

Global Issues

Reflections on Class Struggle in the Twenty-first Century

Peter Evans, University of California Berkeley and Brown University, USA

The pandemic has given the working class a new iconic face. She is a woman of colour wearing scrubs and a mask, delivering life-saving services rather than producing physical goods. The healthcare worker is only one of the many faces of the working class, but starting with her is one way of refreshing paths of analysis well-worn in nineteenth- and twentieth- century theorising. The distinctive challenges that must be overcome to improve her lot reverberate across the diversity of the twenty-first-century working class.

Starting with a worker whose job is to save lives makes it easy to see the perversity of a vision of society that assumes work is just an exchange in which wages are received in return for labour power embodied in a commodity. Healthcare work embodies value because it protects the ability of other members of society to carry out their lives, sustaining them and their communities and enabling human flourishing. Starting here reminds us that, while selling our labour power may be required to “earn” a living, the real product of work should be a flourishing society.

Following Amartya Sen (1999), this analytical template can be applied to a broad swath of what can be called “capability-enhancing” work – from childcare to education to healthcare to homecare. Workers in these jobs help others expand their capabilities *à la* Sen – that is, they help them “achieve the kind of lives that they have reason to value”. These jobs simultaneously increase the “productivity” of the people they serve – that is, their ability to contribute to society in turn. There is no more productive investment than an investment in childcare or early education.

This logic of positive outcomes makes the outcomes produced by contemporary capitalism infuriating. The logic of capitalism produces a combination of vast unmet needs for the kind of services that healthcare workers provide while simultaneously restricting the job opportunities available to those who would like to meet these needs. And, even workers who are granted the “privilege” of providing capability-enhancing services must struggle for decent, dignified working conditions and wages sufficient to sustain their own livelihoods.

While the coronavirus dramatised realisation of how precarious modern health security is and how easily callous and incompetent political leadership can upend this security, indefensibly bad health outcomes were endemic well before the pandemic. The failures were more brutal in the Global South, where they were exacerbated by resource scarcity, but they were most perverse in the case of the United States where they prevailed surrounded by immense wealth.

Recent research by Anne Case and Angus Deaton (2020) shines a harsh light on the US case. In their book, *Deaths of Despair and the Future of Capitalism*, Case and Deaton (2020: 2) report that constantly falling death rates, which were “one of the best and best-established features of the twentieth century”, no longer characterised middle-aged white Americans at the turn of the millennium. Instead, death rates in this group were constant or rising. An excessively costly system that produces exceptionally poor outcomes is obviously perverse.¹

¹ Case and Deaton (2020) entitle their chapter on the US healthcare system “How American Healthcare is Undermining Lives”.

A healthcare system reflects the larger political economy in which it is embedded. Case and Deaton (2020: 261) mention that they considered using “The Failure of Capitalism” as a subtitle for their book but decided instead on the less judgmental “Future of Capitalism”. The former would have been more accurate and useful, both theoretically and practically.

The connections between the failure of the healthcare system and the failure of capitalism are not hard to set out. Capability-enhancing services enhance the productivity of those they serve and constitute the most effective possible kind of investments from the point of view of society as a whole; as Evans and Tilly point out, the social logic of investments and the capitalist logic are quite different:

Capability-expanding services have a large ‘public goods’ element; social returns are much higher than private returns. The more broadly they are delivered, the larger the public goods element becomes, and the bigger the difference between social and private returns. Getting close to optimal levels of investment in capability-expanding services requires funding them like other collective goods – through public investment (Evans and Tilly, 2015: 656).

Private investments in health or education are fine with capital, as long as profits get priority over working conditions and service delivery. But, giving capability expansion priority by allocating more of the social surplus to public investment designed to support human flourishing and to enhance people’s productive abilities rather than prioritising profits would be anathema.

As long as the political process of resource allocation is dominated by capital, reallocation of resources to maximise social returns won’t happen. In this sense, “deaths of despair” don’t represent the “failure of capitalism”. On the contrary, they represent the success of capitalism in defending its interests despite deleterious consequences for society.

The challenges faced by healthcare workers and the people they are trying to serve can’t be solved without challenging the political dominance of capital. Recognition of this overriding constraint must be incorporated into strategies for improving both the livelihoods and working conditions of workers and their ability to deliver the services that they are trying to provide. Is it possible to “bring capital back in” as the protagonist preventing positive solutions? It should be, but it will require imagination as well as determination.

If the argument that leads from the mask-wearing health provider to the necessity of eradicating the political power of capital seems obvious, what is equally obvious is how thoroughly this logic has been side-lined from contemporary political debates by the distorting lens of prevailing cultural/ideological assumptions. Demands for a more humane allocation of societal resources that start from an explicitly anti-capitalist position must surmount a deeply ingrained version of “common sense” in which capital is a job-creating hero. Pretending that “more competition” is a solution or calling for “more regulation” are acceptable, but challenging the political power of capital directly is barely within the bounds of debate in most of the world.

Mounting an attack on the power of capital has to start with building from immediate experience in the direction of broader political conclusions. In a recent on-line discussion of strategies for organising workers in the contemporary global political economy, Stephanie Luce offered a nice example of building from the concrete to the general:

In Indonesia, unions such as the FSBKU (Federasi Serikat Buruh Karya Utama) run night classes: workers teaching workers. Participants first learn how to calculate the living wage based on the national formula that uses a basket of items. They then learn about exploitation and surplus value and learn how living wages are not just a technical issue but a political one. In this way, workers

come together in a fight for higher wages, but their demand is not contained within what is good for business. Their ultimate demand is for an end to labor exploitation (Luce, 2019).

Building connections between pay stubs and an appreciation of exploitation is an essential step in undermining the politically debilitating “common sense” in which capital heroically serves universal ends. However, in an era when financial transactions rather than the production of goods are the principal source of capital’s returns, struggles over wages and working conditions have to be complemented.² Class struggle needs to be envisioned as contesting the politics of resource allocation at the level of society as a whole.

Workers that deliver capability-enhancing services – not just healthcare workers, but teachers, childcare workers, homecare workers and a range of others – have an advantage when it comes to connecting their day-to-day fights to improve wages and working conditions with the political economy of the allocation of societal resources.

The day-to-day struggles of workers delivering capability-expanding services start with classic issues of labour exploitation. As MacAlevy (2017) put it describing the roots of a recent nurses’ strike, “being asked to work way too hard with far too few staff, leading to unsafe conditions, incredible stress, and burn out, is at the root of just about every health-care dispute in this country, if not every workplace in America”. The advantage that these workers have – the connection between fighting to improve their own working conditions and fighting for the people they serve – is clear. Workers’ struggles can be a source of leverage to improve services, creating a link to class struggle in the general sense of efforts to improve the lives of the working class as a whole.

Recent struggles at one of Germany’s largest and most prestigious university hospitals – Charité in Berlin – offer a nice illustration of focusing on the shared interests of workers and patients. Responding to working conditions imposed by a profit-oriented management that made it impossible to meet patients’ needs, one of the Charité nurses wrote, “With chronic understaffing on every shift, current patient care ... is in our view an extremely dangerous form of care” (Reissner, 2015). The workers built ties to the community they served by striking under the banner of “More of us is better for all!” (Reeck, 2017)

Another major group of capability-enhancing workers – teachers – have offered some dramatic recent examples of transforming labor struggles into fights for the interests of people they serve. Increasingly, the demands of striking teachers have gone beyond improving their own working conditions and the education of their students. They have called for a politics of allocating public resources that gives fiscal priority to the needs of the communities that provide the nurturing environment that students need. The idea of “Bargaining for the Common Good” that was developed around these struggles (see Givan and Lang, 2020) follows naturally from the circumstances in which teachers find themselves.³

In the end, the healthcare worker in her mask and scrubs turns out to be an optimistic starting point for reflecting on twenty-first-century class struggle. The more that workers who

² The exploitation of workers and minimising worker’s share of returns continues to be central to capital’s *modus vivendi* in organising production, but the dominance of “financialisation” is an accepted premise in analyses of the contemporary political economy. See, for example, Krippner (2005), Davis (2009) and Voss (2015).

³ For a glimpse of the global range of these struggles and strategies, see Stark and Spreen, “Global Educator Movements: Teacher Struggles Against Neoliberalism and for Democracy and Justice”, in Givan and Lang (2020).

deliver capability-enhancing services play a leading role in the labour movement, the more likely labour struggles are to engage the general problem of capitalism: misallocation of societal resources resulting in mounting unmet needs and the underfunding of the jobs necessary to meet those needs. Even so, no iconic worker, however auspiciously situated, can be more than a starting point. Moving to actually changing power and shifting resources depends on their having a broader political movement to connect with, a political movement that is not afraid to challenge the ideological hegemony of capital and to admit that finding solutions will require taking an anti-capitalist stance.

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BIOGRAPHICAL NOTE

PETER EVANS is Professor Emeritus in the Department of Sociology, University of California, Berkeley, and Senior Fellow in International Studies at the Watson Institute for International Studies, Brown University. He has been a member of the GLJ Advisory Board since the Journal's founding, and has published articles on labour transnationalism in the GLJ in 2010 and 2014.

[Email: pevans@berkeley.edu]