

The Politics of the coronavirus conjuncture in Ireland

Written by John Reynolds

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John Reynolds -</p> <p><a

href="https://mronline.org/2020/05/04/the-politics-of-the-coronavirus-conjuncture-in-ireland/"

target="_self">The election in Ireland in early February, though inconclusive in terms of producing a parliamentary majority, marked a clear acceleration of the country's ongoing left turn over recent years. The combined vote of the two bourgeois parties (Fianna Fáil and Fine Gael) that have dominated Irish parliamentary politics for the lifetime of the state slumped to a historic low. From their left, Sinn Féin surged to an unprecedented position, commanding the largest share of the vote (though not the most seats). The socialist left was the primary beneficiary of Sinn Féin's transfers on the back of a broadly successful vote left, transfer left sentiment. The vote was quite clearly defined along both class and generational lines. Fine Gael were the biggest losers on the back of nine years in government defined by grinding austerity and callous disregard for communities at the sharpest end of the country's social crises—the working class, the young, the homeless, the racialised migrants. In the decisive realms of housing and health, Fine Gael suffered as the party of landlords and private investors, homelessness and hospital trolleys. Party leader Leo Varadkar said the message was clear: Fine Gael would retreat to opposition and leave the onus on Sinn Féin to try and form a coalition of the broad left, or Fianna Fáil to construct a centrist coalition.

Then came the virus. Italy had its first reported case of COVID-19 and declared a state of emergency at the end of January. For the duration of February as the outbreak unfolded across Europe, the caretaker Fine Gael government maintained a laissez-faire approach and focused its post-election energy on continuing its relentless and often ridiculous attacks on Sinn Féin.</p> <p>At the end of February, as cases began to emerge north and south of the island, Minister for Health Simon Harris downplayed the urgency of the situation and indicated that liberal freedoms and economic activity must be preserved:

 the responses do have to be proportionate or you could end up with a bizarre situation where nearly all travel actually ceases across the world.

Pandemic Politics

The government continued to resist calls from social movements, opposition parties and the public to cancel St. Patrick's Day gatherings, before eventually agreeing on 9 March to do so. Foreign Minister Simon Coveney said then that talk of any further measures such as school closures or movement restrictions was premature. He argued it was important not to do anything that could be disproportionate or reaching for the ubiquitous war analogy that might use all your ammunition too soon. The following day, tens of thousands made their sporting pilgrimage from all over Ireland to now-notorious events in Anfield and Cheltenham in England. There was no suggestion of advice from the authorities against travelling, and the Minister for Health said explicitly that there was no need for self-isolation or contact tracing upon return.

The negligence of the British government in allowing those events to go ahead, and much else during that period, was clear. And so, as it was throughout the Brexit debacle, Fine Gael's ideological malevolence and intellectual mediocrity is made to appear innocuous by comparison to the barbarism and buffoonery of the Tories. This has fed into a more general liberal smugness pervading the Irish commentariat about how well the pandemic is being handled here, particularly compared to Britain.

It is indeed the case that phased closures and restrictions did commence just over a week earlier in the republic of Ireland than in Britain and the north of Ireland, and that the number of (under)reported deaths per population across the UK is now (as of 30 April) clearly higher than in Ireland. It is also the case, however, that the

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relative death rate in the Irish state is higher than that reported in the most comparable part of the UK—northern Ireland—and far higher than in many other countries from Finland and Greece to Vietnam and New Zealand.

In any event, reducing the analysis to this kind of coronavirus olympics between countries deflects from the deeper outrage and structural reality that people everywhere are dying in disproportionate patterns which reflect underlying class and racial inequalities. And beyond the obvious disclaimer that the available data is far too uneven and incomplete to make these kind of comparisons useful (particularly when Harvard epidemiologists and Marxist theorists alike say this pandemic is still only getting started), there are clearly many complex and competing explanations behind the differing rates of transmission and mortality across jurisdictions.

The reality is that very few governments in western capitalist societies have responded effectively to this outbreak. That hasn't deterred the aspiring Irish twitter punditry from playing up cross-border comparisons for pitiful —my conservative government is better than yours— point-scoring across the Irish sea, and celebrating an imagined compassionate Fine Gael in the process. Likewise in the Irish broadsheets, what passes for political analysis involves regular references to Varadkar's —sure-footed leadership— in contrast to that of Boris Johnson. A low bar if ever there was one, but the discursive and structural function of such discourse is to exalt Fine Gael as the exemplar of —sensible— politics. They win plaudits for merely having kept enough distance from the eugenicist brigades.

This masks elements of both utter incompetence and a more insidious disregard for democratic accountability. Part of the reason an early election was called in February was the chronic state of the healthcare system and the prevailing sense that Harris was well out of his depth as minister and at risk of a parliamentary vote of no confidence. He remains in that job by default and as recently as 22 April made a statement that, coming from a Minister for Health, is beyond belief and beyond satire:

Remember this is coronavirus COVID-19—that means there have been 18 other coronaviruses and I don't think they have actually successfully found a vaccine for any.

At the deeper level, Fine Gael's anti-democratic tendencies have produced an emergency governance structure to manage the pandemic which has ignored the state's own planned —Strategic Emergency Management— framework and instead concentrates top-down decision-making in a small, opaque circle. This is in character. A state of emergency can only be declared under the Irish Constitution in time war or armed rebellion. As a result, any exceptional powers enacted in an economic crisis or a public health emergency must remain within the limits of the Constitution. Fine Gael has now displayed its propensity in both such contexts to improvise alternative ways to centralise executive power—an emergency —supercabinet— created in 2011 to oversee Ireland's austerity programme and dealings with the EU-IMF troika, and now an ad hoc public health expert team around Varadkar's office which has been unable or unwilling to answer many of the questions raised about its decisions, communications and governance structure.

Class Politics

The combination of the resounding election message and the need to support the population while managing the crisis in the interests of capital did push Fine Gael from relatively early on to announce a series of socioeconomic measures of the exact type that Fine Gael itself has long argued are impossible and irresponsible. Wage subsidy schemes, increased welfare payments, incorporation of private hospitals into the public system, rent freezes and bans on evictions, public investment to shore up the (privatised) childcare sector—much of this is the Keynesian stuff of alternatives to neoliberalism and austerity, of which Fine Gael had long insisted: there are none.

It rarely takes long for the mask to slip, however. Varadkar, with his

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well-known penchant for class warfare dressed up in expensive PR campaigns, wasted little time in capitalising on stories he had heard to go on the attack against low-wage workers whom he could paint as scroungers milking a generous welfare scheme (one paying a rate that remains lower than most calculations of the living wage, it must be noted). At the same time, it was announced that existing residency rules would be relaxed to ensure Ireland's so-called tax exiles can continue to avoid tax liability even if they are unable to exile themselves offshore for the requisite number of days to be exempt. As for the reality of private hospitals being incorporated into the public system on Fine Gael's watch, this takes the form of a deal for the state to pay the private hospitals for the temporary use of their facilities at an uncoded rate which appears to be substantially higher than the equivalent in Britain. These hospitals are variously owned by some of Ireland's most notorious billionaires, religious orders-turned-investors, and international venture capital. Despite some initial wishful reporting, this is far short of the type of nationalisation that would be needed to undo Ireland's grossly unequal two-tier health system.

The post-colonial Irish state's particularly enduring shame has been the abuse and neglect of people in institutional care—industrial schools, Magdalene laundries, mother-and-baby homes, and, most recently, asylum-seekers in direct provision. That shame continues in this pandemic, starting with institutionalised discrimination against asylum-seekers in their exclusion from the pandemic unemployment welfare scheme. Following widespread condemnation of the intensification of inhumane conditions in direct provision centres, the government announced in March that it would plan to provide extra space and off-site self-isolation facilities. Since then, as the virus began to spread through direct provision centres, the Movement of Asylum Seekers in Ireland and others have persistently documented the continuing realities of unsafe, overcrowded living conditions, and frankly offensive pretences at isolation spaces within existing shared rooms. It has now emerged that the state knowingly transferred asylum-seekers (without testing them) from a number of centres—including one where someone had already been hospitalised with COVID-19—to a single centre in Kerry which has become home to a significant outbreak of infections. Calls for its closure have been rejected by the government.

The situation in nursing homes has also been badly botched, with devastating consequences. As late as 10 March, the Department of Health stated that visiting restrictions which some nursing homes had voluntarily implemented were not needed and should be lifted. A month on, there were more than 200 clusters identified in nursing homes throughout the country, producing an alarming death rate. Failures here have been defined by basic mismanagement and lack of preparation on the part of government, and its subsequent reliance on nursing homes to keep older people out of acute hospital settings. This is compounded by structural obstacles to quick intervention in another largely privatised care sector.

Shock Doctrine Politics

On 15 April, Fianna Fáil and Fine Gael published a joint framework document towards a proposed new government involving themselves and the smaller parties or independents they will need to reach a majority. This is branded as historic since the two parties have never formally been in coalition together though they are ideologically indistinguishable on many fronts and have spent the last four years in a confidence and supply minority government arrangement. The framework document is supposedly designed to appeal to the centre-left parties with some vague references to climate action, universal health insurance and a living wage. This may yet work to entice the power-hungry leaders of Ireland's soft-left Greens or Labour (though either party's membership would need convincing) towards joining a coalition, but there is little reason to believe anything will be

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fundamentally different to the various iterations of Fianna Fáil or Fine Gael governments that have come before. Social movements and grass-roots politicisation in Ireland have been the primary catalyst of social change in recent years—winning marriage equality and abortion rights, stalling the commodification of water and defending a meaningful right to protest. During this pandemic, social movements have again been central in pushing the state to take action at all—and have then had to push again to get it to act in ways that take social realities other than those of the wealthy, powerful and culturally privileged into account. They will continue have a crucial role to play in the climate justice and class struggles of the post-pandemic horizon.

The radical left party formations have been a vital critical voice on public health since long before the coronavirus, and will continue to push for nationalisation of the healthcare and childcare systems, but their influence by themselves remains limited. Sinn Féin's day to enter government in the south will likely come sooner rather than later, and in the meantime internal debates will continue as to whether the left or republican elements of its left republicanism should take precedent—and under what material conditions. For now though it appears that Fine Gael and Fianna Fáil have been able to seize on the pandemic to consolidate the status quo around refrains of moderation and stability (the stability, that is, of unprecedented housing insecurity and dire healthcare shortages, as well as some of the EU's highest carbon emissions and fortress Europe's most vindictive border policies).

The reality is that the circuits of capital which underpin the scale of this pandemic, and the increasing frequency of global crises more generally, are also the primary obstacle to a transformational rupture being produced. Ireland (particularly Fine Gael's Ireland—the best small country in the world to do business in) has been lucrative preying ground for the kind of vulture funds that specialise in shock doctrine tactics, as well as hospitable tax terrain for the big pharmaceutical firms who will be looking to profit from a pandemic like this. When Varadkar speaks of reawakening the sleeping giant that is our economy, it is primarily the oversized conglomerates of transnational capital and foreign investment that he has in mind.

Ireland was among the group of mainly southern eurozone states calling for common debt—coronabonds—to help the peripheral economies recover. In the fact and terms of its rejection by the northern states, we see the structural and constitutional realities of the EU at play. The proposed alternative of European Stability Mechanism loans, even if some typical structural adjustment conditions are dropped in the short-term, will remain subject to the EU's fiscal rules in the longer term. This means that post-crisis, high-debt states will be in a permanent debtors' prison, forced to implement the inevitable austerity the Commission will demand. Ireland knows all too well from recent experience what the spectre of this austerity looks like, and there can be no illusions about the scale of the struggle ahead for the left, here as elsewhere.

Naomi Klein did point to the emergency welfare measures implemented in Ireland as grounds for some hope that the opportunity produced by capitalism's coronavirus crisis need not necessarily manifest in the same kind of neoliberal shock doctrine that her own work has exposed as archetypal. In Ireland, as elsewhere, though, the structural forces and institutions of capital are strong, while those of the left—unions, socialist party formations, working class institutions and political education—are still building (or rebuilding). A post-pandemic transformation, then, will require honest analysis and sustained organising. There is no doubt, at least, that this pandemic has shattered some of the dogma of there being no alternatives to predominant capitalist models. People are reasonably asking: why have the essential workers across a range of sectors, to whom we are so indebted for their remarkable efforts, been categorised and paid for so long as

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◆low-skilled◆? Why were the pay and conditions so bad for nurses in Ireland that they were forced to go on strike only last year? And if private-public stratifications are not viable in this particular health context, why are they acceptable in ◆normal◆ contexts? The message should be clear:

we won't go back to normal, because normal was the problem.

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