The politics of COVID-19

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The Irish political elite revel in international praise. It affirms their entry into a broader cosmopolitan world and helps give them a veneer of being 'progressive'. They will have been delighted with comments made by David Nabarro, the World Health Organisation (WHO) Special Envoy on COVID-19, who praised Ireland's response, stating that 'I do rate what you have done to a high level.' Unfortunately, Mr Nabarro is confusing the response of the Irish people with that of their government.

Ireland entered the COVID-19 crisis with a terrible health service. It had only 2.3 hospital beds per every 1,000 of the population – barely one third of the figure of Germany. It had 285 critical care beds and a shortage of trained nurses to handle them, with critical care specialists estimating that it could only deal with 411 patients requiring critical care – whether that was from COVID-19 or other illnesses. It has a fragmented health system with large chunks of it lying outside the public system.

Faced with an impending catastrophe, the Fine Gael caretaker government moved quickly to put on the mantra of 'national unity'. Opposition parties were brought in for twice-weekly consultations with key Department of Health officials. Caretaker Taoiseach Leo Varadkar and Health Minister Simon Harris appealed for social solidarity and at local level, councils moved quickly to organize community support mechanisms. However, while the appeal was to national solidarity, the reality of social class did not disappear.

This was evident in the way that the government delayed promoting social distancing. Children from upper professional backgrounds continued to go on skiing trips to Northern Italy even as the virus was spreading in that area. For weeks, the state hesitated before calling off St Patrick's Day and only did so in response to massive public pressure. Tourism has become of the of the main features of the Irish economic recovery after the crash of 2008 and as Fine Gael and Fianna Fail drew some of their support from this hospitality sector, they were reluctant to act.

When they finally moved, their call for national solidarity never extended to imposing any serious sacrifice on the wealthy. Even if its health service was in a poor state of repair, Ireland had one key potential advantage in fighting COVID-19 – it was a global centre for the pharmaceutical and medical devices industry. The US company Medtronic, which has several plants in Galway, is the world's leading manufacturer of ventilators. Randox, which is based in Antrim, is a leading maker of testing equipment. Throughout the country, there are many testing facilities controlled by big private corporations. Despite this, people were forced to wait for ten days and more because the state refused to interfere with private companies who had testing materials and equipment. At no point did Fine Gael, or the Sinn Fein-DUP Executive in the North, contemplate taking these corporations into public ownership or even regulating them so that they produced emergency equipment needed to deal with the pandemic.

The same approach of talking national unity while protecting the interests of the privileged was also evident in policy adopted towards private hospitals. Soon after COVID-19 hit Ireland, it quickly became evident that the health system would be over-run unless capacity was improved. Private hospital beds now account for about 15% of the total hospital beds in the system because of a creeping policy of privatization that began with former Minister for Health and Children, Mary Harney but has accelerated since. Investors in private hospitals include the meat baron Larry Goodman and Fine Gael's favourite billionaire, Denis O'Brien. To protect their interests, the Irish state agreed to pay €115 million a month for the use of their facilities in a secret deal which has not yet been

fully revealed. This amounted to a payment of €44,000 per bed in contrast to €10,000 per bed which the British government were paying.

A pandemic like COVID-19 shines a light on the terrible inequalities in any society. For example black, Asian and ethnic minorities have suffered disproportionately from the virus in the USA and Britain. No such studies have yet been carried out in Ireland but four major scandals have emerged which will need investigation. These are what occurred in nursing homes, meat plants, direct provision centres and with health care staff more generally. Each in turn shines a light into the dark underside of Irish society.

Nursing homes

62% of all COVID-19 deaths occurred in nursing homes, which is one the highest death rates in the world for this sector. The government should have ensured that care staff in nursing homes would have regular tests from the very start. The Health Service Executive (HSE) should have checked that proper isolation facilities were available. Personal Protective Equipment (PPE) should have been issued. None of this occurred.

In early March 2020, People Before Profit TD Bríd Smith asked about prioritising testing for care workers. The state's Chief Medical Officer dismissed the idea, replying "we are not doing that". When asked a similar question in Stormont in the North, the North's Chief Medical Officer, Michael McBride responded to the People Before Profit MLA Gerry Carroll to say that 'testing is not a silver bullet'.

Even worse – decisions were made to play down the deaths from COVID-19 in nursing homes. In the North, they decided not to count these deaths in the official published figures. In the South, the HSE issued a guidance note which discouraged the transfer of COVID-19 patients to the hospitals. The note stated that 'In general, residents in residential care who are COVID-19-positive, should be managed in their facilities'. The Dublin Coroner has stated that many deaths from COVID-19 were not registered.

These were shocking *political* decisions. The word 'political' is used advisedly because those who want to cover up pretend that that the issue is 'beyond politics'. Yet somebody made decisions which had consequences. They will cloud this in bureaucratic speak and seek to normalise what they are doing – but they cannot avoid responsibility.

In the background of this is the use of privatisation. The Irish state embarked on a policy of privatising care for the elderly in recent decades. In the 1980s, public nursing home beds accounted for 60% for all beds and private for-profit long stay beds made up only 25%. Today that has been reversed and the private sector now accounts for 80% of all nursing care. This was the result of a deliberate policy to make tax breaks available to private investors. As the Revenue Commissioners put it delicately 'relief for qualifying capital expenditure will be available at the rate of 15% per annum in the first six years with 10% in year seven'. Or more simply, a 100% tax relief.

The only condition was that the private owners agreed to accept public patients who would make up 20% of their intake. This requirement was not, however, an obstacle but a bonus.

Up to 2009, for the minority of those who needed nursing home care, eligibility was free, apart from 80% of the State pension. Many were sent to public care homes. The Fair Deal scheme exchanged this eligibility for much more significant charges – 80%of income and 7.5%a year of assets. As Professor Des O Neill said, 'this situation that would be unthinkable for care for other illnesses.' It resulted in a massive set of payments to the private nursing homes. Essentially, the National Purchase Treatment Fund agreed a price for care with nursing homes and between the state grant and the individual's own contribution, the private operator received this sum. Two examples will illustrate how it works; in Carlow, the Hillview Convalescent and Nursing home can charge a maximum of €935 a week for a single room. In Dublin, however, the Beneavin Manor Nursing Home can charge €1,294.

With fees like this, there was a rush of often small and medium investors forming nursing homes. Their spokespersons in the Nursing Home Ireland, still complained that these maximum charges were too low. Nevertheless, a report by Cushman and Wakefield indicated that the homes are now at 94% capacity – in reality, full capacity. A number of the private operators then began charging for 'extras'. A Report from Age Action noted that 'some elderly nursing home residents are being forced to pay up to €100 a week in top-up fees, including "illegal" doctors' charges – even though they

have a medical card.'

Most Irish private nursing homes are still owned by a single owner – but we are at the very start of a consolidation that is typical of any capitalist market. Currently 37% of long stay beds are owned by corporate groups where the smaller private operator sells out, they make a good price. In 2016, for example, the Laurel Lodge Nursing Home in Co. Longford was sold to an Irish company, ACR Healthcare, for approximately €12 million.

Elder care has thus become a commodity. Care is seen as another opportunity for profit but with some considerable advantages for owners. Contrary to most conventional economic theory, which assumes a full knowledgeable consumer, many people in these nursing homes can suffer from dementia or other serious illness. They are often in no position to defend their rights against those who seek to squeeze more profit.

Even before COVID-19, current strategy flies in the face of international research which demonstrates that for-profit private care is inferior to that provided by a public system. Let's summarise some of that research:

- Two longitudinal studies from US and Sweden found that nursing homes converting to for-profit ownership demonstrated a subsequent decline in some quality measures. Nursing homes converting from for-profit to non-profit status generally exhibit improvement both before and after conversion.
- A large-scale review of existing research found that two of four outcomes were significantly superior in non-profit compared to for-profit homes. Specifically, there were more of and a higher quality of staffing in the not-for-profit homes. The study also found that there was a lower prevalence of pressure ulcers in the not-for-profit homes.
- A US study found that the largest ten for-profit chains had lower registered nurse staffing hours than government facilities, controlling for other factors. Generally, nurse staffing levels have a positive impact on both the process and the outcomes of nursing home care, such as reduced resident time in bed, improved feeding assistance, incontinence care, exercise and repositioning, fewer regulatory deficiencies, and lower rates of pressure ulcers.
- Studies in Britain found that drug therapies in private nursing homes are not subject to adequate scrutiny and there may also be an overuse of psychotropic drugs.
- Another US study found that patients in for-profit homes experience a higher risk of infection.

Given this body of research, why did all the mainstream parties agree to a policy of privatisation?

The simple answer is that the Irish state bureaucracy is totally wedded to a neoliberal philosophy that public equals bad and private equals good. As the trend towards the privatisation of elder care was occurring in other countries, they also thought this was 'the modern way'. To see how deep this neoliberal mentality is in the 'state nobility' – as the French sociologist, Bourdieu, termed the upper echelons of the bureaucracy, we only must look at care outside of nursing homes.

Only about 4% of the older population over 65 require nursing home care. The vast majority want some additional support and care in their own home. In the past, this was provided by Home Help workers who were often recruited on a part-time basis from local voluntary organisations. But as part of their strategy of 'modernising' this sector, the state franchised this out to big corporations such as Comfort Keepers. The shift began after the Home Helps began to organise themselves for proper union rights. As a result of their campaign, SIPTU concluded an agreement with the Department of Health to give proper contracts to Home Helps rather than the zero-hour contracts that kept them in the dark over whether they were working or not.

However, in a duplicitous fashion the state responded to the organisation of Home Helps by cutting back on their number. Between 2002 and 2004, 737,484 hours were cut. More care work was also handed to franchises like Comfort Keepers by Mary Harney, the then Minister for Health and Children, who even officially launched the company. Then in a classic move, the Irish state offered tax breaks to those who needed care. 'Customers' or relatives were able to claim a 42% tax relief on the expenditure. This was their alternative to a system of public care.

In brief – the charity or voluntary model of home care was replaced by a corporate, neoliberal model.

However, the drive to privatisation was not just driven by ideology. It arose from a desire to cut costs in a state that has marketed itself as a tax haven. Care in public homes was deemed to be more costly. And when

this was combined with a need to renovate and bring up to standard many of these homes, the state decided to simply opt out.

Which raises an obvious question – why would care in a private for-profit home be most 'cost-effective'? After all, the owners expect to make a profit – and that is a cost. If there are shareholders in the company, they also expect an annual dividend – which is another cost. The answer is that privatisation, in general, provides an alibi to cut workers' wages and conditions. The state makes some claim to be a moral entity, acting in the public good. A private company makes no secret of its ruthless desire for profit. When that comes from cutting wages that is exactly what they will do.

Which brings us to the nub of the issue. Nursing homes are run by low paid workers who are often migrants and women. Only a small number of nurses are employed, and the health care assistants earn about €11 or €12 an hour. The franchised Home Care service is run by the same people who are forced to go from 'customer' to 'customer' as they log in on their mobile phones to count the minutes spent with the elderly.

When the COVID-19 crisis occurred, the private nursing homes lost 750 of their staff. Many left for jobs in retail where companies like Aldi raised their wages by an extra €2 an hour. Their wages were so low that they just took an opportunity to move. What they left behind were under-resourced homes which did not have the capacity to isolate or enough nursing staff to deal with the illness.

Then after so many died, the admission was finally made. The private system was in desperate need of public support. Health Minister Simon Harris has said that after this crisis there needs to be a look at our model of health care – well, he might say that. That PR spinner knows that a scandal is brewing, and he wants to stay ahead with smoothing words.

Meat plants

Over 1,000 meat plant workers contracted COVID-19 in Irish meat plants and at least one worker died in the North. The way workers have been treated sums up the brutality at the heart of Irish capitalism. One worker who contracted COVID-19 summed it up in an interview with the Guardian, "One hundred per cent, I know I got it in the factory," he says. "If the disease was in the animals, they'd have closed the place. But for workers, the factories can do what they want."

The Irish meat industry is huge, with companies like Goodman's APB being one of the biggest meat processors in Europe. Goodman was an initial beneficiary from the state's 'pick a winner' strategy back in the 1980's. He made considerable gains from an export relief fund that allowed him to sell beef to countries like Iraq – which was then being supported by the US. Despite this, Goodman is allowed to run the meat plants by paying minimal taxes. He operates through a simple procedure of routing profits through Luxembourg.

Many of the meat plant workers are migrants and they are paid a terrible wage for difficult and arduous work. Here is how one worker described the conditions:

> 'Life as a meat plant worker is a low-wage, bloody business. It's horrible killing cows, when you see how they do it. They kill it – shoot it, cut the neck, cut the legs. I don't like it. The cow is slow, an emotional thing. And you see the blood, and they go from being alive to being in pieces. That's the way. When you see the conditions – it's a dirty and nasty place, nobody is happy. Temperatures in the factories can hover at 4C, with industrial ceiling fans that circulate cool air to keep the meat free of microbes. The job is repetitive and tough; workers take painkillers to get through their shifts.'

There are bottlenecks in toilets and washrooms, the locker-rooms where workers pile in before and after work, and the canteens where they gather to eat. The greatest risks are during eight-hour shifts on the factory floor where they work half a metre or less apart from colleagues on the production line.

On top of all that, there is an implicit racism at the heart of the Irish state. Department of Agriculture officials systematically covered up the abuse that workers suffered. They failed to close down plants where more than 100 workers were infected by COVID-19. They failed to send in inspectors to check on health and safety. They even encouraged the health authorities to send the result of COVID-19 tests to employers before they were given to workers.

Direct provision

Ireland has 78 centres which hold 7,700 people. These centres are composed of a mixture of 39 permanent Direct Provision centres and other emergency accommodation,

including Bed and Breakfasts and hotels. Like much else in Ireland, asylum seekers have been turned into a commodity to be used by business to make a profit.

Companies who have been paid millions for their 'service' include Mosney Holdings PLC which received fees of over €8 million in 2018 for 600 asylum seekers. The Barlow Group received over €7 million in 2017 for operating centres in Cork and Waterford. Millstreet Equestrian Services which has over 500 asylum seekers in Cork and Waterford, received payments of €6.53 million. Aramark's Campbell Catering LTD received €5.89million for operating State-owned direct provision centres at Knockalisheen, Co. Clare, Co. Cork and Co. Meath where over 825 asylum seekers are accommodated.

Direct provision is a horrible system whereby asylum seekers are confined to over-crowded centres, often at the mercy of tyrannical overlords who can tell them what to eat or when to return to their centres. It is state-run inhumanity directed at creating 'business opportunities'. Given this background, it is not surprising that COVID-19 would spread throughout the centres – with little being done by the state to prevent it.

As of April 30th, there were nine clusters of COVID-19 in Direct Provision centres. The most publicised case has been in the Skellig Star Hotel in Caherciveen, where at least 20 asylum seekers contracted COVID-19. Some of these were transferred from another centre in Dublin where one case had already been confirmed. When residents protested that they needed to be released from a centre of infection, they were effectively locked in. The Healy Rae TDs attempted to frame the issues as 'outsiders' infecting a local community, but it then transpired that Michael Healy Rae TD was a 25% shareholder in the hotel. In a classic example of right-wing politics, the Healy Raes tried to enhance their *political* reputation by attacking asylum seekers – while benefitting *economically* from the system. Fortunately, the people of Caherciveen stood with the asylum seekers in a joint protest against the inhumane system.

More generally, the Irish state turned a blind eye on the fact that many asylum seekers were confined to rooms where there were multiple occupants. They failed to carry out health and safety inspections. They did nothing to enforce social distancing at meal-times. They refused to take a most basic measure of humanity – giving asylum seekers an amnesty so that they could move out and obtain a right to work.

Health care staff

Health care workers have been hailed as heroes and the HSE has repeatedly praised their efforts. Unfortunately, words have not always been backed up with action.

As of May 30th, over 8,000 health care staff have contracted COVID-19. At first, the Chief Medical Officer Tony Holohan claimed that many of these infections were contracted in a community setting. But in May, figures provided by the Health Protection Surveillance Centre (HPSC) to the Irish Nurses & Midwives Organisation (INMO) tell a different story. It shows that 88% got the virus in a workplace setting. At least 8 of these staff have died. All of which begs a question: what protection did the state give to its heroes?

Paul Reid of the HSE has stated that Personal Protective Equipment (PPE) would cost €1 billion per year for the Irish. It is clear, however, that, at best, the Irish state failed to procure such equipment in advance and then showed gross incompetence in getting some.

In early June, there was great fanfare when a plane landed in Shannon carrying one million surgical gowns. The mainstream media failed to notice either the lateness of the date of arrival or the fact that even then, the equipment would last less than 13 days. In April, 20% of another batch of PPE from China proved to be defective. The HSE had not taken the elementary step of sending out officials to check the produce.

The harsh reality behind the failure of the state to protect its health care staff was revealed by one nurse who spoke anonymously to the Irish Examiner:

She told the paper that the shortage of PPE led to nurses wearing the same paper masks for a full 13-hour shift. She said the equipment that is available is : "essentially food PPE, too low a grade for the medical purpose we're using it for".

"We are supposed to be treating everyone that comes in the door as a potential [positive case], but with such little equipment, we're having to ration it for confirmed cases, or at the behest of those who come in and think they may have it. Those at the acute end, in ICU, have to have PPE, so those of us on the frontline and meeting these people first, have nothing.'

The situation became so bad that school children in Tipperary began making PPE equipment for local

hospital staff. If the Irish state had shown the same level of determination, it would have taken control of key production facilities and ensured that enough PPE equipment was made available to health care staff at an early point.

Conclusion

This simple narrative has been designed to expose how the Irish elite will try to construct a narrative of how well they handled COVID-19. They use the facade that in contrast to the terrible situation in Britain, they took some steps. However, the difference is due in many ways to the different style of rules which have become necessary for the respective ruling classes.

Britain is a former empire that has entered a period of decline. This is masked to some extent by its role as a broker for financialisaton and tax dodging. One result has been a calamitous decline in the living standards of British workers. In order to deal with this, the British ruling class now rests on a more radicalised right-wing base. They hark back to a nostalgia for empire and have aligned with Trump. This led them to embrace a dangerous doctrine of 'herd immunity' at the start of the crisis which has resulted in over 60,000 deaths. It is no accident that the countries with the worst outbreaks of COVID-19 are the US, Britain and Brazil where a radicalised right form the base for bourgeois politics.

In Ireland, the ruling class have taken a different direction. Their approach has been a return to social partnership where they go out of their way to co-opt a compliant union leadership and present themselves as sympathetic to civic society. This veneer of 'progressiveness' is only designed to bolster the interests of the privileged. The Irish elite have used social partnership to delegitimise serious dissent and generate a cocooning consensus that protects them. One of the shocking features of the crisis in the South has been the utter failure of unions to intervene to protect workers' interests. Instead of taking an independent, critical stance, they joined with government and employers to promote a vague 'national protocol' which offered little protection for workers.

The praise for the Irish government from agencies like the WHO is therefore entirely misplaced. The real praise should be given to the people who live in Ireland. Despite the hardships, they adhered to social distancing mainly on a voluntary basis. In doing so, we have all pushed back the disease for now. Such solidarity will be needed again.