Biden coronavirus transition task force to continue back-to-work drive

Panel includes Ezekiel Emanuel, Obamacare advocate of health care rationing

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President-elect Joe Biden on Monday announced the members of his coronavirus task force. The convening of the panel comes as COVID-19 cases and hospitalizations continue to soar across the US, with predictions that the coming winter will see a dramatic rise in cases and deaths.

The US has now seen more than 10 million coronavirus cases and is approaching 240,000 deaths. The Centers for Disease Control and Prevention (CDC) now estimates that there will be 2,600 to 13,000 new COVID-19 hospitalizations per day by the end of November.

As had been expected, the transition task force will be co-chaired by three familiar figures in government and academia: David Kessler, commissioner of the Food and Drug Administration in the George H.W. Bush and Clinton administrations; Dr. Vivek Murthy, surgeon general under Barack Obama; and Dr. Marcella Nunez-Smith, a professor of public health at Yale University.

The 13-member Biden-Harris coronavirus transition team has been hailed by Democratic Party-leaning news outlets as a dramatic departure from the performance of the Trump administration's White House Coronavirus Task Force.

While it is true that the Democrats' virus transition team is not populated by open advocates of "herd immunity" like Dr. Scott Atlas, an examination of both the team and the president-elect's policies reveals that the next administration's approach will be based on the drive to reopen schools and businesses, and will continue to subordinate the government response to the pandemic to the defense of corporate profits at the expense of the health and lives of America's working population.

Included among the Biden team's members are advocates of the rationing of health care and proponents of the further privatization of health care delivery. The selection of the panel's top officials also signals that, in keeping with the Democratic Party's focus on identity politics, a Biden administration will seek to present the inequities in health care primarily as a racial, rather than a class, question.

Of particular note is the inclusion on the panel of Dr. Ezekiel Emanuel, the chair of the Department of Medical Ethics and Health Policy at the University of Pennsylvania and brother of Rahm Emanuel, former mayor of Chicago and White House chief of staff under Obama. The *World Socialist Web Site* has written extensively on Dr. Emanuel's promotion of class-based, rationed medical care for the majority of Americans, particularly the elderly.

In an especially foul piece published in the November-December 1996 *Hastings Center Report*, Emanuel wrote that "services provided to individuals who are irreversibly prevented from being or becoming participating citizens are not basic and should not be guaranteed. An obvious example is not guaranteeing health services to patients with dementia."

An article appearing in the January 2009 *Lancet* spelled out Emanuel's attitude toward limiting "scarce" medical resources for the elderly: "Unlike allocation by sex or race, allocation by age is not invidious discrimination: every person lives through different life stages rather than being a single age."

He explained further why adolescents might receive care at the expense of infants, arguing: "Adolescents have received substantial education and parental care, investments that will be wasted without a complete life. Infants, by contrast, have not yet received these investments. … It is terrible when an infant dies, but worse, most people think, when a three-year-old child dies, and worse still when an adolescent does."

Emanual penned an article in the *Atlantic* in September 2014 titled, "Why I Hope to Die at 75," in which he made the sinister argument that the elderly are a drain on society due to the dollars spent to keep them alive that could otherwise be used to line the pockets of the rich.

We wrote at the time:

> While admitting that seniors today are less disabled and more mobile compared with their counterparts 50 years ago, he notes that, "over recent decades, increases in longevity seem to have been accompanied by

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increases in disability—not decreases." He stresses, therefore, that "health care hasn't slowed the aging process so much as it has slowed the *dying process* " (emphasis added). One can only assume that he advocates an acceleration of this "dying process."

Under conditions of a pandemic, the sinister implications of these conceptions become all the more apparent. As hospitals are overwhelmed with patients, doctors will be forced to make wrenching decisions about who is to receive a ventilator—an 82-year-old Alzheimer's patient, who is less likely to survive, or a previously healthy 20-year-old college student?

Disability advocates in the UK have already documented how the disabled have been denied ventilators and other life-saving treatments on the basis of their "frailty" score.

Another noteworthy member of the coronavirus transition team is Atul Gawande, a professor of surgery at Brigham and Women's Hospital in Boston. In May, the surgeon and writer left his job as CEO of Haven, the joint venture of JPMorgan Chase billionaire Jamie Dimon, Berkshire Hathaway's Warren Buffett and Amazon's Jeff Bezos. The aim of the venture is to set up a self-sufficient private health care system for the employees of the three companies.

Then there is co-chair Dr. Marcella Nunez-Smith, the founder of the Yale School of Medicine's Equity Research and Innovation Center (ERIC), which has investigated COVID-19 mortality data across the United States by race and ethnicity. ERIC has investigated the very real issue of higher death rates for Latinos and blacks in the US in the course of the pandemic. Her inclusion on the task force, however, will undoubtedly be used promote a narrative that shifts attention away from the class inequities suffered by all ethnicities in the pandemic.

Rounding out the 13-member team are Dr. Richard Bright, the former head of the government vaccine development agency BARDA who was fired by the Trump administration; Julie Morita, a former Chicago health commissioner; Dr. Eric Goosby, founding director of the federal government's Ryan White HIV/AIDS program; Dr. Celine Gounder, physician and medical journalist; Dr. Michael Osterholm, director of the Center for Infectious Disease Research and Policy at the University of Minnesota; Loyce Pace, executive director of Global Health Council; and Dr. Robert Rodriquez, professor at the University of California San Francisco School of Medicine.

The program to fight COVID-19 set forth on the Biden-Harris transition web site is filled with modest and vague pledges that will likely go unfulfilled. It promises that the administration will set up a Pandemic Testing Board, "Fix personal protective equipment (PPE) problems for good," and "Ensure everyone—not just the wealthy and well-connected—in America receives the protection and care they deserve, and consumers are not price-gouged as new drugs and therapies come to market."

While the statement asserts that a Biden administration will "provide guidance for how communities should navigate the pandemic—and the resources for schools, small businesses, and families to make it through," there is no talk of providing the funds needed now or in the future for the millions of people who are facing poverty, hunger and eviction as a result of the pandemic.

There are no demands for emergency measures to be taken over the coming weeks and months to deal with a sharply expanding health care catastrophe.

For good measure, the program makes the nationalist threat to "Rebuild and expand defenses to predict, prevent, and mitigate pandemic threats, including those coming from China."

It pledges to work with governors to implement a mask mandate, a call that will likely be ignored by most Republican governors.

The great unmentionable in this program is how these measures will be financed. Biden-Harris say they will "ensure that the millions of Americans who suffer long-term side effects from COVID don't face higher premiums or denial of health insurance because of this new pre-existing condition."

They also say they will work to defend the Affordable Care Act (ACA) and "lower health care costs and expand access to quality, affordable health care through a Medicare-like public option."

It is a fact that the program known as Obamacare has nothing in common with socialized medicine and has resulted in the funneling of premium payments to private insurers. The fig leaves of reform in the ACA have long since evaporated, and the legislation itself is now threatened by Trump's Supreme Court, stacked with reactionaries.

The Biden-Harris transition team is well aware that health care costs will not be lowered, during the pandemic or otherwise. Having attacked any and all references to socialism, the incoming administration rejects the only policy that can resolve the health care crisis that has been disastrously exacerbated by the coronavirus pandemic—genuine socialized medicine.

This requires the expropriation of the giant health care chains, insurance companies and pharmaceuticals to free up the resources to provide for the health needs of the population. Such a program requires the mobilization of the working class in a struggle independent of and in opposition to the two big business parties.

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