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## **Capitalism has No Clothes: The Unexpected Shock of the Covid-19 Pandemic**

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### **Abstract**

Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) or COVID-19 has undeniably changed the world forever. Capitalism in the United States and Europe can no longer feel immune from the effects of epidemics that were at one point in time the concern of minor countries, such as the recent (2014-2016) Ebola epidemic in Western Africa. This article examines how COVID-19 not only showed that Capitalism has no clothes in its inability to respond effectively to this momentous event, but shows the burgeoning of the impact on its slow-motion decline. This is evident from the still-unresolved healthcare crisis in the United States, which allows runaway contagion, sickness, and death due to a careless governmental attitude that prioritizes capital over human lives; the economic impact, which sidelines millions of workers into unemployment, leaving them without a way to sustain themselves due to a miserly and short-sighted governmental response; and the political and social cost that is yet to be determined.

### **Keywords**

Capitalism, COVID-19, ecology and climate change, education, employment, healthcare, housing, hunger, unemployment.

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# 1 Introduction

A quick description of the effect of the COVID-19 pandemic on capitalism is that it has denuded all illusions as to its strength and vigor at a time of climate change concerns and nationalist aspirations that have started to fray the worn fabric of globalization, as well as revealing the living conditions of its population and the frailty of its institutions in a crisis of epic proportions. Capitalism as the most successful system of production in the history of humanity is proven a lie with its precipitous decline in a matter of a few weeks while seemingly in the middle of a sustained climb in the stock market. The humanitarian mask fell by the wayside as the lack of beds in healthcare facilities, lack of respirators in intensive care units, lack of medical personnel, lack of healthcare coverage, lack of emergency personnel equipment and protection garments, and a total lack of concern for the safety of first-line emergency personnel became front-page news. The elderly and their caregivers in retirement homes and special care facilities are particularly hard hit, as little or no concern was shown at the beginning of the COVID-19 pandemic for their welfare. Women in particular suffer because they comprise the majority of the first-line healthcare workers; most of the cashiers that tend to customers in large supermarket chains and other large stores such as Walmart; and in many cases are confined at home, including children, with their abusers and without recourse to seeking help from society to alleviate their suffering. In short, saving and protecting lives is not prioritized as a goal, but rather the maintenance of the bottom line in small, medium, and large businesses is what takes precedence. It is the cold calculation of saving capital regardless of the human cost.

This denudement of capitalism is not only related to the direct impact in the health welfare of workers, but also on their dependence on a salary that is insufficient for their long-term needs. Most workers live from paycheck-to-paycheck because the minimum wage does not allow savings or capital accumulation in any way, shape, or form. Given the choice between working in conditions that lead to contagion or unemployment, there can only be one choice. That choice is only the beginning of a long litany of problems starting with unemployment tied to loss of health insurance, potential contagion of the rest of family members, costly testing, hospitalization with little or no health insurance, and an uncertain outcome with no vaccine in sight.

The closing of businesses, schools, and other non-essential services leads to confinement under conditions that offer little hope of having the means to pay rent, utility bills, credit card or student debts, and little or no prospects for future work, except for jobs that allow telework. Childcare becomes an issue, especially if the parents need to go to work, to keep up with tele-schoolwork, which might require constant supervision because of the attention span of children and teenagers, as well as having the means to access tele-schooling.

These circumstances also show that the working class was invisible in doing the jobs that they are hired to do at minimal pay. This includes jobs regarded as belonging to the middle class such as white-collar work in an office setting. These are the first jobs to go and also expose workers to contagion: office or factory cleaning, food distribution, messenger and food delivery, Uber and Lyft drivers, meat-packing plants, agricultural and food line workers.

These circumstances are also deeply connected to climate change. Climate change that is driven by capitalism that denies its responsibility in causing it, yet is forever invading new areas to develop agricultural production, strip mining, and expansion of already crowded cities, leading to closer proximity to nature, which exposes humans to animal species that are driven from their habitats. The resulting interactions with humans are breeding grounds for new virus contagion

such as COVID-19. The inevitable connection between reliance on consumption of meat products and contagion is ever-present in these interactions.

In an attempt to make sense of the COVID-19 pandemic this article is divided into three co-extensive, yet consecutive parts or periods. The first and most immediate is that of the healthcare impact and its scientific implications; the second is the ongoing and continuing economic impact; and the third is the open-ended political and social impact.

## **2 The Healthcare Impact and Scientific Implications**

### **2.1 Timeline**

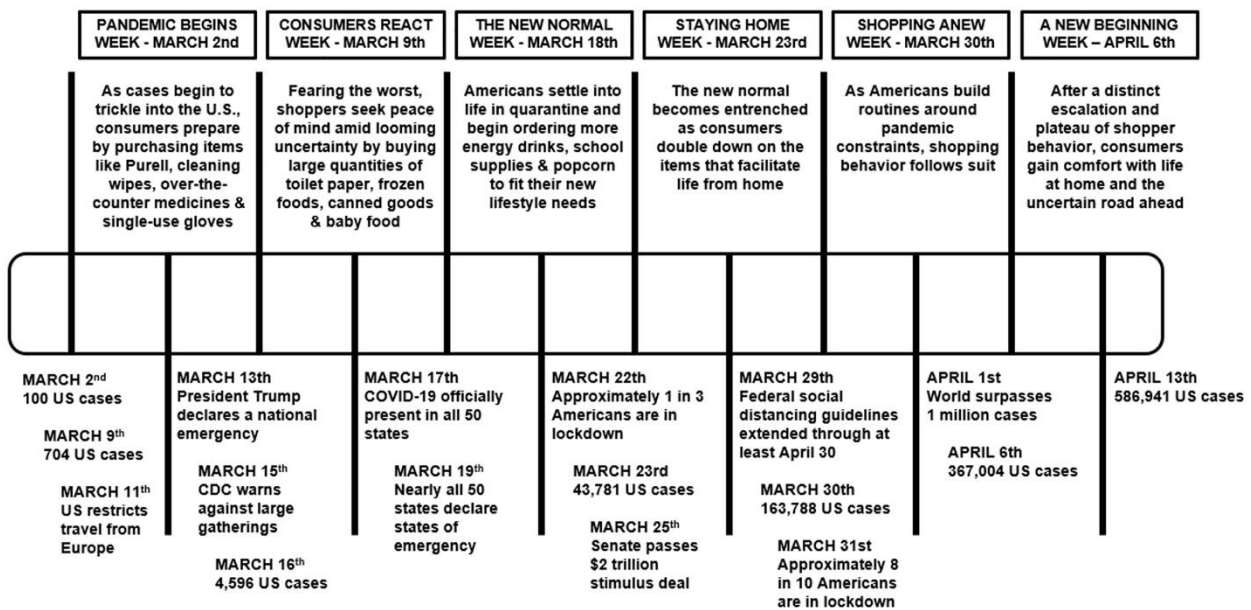
Figure 1 shows the timeline of the development of the COVID-19 pandemic (Secon et al. 2020) from when it was first detected in China and reported to the World Health Organization (WHO) on December 31, 2019, the identification of the site of possible first contagion, and its identification within a week as the novel coronavirus (COVID-19). About two weeks later, COVID-19 makes its appearance in Thailand, and in three weeks its migration to the United States is detected. China is quick to take the threat seriously enough that it establishes a strict lockdown in Wuhan, a city of 11 million people. A week later the WHO declares the novel coronavirus a Public Health Emergency, leading the next day to a similar declaration by the US while at the same time declaring a mandatory quarantine for anyone arriving from China, which, within three days, becomes a ban from anyone having visited China in the past two weeks. The seriousness of the COVID-19 pandemic is quickly evident from the number of worldwide cases, which exceeds 20,000 by February 4, 2020 and a week later jumps to 40,000 in China alone, causing 908 deaths.

Figure 2 shows the initiation of the COVID-19 pandemic in the US (Greenberg 2020). In a period of one month, beginning on March 2, the contagion grows from 100 cases to almost 600,000 cases, impacting older adults and people of color more dramatically (Berezow 2020). No concerted effort was done by the US government from January 21, when the first case in the US was reported until the middle of April. A glimpse of the irresponsible behavior by President Trump is shown by his tweet on March 24 that “we cannot let the cure be worse than the problem itself” when referring to the quarantine. On April 4, Trump voiced support for the use of untested drugs such as hydroxychloroquine to fight the virus. On April 13, he voices support for restarting the economy. On April 24, Trump suggests getting disinfectant and light inside the body as interesting possibilities for a cure. On May 13, in a meeting with the governors of Colorado and North Dakota, he links opening the economy with opening the schools. On June 23, he falsely claims, “We have tested over 40 million people. By so doing, we show cases, 99% of which are totally harmless.” And during the July 4 celebration he also falsely stated, “We have one of the lowest mortality rates in the world.” And, Trump has continued with a mixed message until July 21 when he finally admitted that “it will probably, unfortunately, get worse before it gets better” and even suggested that “we’re asking everybody that when you are not able to socially distance, wear a mask, get a mask.” Adding, “Whether you like the mask or not, they have an impact. They’ll have an effect. And we need everything we can get.” The US is the prototypical example of how not to respond to a COVID-19 pandemic. For this reason on July 21 Nancy Pelosi unabashedly and critically dubbed the failed handling of the coronavirus pandemic in the US as the “Trump virus” (Axelrod 2020). On July 24, the US was the country with the highest number of cases (4,084,551) and also the highest number of deaths (144,524) worldwide.

**Figure 1** Timeline of the Beginnings of the COVID-19 Pandemic



**Figure 2** Timeline of the COVID-19 Pandemic in the United States



The Trump theme of a harmless virus that would go away soon never left; in addition to his touting that the vaccine was just around the corner, as a matter of political expediency, thinking about the election on November 3. This was one of the main themes in Bob Woodward's book *Rage*, where Trump admitted that he was aware of the dangers of COVID-19, but sought to play down the severity of the coronavirus, so as to not create a panic. It clearly was a case of betrayal of the public trust, possibly for partisan or even personal political gain (Gangel et al. 2020; Kavi 2020; Woodward 2020).

All of this came to a head when Donald Trump announced on Twitter early on Schadenfreude Friday morning October 2 that he and the first lady had tested positive for COVID-19, after his close aide Hope Hicks contracted the virus and traveled with them to campaign events, including the first presidential debate. This was all at the tail end, first, of Judge Amy Coney Barrett's

outdoor ceremony on Saturday, September 26 at the White House where Trump announced her nomination to replace Ruth Bader Ginsburg as the next Supreme Court justice at an outdoor ceremony, attended by more than 150 people, many of whom did not wear masks or practice social distancing. The other was the presidential debate with Joe Biden on Tuesday, September 29, where the president's family declined to wear protective masks.

After suffering breathing difficulties President Trump was transferred to Walter Reed Medical Center where he was treated with the steroid dexamethasone on Saturday following a previously undisclosed drop in oxygen levels. The World Health Organization recommends that drug only for “severe or critical” cases. In addition to a single, 8-gram dose of Regeneron's polyclonal antibody cocktail on Friday as a precautionary measure, he also has received several rounds of Remdesivir therapy and has taken zinc, vitamin D, famotidine, melatonin, and a daily aspirin.

This did not prevent Trump from showing his lack of concern by taking a trip in a motorcade in front of the hospital to wave at his well-wishers on Sunday, October 4. The next day, announcing his discharge on Twitter, Trump told his followers, “Don't be afraid of Covid. Don't let it dominate your life.” A comment that seems to show lack of concern for over 210,000 people in the US that have died from the coronavirus, out of over seven million cases in the country. To finally head back to the White House on Monday evening on October 5 at 6:30 pm EST at the beginning of the evening news, for major impact, where, after climbing the stairs of the South Portico, in a surreal moment, proceeded to face the cameras and take off his mask, a choreography that favored stagecraft over safety. All of this drama underlined by the fact that White House officials have never revealed when the president received his last ‘negative’ test result for coronavirus (Jackson et al. 2020; Kamisar and Holzberg 2020). On October 10, without any assurances by the White House that he is not contagious, Trump organized a campaign rally addressing hundreds of invited guests at a campaign-style event on the South Lawn from the Blue Room balcony at the White House (Sink and Jacobs 2020). All of this knowing full well that 34 people connected to the White House were recently infected by coronavirus (Margolin and Bruggeman 2020).

While the numbers undeniably tell a horrific story, it is the situation of the population and their own personal stories that give a greater impact to these statistics and lackadaisical attitude on the part of the government. Even before the COVID-19 pandemic, the backdrop to its occurrence involves the specter of climate change; in addition to the inequality that is fully reflected in the racism that has made being a person of color in the US an invitation to police brutality and death, as well as the economic instability reflected by the miserly salaries of hourly employees whose minimum wage jobs do not meet minimal levels of survival and serve to reinforce racist prejudices. To summarize the impact of COVID-19 on the US it is enough to note that it easily accounts for about one-fifth of all cases and deaths in the world. To better gauge the impact of the COVID-19 pandemic on the world stage it is useful to glance at Table 1, which shows the ranked deaths accounted for on October 11, 2020 in selected countries (out of 168) around the world. An additional calculation relates to the relative importance of those deaths for the listed countries by calculating the deaths per hundred-thousand of population.

The result is that several Latin American countries show up with the highest per capita death rate, followed by Spain, the US, and other European countries. For example, it is surprising that a country such as Sweden is included, due to the high standard of living enjoyed by its population. It possibly reflects the lack of concern for the population as it became more important to keep the economy going, hoping that the population voluntarily maintains social distance and so allow businesses, restaurants, bars, and schools to remain open. A majority of the deaths came about in

the older population that was confined to nursing homes, and conforms to the greater susceptibility of older populations to the virus (Berezow 2020; Secon and Su 2020).

Table 1 also reflects the high death rates in many countries of Latin America such as Peru, Chile, Brazil, Ecuador, Panama, Bolivia, Colombia, Honduras, Guatemala, Dominican Republic, Argentina, and El Salvador whose death rates are high and are mostly subject to brutal, repressive regimes or regimes that are portrayed in mainstream media in the US and Europe as valuing democracy and free-enterprise. The exception might be Argentina, who recently elected a more progressive candidate after being subject to the virtues of neoliberalism for the previous four years that negatively impacted the economy and the healthcare and living standards of people. Clearly, they don't reflect values that respect human life. Continuing down the list are Nicaragua, El Salvador, and Costa Rica, the first a demonized socialist country and the other two countries revered for their freedom, respectively. Nicaragua has almost one-tenth the death rate of Costa Rica and one-sixth of that in El Salvador. Uruguay is next in line, possibly reflecting the fact that it is only recently that a new president that reflects the best values of neoliberalism was elected. Clearly the people in Uruguay benefited from the previous left-leaning government that wisely invested in healthcare for the population. Cuba appears with a comparable but lower rate than that of Japan, while helping more than 25 nations around the world: in the Caribbean, Latin America, Africa, Europe, and the Middle East. It is notable that Italy was one of those countries in Europe that previously demonized Cuba as part of the European Union's complicity with the US in its embargo of this small and poor Nation. The US never felt compelled to help any of its European allies and even pirated-away some of the supplies for first responders from sources in Asia. The death rate of Venezuela is comparable to that Nicaragua and the island nation of Iceland, while living next door to Colombia and Brazil, countries with death rates that sandwich the US. Venezuela is also subjected to an economic embargo and military threats from the US, as well as the seizure of its gold reserves held by Great Britain. China, Angola, and Vietnam are next in line. Vietnam with a population of 97 million reports 35 deaths, while being next to China. Clearly, the trend in preventing deaths appears to be putting the life of the population ahead of the economy or narrow self-interest. An important aspect also is the organization, mobilization, and education of the population, which is not an expensive proposition if done correctly, apart from securing food, shelter, and healthcare for the population, as well as obtaining the resources to protect healthcare workers in the front lines of the epidemic.

The hidden message of these statistics is that socialist countries seem better equipped to handle the COVID-19 epidemic since there is no inherent need to salvage the economy, except as the means to keep its population fed, housed, educated, employed, and healthy at satisfactory levels.

**Table 1**      **Ranked COVID-19 Deaths in Selected Countries around the World**

<b>Rank</b>	<b>Country</b>	<b>Deaths</b>	<b>Deaths/100k Population</b>
2	Peru	33,223	103.86
4	Bolivia	8,292	73.04
5	Brazil	149,639	71.44
7	Ecuador	12,188	71.34
8	Chile	13,272	70.86
9	Spain	32,929	70.48
10	Mexico	83,642	66.28
11	United States	214,370	65.52
12	United Kingdom	42,850	64.45
13	Italy	36,140	59.80
14	Panama	2,482	59.42
15	Sweden	5,894	57.88
16	Colombia	27,660	55.71
17	Argentina	23,581	53.00
18	France	32,601	48.67
31	Honduras	2,504	26.12
34	Switzerland	2,088	24.52
35	Israel	1,941	21.85
36	Costa Rica	1,076	21.52
39	Dominican Republic	2,167	20.39
41	Guatemala	3,365	19.51
46	Russia	22,331	15.46
50	El Salvador	887	13.81
55	Denmark	667	11.51
81	Finland	346	6.27
86	Norway	275	5.17
98	Australia	898	3.59
102	Iceland	10	2.83
105	Venezuela	691	2.39
106	Nicaragua	153	2.37
125	Uruguay	50	1.45
127	Syria	221	1.31
128	Japan	1,626	1.29
132	Cuba	123	1.08
139	South Korea	432	0.84
142	Angola	218	0.71
150	New Zealand	25	0.51
153	Singapore	27	0.48
156	China	4,739	0.34
167	Vietnam	35	0.04

Source: John Hopkins University (2020)



## 2.2 The Vaccine

One aspect that has a larger-than-life role in potentially solving the COVID-19 pandemic is the development of a vaccine. For capitalism this has the potential to create the largest marketing opportunity of a lifetime in a short period of time. Imagine catering to the vaccination needs of 7.8 billion people. Clearly getting back to some semblance of normality seems to be more of a priority for capitalism than for the few socialist countries around the world. Making money while getting back to business is not a bad proposition.

More than 90 vaccines are being developed around the world using different techniques that rely on the virus or viral parts: virus, inactivated or weakened; viral vector, replicating or non-replicating; nucleic acid, DNA or RNA; protein-based, protein subunit or virus-like particles (Callaway 2020). Some of the techniques for vaccine development are new and have not been used in a licensed vaccine before. This is reflective of the desperate need for a vaccine as well as the potential payoff if successful. Many of these vaccines have advanced as of this writing beyond the laboratory stage to actual testing in humans. Testing trials involving more than 30,000 volunteers are currently starting in many parts of the world.

The chase for a vaccine is reflective of the new reality that China is clearly one of the leaders in this competition. This reflects the new reality that China is racing to the forefront of technological development in many areas of human knowledge, as well as to defend its huge production apparatus and to protect its large population from this crippling pandemic (Ruwitich 2020). Though the US as well as Europe (Great Britain, Germany, France, and Russia) are also leading contenders (Baker 2020; Bloomberg News 2020; Brody 2020; Molteni 2020; Russia Today 2020a). In a surprise development on August 11, Russia announced the registration of a coronavirus vaccine, neglecting to do larger-scale Phase 3 clinical trials, with full production scheduled for September (Ellyatt 2020); all in a race for prestige, economic prowess, and survival. Even Latin America feels compelled to participate in the development of a vaccine, since some Latin American scientists who are joining the coronavirus vaccine race sense that “no one’s coming to rescue us.” Researchers fear that breakthroughs from abroad will be too slow or inequitably shared to benefit the Global South (Rodríguez Mega 2020). On August 19, Cuba announced that the following week it will start testing its own COVID-19 vaccine candidate. The vaccine, Soberana 01, was produced by the state-run Finlay Institute of Vaccines and will be tested during a phase I and II trial involving 676 adults between 19 and 80 years old. The results will not be published until February 2021 (Gámez Torres 2020). And this is reflective of the reality that the US, though it considers Latin America as its backyard, has been unable and even unwilling to come to the rescue of any of its partners in Latin America. The US is not a producer of many of the frontline equipment needed to fight a pandemic such as facemasks and other protective equipment, as well as respirators that were in short supply in intensive care units in the US. China has recently promised a fund of \$1B to take care of Latin America’s needs for a vaccine (Russia Today 2020b), something that the US or Europe is unable or unwilling to do.

While international competition might be regarded as productive there are signs that “excesses of national pride and one-upmanship are threatening to overwhelm the common good.” One example of this is the attempt by President Donald Trump to get CureVac, a German company, to relocate to the US. This attempt was blocked by the German government by purchasing 23 percent of the firm. This might have the detrimental effect that Germany might be placing too many eggs in one basket, rather than backing a larger number of firms that might provide a better chance of getting an effective vaccine. China also has made it a matter of pride to be the first to develop a

vaccine in the name of intellectual property rights, science, and technology prowess as well as cultivating its image as a major power. France is touting its history of vaccination and Louis Pasteur to support French pharma giant Sanofi. England is celebrating the advancement made by an Oxford scientist as well. And, of course Donald Trump can only exaggerate the technological and scientific prowess of the US, while investing on Operation Warp Speed to deliver a COVID-19 vaccine by January 2021—a feat that “will be one of the greatest scientific and humanitarian accomplishments in history.” Warp Speed is pouring billions into vaccine candidates around the world, except in China, investing to the tune of more than \$10B to have access to a vaccine and be first in line (HHS Factsheet 2020). On a more pragmatic basis, of the ten vaccines currently in clinical trials globally, five are from China. This “me-first” attitude will probably need to change, since the global nature of COVID-19 makes it a risk to everyone to forget about smaller or less affluent players. This might be a short-sighted risk that no one should be willing to gamble on (Ralph 2020).

### **3 The Economic Impact**

The illusion that the market will solve the problem of healthcare has come back to haunt the US and other countries such as those in Latin America, with few exceptions, that have not invested in a healthcare system for all of its population. The immediate impact is an insufficiency of beds, respirators, protection equipment, as well as physicians, nurses, and technical personnel. The most-telling result is that the resulting economic downturn becomes immediately evident when a corresponding economic pandemic emerges. Millions of workers lose their jobs in non-essential small, medium, and large-size firms such as restaurant and hotel chains, family restaurants, and neighborhood stores, which need to close and go broke. Primary and secondary schools as well as colleges and universities need to repurpose the way that they reach their audience with a telepresence. Workers with no jobs need to pay their mortgage and rent, their credit cards, loans, utilities, healthcare, and food and living expenses. This is especially impactful when most workers realize that their close to minimum wages and salaries have not allowed them to have savings. The unexpected nature of the COVID-19 pandemic cannot but have an immediate impact.

One way to portray this sudden impact of the pandemic is to make a reference to the use of luminol, a chemical that forensic investigators use to detect trace amounts of blood at crime scenes, since it reacts with the iron in hemoglobin. Before the pandemic all aspects of capitalism seemed hidden. There don't seem to be any marginalized or poor people, except in sectors of society that are hidden from the mainstream. No one seems near to death's door as we pass by them on the street. But when the pandemic hits, the unemployed are the friends that live next door or that we see in our places of employment. It is as if someone has spread luminol over the whole of society and blood seems to be everywhere and reaching everyone. The scarcities that were not as evident are plain to see. The contagion that reaches disadvantaged sectors of society are in the news as the numbers of positive cases and deaths climb: sanitary hospital staff, supermarket clerks, and delivery personnel. The inability of the hospitals to deal with the number of cases becomes evident and the specter of death seems ever-present. The genocide of the poor has become evident.

In the developing world soil and sub-soil exports come to a standstill, tourism dies, and remittances from the developed world cease. In the case of the US, its involvement in helping its neighbors becomes non-existent, even showing that it cannot help itself even within its own borders, resulting in the subsequent questioning of its leadership in the world. This has given China the opportunity to portray itself as a countervailing force to the US. This is evident when even the

production of facemasks does not exist in the US, making them fully dependent on China. Cuba is another example of a country that has extended medical solidarity to many countries around the world, even in Europe. Venezuela has been able to trade with impunity with Iran, exporting oil and importing fuel for its economy, even while the US has exerted a trade embargo on both countries.

An argument has been made that the pandemic equalizes different social groups. That has been shown to be false, as the affluent can ride out the quarantine of the pandemic comfortably in their primary and even vacation homes, without having to worry about all of the expenses needed to survive that the less fortunate working class has to worry about every day, subjecting themselves to contagion when seeking to make ends meet. This may even be seen in the type of protection attire: the wealthy wear fitted masks with special materials, while the poor do with \$0.50 paper masks that offer minimal protection. A typical outcry is that of Ellen DeGeneres that compares being isolated inside her luxurious home to “being in jail” (Condon 2020).

During this time of crisis there are companies such as Amazon that become richer by satisfying the home delivery of items, but not necessary investing in the welfare of their workers who run all the risks (Bond 2020). It is a time where consideration is given to the suspension of the payroll tax, which could bankrupt Social Security to either cut it or privatize it completely (LaJoie 2020). There have been bailouts of some of the wealthiest and most polluting sectors in our economy: cruise ships, the airline industry, hotel industry, fracking companies, and health insurance companies that have prevented more people from having health insurance (Johnson 2020). In addition, trillions of dollars are being pumped into the financial markets. So, it becomes a bonanza for these wealthy sectors of society while most of society suffers.

The circumstances of the economic impact also include the locking-down of borders, the caging of more migrants, and the cancelling of primary and other elections. There is no consideration of comprehensive bailouts for workers, which can only lead to more homelessness and bankruptcies down the road, or reforms, such as providing housing for all, healthcare for all with single payer, universal health insurance, or the cancelling of student debt.

## **4 The Political and Social Impact**

### **4.1 Backdrop**

The backdrop to the COVID-19 pandemic is an increase of emerging infectious diseases (EIDs) and the loss of biological diversity. This relates to the One Health Triad where we make the connection that a healthy environment is needed to allow the existence of healthy people and animals. Of course, if we engage in destroying the environment this cannot but impact our health and that of the animals with which we share an unhealthy environment. This is due to several interacting factors: deforestation and agricultural intensification, climate change driven by technology and industry dependent on carbon energy sources, globalization and urbanization due to an ever-increasing population with demands for space and resources. The root of all this is capitalism, an economic system that fosters not only the exploitation of human workers, but also the destruction of the environment by ignoring the limits of the planet to economic growth, just so long as it leads to short-term profits. And it is this super-exploitation of natural resources, tied to the use of those resources that is the recipe for the disaster that we are experiencing due to zoonotic diseases (60 percent of EIDs), i.e., diseases that humans share with animals (Allen et al. 2017; Jones et al. 2008).

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## 4.2 What We Have

This is the background to gauging the current political and social impact of the COVID-19 pandemic as well as in the near- and long-term. And also, the recent political dynamic that shows retrenchment to independent nation states that seek to further their own interests at the expense of others, showing that national states are still necessary for neoliberal policies. This is certainly true of the US that has sought to exert its influence by thinking inwardly due to its loss of industrial capacity and using the coercion of tariffs and embargoes as a tool to influence the behavior of others, apart from a policy of building walls and singling-out ‘the other’ to promote division and racist goals. Disputes between countries are geared toward a new model of capitalist accumulation: mining, oil, pharma, transnationals, financial capital, agro-industrial, media conglomerates, and the military-industrial complex.

The COVID-19 pandemic allows a mentality of a shock doctrine (Klein 2007, 2020) where anything is made possible by appealing to the worst fears of the population. This led to Trump’s decision for the US to leave the World Health Organization (WHO) (Shaw 2020), in addition to suggestions that the election needs to be postponed (Wagner 2020) and even suggesting that voting by mail is the unquestionable way to promote fraud (Riccardi 2020).

World power relationships are rapidly becoming visible because the end of the single-superpower era is ending. China and Russia are taking a leading role in supporting this change. They do it by exerting their economic and military power, wherever a power vacuum appears. This is true in the Middle East in Syria as well as in Afghanistan, Iran, and Iraq, where the US has been unable to exert its military might and whose diplomatic maneuvering is insufficient. We are in need of power relationships to change so as to benefit the majority of stakeholders.

## 4.3 This is the Future

Fidel Castro, in honoring Che Guevara in his tomb during a visit by Venezuelan President Hugo Chavez, on the forty-year anniversary of his death in Bolivia, reminded the audience that Che dedicated himself to “sowing consciences” (*Proceso* 2007). This is the legacy that Fidel Castro left as well in always encouraging the power of ideas to influence the future and the impact of living in solidarity with all human beings (Babbitt 2016). This might be the mantra that is needed to promote a possible, essential, and desired future. The spirit of Fidel Castro still lives on as Cuba proposes solidarity as a principle and as the means to defeat the pandemic, by the example of sending aid to pandemic-stricken countries around the world, making it a candidate for the Nobel Peace Prize (*Orinoco Tribune* 2020).

If we are to think about the need for new, more progressive possibilities for governing a potential future, we have to think in terms of ‘the North is the South and the South is the North.’ What impacts the US, Europe, Japan, Korea, and China is what impacts countries such as India, Africa, and Latin America and *vice versa*. The COVID-19 pandemic is a good example of this unavoidable connection, as well as climate change with rising sea levels, wars and natural disasters that lead to hunger and migration, and technological developments that lead to what appears to be a smaller world. All of these circumstances are an explicit reminder of how the conflict between capital and life are exposed and exhibited in a most frontal way. To put life first and central is in the interests of the social movements. Taking into consideration the ever-present threat of force by capital that puts their interests front-and-center and neglects human and other life.

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As discussed above, the countries that have a greater cause for concern are the countries more tied to capitalism than the countries that have chosen the socialist path. It is here that the choices are going to be starker, where the rush to greater inequality is going to be accentuated and possibly reach a boiling point. The recovery is going to be an uphill battle for the majority of the population, since the unemployment rate will be high with few possibilities for getting the economy moving again. Governmental policies to influence the economy will be limited to fiscal policies, since monetary policy is at a standstill due to interest rates being essentially zero (Stiglitz 2020). The capacity for spending, in the US at least, will be unlimited in the short term. But in the long term, as other countries move away from the dollar, it might be impossible to maintain. Though much political fodder will be spent on claiming that no one should be given a stipend without having to work. Though work is something that might be nonexistent due to the increasing possibility of contagion (Treisman 2020).

The pandemic has intensified the cultural war: competition vs. solidarity. The only way out of this COVID-19 pandemic is for a collaborative future, even after a vaccine is found in six months to a year from now. A new perspective has to be found where much can be accomplished with very little, if a collaborative enterprise is initiated. There is a need to develop awareness that the inability of capitalism to solve societal problems are deep. Solidarity should be formed in a coalition that includes everyone, since the system does not function for all groups. There is a need to develop solidarity strategies for healthcare, education, housing, internet access, food, work opportunities, and migration in addition to developing international solidarity so that we can work together toward the same goals.

## 5 Summary and Conclusions

Many important decisions need to be made in the coming months and years. Climate change certainly needs to be on the top of the agenda because of its effects on the welfare of humanity in more ways that were imaginable just a few short years ago (Hepburn et al. 2020). Also, we are coming to a point where it might not be possible to reverse the effects of climate change. This is something that might challenge the world and be as rapidly evolving as the current pandemic. For some species, that point of no return has already been reached. New paradigms for dealing with healthcare, education, housing, internet access, food, work opportunities, and migration need to develop, since the future needs to be different than the present. This is where concerted action by the whole of society needs to be promoted so that no one is left out. To consider another solution will only bring us back to a worse beginning.

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