers. Those in urban areas live in densely populated communities with poor quality housing. They commute to work on crowded bus and subway lines. Others in these communities are the low-paid workers in food retail and distribution and the back ends of restaurants and institutional food services. Some work in crowded food processing and meatpacking companies. The work and living conditions of these populations made them highly vulnerable to an infectious disease pandemic.

Come the Pandemic

Now the SARS CoV-2 novel coronavirus has made its way around the globe. The U.S. northeast corridor has been hit hard. We practice social distancing and are urged to shelter in place unless we are essential workers. Businesses have been temporarily closed or operate with restrictions to prevent widespread infection and astronomical numbers of deaths. But the economy has also been affected because the public health and healthcare systems were ill-prepared to handle this pandemic, as indicated by widespread concern that the healthcare system was in danger of getting overwhelmed and unable to meet the demand of COVID-19 patients.

So who were the essential workers? Many worked in healthcare. Doctors and nurses of course and emergency medical technicians, but also all the other workers that make hospitals function: aides, housekeeping and food services staff, maintenance and grounds workers, administrative personnel, specialists, and more. They all accepted the mission of working to save the lives of those suffering with COVID-19, but neither the federal government nor the states were prepared to support such a life-saving effort. Hospitals lacked stockpiles of up-to-date personal protection equipment (PPE), including respirators. Workers were faced with the choice of leaving their work for lack of protection or treating their patients and risking their own lives—that healthcare worker "part-of-the-job" choice. National, state, and local leaders were calling these workers "heroes." President Trump and various governors ordered military flyover tributes to healthcare workers. Imagine if the money spent on military flyovers had instead been used earlier to purchase N95 respirators and other needed PPE such as protective gowns and face shields. That could have protected many healthcare workers throughout the first several months of the pandemic.

In the middle of the country, something similar was happening for meatpacking workers. As healthcare, this is an industry that has been restructured for "efficiency" and relies on a workforce largely composed of poorly paid workers of color, a large percentage of whom are immigrants, many lacking documentation and basic human rights and legal protections. The work is done in crowded conditions at an excruciating pace that results in high rates of injuries. Though not essential for saving the lives of COVID-19 victims, they were deemed essential for providing the nation with a steady diet of meat and poultry. By the end of April, there were horrible outbreaks of COVID-19 at these facilities, and by the end of May meatpacking and slaughterhouse facilities in every part of the United States had seen thousands of workers become infected with COVID-19, with at least forty-four deaths.

Here again is an industry with a workforce that is paid poorly and therefore must live in crowded communities with poor quality housing stock. They often have to commute in crowded transport vehicles. The industry was declared critical infrastructure, the workers essential, and the facilities were ordered to open and keep the meat supply flowing. But meatpacking workers don't have beloved nurses and doctors presented as the frontline of the industry workforce. The media didn't have stories similar to those of the hospitals, showing patients struggling for their lives and dedicated healthcare professionals putting their own lives on the line to save the patients. No, the meatpacking workers were just "essential" and a Wisconsin Supreme Court justice was even caught making a comment about them being different from "regular folks," although that difference was never stated. We all know what that means though—they are the people who do not matter in a white supremacist nation.

Healthcare and meatpacking are two industries in the United States where substantial profit is made on the backs of black and brown workers who are paid less than a living wage, provided with no or insufficient health insurance coverage, live in communities with

poor housing, food supply and healthcare access, and lack many other critical physical and social determinants of health and well-being. Not surprisingly, COVID-19 has ravaged the workers in these two sectors, just as it has disproportionately been spread among workers in food retail, the gig food delivery sector, mail and package sorting work in the postal service, and bus and subway operators who drive these workers to and from these workplaces that are so dangerous in this pandemic. We might know more about these associations between work and COVID-19, but almost nowhere is the data being collected.

A Pandemic, Economic Collapse, and White Supremacy

As I write this, the United States has been witnessing protests across the nation following the death of George Floyd as he was kneed to the ground, face-down and handcuffed, for nine minutes by four Minneapolis police officers. One of those officers has been charged with second-degree murder and the other three have been charged with aiding and abetting second-degree murder. This murder is not an anomaly in the U.S. White Americans have been allowed to murder black people for as long as the country has existed—when its constitution permitted ownership of black people as property to be enslaved, each counting as only three-fifths of a person. Once enslavement was outlawed, laws setting the terms for justified abuse, incarceration, and forced labor were set in place, defining the Jim Crow era of the nation's history. Under these laws and the social norms that they framed, white murderers of black people could easily evade prosecution and murder charges if prosecuted. This story is one of a people who have been kept down by a foot on their heads and a knee to their necks. White supremacy must be ended. The practice of creating the nation's wealth on the backs of black, brown, indigenous, and other people of color must end now.

Lastly, the TrumPublicans have boldly made clear their opposition to ending white supremacy. Senate President Mitch McConnell, Senate Judiciary Committee Chair Lindsey Graham, and the Party are clear that they want to appoint a majority of extremely conservative judges to the federal court system who will eagerly set in place decades of a renewed Jim Crow era. As TrumPublicans eviscerate democracy, the environment, public health, social security provisions, Medicare and Medicaid, food support programs, public housing, monopoly and finance restrictions, labor, LGBTQ, women's and civil rights, and even the U.S. Postal Service, these judges will block citizen suits to reinstate the protections. Should the voters manage to strip the Republican Party majority in the Senate and elect a Democrat (presumably Joe Biden) as president, the conservative judges already in place, from the Supreme Court down to the district courts, can be expected to act as a bulwark against progressive legislation and regulations that progressive movements manage to get passed and promulgated by pushing the Democrats.

The TrumPublicans are well-aware that they cannot win the presidential and senate elections in November without voter suppression. To be sure, the gerrymandered redistricting in the states they control is an extensive mode of voter suppression, one that allows people to vote while isolating them as a minority in their districts. We must get the vote out to defeat them everywhere we can. Gaining more control of the federal, state, and local governments is a necessary but not sufficient step towards taking the yoke of white supremacist capitalism off the shoulders, backs, and necks of oppressed peoples in the United States.

Black Lives Matter.
Onward.

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