

This is a report of the mass zoom call organised by The World Transformed and Momentum on Tuesday 7th April entitled '**Coronavirus: Is capitalism making us sick?**'. Around 400 people attended the call. The speakers were: Nadia Whittome, Danielle Tiplady, Diarmaid McDonald, Caroline Molloy and Joanna Dobbin.

Over the coming days and weeks we'll be looking at how we can continue these discussions and make the best use of online spaces which facilitate input from all parts of the movement, and work together to put pressure not just on the Government and employers, but on left wing political leaders, the Labour Party and trade unions to shape their response.

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## Introduction

Tonight we'll be looking at how this unprecedented public health emergency has revealed just how underprepared and ill equipped our healthcare system is for a crisis of this nature. The nurses, carers and doctors are doing an absolutely heroic job - and I'm sure I speak on behalf of all of us when I extend my heartfelt thanks, appreciation and respect to each and every healthcare worker in our precious NHS.

But the grim reality is that due to failures of the Tory government and the profit-driven system within which our NHS exists, healthcare workers are being sent into work every day without adequate protection and access to testing. This is a national scandal - and it didn't have to be this way. Three years ago the government ignored advice to stockpile proper PPE (personal protective equipment) - for just this kind of crisis because it was too expensive. And now healthcare workers are tragically paying with their lives.

What's more, the pandemic is brutally exposing the dangerous role that big, profit-driven pharmaceutical companies play in determining access to medicines. We'll hear more about this later.

This pandemic is shining a spotlight on old problems which require immediate solutions. But this difficult moment must also force a conversation about the type of healthcare and welfare service we need for the future. We need to ask how we change our profit and monopoly centred



medical innovation system and how we can ensure our health service always prioritises public health over private wealth.

But before we get started tonight, we want to take a quiet moment together to pay our respect to all the NHS workers who have tragically lost their lives caring for us. We'd appreciate it if you would join us in paying tribute to these heroic NHS workers:

1. Nurse John Alagos who was just 23 years old, from Watford.
2. Healthcare worker Glen Corbin who came out of retirement to help with coronavirus, from Brent, north west London.
3. Nurse and mother of 3 Areema Nasreen, who was just 36 years old, from Walsall Manor Hospital.
4. Midwife Lynsay Coventry from Mid Essex Hospital Services.
5. Nurse Aimee O'Rourke, who was just 39, from the Queen Elizabeth The Queen Mother Hospital in Margate.
6. Dr Alfa Sa'adu, who worked at the Whittington Hospital in London.
7. Nurse Thomas Harvey, who worked at Goodmayes Hospital in north east London.
8. Dr Amged El-Hawrani who worked at Glenfield Hospital in Leicester.
9. Pharmacist Pooja Sharma, just 33 years old, from East Sussex.
10. GP Habib Zaidi who worked at Southend Hospital.
11. Dr Zaidi, a family GP.

We know this is really upsetting. When we have conversations like this tonight about policy, this is what's at stake - human life. But together, we *can* get through this immediate crisis and build a healthcare and welfare system which prioritises human need.

## Resources

1. A new website with links to petitions to sign, donations to give, and actions to take to help during C-19: <https://whatcanwedo.world/>
2. The CDC 'Centers for Disease Control and Prevention' (USA) provides a lot of different C-19 information and advice: <https://www.cdc.gov/> Including how to disinfect your home, what products you can use etc
3. Worldometer, tracking the numbers globally: <https://www.worldometers.info/coronavirus/> a little bit about who they are <https://www.worldometers.info/about/>
4. Some ways to get down time collectively and at home: <https://www.facebook.com/StuckAtHomeFun/>
5. The National Theatre is streaming plays for free: <https://www.nationaltheatre.org.uk/>



6. The Virtual Social Centre, providing links to health sources, mutual aid, struggles in social security and the workplace and a daily briefing:  
<https://virtualseocialcentre.org.uk/social-security/>
7. The Coronavirus Tech Handbook, on everything C-19 related, and you can add your own links: <https://coronavirustechhandbook.com/home>
8. East London NHS Foundation Trust workers standing together for everyone's safety  
<https://elftworkerssolidarity.org/>

## Speakers

### Danielle Tiplady (Nurse and founding member of Nurses United)

- The NHS entered this crisis short of 100,000 members of staff and with thousands of hospital beds lost due to Government cuts over the past decade.
- Responding to it is much harder than it had to be had this not happened.
- Everyone has been working incredibly hard the past few weeks to ensure maximum capacity of all hospitals- all hospitals and their staff have gone over and above expectation to mitigate the damage of this crisis.
- Testing for frontline staff has been poor - lots of people are having to take time off not knowing if they have it or not. 1 in 5 nurses are currently off sick because of lack of testing, and we had entered this crisis with a shortage of 40,000 nurses already.
- The lack of adequate PPE is dire- nothing that's said by campaigners seems to change this. Workers are constantly told how much PPE is in the system, and not given any answers as to why this is not reaching staff.

### What can we do?

- Share Nurses United's tool for NHS and care workers to find out where there are gaps in current PPE provision:  
[https://docs.google.com/forms/d/e/1FAIpQLSdsqVEAPUk2u\\_yV707Mk4a6BuJ7j1eWKg0LWAmYjyolj2hHig/viewform](https://docs.google.com/forms/d/e/1FAIpQLSdsqVEAPUk2u_yV707Mk4a6BuJ7j1eWKg0LWAmYjyolj2hHig/viewform)
- Nurses United are currently working on a media spokespeople training to help further communicate the problems health and care workers are experiencing during this time.
- At the moment health and care workers can't see more than a few days into the future, it's just a case of getting through the next few days.
- Love the clapping- wasn't expecting to but it was very overwhelming and made me feel grateful for everyone's support, and feel like everyone's behind us.



## Diarmaid McDonald (lead organiser at Just Treatment)

- Just Treatment is a patient led movement- organising NHS patients who have been treated unjustly by big pharma.
- They are using their network of NHS patients to urge the government to provide adequate PPE for health and care workers.
- We need to remember that this virus is preying on and exposing the choices we have made as a society- our political trajectory has determined who is vulnerable to this virus.
- Structure of the pharmaceutical innovation model is key in reproducing and exacerbating existing vulnerabilities.
- Pharma is one of most profitable industries in the world, yet it is increasingly failing us.
- We knew a coronavirus epidemic was coming- the current pandemic is similar to the first SARS outbreak in 2002. When this happened, the US government funded a doctor to develop a vaccine to SARS 1. However, private pharmaceutical companies didn't want to invest in it because they don't make money off stockpiling. Funding primarily comes from the private sector- their refusal to fund this stopped the development of the vaccine years ago.
- Since SARS in 2002 the US government has spent 700 million dollars on developing Coronavirus vaccines.
- In one year alone the world's 4 biggest pharma companies made 30 billion dollars on vaccines- yet there have only been 6 medical trials for Coronavirus vaccines.
- Despite government investment, we have no safeguards to ensure that the vaccine is universally available, or the price it goes on the market for.

### What can we do?

- Organise patients.
- Just Treatment have managed in the past to campaign for lower market prices thanks to support from the Labour Party- we must continue to put pressure on Labour to do this.
- We must work collaboratively to hold people in power to account.
- We have seen these crises of healthcare in the past- in the 1980s-early 2000s the AIDs pandemic was killing millions, and the pharma industry stood in the way of fair treatment.
- People with the disease stood against pharma, and won.
- Just Treatment is in the process of creating a patients' charter on how we respond to Covid by crowdsourcing a constitution to create a people's movement against big pharma.

*Attendee question: are there some countries whose response to this crisis has been better than the UK's?*



- The monopoly of big pharma is not absolute- our governments *do* have the right to break those monopolies. But most of our governments have too much invested in the industry to incentivise them to do this.
- Some governments have threatened to break monopolies in response to Covid-19- Israel, Germany and Canada. We need to call on our government to do this too.
- Unless we fight, this vaccine will be privatised, despite taxpayers bank rolling it.
- We must organise to prevent monopolies on vaccines- Just Treatment are organising to do this, alongside Global Justice Now and others to force govts to guarantee vaccines will be affordable to everyone that needs them.

## Resources

- Twitter: @JustTreatment
- facebook.com/JustTreatment
- Patients' charter: [justtreatment.org/COVIDcharter](http://justtreatment.org/COVIDcharter)
- Petition to demand adequate PPE for workers:  
<https://actionnetwork.org/forms/they-care-for-us-now-lets-cre-for-them-2>

## Nadia Whittome (Labour MP and care worker)

- We have always known who our key workers are, but this crisis means the government has finally been forced to recognise this too, but this has not been matched with adequate rights for these workers.
- What's happening in our NHS right now demonstrates a crisis within a crisis due to a decade of underfunding to our NHS and other public services.
- The burden of this crisis is primarily falling on low paid, often women and migrant workers.
- People are going to work still because the government's measures do not currently cover them.
- The national risk register has consistently identified a flu pandemic as the biggest risk to us over the past years- why are we still so underprepared?
- On top of an existing national shortage, there will be an even further shortage of care workers and healthcare workers due to so many falling ill and having to self isolate.
- We should be concerned by the power the Coronavirus bill gives local authorities to take away the care vulnerable people receive.
- Coronavirus has shone a light on the dire state of workers rights and our welfare system. It's worse now, but we need to be clear this is an extension and exacerbation of existing conditions - these problems aren't new.
- We know inequality makes us sick. We know this pandemic is playing out on inequalities that already exist in our society- for example, people being able to go and self isolate in



second homes in the country, whilst others are forced to stay in small spaces and continue putting themselves at risk by going to work

- Gendered violence and racial violence are also increasing, for example, through women having to self isolate with abusive partners.
- [The Marmot review 10 years on](#) shows how health inequalities have gotten worse over the last decade. Life expectancy hasn't increased, gaps have widened. Life expectancy for people from most deprived backgrounds have fallen.
- Local authorities in deprived areas have faced even bigger cuts over the past 10 years.
- Government advice on who constitutes a key worker has been deliberately ambiguous to leave room for profit making.
- This crisis calls on us to rethink what we mean by the economy- it's not an abstract entity, it's about serving the interests and needs of people.
- We need UBI and to make the self employment measures that have been brought in universal. We need to bring June payments forwards or alternatively suspend rents and bills. Nadia has written to the Chancellor to demand this.
- We should be working with Trade Unions- they need to be making a huge noise about lack of PPE. GMB and Unison have done a good job at this. But TUC affiliated unions should also be working with those that aren't affiliated. For example, the IWGB have launched a campaign to sue the government for its discrimination against precarious and low paid workers in response to the crisis. [SUPPORT IWGB BY DONATING TO THEIR CROWDFUNDER](#).
- The current Government is investing more than it ever has- we need to stop defenders of capitalism from turning the taps off once this pandemic is over.
- Student loans for those working for the NHS should be written off.
- Campaign for a new deal for the NHS is a good idea (*as suggested by a call attendee*)- whatever this is should include social care and a national care service. Our situation now would be so different if we had the national care service that a Labour government would have introduced.
- Must remember to include migrants' rights in our response to this crisis. The immigration bill is due to be returning to parliament for its second reading. We don't know exactly when, but people need to be prepared to mobilise against this at very short notice, and potentially online as our traditional modes of organising and protest are no longer viable.
- This bill designates care workers as low skilled, and entrenches and extends the hostile environment. Nadia will also be working on this, no recourse to public funds and campaigning to release people from detention centres as they are breeding grounds for the virus.
- Follow Nadia at [@NadiaWhittomeMP](#) on twitter to keep up to date with this.

**Caroline Molloy** (Editor at OpenDemocracyUK and OurNHS)



*“No society can legitimately call itself civilised if a sick person is denied medical aid because of lack of means”- Nye Bevan, founder of the NHS, 1948.*

- There are lots of active local NHS campaign groups at the moment who would welcome new volunteers.
- In Nye Bevan’s founding vision of the NHS, he said *“society becomes more wholesome, more serene and spiritually healthier if it knows that its citizens have at the back of their consciousness the knowledge that not only themselves, but all their fellows have access, when ill, to the best that medical skill can provide”*.
- We look at the situation in other countries such as the US and comfort ourselves because we have our NHS. But we can’t know that the above is true for us either- for example, look at the fact that migrants and other groups have been excluded from use of the NHS.
- Now is the time for us to think about how to reject narratives from the right that have enabled that exclusion.
- We can offer counter narratives and counter visions in a way we maybe weren’t able to post 2008 crisis- that we are only as strong as our weakest link.
- The right had captured the narrative on public health before this crisis by pointing fingers at who is and isn’t deserving of healthcare- stigmatising the elderly, smokers and overweight people- even denying them treatment in some cases.
- This narrative is playing out in this crisis within a crisis- the idea of the elderly having to ‘take it on the chin’.
- When we talk about public health, it needs to be clear that it’s not about looking for undeserving people, we can’t let the narrative that has taken over the benefit system and welfare state take over our narratives about public health too.
- Social factors around health are primarily poverty and inequality- housing, access to green spaces etc.
- With the rollback of the welfare state, we have seen the NHS being called on to serve functions of the welfare state that have been cut. This is the wrong way round- we need to put the welfare state back into place to ease the burden on the NHS.
- The NHS should provide some preventative programmes but it can’t do everything. We need a functioning welfare state.
- OpenDemocracy have been campaigning on the benefits system and calling for a guaranteed liveable income of £20k.
- Campaigns like this seemed politically impossible until recently.
- In theory, migrants with Covid are excluded from the horrific charging process for migrants the state currently has in place. In reality, people aren’t being tested so there’s no way for this to be put in place.
- Countries such as Ireland and Portugal have gotten rid of their anti migrant laws and we need to do the same.
- Public message around Covid-19 has been that we need the private sector to rescue us- Amazon, Boots and private hospitals. Private hospitals wouldn’t be used now



anyway- their renting out beds to the public sector is not generous, it's just another bailout for the private sector.

- The bureaucracy of administering this privatised and fragmented piecemeal system within the NHS is costing us as much as £30 billion/ year.
- Important to remember that that privatisation was supported by new Labour. We must continue to put pressure on the Labour party to ensure the new leadership does not do this again.
- Producing tests for Coronavirus relies primarily on the private sector. We can't know to what extent that's a factor to the mess that administering tests is currently in, but we definitely need to be pressing on this and asking.
- Even 111 is partially privatised now by a company that donated to the Tory party.
- Cleaners were first to be privatised and which has exacerbated their struggle- we do need to support both the traditional and non-traditional trade unions.
- At the moment we're all relying on technology. Whose interests does the digital health agenda serve?
- The way we're accessing doctors now- over the phone, online, is the future.
- We need a debate about technology as much as privatisation. A shift towards it is in the interest of the sector because technology can't organise or fight back. For patients, this communication is better than nothing, but it's not necessarily what we all need. We need to be talking about this.

*Attendee question: How do we articulate a vision for the NHS beyond just funding? How can we convince the Labour Party to put this vision forwards?*

- Messaging from the Labour Party that is primarily about funding is frustrating because the public seem to switch off when we're talking about billions of pounds. And the point is not just about the money going in, it's the bucket it's going into and how many holes there are in that bucket.
- We need to seal up that bucket so money is spent on healthcare, not wasted on administering a market. Doctors and nurses are spending a huge amount of time writing contracts and bids, and trying to see off tenders. Imagine if they hadn't been doing this, and had been focusing on making the healthcare system better and preparing for a pandemic that we knew was going to come.
- We should be heartened that the Labour Party is much more willing to be radical in terms of social security. We do need to be putting pressure on Jon Ashworth to bring this radical vision to our healthcare sector too.

*Attendee question: What is the role of opposition during this time?*

- It's really difficult for the opposition right now for a number of reasons, including the fact that parliament is currently suspended.
- Despite that, there is an information vacuum currently. We need questions to be asked about the privatisation of procurement and the privatisation of the pathology labs. That is



difficult because some of that was done under New Labour, but we should hope that MPs won't let the Tories bat that away. We need to be asking questions about private sector involvement instead of accepting the narrative that the private sector is swooping in to save us at this time.

*Caroline's reading recommendations on the NHS:*

- Nye Bevan- "In Place of Fear" (1952)- Chapter 5, 'A Free Health Service' available: <https://archive.org/details/in.ernet.dli.2015.537058/page/n9/mode/2up>
- Colin Leyes & Stewart Player- "The Plot Against the NHS" (2011).
- Sicko (film), dir. Michael Moore (2007).
- OpenDemocracy 'OurNHS': <https://www.opendemocracy.net/en/ournhs/>

*Campaigning groups:*

- Keep our NHS public: <https://keepournhspublic.com/>
- Health campaigns together: <https://www.healthcampaignstogether.com/>

*(Attendee question) How can people challenge the long term plan before it's turned into law?*

- The long term plan is essentially bringing in and entrenching incentives to undertreat people and bringing in technology in the assumption that it will save us all, relying on volunteers etc.
- We now have a bit of breathing space- we were expecting some legislation in April.
- The current crisis has brought these things into the limelight and is catalysing really interesting political debate. People can use this to write to MPs, point people towards articles from OpenDemocracy and other campaigning sites. We can use this as an opportunity to make people really understand what's in this plan.

**Joanna Dobbin** (doctor and activist with Migrant Solidarity Group Medact, volunteer with CARAS & Doctors of the World)

- This is an account of my experience working as a junior doctor in London, currently working on a Coronavirus ward.
- First became worried about Coronavirus at the beginning of March seeing the statistics coming out of Italy.
- There are things about this virus which are particularly concerning- the incubation period, the hospitalisation rate and just how infectious it is.
- At first you'd hear about Coronavirus cases on specialised wards, all staff there would have full PPE. At that point there was still testing and contact tracing around those wards.



- It very quickly went from being well contained in this way to having Coronavirus patients on all wards.
- The communication around this, both in hospitals and on a national level, was really poor.
- Within a day healthcare workers were being told they needed a full protective suit, to only needing a gown, gloves and a mask. The overnight change was quite concerning for staff members.
- Some of the PPE that was needed was flagged to the government years ago, but it was deemed too expensive to stockpile so workers are going without.
- This is also an issue for other workers such as retail workers, public transport workers and other care workers.
- The mental stress this is putting workers under is also very significant. Some trusts are good at providing support, but not all of them are able to.
- Claps for healthcare workers can put them on a pedestal a bit. Though it's obviously well intentioned, it can put pressure on people to feel that they have to work. Particularly amongst vulnerable groups like healthcare workers over 65 who may be considering stepping back to protect their own health.
- Doctors have come out of retirement to help and some have died due to being more vulnerable to the crisis. We need to ask whether public and governmental pressure on people to do this was the right thing to do.
- Change in tactics also happened when there was an increase of cases in wards- initially workers who had been in contact with confirmed cases were told to self isolate, they are now being told not to do this unless they show symptoms. This doesn't make sense because we know that people are infectious before they show symptoms.
- This change in tactics suggests the Government's priority is not to contain the virus.
- Other countries have been contact tracing which we have not been doing in the UK.
- Important not to panic people with discussions of rationing care- this is something that is common practice within the NHS.
- There do have to be decisions made about how to distribute ventilators amongst patients. There are scales that they look at to figure out how well people are likely to do in intensive care which determines who is prioritised for it. If you're a smoker you're less likely to do well, but it is often people from lower income backgrounds who are smokers. Similarly conditions such as diabetes also affect this, and are most prevalent in lower socio-economic demographics.
- We need to think carefully about how we can do this in a way that doesn't exacerbate existing health inequalities. For example, thinking about how we can redistribute doctors and equipment around the country. This is hard to do because of internal markets- hospital trusts are actually in competition with one another.

*(Attendee question) If there were one immediate thing the Government could do to support healthcare workers what should it be? And are there any longer term demands we should be thinking about making?*



- We need more nurses.
- Look at ways to move staff easily between NHS trusts.
- Longer term we need to address the internal markets within the NHS and think about how we can get rid of them.
- Fund the NHS! Nurse shortages are a real issue.
- Migrant access to healthcare is vital and we cannot continue to charge them for it. We need to accept that this is an international health service- migrant doctors have been on the frontlines risking their own health.
- This is an opportunity to think about the kind of world we want to live in and reframe some arguments around migration which have for too long been about 'us vs. them'.

## Resources

- Support TWT: [bit.ly/supporttw](https://bit.ly/supporttw)
- Join TWT's mailing list: [bit.ly/TWTjoin](https://bit.ly/TWTjoin)
- TWT's guide to running political education online: [bit.ly/2xWRxs2](https://bit.ly/2xWRxs2)
- Momentum's mutual aid map: <https://volunteercoronavirus.com/>

