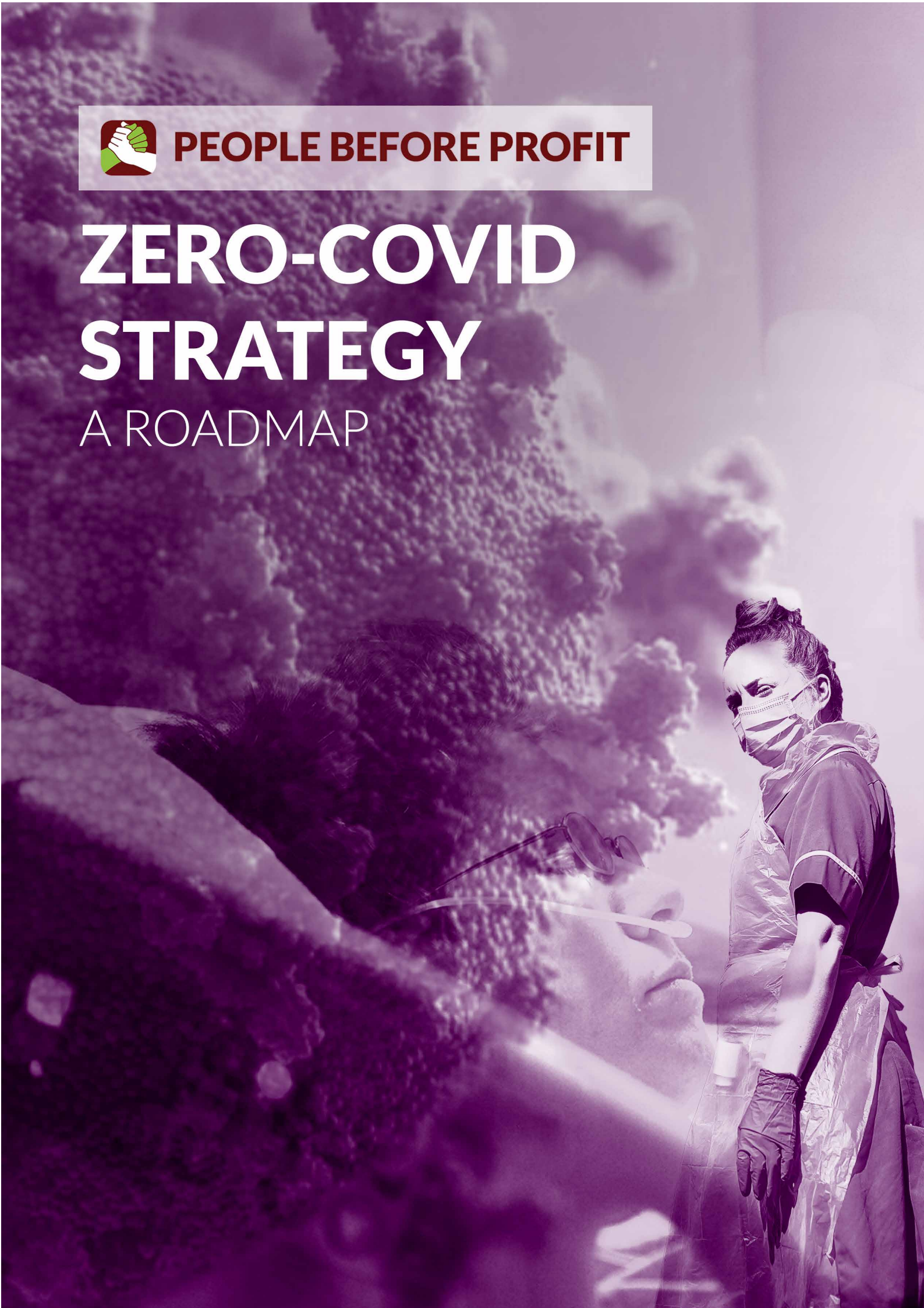




**PEOPLE BEFORE PROFIT**

# **ZERO-COVID STRATEGY**

A ROADMAP





# WHY WE MUST CHANGE POLICY TO ZERO-COVID



**PEOPLE BEFORE PROFIT**

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## INTRODUCTION: TIME TO BREAK THE CYCLE OF ROLLING LOCKDOWNS

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We enter the new year in the midst of a third wave of COVID-19, with hospitalisations, ICU admissions and deaths rising. The coronavirus has already claimed the lives of over 3,500 people across the island of Ireland, and this death toll is set to rise over the coming weeks. As of early January, there have been close to 200,000 confirmed cases of Covid-19 on the island of Ireland, a number that is set to rise significantly over the coming weeks. This is a consequence of governance by parties that have stubbornly refused to learn lessons despite almost a year of “living with the virus”.

The third wave of the pandemic is unfolding against the backdrop of a pre-existing health crisis. Before Covid, Ireland had the longest hospital waiting lists in Europe and a broken two-tier system. Close to half of the population pay for private health insurance as an alternative to the under-resourced public system. When Covid hit, the under-resourcing, under-staffing and over-work endemic in the public system led to one of the highest healthcare worker infection rates in the world. Elective procedures and non-urgent care were forced off, further adding to waiting lists.

As of the end of November, 850,000 people were waiting for some form of care, and according to the National Treatment Purchase Fund, 612,000 were waiting for their first outpatient appointments. Thousands more people are also suffering the effects of an ever-worsening mental health crisis. Both of these crises in health are severe but they will grow deeper if the cycle of surges and lockdowns continues.

The strategy of “Living With Covid” pursued by both governments on this island has been a disaster. A massive opportunity to crush the virus for once and for all was lost over the summer and a second wave was seeded instead. Leo Varadkar’s government caved to business pressure and lifted restrictions too early. The Northern Executive followed the Tory line and promoted the “Eat Out To Help Out” scheme, adding significantly to the momentum of the new wave.

Since then, their approach has been to keep society open until levels of the virus are dangerously out of control. This makes lockdowns longer, harder and more disruptive. Holding out to eliminate uncontrolled transmission of the virus is never considered. This approach is to gamble with public health to protect profits.

In December they gambled once again for the sake of short term profits. The Southern government again disregarded the expert advice of NPHET, despite clear warnings about the risks associated with opening retail and hospitality, while also allowing family gatherings over Christmas. Predictably, cases soared. We enter

another lockdown in the knowledge that thousands of people will potentially pay for this gamble with their lives.

Thus far, each lockdown has been wasted. Our health services remain woefully under resourced. Our case management systems are totally inadequate. And despite the best efforts of teachers, schools remain unsafe, with poor ventilation and overcrowded classrooms.

Both the Fianna Fáil-Fine Gael-Green government and the Northern Executive would have us believe that there is no alternative to the current strategy, but this is not true. The experience of Australia, New Zealand and much of South East Asia shows us that a Zero Covid strategy is not only possible, but necessary if we are to avoid thousands more deaths and untold suffering as people endure the economic damage brought on by rolling lockdowns.

Moreover, with a new, potentially more infectious strain of the virus now in circulation, the failures of the last year will have even more devastating consequences if they continue to be repeated. At the time of writing, Taoiseach Mícheál Martin has acknowledged that mass vaccination is unlikely to happen in the first half of 2021. Completion of the immunisation strategy may be as late as Winter 2021. Governments North and South are hoping to kick the can down the road until vaccines are rolled out, but a more contagious strain of the virus would mean many more people would need to be vaccinated in order to protect the population. Additionally, vaccination efforts will be made more difficult in an environment where transmission of the virus is high as healthcare workers get sick and services are disrupted.

It is critical that we break immediately from the failed “Living With Covid” strategy and implement a strategy based on elimination. This would allow us to get the level of the virus so low that it can be tested, tracked, traced, isolated and therefore contained so that there is no community transmission. The key is to contain the virus so it can be prevented from spreading. This can be achieved by proactively seeking out the virus as cases decline, by finding asymptomatic carriers as well as symptomatic individuals and ensuring that they isolate themselves, so silent links in the chains of transmission can be broken.

This document sets out the measures necessary to eliminate community transmission and to help people get through the coming period.

Zero COVID-19 does not mean eradication – it means the elimination of community transmission. Here is how Professor Susan Michie from University College London puts it: “I could use the analogy of fires. In Ireland .... there is a zero fire policy, which means we want no fires and we take every measure we can to ensure, as much as we can, that there are no fires. However, we know fires will occasionally break out and we have systems in place to jump on those fires quickly so they do not spread into the awful examples we saw in Australia last year arising from large forest fires. That is what elimination and zero-COVID-19 mean.



# A ROAD MAP TO ZERO-COVID



**PEOPLE BEFORE PROFIT**

## 1. STOP THE SPREAD OF THE VIRUS

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In October, the Southern government discarded NPHET advice to enter Level 5 before being forced to do a U-turn. In the North and in Westminster, too, the DUP and the Tories in particular rejected advice to impose restrictions. Bizarrely, they restricted household visits on both sides of the border – while people were told to keep working and socialising in overcrowded settings. This approach indicates that they do not care if you can live, as long as you can work and spend. This is putting business profits over people's health.

Despite this experience, both governments continued this strategy in December, opening up retail and hospitality, despite the projections of public health experts that this would lead to a total disaster. We are now dealing with the consequences of their actions, with daily case numbers and hospitalisations soaring.

Moving back to lockdown is a clear signal that the policies of both governments have failed. It is not an outcome that anyone relishes, but such restrictions can allow space to eliminate the virus. In implementing restrictions, however, it is crucial that financial support is provided in order to protect people and jobs. It is crucial that the mistakes of the first and second waves of the virus are not repeated, especially when it comes to protecting the vulnerable.

What has been achieved in countries as diverse as Australia, China, New Zealand, Taiwan, Thailand and Vietnam is possible here. We can eliminate the virus if we prioritise public health and the economic and social support people need, rather than the interests of business lobbyists and the super rich.

### **People Before Profit calls for:**

- Closure of all non essential workplaces until community transmission is ended and enable workers to walk out of their workplaces if they are unable to work in a safe manner.
- The application of a common set of restrictions and guidelines across the island and development of an All Ireland framework for achieving elimination in this period of restrictions.
- The period of restrictions to be used to develop an All Ireland Testing and Tracing system, to carry out essential works on schools and hospitals, to hire new staff and resource healthcare systems to be resilient and remain open for non-covid care.
- Urgent campaign of permanent and direct recruitment of health care workers to dramatically increase capacity in the public health service
- Massive expansion of testing and tracing capacity so that public health responses can be regionalised and areas lifted out of restrictions as



improvements are made – with appropriate public health infrastructure in place this could be achieved through a system of “Green Zones” (see section 9).

- Closure of schools until case numbers are brought back under control. Additional supports to be put in place for learning at home, such as laptops being provided for students and teachers who need them.
- The period of closure must be used to put in place the infrastructure for extensive screening for asymptomatic transmission in schools, paying particular attention to factors that increase risk in certain schools - average class sizes, quality of ventilation, available space etc.
- The recruitment of more teachers on a permanent, rather than substitute basis - reverse pay inequality to assist the recruitment effort.
- Extra space for classrooms in school and non-school buildings to reduce class sizes to safe levels - carry out works to ensure all classrooms are properly ventilated. Special supports and provision for those with disabilities, special needs and particularly vulnerable children.
- Special provision of childcare for healthcare workers and frontline workers
- Given the failure of the Tory government to assist the North, the Southern government should create a special solidarity fund to assist the six counties cope with Covid-19.

## 2. BUILD A PERMANENT, PUBLIC TESTING & TRACING SYSTEM

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Testing and tracing across the island has at times been a major weakness in efforts to control the virus since the pandemic began.

At various stages during the pandemic, tests from the South have been sent to private German labs because the public system is not able to meet increasing demand. Delays in turn around time for test results have been an issue from early on, because of insufficient test capacity - these delays allow the virus to spread further and faster. The reliance on extra private capacity is costly too - a report to a Dáil committee indicated that the marginal cost for tests carried out in private labs was €140 each while it cost only €90 in the public system. A mass public testing system could reduce these costs further.

In the North, testing is run by the Public Health Agency, and there have been significant problems accessing testing locally at times. People have been offered testing slots in Scotland and Liverpool due to capacity breaches. More worryingly, the tracing system is not operating effectively, as close contacts of confirmed cases are slipping through the nets of under resourced tracing teams.

In the South, the entire case management operation is dependent on public health doctors, but the government refuses to implement the recommendations of the 2018 Crowe-Howarth report and a much earlier agreement to hire Public Health specialists as consultants. IMO Public Health Consultants have balloted in favour of strike action and still the government will not budge. We need the leadership that well-resourced public health doctors can offer us. Now more than ever, public health should be valued.

Perhaps the biggest issue of all is the existence of two loosely integrated test and trace systems operating on the island, instead of a single system - this means dangerous and largely untracked cross border transmission, which may explain recent outbreaks in border counties like Cavan and Donegal. In the South, tracing is only done for the 48 hours prior to onset of symptoms. This means we have little reliable data on where people are getting infected. A private recruitment firm, CPL, hired contact tracers on zero-hour contracts – until People Before Profit exposed them in the Dáil.

**We need:**

- An immediate commitment to double testing capacity to 200,000 tests a week and the hiring of permanent staff on decent contracts - this should include emergency public control of private testing capacity.
- Guaranteed access to testing locally so that those with symptoms do not have to travel long distances.
- Increase resourcing for contact tracing to allow for backward tracing and source investigation.
- Roll out of rapid testing in congregated settings, including care homes, student accommodation/areas etc. Trinity College and Blackrock College are screening students to keep their campuses safe. This should be applied elsewhere.
- Government should explore sewage testing for viral genetic material to rapidly identify hotspots and outbreaks.
- Develop community-based and locally-led Find, Test, Trace, Isolate, Support (FTTIS)
- programmes with expanded local laboratory provision. Hire more public health specialists to lead them.
- Create consultant posts in public health medicine and fill them, in line with the demands of public health doctors in the Irish Medical Organisation and urgent recruitment to these public health teams to bring them to the recommended staffing levels.
- An end to the use of temporary, zero hour, hire and fire contacts without sick pay for trackers and tracers and healthcare workers in favour of direct recruitment.

### 3. GUARANTEE ECONOMIC SECURITY FOR WORKERS AND CREATE A DECENT WELFARE SYSTEM

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In the first wave of the pandemic workers in the South got €350 a week in a Pandemic Unemployment Payment but this was cut back. Then there was a partial restoration but it did not go far enough. People need the €350 payment for as long as this pandemic lasts. Employers who receive the Employment Wage Subsidy Scheme should also be required to top workers' incomes up to usual levels.

In the North, the furlough scheme is now in place until the end of April, providing workers with 80% of their wages. While the scheme has allowed many workers to stay safely at home, businesses have also been able to opt to sack workers rather than top up their incomes. Support for self-employed workers has also been haphazard, and many, like artists and taxi drivers, have fallen through the cracks. For those workers who have become unemployed, they must rely on Universal Credit, which only kicks in after five weeks.

Economic insecurity is a key factor undermining public health. People Before Profit believe that economic security and social solidarity are essential components of a Zero Covid Strategy. Far from being an example of social solidarity, the economic and welfare response to the pandemic so far has been inadequate as well as highlighting how poor existing supports are. Workers, pensioners, carers, people with disabilities and anyone else in the welfare system must be properly supported.

#### **People Before Profit demands economic security for all:**

- Restore the Pandemic Unemployment Payment to €350 for everyone and increase other social welfare rates to this level as a basic living income.
- Scrap the five week wait for Universal Credit and lift the benefit cap in the North.
- Expand the Furlough Scheme to 100% of workers' incomes and make it available to all workers.
- Implement a statutory right to sick pay for all workers - in the public and private sector.
- Introduce Hazard Pay for all essential workers.
- Implement the pay rise for health staff being demanded by trade unions in the North.
- Pay the student nurses and midwives for their work and abolish the croke park hours for all healthcare workers
- Ban all evictions until elimination of community transmission has been maintained for a period for at least 6 months.



- Freeze rents, mortgages and loan repayments for people and small businesses – instruct banks not to charge interest.
- Address the concerns of specific groups of workers who fell through the cracks earlier in the pandemic such as the Taxi, Arts, Music and Entertainment industries.
- Introduce the provision of free face masks in all public buildings and make their use mandatory indoors to protect workers and the general public.

#### 4. WE NEED A PEOPLE'S VACCINE

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The development of not one, but several highly effective vaccines against Covid-19 in less than a year is remarkable, but swift and equitable global access remain as major challenges. According to the People's Vaccine Alliance, which includes Oxfam, Amnesty International and UNAIDS, 90% of people in the Global South could be denied access to a vaccine in 2021. This is because production and distribution are under private control – patent protections and trade secrecy imposed by private manufacturers has created an artificial scarcity of vaccines. This should not be the case. Vaccines should be treated as a global public good, produced on an off-patent, not-for-profit basis so that everyone regardless of wealth or nationality has access to them.

All of the vaccines that have been approved for use around the world were made possible by unprecedented amounts of public funding for development efforts and built on a foundation of publicly funded, basic scientific research. As one example, the vaccine developed by Moderna and the US National Institutes of Health (NIH) received over \$2.5Bn in public money towards its development – making it almost exclusively publicly funded. On top of direct funding for development and production, manufacturers have received enormous sums in “Advanced Purchase Agreements” from governments around the world, and state guarantees of indemnity in the event of legal claims against manufacturers. The old adage that profits are a reward for risky research and development carried out by pharmaceutical companies does not hold here. What private manufacturers are doing by zealously protecting their patent monopolies is socialising the cost of development, while privatising potential profits.

The Peoples' Vaccine Alliance have made a global call for Emergency suspension of the World Trade Organisation TRIPS protocols, which protect the intellectual property of pharmaceutical companies. Their proposal has been brought before the WTO by India and South Africa, and is endorsed by countries around the world. However, the EU, USA and other wealthy blocs are likely to veto the proposal to protect Big Pharma. Suspending WTO TRIPS would allow for mass production of life-saving vaccines to match global demand. Delaying vaccination of 90% of the world's

poor is not just a moral outrage. It is dangerous, and runs the risk of allowing a new viral variant to arise and re-emerge. We need a people's vaccine.

A people's vaccine would help Ireland too. Already it appears that supply of vaccines will be a major limiting factor in the immunisation of the population. Despite orders of over 14 million doses in 2021, the actual delivery of vaccines will be an issue moving forward. Greater supply could accelerate immunisation efforts and widespread vaccination, matched with other measures contained in this document, could offer a faster return to normality.

**Proposals:**

- Make the big corporations provide vaccines for the population at cost – once they have passed through clinical trials and regulatory approval.
- The Irish government to lobby the EU to vote in favour of the Indian/South African proposal to suspend WTO TRIPS.
- The Irish state to explore capacity for off-patent, mass production of vaccines by the biopharmaceutical sector in Ireland.
- Clear public health education around the vaccines that are available in Ireland – communicating possible risks and explaining how safety has been determined.
- NPHET to commission a report from its scientific and medical advisors on how a “Vaccines Plus” strategy, where vaccines and population-level public health measures could achieve elimination of Covid-19 on the island of Ireland.
- Recognise Public Health specialists as Consultants – they are an essential part of the national immunisation effort - and bring the public health teams up to the recommended staffing levels

The speed of development of Covid-19 vaccines is a testament to the tremendous liberatory potential of science. Sadly, this liberatory power remains untapped under capitalism. The drive for profit stifles innovation. For decades, pharmaceutical companies have chosen not to invest in genuine innovation – the development of novel antibiotics in the face of a crisis of antibiotic resistance, and the lack of effective vaccines for major killers like Tuberculosis, Malaria, HIV/AIDs, for example. Between 2000 and 2011, just 4% of newly approved drugs were to treat “neglected diseases”. Instead, the bulk of investment in R&D has gone to drugs that treat (rather than cure) diseases of the wealthiest societies – heart disease, hypertension, even erectile dysfunction. Up to 50% of all R&D expenditure by pharmaceutical companies goes towards “evergreening”, where small and functionally insignificant modifications are made to drugs so that patent protections can be extended ad infinitum. In public research institutions, where the riskiest and most rewarding innovation takes place, there is no way to translate novel findings into novel treatments – researchers are forced to sell their intellectual property to private companies, with no guarantee that it will ever make it to market. Capitalist Science devalues basic research, embraces competition over collaboration and shrouds science in secrecy, undermining public trust in what it creates.

People Before Profit believe there is a better way forward. We believe that democratic control is essential to the realisation of science’s liberatory potential. We would strive towards an open, collaborative and well-funded sector, where basic science is as valued as cutting edge translational research. We would deliver a “Science for the People” by increasing exchequer funding for Scientific Research and by setting up a state pharmaceutical company to assist in translation of novel therapeutics, as well as manufacturing cheaper generic drugs and biosimilars. In an age of pandemics and ecological collapse, a reorientation of the economy towards science, care and repair is an absolute necessity.



## 5. INVEST IN OUR HEALTHCARE SYSTEM - MOVE TOWARDS AN ALL IRELAND NHS

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Health services North and South exist in a state of almost permanent crisis. There are significant shortages of acute hospital beds, unsafe staffing levels and large numbers of unfilled vacancies. Before Covid-19, this meant Ireland had the longest waiting lists for inpatient care in Europe and some of the highest rates of bed occupancy. In the context of a deadly pandemic, under-resourced health systems can spell disaster.

The problems in healthcare on this island are structural. They are the consequence of years of underfunding, cuts and neoliberal management. It is out of the deficiencies of the public system that demand for private care arises and profits are made. In the South, private hospitals and the private insurance industry are sustained by a heft of tax incentives, direct subsidies and state support.

The pandemic has highlighted the need for a well funded public health service, and unprecedented, costly interventions like the Private Hospital Deal and supplementary health budgets have shown that transformative change is possible.

The present moment should be used to integrate and reorganise healthcare into a single-tier public system that is equipped to provide care to people based on clinical necessity during and after we have eliminated Covid-19.

### **People Before Profit want to:**

- Take private hospitals and medical facilities, including ICU beds and ventilators, into public ownership instead of paying to rent out capacity - acquired capacity should be the first step towards building an All Ireland National Health Service.
- Provide free access to medical care on an All Ireland, cross-border basis as part of the emergency response to Covid-19.
- Recruit extra nurses and doctors on pre-FEMPI terms – open more than 1,100 additional acute hospital beds as a move towards the IMO recommendation of 5000.
- Abolish the Croke Park hours for all healthcare workers and all public servants who are forced to work free hours
- Properly resource and staff public health teams at a local level in every area.
- Give public health doctors the same status as other medical specialists.
- End the dependency on temporary agency workers - directly recruit Nurses, HCA's and other health service workers.
- Impose a 10% solidarity tax on Big Pharma to fund a major investment programme for our health service.
- Nationalise nursing homes and bring them back into the public system.

- Pay student nurses, midwives and other student healthcare workers for placement and expand the number of student places for these disciplines.
- Ensure proper PPE is available for all front-line staff, temporarily commandeering production lines to mass produce it locally if necessary.

## 6. TARGET COVID HOTSPOTS: ENSURE SAFETY OF WORKERS & VULNERABLE GROUPS

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Throughout this pandemic, there have been a number of hotspots that have never been made safe.

The beef barons who run Ireland's meat plants have been given free reign to continue profiteering at the expense of workers' health. Infections have spread from their plants and seeded large outbreaks in the wider community, as was seen in Laois, Offaly and Kildare.

Authorities have done little to prevent the spread of Covid-19 in direct provision and migrant detention centres, where people are still living in multi-occupancy rooms. The case of the Skellig Star shows the danger and inhumanity of this approach.

Nor have they taken measures to protect other vulnerable groups who live in overcrowded conditions, such as Travellers and Homeless people.

### **People Before Profit demands:**

- Unannounced inspections of all factories and workplaces where large numbers of workers congregate. Fines for bosses found to be putting their workers at risk.
- Serial testing of workers in meat plants, healthcare settings and other areas of increased occupational hazard.
- Mandate bosses to give every worker a sick pay scheme so they are not forced to come to work when sick.
- Close direct provision centres – give an amnesty to asylum seekers and provide own door accommodation.
- Water, sanitation facilities and electricity for all Halting sites. Caravans and other shelters should be provided to reduce overcrowding in Traveller accommodation. This should include isolation facilities.
- Desegregate Emergency Homeless Accommodation – use compulsory purchase powers to provide safe, own-door accommodation for homeless families.
- Increase funding for Inclusion Health Teams working with vulnerable groups.

## 7. PUT PUBLIC HEALTH NEEDS BEFORE PRIVATE PROFIT

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Ireland is one of the major global centres for the pharmaceutical and medical devices industry. Companies like Johnson & Johnson have 27 Irish subsidiaries and they use the country as a tax haven. This company is now one of the global leaders in developing a vaccine for COVID-19. Similarly, one of the main manufacturers of ventilators is Medtronic, with a factory in Galway. One of the manufacturers of testing equipment, Randox Laboratories, is based in Northern Ireland.

### **People Before Profit want to:**

- Use emergency powers to take all private testing capacity into public control for an expansion of testing infrastructure.
- Apply a Covid-19 solidarity tax on those companies that have reported increased profitability in 2019 and introduce solidarity taxes on wealth as detailed in our 2021 Zero Covid Budget document.
- Task private Genomics companies, like Genuity Science with sequencing viral samples isolated from infected people across the country to monitor emergence of novel strains.
- Ensure that our hospitals have enough ventilators by demanding that manufacturers provide them, taking production into public ownership if necessary.
- Invest to retool industries capable of producing Personal Protective Equipment and other useful goods.
- Redeploy construction workers from large developers to carry out extension, renovation and ventilation works on schools, healthcare facilities and other public projects as part of the national COVID-19 response.

## 8. TRANSPARENCY AND PUBLIC HEALTH EDUCATION

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Levels of trust in both governments have declined because they are beholden to business. Mixed, contradictory messaging adds to distrust and cynicism. We need to rebuild trust –this will not be done through fines on individuals. We need transparency and public advocacy of science and education.

### **People Before Profit calls for:**

- Public health scientific advice to be published in real time with accessible commentary on limitations of evidence and inherent uncertainties.
- Introduction of a system where COVID-19 hotspots in local areas are published. New Zealand does this to encourage changes in behaviour and restrictions of movement.



- Demand that manufacturers of vaccines and therapeutics for Covid-19 publish their trial findings in peer-reviewed open access publications in a timely and transparent manner – “Science by press release” undermines scientific integrity and public trust in science
- Government to mount a thorough public health education campaign to inform people about the safety and efficacy of Covid-19 vaccines.
- Treble the budget for the Health and Safety Authority so it can carry out more workplace inspections.
- Drop the policy of fines for people who visit each other's houses – implement proper public education instead.
- Make mask wearing in all indoor public buildings mandatory – encourage greater use outdoors. Educate the public about their effective use and purpose. As above, provide these masks for free for the public.

## 9. CLOSE THE AIRPORTS TO NON-ESSENTIAL TRAVEL AND IMPOSE MANDATORY QUARANTINE FOR ALL INCOMING TRAVEL

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Airplanes and airports are unsafe, and travel should only be undertaken when absolutely necessary. We need to use our advantage of being an island but currently, 7,000 people fly into the Republic of Ireland every day. Around 40 flights a day arrive from Britain into Belfast and Derry. There is no effective follow-up for quarantining for any of this. The Southern government has announced that a negative PCR test from 72 hours before time of travel will be required for incoming travellers, but this amounts to nothing more than window dressing. The virus can be present but as yet undetectable at the time of testing, or a person could become infected after the time of testing, before they travel.

### **We should:**

- Offer testing and state provided quarantine facilities for those travelling into the country.
- Impose a mandatory 14 day quarantine on all incoming travellers immediately - quarantine at a given address or at a state-provided facility.
- Use smart monitoring devices to give people the option to quarantine at home or in a place of their choosing.
- Test those who are quarantining while they are in situ if capacity allows.

## 10. CREATE GREEN ZONES TO REOPEN SOCIETY

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If we implement these policies, we can have hope. Crowds of people are gathering in New Zealand, China and parts of Australia again to watch live music and sports. On 18th of October, 47,000 people gathered to watch the All Blacks play Australia in the Bledisloe Cup in Eden Park stadium. Eliminating the virus will give us more freedom to live.

We can beat back the virus together if we embrace a Zero Covid strategy, but not every area will crush COVID-19 at the same time. To bring people behind the drive to elimination, we can introduce a localized system of Green, Orange and Red Zones to reopen society where it is safest, first. This should not be a county-based system. The current system of county-based restrictions involves far too much spillover between counties, as so many people live in one county and work another. Zones should be based on how people move around on a daily basis. For example, Dublin and its commuter belt would be one zone, Galway City and the surrounding area would be another, and so on.

### **People Before Profit supports:**

- Green zones of limited restrictions to be created in areas that have crushed community transmission. Red zones are areas with most restrictions and transmission, orange zones are those that border Red Zones and those with rising infection rates.
- Allow Green zones to re-embark on normal activity – with no restrictions except on movement to non-green areas
- Restrict non-essential travel to these green zones from areas where COVID-19 levels are still high.
- As other areas crush the virus, add them to the Green Zones.

## CONCLUSION: NO GOING BACK

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We enter the year 2021 in the throes of a triple crisis: the COVID-19 pandemic, the threat of another deep economic crisis, and the climate emergency. All of these crises have arisen directly out of a capitalist system that plunders the Earth's people and natural resources for the sake of profit.

With regard to the pandemic, biologists like Rob Wallace have been warning of the dangers of a catastrophe like this for years. The destruction of nature, hyper-intensification of industrial agriculture and the dependence of capitalism on global value chains created and will continue to create conditions conducive to the emergence and spread of new pathogens with pandemic potential. Covid-19 followed

hot on the heels of deadly outbreaks of Ebola, H1N1, H5N1, Zika virus, Dengue Fever, MERs and SARs. It won't be the last pandemic in our lifetime and it may not be the deadliest either.

The threat of deadly new diseases has been magnified by decades of neoliberal attacks on health and social care here and around the world. In Ireland, austerity and neoliberalism meant facing into the pandemic with health services that were already at breaking point. The strain on Ireland's intensive care capacity has been particularly notable at the worst moments of the pandemic - at the beginning of 2020 Ireland had just 5.5 ICU beds per 100,000 people, way below a European average of 12 per 100,000. The under-resourcing and lean management of healthcare has been a disaster. Underfunding and understaffing have affected services on both sides of the border - waiting lists for care in public systems are longer than ever and there is no clarity as to how this situation will be rectified. We believe that now is the time to invest in building a world class and fully public, All Ireland National Health Service to provide free health and social care for all from the cradle to the grave. This would mean nationalisation of private hospitals, an end to the subsidisation of private medicine and a reorganisation of services on an All Ireland basis to provide everyone with access to the right care, at the right time, in the right place.

The pandemic has clarified that at times of crisis, we are never "All in it together". Between April and July of this year, billionaires increased their total wealth by 27.5%. Jeff Bezos, the Amazon CEO did particularly well, increasing his wealth by €74 billion - enough money to give all 180,000 amazon workers a €105,000 bonus and still have money to spare. Closer to home, people like Denis O'Brien and Larry Goodman feathered their nests - taking in millions from the private hospital deal and other state schemes despite Goodman playing a role in transmitting the virus on an industrial scale through his meat plants.

Perversely, the workers who are most essential to society have been the least well rewarded. The people who could not stop when the danger came were not bankers, speculators or corporate lawyers - they were workers. Frontline workers were rightfully heaped with praise at the start of the pandemic, but claps and cheers ring hollow, as wages for many remain low and conditions, difficult. Neither cleaners, nor bus drivers have seen a pay-rise. There have been no bonuses for shop workers or teachers. Some even work on the frontlines for nothing - as has been the case with student nurses and midwives.

The pandemic has also been a trigger for an economic crisis that had been threatening for a number of years. The massive bailouts given to banks in order to deal with the 2008 crisis only temporarily papered over the cracks in the system. A decade of cheap credit has created a situation where many of the worlds' largest companies



are highly leveraged - mostly borrowing to indulge in speculation and share buy-backs, rather than productive investment.

When Covid first shut down global production, it was hoped that companies would quickly recover as societies reopened. Moving into the third wave of the pandemic, hope of a quick “V-shaped” recovery has evaporated - the only countries on the way to recovery so far are those that took the virus seriously and eliminated it while they had the chance; China, New Zealand, and Australia for example. If the economic fall-out of Covid is sustained, as it looks it will be, we will be facing our second major systemic crisis in a decade.

Overshadowing all of this is a climate and biodiversity crisis that threatens the very basis for much of the life on this planet. The damage of COVID-19 and economic crisis will pale in significance compared to the catastrophe of environmental breakdown if we cannot fundamentally alter the course we are on. This will require breaking from a capitalist system that is addicted to fossil fuels and that requires perpetual growth to function.

Crucial in the period ahead will be a fighting left that insists that ordinary people will not shoulder the costs of capitalist crisis. We will need a fighting trade union movement capable of defending workers and jobs. We will need mass resistance to austerity and popular proposals to make the rich pay. But most of all, we will need to clearly articulate a vision for an alternative to the destructive instability of capitalism - in Ireland we can play our part by popularising the call for a Transformative Left Government that would reorganise the economy under democratic control, as part of an ambitious Just Transition.

We need a society where everyone is guaranteed the security of a home, the right to healthcare, education and a living income, a society where we really are “all in this together”. A left government supported by people power and workers organised in fighting trade unions can deliver real change. It is vital that we take the lessons of this pandemic and organise ourselves to insist there will be “no going back” to the old system.



**PEOPLE BEFORE PROFIT**

