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Survival is Resistance
An Interview with an Anarchist ER Nurse
8th April 2020

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We compiled the following text from an interview we conducted with an emergency room nurse working on the front lines against COVID–19. Like many other healthcare workers across the country, they are unable to speak to the media directly for fear of losing their job, so we at the Ex-Worker collaborated with them to edit and narrate what you're about to hear. We hope you'll find it informative, both in its sobering assessments of the scope of what we're facing medically and its nuanced approach to how anarchists can understand and respond to the situation we're in.

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Survival is Resistance

An Interview with an Anarchist ER Nurse

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I work as a nurse in the emergency room of a Level I Trauma Center in the southwestern United States. We have not been hit hard by the pandemic yet, but we are anticipating and preparing for that in the weeks to come. Operational changes to our triage process have been made: we are triaging patients in large tents outside, we have set up dedicated COVID floors, and intensive care unit capacity is being expanded. These things all happened later than they should have. We are running out of tests and have a limited supply, so we're only testing healthcare workers who are sick, patients who are at high risk due to their health history, and those in respiratory distress who require hospitalization.

At first, my facility wasn't implementing the necessary safety protocols in response to patients who were coming in with some of the less common early signs of COVID–19 (abdominal issues, jaundice, loss of taste and smell). Because patients with these symptoms weren't initially identified as putting healthcare workers at risk when this all started for us last month, we were all basically exposed before a more regimented isolation policy was put in place. We are running

low on personal protective equipment (PPE). What kind of PPE we have access to, and how we being told to use it, is changing daily. Right now I am baking an N95 mask in my oven at 158 degrees Fahrenheit for 30 minutes, in order to sterilize it for reuse. These are meant to be one-time use; however, we are running low and I am preparing to no longer be given any more protective equipment. As healthcare workers, we're coming together to do a hard job, in the way we always have. Morbidity, mortality and trauma stewardship have always been a part of it. Really sick cases are just beginning to show up in our ER. People who usually come into the hospital with non-emergency issues are staying away; however, we are getting a lot of patients from nursing homes, jails, and dialysis clinics. These patients were already medically vulnerable and are very ill when presenting. As the weeks pass, we are putting younger and younger patients on ventilators. We have not run out of ventilators yet. As nurses, we are being pressured to do more with fewer resources, and there is no end in sight. I think it maybe seem easier for organizers in other industries to propose things like strikes, but for healthcare workers, it's complicated. During previous nursing strikes the hospitals have had the ability to pay travelers to fill in during strike days. Even nurses out on strike want patients to have safe care while they are away, most nursing strikes are not about money but about ratios, safe working conditions and PPE supplies. Right now in a short staffed environment getting enough travelers in to staff isn't necessarily a possibility. So while we are running out of PPE and going to work involves risk to myself and my family, not going to work will also lead to an increase in deaths. I think the thing that is yet to be determined is if or when we will get to a point of system collapse and what that will look like. When will my coworkers start getting ill and need to stay home? When will they start to die? They have started to die in other parts of the country; they have died in Spain, Italy and China. When will people's

care system in place in the United States—one of the only silver linings of this awful situation. A profit-driven system cannot accommodate strategic long-term pandemic planning. I think that we will finally see some change around this. Of course, it will be too late for the hundreds of thousands who will die in this pandemic, but it may save lives in the future. The last few weeks have taught others what we as anarchists have already known for a long time: *we don't have to live this way*. We don't need to kill ourselves working full time to pay rent; our kids should have decent schooling and food on the table; our employers should care if we have childcare; society should give a shit if people can access healthcare. We don't have to be enslaved to the neoliberal death machine. Rent strike is real. People are giving to others and of themselves in the unique way they do during a pandemic. We can take care of each other, even after this is over. We can check in on our neighbors, free people from prisons, do political solidarity work. We can be more present with our family, live life at a slower pace and pool resources. I hope, despite all the death that is to come, that people hold onto the small but meaningful things we can do for one another. Let's act as though our individual survival depends on the survival of all people in our communities. Let's NOT conceptually see ourselves as the other. Anarchists often tend towards exceptionalism, identifying ourselves as outsiders in relation to society. That isn't going to work right now. You may get sick; you are not immune. You may need assistance. We are all in this together. Thank you for everything you're doing. May we all survive this intact. More than ever resistance is survival. Survival is resistance. Love and health.

altruistic desire to stem this pandemic be overwhelmed by their own utter exhaustion and moral crisis, or their fear of their own death or the death of their loved ones? Total healthcare system collapse can happen; it happened with during the ebola epidemic in certain places, and it could happen with COVID–19. It seems very likely that COVID–19 can be both airborne and transmitted through droplets at this point. People can have very high viral loads before becoming symptomatic. It is not just a disease of the old. Those over 65 are definitely more at risk, as well as those with comorbidities (i.e., other health problems) and people with suppressed immune systems. However, teenagers and people in their 20s, 30s and 40s are being put on ventilators. Some are dying. Your youth will not necessarily save you, and even if you don't die yourself, you may inadvertently infect someone who does. Projections for my area predict that the healthcare system will reach peak overload in late April to mid-May, if the only collective effort to flatten the curve of infections we undertake is social distancing. The difference in mortality between an approach of just social distancing versus sheltering in place is stark: in my area, the projected difference is over 100,000 deaths. That means that *100,000 lives could be saved if people STAY HOME* over the next three months, and only leave the house once a week for groceries, if possible. People need to understand that healthcare is no great panacea. There are only about 100,000 ICU beds that can be safely staffed in the entire United States. There are only two categories of people right now: healthcare workers and other essential workers like grocers, and everyone else buying us time… Testing capacity is not high. The US government turned down $17 World Health Organization testing kits in order to make their own more expensive tests that did not initially work. Don't get fixated on being able to be tested; it's a viral illness, so knowing for sure that you have it won't necessarily change what you should do to manage it. It takes supportive care, lot of fluids,

temperature management and so forth. If you start showing symptoms like a fever and a dry cough, assume that you have it and quarantine. Only go to the hospital if you are in respiratory distress. If you do go to the hospital and they send you home, GO BACK if you are having increased shortness of breath or difficulty breathing. People who initially present with mild symptoms may still need oxygen and respiratory support later in the course of their illness. This is an illness that will touch all of our lives by the time the pandemic ebbs. We all know someone who will die, we just don't know who yet. Despite the urgency we feel to do something to support the most vulnerable right now, we need to be very careful and thoughtful about how we participate. I am trying to get the anarchist mutual aid collectives here to conceptualize themselves as potential vectors between vulnerable populations that wouldn't otherwise cross-pollinate. We all have to consider ourselves as potential vectors. Well-meaning anarchists might inadvertently infect house-less folks, IV drug users, HIV-positive home meals recipients, undocumented families, and elders on the reservation. Some of those are pretty distinct populations that might not ordinarily overlap much. But the needle exchange, food programs, home wellness visits, and childcare offered by our friends could get everyone infected. I think our friends are smart and they will mitigate risks, but I am worried about cleaning protocols when supplies start running low. Whatever project you are putting your time into just be sure you have functional protocols and you are holding one another accountable to them. Please DO NOT accept well-meaning frontline workers who want to show up physically in your projects right now. As a hospital worker the LAST thing I should be doing on my days off is interacting with high risk populations.

I think anarchists are tenacious, and have understood the limits of capitalism and how to survive during moments of system collapse for a long time. We've had experience preparing

for social emergencies, and this pandemic is providing opportunities to help others reframe the social contract. We have a lot to offer! However, I think anarchists need to be careful to not equate quarantine or lockdown with government repression. Our natural inclinations to shirk authority may not serve us in all cases. I think there is a tension between the need to follow a reasonable public health approach, and the fact that this is being implemented by local, state and federal government actors. We need to be nuanced, pragmatic, and thoughtful about all of this. Take the advice and assess what it means to you. Should we push the state to let our friends out of detention facilities and jails? Hell, yes! Should we push back about curfew, shelter in place orders and shutting down our daily lives? NO, WE SHOULD NOT. We need to shelter in place.

I know that being advised to only see immediate family and your closest monogamous partner just isn't advice that works for our community. But please try to follow some version of shelter in place and limit contacts with others. Do not equate quarantine with government repression; this time the state is trying to kill us by getting us to loosen our isolation practices and go back to work or out into the world as consumers too soon. For my part, I am working overtime and I have made other living arrangements for those closest to me in my life. I am seeing my kids once a week outside for a few hours and I am not touching them. My life is very physically isolated right now, but I have friends who have done way more time in solitary confinement than this, and it is worth it to keep my community safe. I promise to keep going to work well past the point of madness; just try to do your part and stay home. The pandemic is showing everyone how desperately we need a fundamental change in our approach to healthcare. This may not sound very radical, but so long as the state exists, I do think that healthcare needs to be a universal right, in order for us to survive to fight on for a better world. I think the experience of the pandemic may be enough to finally get a single payer health-