

THE COVID-19 CHRONICLE, May - June 2020

These four editorials written by H. Patricia Hynes, Director of the Traprock Center for Peace & Justice, Franklin County, Massachusetts, were published in the Greenfield Recorder and various local and national media outlets.

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COVID-19: The ‘great equalizer’?

There is a meme circulating in this time of pandemic that we are all in this together, that COVID-19 is, as New York Gov. Cuomo stated, the “great equalizer.” From one vantage point, this appears to be true: as I write, news broke that a staff person to Vice President Pence and another to President Trump are infected with the coronavirus, adding to 11 infected US Secret Service agents. But from many other outlooks, this statement — implying we are all at equal risk — is a blatant cover-up of inequalities baked into our society. Before the virus, 78% of Americans were living paycheck to paycheck. Since the virus, many billionaires and wealthy have become richer while the working poor (millions of whom have lost jobs and lack benefits and health insurance), are poorer. As the fissure of financial inequality widens, so also does the disparity in infection and death rates.

Economic inequality in the United States — or the gap between the rich and the rest — is directly linked with, drives in fact, much of the health and social problems of our society. Rising income inequality leads to a plague of ills: higher rates of people in prison, higher teenage birth rates, higher rates of mental illness, more child neglect and children bullying other children, higher rates of homicide, lower educational performance, and lower life expectancy.

The United States ranks highest in income inequality and correspondingly ranks highest in ill health and social problems among other rich, developed countries. And, conversely, the Scandinavian countries and Japan, which score highest on income equality, fare best in health and social well-being.

How then does this inequality manifest in the pandemic we are experiencing?

The United States, with the greatest total wealth of any country, has the highest number of confirmed coronavirus cases and deaths of any country in the world. Higher than

countries with four times as many people, namely China and India, a relatively poor country. Our failure in public and medical health is worsened by a callous, know-nothing president who underfunds federal health agencies, disbands pandemic expert teams, refuses to respect the basic rudiments of science, and cares more about the fallout of COVID-19 on the upcoming election and his faltering poll numbers than his citizens.

Who are, then, the most likely victims of the virus? Workers of color, both black Americans and Latinos, are proportionately found in the lowest-paying service and domestic occupations. Two thirds of these workers are women. This means more exposure to risk-laden work in many cases — agricultural workers, meat processing, hospital and nursing home, janitorial and housekeeping in health care facilities. They are more likely to plunge into deeper poverty if infected, laid off, without health insurance or paid sick leave. They cannot “stay in place” working from home online, like the professional class can. Further, black and Latinos are more likely to live in environmental justice communities, meaning they are more frequently exposed to air and water pollution and toxic wastes than whites. Recent Harvard-based research has found that those exposed to greater air pollution from cars and factories are more vulnerable to contracting COVID-19.

Add to economic and environmental inequality the social inequality of racial discrimination – in hiring, in pay, in “driving while black,” in persistent housing segregation, in greater rates of arrests and prison terms, in day-to-day interpersonal exclusion and slights inducing unrelenting stress — and we find reasons for higher rates of Covid-19 infections and deaths among Latinos and blacks.

In New York, for example, African Americans are twice as likely to die from COVID-19 than white people. As of mid-April, counties with a majority of African Americans had three times infection rates as counties with a white majority. Chelsea, Massachusetts, long a working class city with a majority of Latinos and immense daily air polluting traffic to Boston across the Tobin Bridge overhead, is the hotspot of infections in Massachusetts.

No, COVID-19 is not the “great equalizer.” If anything, it exposes the fault line of injustice that runs through this country, wherein the wealthy can “stay in place” on gigantic yachts; wealthier, private and non-profit hospitals hold much larger cash reserves than safety net hospitals for the poor and uninsured; larger businesses get preference over smaller ones for government loans; the professional class can work from home with their children having access to computers for online learning; and corporate insurance and pharmaceutical companies lobby against a single-payer health care system.

We urgently need health care for all and a working social democracy.

Women Have Risen to Heroic Heights During Covid-19

Women have risen to heroic heights during this pandemic—comprising the majority of essential health care workers, leading successful countries in containing the coronavirus, homeschooling children while working from home. And yet, the global pandemic in physical and sexual violence against women continues unabated and [worsened](#) during the coronavirus pandemic.

Heroic Heights

As of mid-April, women led six of seven countries with the best record of containing Covid-19 infections and deaths: Germany, Taiwan, New Zealand, Iceland, Finland, Norway and Denmark. As of mid-April, women led six of seven countries with the best record of containing Covid-19 infections and deaths: Germany, Taiwan, New Zealand, Iceland, Finland, Norway and Denmark. While most of these frontrunners are small, Germany is the most populous country in Western Europe. And Norway is comparable in population to the medical mecca Massachusetts, which became a hotspot of infection and deaths soon after New York City, given its delay in implementing a testing and contact-tracing program.

Though taking different approaches, some lockdowns, some not, the women-led successful countries acted immediately and decisively with testing, tracking, widespread education, adequate personal protection, and with ongoing personal communication through press conferences, some for children only. Remarking on the example of these women leaders, one commentator—a consultant to business on women's leadership—points to studies that show "women are more likely to lead through inspiration, transforming people's attitudes and beliefs, and aligning people with meaning and purpose than men are."

Nurses on the Front Lines

The crisp crisis-driven prose of Simone Hannah-Clark, an intensive care unit nurse in New York City, takes us non-stop through one long day typical of the hundreds of thousands of critical care nurses on the front lines of the pandemic. Rising early while her family slept; avoiding the too quiet, dark subway (because of risk of sexual assault?) for Lyft; at the hospital having to quickly wedge two beds, ventilators and sets of monitors into rooms sized for one, for the tidal wave of Covid-19 patients; swiftly hooking up her patients to a half dozen monitors and machines; haunted with worry about reusing personal protective equipment in short supply throughout a 12-hour shift; and bearing respectful witness to those who die. "We wrap the patient's body, securely, stroking her brow and wishing her well on her next journey." "Doctors," she notes, "may be the architects of what happens in the hospital. But we are the builders." And so the nurses—almost all women—build ceaselessly amidst overflowing trash buckets; and shortages of equipment, sedating drugs, stretchers and beds within the chaos of a broken health care system.

Cook County Hospital, Chicago's safety net and largest hospital serves the poor, homeless, incarcerated, insured and uninsured, immigrants regardless of legal status, and mainly people of color. An ER nurse there recounts the tactic she resorted to in order to get N-95 masks and other personal protective equipment (PPE) for the ER nurses assisting extremely ill Covid-19 patients: a work sit-down in the break room. The ER coordinator immediately found a PPE cart and N-95 masks for the nurses – equipment readily available to ER doctors – but wasted no time in demeaning their action as a “temper tantrum.” “Something management would say only to nurses, who are 80-90 percent women...”—the nurse notes. To which she adds, “We are fighting back daily on the inside.”

As of May 12, 91 US nurses have died from Covid-19, while none has died in Canada, where a nationalized health care system prioritizes people over profit, meaning no Canadian nurses have to resort to using garbage bags and work sit-downs for personal protection. Canada has 1/10th the population of the US.

The Underbelly of "Stay in Place"

Above all, men and boys must take responsibility for their emancipation from toxic male identity and behavior in seeking a path to healthy manhood.

Home, the refuge from the coronavirus, is the “hotspot” for physical and sexual assault of women and children. Almost [1 in 3](#) women throughout the world (1 in 5 in North America and Western Europe) aged 15 and over have experienced physical and/or sexual intimate partner violence during their lifetime. Violence by an intimate partner is the leading cause of injury to women 15 to 44 years old.

This relentless pandemic in violence is now magnified with women having to stay in place with their batterers to protect against Covid-19. As one feminist activist states, “this (coronavirus) pandemic can trigger a wave of violence, committed by men unable [and unwilling, I would add] to deal with the psychological, financial and social consequences of the crisis.”

The ER for assaulted women is hotlines, shelters, the courts, and hospitals—all needed but deeply inadequate without systemic prevention. We—parents, educators, relatives and friends, media, religious leaders, politicians, coaches and mentors at large must challenge boys and men to be “another boy, another man against violence against women.” Above all, men and boys must take responsibility for their emancipation from toxic male identity and behavior in seeking a path to healthy manhood.

Solving dual crises of COVID-19 and climate change

We are living with two life-threatening crises: COVID-19 and the climate crisis. They pose a common fate for us humans — the risk of illness in the case of COVID-19, and injury and destruction of our environment, in the case of climate; both are harbingers of death for many.

But it is their differences and our response as a world that matter most. Countries that acted quickly against COVID-19 and with strict restrictions that kept most residents at home were successful in keeping their death rates lower than countries with looser restrictions and that waited to act. Recent research found “if cities across the U.S. had moved just one week faster to shut down restaurants and businesses and require residents to stay at home, they could have avoided 35,000 coronavirus deaths by early May;” if they had acted two weeks earlier, “more than 50,000 people who died from the pandemic might be alive.”

Unlike COVID-19, no one country can save itself from the global climate crisis, even with emergency plans and equipment. Turning back from the perilous path of unchecked global warming and biodiversity loss requires global cohesiveness and a massive cooperative effort among all countries, especially the largest, most industrialized, most consuming and most militarized. Unchecked global warming and the accelerated loss in biodiversity could collapse whole ecosystems within 10 years, according to the most recent climate science. Ten years of action, beginning now, to aggressively slow the climate crisis, is the akin to acting one week sooner to stem the pandemic.

At the pace of deforestation in the Amazon rainforest for cattle farming and resource extraction, the forest is moving from capturing and storing the greenhouse gas carbon dioxide to releasing more than it removes. Virtually every threat to biological life on earth being studied is revealing an accelerated pace of loss: massive death of coral reefs, which support 25 percent of marine life, from faster warming oceans; more frequent and more destructive monster storms with winds over 155 mph, especially in Southeastern US and the Caribbean. We are nearing the threshold temperatures that will melt most of the Greenland and Western Antarctica ice shelves and the Arctic sea ice, presaging sea level rise that will threaten over time the world’s coastal cities — none spared.

There is no flattening of the curve of increasing global warming emissions nor of global temperatures, despite UN climate conference agreements. We are on a course to crash past emissions targets set by the 2015 Paris Agreement. And the US government — in diabolic denial about science, facts, and truth — has spurned the agreement, weakened our environmental regulations to slow climate emissions, and coddled the nearly bankrupt fossil fuel industry with COVID-19 recovery funds. Scientists used to speak in terms of 2050 to slow these trends and now speak in terms of our having 10 years

(2030), so imminent are the accelerating climate crisis and loss of ecosystems.

The COVID-19 crisis was immediate and stark and most countries acted successfully in their own deserved self-interest, with Cuba, in its generous medical assistance to a stranded cruise ship and other countries, acting in solidarity with others. But the climate crisis, which has never been covered in the media with the frequency and intensity as COVID-19, will be far worse in the not so long term. It is a crisis in slower motion but much graver. The climate crisis will end up killing an estimated 250,000 human beings per year within two decades if little is done and potentially causing up to a billion climate migrants within three decades, according to the UN, with business as usual.

How to turn this crisis into some kind of opportunity? Recover and rebuild the economy, which may take 10 years, with the goal of replacing fossil fuels with renewable energy and intensive efficiency. How to finance? Eliminate 100 year-old subsidies to the fossil fuel industries, which in time will reduce the billions of dollars in health costs for their pollution; and end the costly naval defense of the Persian Gulf oil, all together equivalent to an estimated \$650 billion per year. Re-route the more than a trillion dollars committed to new nuclear weapons together with the technically skilled jobs to the green energy sector. Reduce the \$750 billion war and arms budget substantially and re-invest the funds and jobs into the Green New Deal infrastructure. And, locally, leave state forests intact and champion youth climate and biodiversity activists.

The European Union has released a green economic recovery plan. Why not we also?

COVID-19 and the military

On May 18, the Department of Veterans Affairs (VA) launched a Salvation Armylike charity drive asking the public for donations of money, food and mobile phones to help an estimated 40,000 homeless veterans during the pandemic. More than one-half of all homeless veterans are African American and Hispanic, while they account for only 15% of U.S. veterans, another punishing consequence of pervasive racism.

How is it that a country that spends nearly \$1 trillion each year on the military, national security, cybersecurity and weapons manufacture, a country that touts itself as the military superpower of the world, with soldiers and weapons on every continent except Antarctica, needs charity for its veterans?

The final end for World War II veterans at the Holyoke Soldiers' Home tragically mirrored their wartime experiences. Feted when first built in 1952, the Soldiers' Home has suffered serious shortages of protective gear during COVID-19 and has been chronically underfunded and understaffed, such that the administrator combined wards of uninfected and infected men. Of the 210 veterans living there, 89 had died by late May, with 74 of those from COVID — among the highest death tolls of any end-of-life facility in the country.

In late March, Capt. Brett Crozier sent an email up his chain of command regarding the hazardous conditions for the 4,800-crew members aboard the tightly-quartered aircraft carrier USS Theodore Roosevelt, on which cases of coronavirus were growing. "We are not at war. Sailors do not need to die," he wrote. "If we do not act now, we are failing to properly take care of our most trusted asset — our Sailors."

When his message was leaked to the San Francisco Chronicle, the captain was removed from his post. "We all have one mission and that's to defend the nation," said then Secretary of the Navy Thomas Modley, who removed Crozier, suggesting the sailors at risk were dispensable. As of June 10, 1,200 of the 4,800-crew members aboard the aircraft carrier USS Theodore Roosevelt had contracted the coronavirus.

If soldiers and veterans are so disposable, what does matter to the deepest pocket of our tax dollars, the Department of Defense?

Since the inception of the pandemic, the Washington consensus assured that major weapons makers, such as Lockheed Martin and Raytheon, would receive payment in advance of work. The chief pandemic profiteer, Lockheed Martin, received an estimated \$450 million to keep its supply chain for weapons funded. So generous is the advance funding that the company is advertising thousands of new jobs. This while millions of

unemployed waited desperately for their belated \$1,200 aid and relief payment from the federal government. Elsewhere, tucked away in the House Heroes Act is a provision to reimburse defense contractors, not only for unemployed workers but also for executives' salaries and business costs of marketing and sales.

Why the preference for the industry of war and death, over its vets and soldiers? For one, the Pentagon is driven to remain the macho military superpower of the world, given China's economic prowess. Marshall Billingslea, the U.S. arms control negotiator, has set his sights on spending Russia and China "into oblivion" in an arms race. Secretary of Defense Mark Esper worries that the \$3 trillion infusion into the economy for, among others, the now 16% unemployed, those who can't pay for rent or food or medications, "may throw us off course of increasing the DOD budget 3 to 5%."

Every "good" in our federal discretionary budget — education, housing, health, renewable energy, diplomacy, and more is cut in Trump's proposed 2021 budget, while weapons of mass destruction, fossil fuels, anti-immigration staffing and resources are increased. Worse, the DOD has insulated the weapons manufacturers from the economic crash of COVID-19 in order to assure our military dominance in the world.

With a new administration, we have a chance to cut the defense budget. However, as one analyst writes "even the most liberal legislators are likely to rush to the defense of plants [and jobs] in their own district." But, an aggressive Green New Deal here, like Germany's economic recovery plan, could replace lost defense jobs with solar and wind technology jobs. We need to redefine our militarized national security embodied in weapons and global top cop mentality as urgently as cities and states need to rethink community security embodied in militarized police. We need to replace the "necessary" arms industry with a more necessary Green New Deal that can revive our economy, slow the climate crisis upon us and forge a path to peace in our world.

[H. Patricia Hynes](#)



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