WHAT PATIENTS & COMMUNITIES NEED

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This election year, everything is on the line:

**Our healthcare, our schools, our economy and even our democracy are all at risk.**

We need to raise our voices, get active and VOTE.

Elections have consequences. The people we choose to represent our interests make all the difference. We must support candidates who share our vision of a nation where everyone can succeed, leaders who will fight for what kids and communities need—like **smaller class sizes, health and well-being supports, academic knowledge and practical skills** for life and careers.

As to the larger war on our democracy, we know full well the threats. We see how things like the “big lie” leave our democracy in danger. That means winning elections is essential to saving our schools, our right to a fairer economy, our democracy and our freedoms. Every one of us must be engaged in this fight and VOTE.

Visit [AFTvotes.org](http://AFTvotes.org) to see how the people we have elected continue to work and fight for us and learn how you can stay active and get involved.
Fixing Our Broken Healthcare System, Together

RANDI WEINGARTEN, AFT PRESIDENT

HEALTHCARE IS PART of the DNA and the soul of this union. That’s why AFT Nurses and Health Professionals members were in the house big-time at our convention in July. It was crucial for all of our members to hear about the shocking violence, short staffing, and lack of PPE healthcare professionals have endured. The workforce, understandably, is beyond exhausted; it’s in a mental health crisis. Hosting the panel of RNs, I could see delegates tearing up as they listened, and I could see their resolve as the panel envisioned a healthcare system that prizes patients and worker safety—not profits.* Together, we can fight for and win that system. Our shared vision for an accessible, safe, well-staffed, high-quality healthcare system is set forth in the resolutions we passed at convention (which you can read about in this issue’s Union Highlights), and we won’t stop until that vision becomes reality.

How do we win? By organizing and by supporting the candidates who understand our issues and want to invest in our communities. Clinicians can’t solve healthcare’s problems alone, just like educators can’t get the resources their students need alone. But together, as I’ve been saying for years, we can accomplish what is impossible to do alone.

The AFT has organized 70 new units in the last two years, including nurses at Barrett Hospital & HealthCare in Montana, doctors at PeaceHealth United, and technicians at St. Anthony Hospital, both in Oregon, in recent months. In local after local, we’ve used our collective bargaining power to win contracts that improve care and strengthen professional voice. For example, our local at the Ohio State University Wexner Medical Center won a safe nurse-patient ratio in the operating room and in the emergency department’s critical care unit.

Having a voice at work matters, and so do elections. Just look at the changes in Public Service Loan Forgiveness (PSLF). The AFT sued Trump’s Betsy DeVos, under whom 98 percent of PSLF claims were rejected. Now, under the Biden administration, more than 175,000 people have had over $10 billion in student loan debt wiped away (see the back cover for more details). And look at OSHA’s history; as Jordan Barab, a former OSHA leader, explains (page 10), far more progress has been made for worker safety under Democrats than Republicans.

But our work is just beginning. Our members knew long before COVID-19 that our healthcare system was broken. The staffing crisis is truly terrifying—for healthcare workers and patients—as RN Sherri Dayton describes (page 3). We need to elect leaders who will enact safe staffing legislation and end workplace violence. We need leaders who won’t look away when hedge fund bosses treat workers as widgets or when profit-centered hospital chains override clinicians’ expertise. We need politicians who will help us fight the corporatization of healthcare and who will join with us to rally our communities to demand quality healthcare as a right.

It’s heartbreaking that so many Americans still must choose between food and medicine when Big Pharma has made billions from vaccines (and from pushing opioids). It’s outrageous that corporate mergers are gobbling up community hospitals and closing vital programs. It’s appalling that nurses could not get new respirators, even as they held phones so COVID-19 patients could say goodbye to their families. Moral injury is now rampant among healthcare workers.†

But this November, we can elect leaders who will be our partners in these fights. We’re already turning the corner: with President Biden’s Inflation Reduction Act, America is finally lowering drug costs, helping families afford healthcare premiums, and tackling climate change. At the state level, our affiliates who have gotten out the vote have won real change, from safer staffing laws in New York to protections for community-based care in Connecticut, New Jersey, and Oregon.

Today, with help from Biden, union popularity and power are growing. Joe’s the most pro-labor, pro-working-family president since FDR—maybe ever. If we can strengthen Democrats’ control in Congress, I’m confident we’ll increase workplace safety, decrease gun violence, secure reproductive rights, and so much more. When we organize, negotiate strong contracts, partner with our communities, and elect allies up and down the ballot, look at the progress we can win.

†The AFT has partnered with researchers to better understand and address moral injury; to participate, see aft.org/hc/moralinjury.
WHAT PATIENTS AND COMMUNITIES NEED

We’re working together to build healthy communities by improving patient and healthcare worker well-being, protecting our rights, and strengthening our democracy.

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Our Mission
The American Federation of Teachers is a union of professionals that champions fairness; democracy; economic opportunity; and high-quality public education, healthcare and public services for our students, their families and our communities. We are committed to advancing these principles through community engagement, organizing, collective bargaining and political activism, and especially through the work our members do.
From working conditions becoming unbearable to basic services becoming inaccessible, far too many healthcare professionals and their patients are overwhelmed, stressed, and scared. The union movement is here to help; we’re fighting for safe staffing and affordable care so that patients get the services they need, we’re getting out the vote for candidates who understand that our healthcare system is in crisis, and we’re pressuring employers to put patients and staff over profits.

For insights into healthcare’s challenges and how the upcoming elections could spur improvements, we spoke with Sherri Dayton, RN, BSN, CEN. Dayton, a full-time emergency room nurse with 30 years of healthcare experience, is also the president of the Backus Federation of Nurses in Norwich, Connecticut, and the divisional vice president of AFT Connecticut for healthcare.

—EDITORS

EDITORS: What are some of the main challenges your members faced before and during the pandemic?

Before the pandemic, nurses were having a hard time with staffing shortages and mandatory overtime. Without reasonable nurse-patient ratios, my members were overworked. Working conditions were not ideal for work-life balance, staff retention, or patient safety.

During the pandemic, it’s been so much worse. I’m an emergency room nurse. On a recent shift, I had seven patients—seven to one—that’s unheard of! These are unstable patients; we don’t know what’s wrong with them yet. They could be critical, and we just don’t know it. Seven patients is hard no matter what department you’re working in, but in the ER, it’s especially dangerous.

On top of the staffing crisis, we have seen an uptick in people bringing knives and guns into the ER. Since the pandemic, violence is worsening. People seem angrier—they seem to have less patience and compassion. Unfortunately, that intensifies when people don’t feel good or are worried about their loved ones. We’re constantly asking, “What can we do to make this safer for other patients and ourselves?”

EDITORS: Tell us more about the staffing problems. Why are so many people leaving?

We knew before the pandemic that we were heading into another shortage of healthcare professionals, in part because baby boomers are retiring and becoming patients. Then the pandemic hit. Most people who could retire did do, even though it was sooner than they planned, because they feared getting COVID-19. Many others changed from regular schedules to per diem, exacerbating the shortage.

But what we’re seeing now is different. I’ve been in the healthcare field for 30 years and I’ve not seen this before, which is really scary for me. People are coming out of nursing school and within one to five years, they’re leaving the profession—not leaving their job to do something else in nursing but leaving the
candidates who...want to protect healthcare professionals. 

Here in Connecticut, more than 25 percent of the people who hold a nursing license are not working in the field right now.1 So there isn’t a nursing shortage; there’s a shortage of people who want to work under these conditions. We work shifts without time to eat, sip water, or go to the restroom. Paid time off is routinely denied—there’s no work-life balance at all. Worse, when you’re working without enough staff, you’re always terrified of making a mistake, hurting a patient, and losing your license. And even if you don’t make a mistake, you still need more time. Study after study has shown that how often the nurse is in the room directly correlates with the patient’s outcomes—from falls to pressure ulcers, to infections, to morbidity.2 My members and I often feel like we’re set up for failure because there are so many holes in the healthcare system. 

Another very concerning problem is the shortage of nursing faculty. We have far more qualified applicants for nursing school than seats. In 2021, only 23 percent of the qualified applicants in Connecticut could be accepted.3 Some will wait until the next year and reapply. But many will go into different careers; for example, some become dental hygienists because there are seats available in that program—and then we’ve lost the nurse. I’ve long thought teaching would be a good plan for the later part of my career because bedside nursing and acute care nursing are rough on your body—but recently I learned that after spending $40,000 on my master’s degree, I’ll be making the same amount of money I make now. Instead of enrolling in a master’s program for nursing education, I enrolled in a nurse practitioner program. So, that’s one important cause of the nursing faculty shortage. For prospective nurses and faculty, tuition reimbursement and loan forgiveness are desperately needed.

EDITORS: Federal and state legislators could make preparation for healthcare professions more affordable, so let’s talk about the upcoming elections. What changes do you hope to see?

What I’m most excited about is that we have three strong unionists running for our state senate: Martha Marx, Jan Hochadel, and Julie Kushner. Marx has been a registered nurse for almost four decades and is president of AFT Local 5119. Hochadel, a former high school science teacher, is president of AFT Connecticut. And Kushner, who became a state senator in 2018, is a former regional director with the United Auto Workers. All three understand the needs of working families and the importance of improving working conditions in healthcare. And with all three in the state senate, we have a great chance to pass a bill strengthening limits on mandatory overtime in hospitals. That would have a huge impact because our work is very stressful and having a regular schedule—being able to plan on spending time with family and friends—would reduce our compassion fatigue and moral injury.

Other high priorities are legislation to prevent hospitals from shutting down or reducing services in higher-need, less-profitable communities and to set safe patient limits so that we’re no longer assigned more patients than we can responsibly handle. Those are longer-term goals, but with more labor and healthcare candidates running, we’ll soon have more elected officials who understand our concerns.

Safe patient limits are really crucial. With them, we can take our breaks. We can be at the bedside when our dying patient needs to hold our hand. Almost all of the issues that keep us up at night would be resolved. I say almost because we also have to deal with workplace violence. I have had things thrown at me—big things, like computers. I’ve had people swing at me, kick me, bite me, spit at me, and call me every name in the book. But I’ve been fortunate. One of my friends has had multiple shoulder surgeries after being flipped over by a patient. Another has been unable to return to work because of posttraumatic stress from being assaulted by a patient.

We’ve fought for simple changes, such as not having our last names on our badges so patients can’t find us online easily and increasing the lighting and security around the hospital so nurses and other workers feel safe as they come and go. We’re also advocating for US Rep. Joe Courtney’s (D-CT) Workplace Violence Prevention for Healthcare and Social Service Workers Act, which would require the Occupational Safety and Health Administration to establish an enforceable standard so that employers create safer environments.4 Hospitals have proven that they are not going to address violence on their own. They’ve had decades to do the right thing, the safe thing, the caring thing—but my members are still being injured. So, when I go to the ballot box, I’m looking for candidates who understand and want to protect healthcare professionals.

EDITORS: Beyond the staffing and violence crises you’ve already described, what else do you want candidates to understand?

When I was in preschool and my teacher asked, “What do you want to be when you grow up?,” I said, “A
nurse.” Here I am 30 years into it, and I don’t regret it. I love my profession. But I got into it because I wanted to take care of people. On the days that I have wanted to quit being a nurse, it’s because I wasn’t able to give good care.

I work in the ER for a very particular reason: I don’t have to ask patients about their insurance. When I was a visiting nurse, I hated seeing that a patient’s insurance and ability to pay determined the type of care that we could provide. I think that’s inhumane. Turning a sick child away because of their family’s inability to pay is heartbreaking, so I’m strongly in favor of Medicare for all.

Even working in the ER, I see the impact of our unjust system. I had a patient recently who was on a blood thinner; he fell and hit his head but waited a couple of days to come in. I asked, “Why did you wait so long? If you fall and you hit your head, you need to come in the ER immediately because you could be bleeding internally; you could go to sleep and not wake up.” He said, “I can’t afford it. I can’t afford to come.” He could have died in his sleep, and he knew it. It crushes me.

Healthcare is a human right. Other countries offer universal healthcare; we should be able to set aside our political differences and take care of everyone in our country too.

I also want candidates to understand how unions build the middle class. In my experience, unions are good for all workers—not just the unionized workers. At the hospital where I work, we have 400 nurses who are unionized. After we went on strike in 2020 and won significant raises in our contract, the administrators gave everybody else in the hospital a 2 percent raise. That was not planned; they had already done the evaluations that year and told the nonunion staff what their raises were going to be. I’m sure that 2 percent came from people talking about what a large raise we got by striking. That’s the way it works: union activism lifts all workers. It’s not all about pay; it’s also about paid time off and other benefits. Unions pressure organizations to be better employers. I think it’s vitally important that we get more labor-friendly people into office so we can pass legislation like the Protecting the Right to Organize Act that would make unionization easier.

One last issue I want candidates to grasp is that there’s a growing crisis of corporations buying small community hospitals. The corporations say they are regionalizing care, but for many patients, that means care is farther away or totally inaccessible. For example, diabetic education and wound care may be taken from a small local facility and placed in the larger regional facility. Then a patient has to drive 30 to 45 minutes, but when you have a big wound on your leg, it’s painful to be sitting in a car for a long period. And if you don’t have a car, you don’t get the care at all because you can’t get to the regional facility.

Elected officials should be scrutinizing this consolidation and protecting their constituents. Instead of only considering corporations’ profits, we must consider communities’ needs.

Another aspect of consolidation, which most people seem unaware of, is that many of these large healthcare corporations are nonprofits, so they don’t pay taxes. These regionalized hospitals and clinics are very lucrative, but their nonprofit status means they are not contributing to their communities. They may be the largest building owner in the region, but they don’t contribute to building or repairing roads, for example. If they are going to retain their nonprofit perks, they should at least give back by providing the necessary care in each community. My union—and many others—are advocating for state legislation that would not allow needed health services to be taken away or moved to a regional hub. So that’s another key issue I consider when deciding who is getting my vote.

**EDITORS: We often focus on our democracy in the months before an election, but true democratic engagement requires day-to-day activism. What will your union be doing after the election?**

Getting family-, worker-, and healthcare-friendly candidates elected is just the first step. Once they’re in office, they are bombarded with lobbyists. So we have to stay in touch with our elected officials and ensure that they fulfill their promises. By calling, emailing, and showing up at the capital, we remind our representatives about our issues. We also have to stay engaged as bills are drafted and debated so we can explain the real-world implications of any proposed changes. Most of all, we have to be persistent. We might only move one baby step forward this session, and then we get ready to fight for a bigger step in the next session.

I know it can be exhausting, but it’s important. This is especially true at the state and local levels, where the laws, policies, and budgets so directly affect our everyday lives.

Healthcare professionals really need a silver lining coming out of the pandemic. The healthcare system was broken before COVID. It is in crisis now. The one good thing I hope to see is elected officials finally starting to make changes.

*For the endnotes, please see aft.org/hc/fall2022/dayton.*
In 1973, the Supreme Court held in Roe v. Wade that the Constitution protects a fundamental right to terminate a pregnancy. Seven justices—including five appointed by Republican presidents—joined the majority opinion. Only two justices disagreed with the majority’s conclusion that the Constitution does indeed protect the right to an abortion.

*Roe* did not fall from the sky. In fact, the court’s holding in the case logically followed a half century of case law that had preceded it. In the 1920s, the court began to interpret the Constitution to protect the rights of individuals to be free from governmental intervention in matters involving the family. In *Meyer v. Nebraska* (1923) and *Pierce v. Society of Sisters* (1925), the court held that the Constitution protects the right of parents to educate their children in the manner that they deem fit. In *Skinner v. Oklahoma* (1942), the court held that the Constitution protects the right of an individual to bear children and that the government was prohibited from sterilizing persons without their consent. In *Griswold v. Connecticut* (1965), the court held that the Constitution protects the right of married individuals to access contraception and to avoid becoming parents. In *Loving v. Virginia* (1967), the court struck down Virginia’s prohibition on interracial marriage, holding that the Constitution protects the right of an individual to marry a person of a different race. In *Eisenstadt v. Baird* (1972), the court held that its decision in *Griswold* applies to unmarried persons as well, interpreting the Constitution to protect the right of all people to access contraception and to avoid parenthood (or avoid having a larger family), regardless of marital status. Thus, when the court in *Roe* was asked to decide whether the Constitution protected the right to an abortion, it observed that the Constitution had already been interpreted to protect the individual’s right to become a parent, to avoid parenthood, and to parent their children in the manner that they thought appropriate. In light of this, the court reasoned that the Constitution also protects a fundamental right to an abortion insofar as the abortion right was consistent with all of the other fundamental rights regarding families, and the decision whether or not to create or expand a family, that the court had already interpreted the Constitution to recognize.

In June 2022, the court released its decision in *Dobbs v. Jackson Women’s Health Organization*. Five justices—all appointed by Republican presidents—voted to overturn *Roe*, discarding close to 50 years of precedent and denigrating the logical expansion of family rights that began a century ago. *Dobbs* allows...
states to criminalize abortion or otherwise make the procedure illegal at any point during pregnancy. Approximately half of the states have done, or are on the verge of doing (as this issue of AFT Health Care goes to press), exactly that.1

Supporters of the court’s decision in Dobbs assert that it is not radical because it does not impose a nationwide ban on abortion procedures; it simply permits states to limit or ban abortion if they so desire. Political majorities in the states can now decide whether the procedure should be permitted in their state, they say.

This argument ignores the entire point of a fundamental right, which is to remove certain issues from the will of political majorities. Fundamental rights protect areas of life that are too vital to the individual and to our nation to leave to democratic processes. For example, the right to practice one’s religion is a fundamental right. This is because we do not think that a fair and just society would allow people’s ability to practice their religion to hinge on whether they can convince a majority of voters in a jurisdiction that their religion should be respected and they should be permitted to observe it. Our democracy emerges from our fundamental rights; if our democratic processes could easily alter our fundamental rights, democracy itself would be in peril. Our nation would be unrecognizable as our nation. The country would no longer be American.

Another example is instructive. As mentioned above, the court in Skinner v. Oklahoma held that the Constitution protects a fundamental right to bear a child; thus, states are prohibited from sterilizing persons without their consent. This is because the Constitution endeavors to create a fair and just society, and no such society would allow a person’s ability to become a parent to hinge on whether they can convince a majority of voters in a jurisdiction that they are worthy of parenthood. If the US permitted this, the nation would cease to be essentially American.

The same logic applies to the fundamental right to an abortion. In Roe, the court held that a fair and just society would not allow a person’s ability to terminate an unwanted pregnancy to hinge on whether they can convince a majority of voters in a jurisdiction that the individual should have the ability to control what happens to their body and to determine the trajectory of their life. The ability to avoid becoming a parent—or to avoid the birth of another child—is too consequential to leave to the whims of an electorate. In this way, Dobbs is radical because it eliminates a fundamental right and allows political majorities to determine life courses.

Who Gets to Vote?
Compounding the problem, those who support the court’s decision in Dobbs ignore that several states with Republican-controlled legislatures have been on an aggressive campaign to disenfranchise voters who would likely support abortion (and Democratic candidates in general). In 2013, the court decided Shelby County v. Holder, which effectively struck down a key provision of the Voting Rights Act of 1965.2 Since then, states with histories of denying people of color the ability to vote have been actively attempting to disenfranchise not only voters of color but also poor people, young people, people with disabilities, and others who would likely support Democrats. The sundry efforts at disenfranchisement include restrictive voter ID requirements, limitations on early voting and absentee voting, the closure of polling places in neighborhoods of color, and voter roll purges.1 Supporters of these restrictions on voting claim that they are necessary to prevent voter fraud. However, these supporters have never been able to provide evidence that any meaningful voter fraud is taking place—let alone at a level that warrants the disenfranchisement of large swaths of people. So the court’s decision in Dobbs returns the question of abortion’s legality not to all voters, but only to voters who have not been disenfranchised.

It is likely no coincidence that many of the states with the most restrictive abortion laws are also the states with the most restrictive voting laws.2 One set of researchers ranked Mississippi, whose 15-week abortion ban set the stage for the court’s decision in Dobbs, among the worst in terms of state-erected obstacles to casting a ballot.3 This same set of researchers ranked Texas—which rendered most abortion services unavailable in the state several months before the court released its decision in Dobbs—as the worst state in terms of obstacles to voting.4 Accordingly, we should be skeptical about whether the abortion bans and restrictions that states have passed and will pass in the future actually reflect the will of the majority of people in the state. Instead, they likely will reflect the will of the people who were able to vote in the state.

A Return to 1868?
Dobbs is a terrifying decision not only because it permits states to force their residents to give birth but also because it calls into question all the cases upon which Roe relied, as well as several cases decided after Roe. This is owed to the method of constitutional interpretation that the court uses in Dobbs. In the case, the court argues that the 14th Amendment, which is the textual home of all the above-mentioned rights concerning the family, only protects those rights that were enjoyed at the time of the amendment’s ratification—in 1868. Because abortion rights were not protected then, the court concludes that

Dobbs eliminates a fundamental right and allows voters to determine the course of other people’s lives.

*To learn more about this decision, see “One Person, One Vote” by Eric H. Holder, Jr., in the Fall 2020 issue of AFT Health Care: aft.org/hc/fall2020/holder.
†For details on these efforts to limit voting, see “Pay Attention: Democracy Is on the Ballot” on page 29.
abortion rights do not enjoy constitutional protection today. This method of interpreting the Constitution is disastrous for individuals who belong to groups that were not considered full citizens or valued parts of the body politic in the mid-19th century. This, of course, includes women—who did not even have the right to vote until 50 years after the 14th Amendment was ratified. Thus, the method of constitutional interpretation employed in Dobbs removes issues that are important to women and people who are capable of pregnancy—like the ability to become pregnant and to avoid pregnancy and parenthood—from the scope of constitutional protection.

Moreover, many of the cases upon which Roe relied interpreted the Constitution to protect rights that people in 1868 did not care to protect. Skinner v. Oklahoma (1942) interpreted the Constitution to recognize the right to be free from compulsory sterilization. But in 1927, in the infamous case of Buck v. Bell, the court denied that the Constitution protects that right. Thus, Skinner v. Oklahoma—alongside the cases protecting the right to access contraception and the right to marry someone of another race—rests on shaky ground after Dobbs.

Further, Dobbs calls into question the legitimacy of several cases decided after Roe. In 2003, the court handed down Lawrence v. Texas, which prohibits states from criminally punishing LGBTQIA+ people for their sexual relationships. And in 2015, the court handed down Obergefell v. Hodges, which held that the Constitution protects the right of an individual to marry someone of the same sex. Both of these decisions are precarious after Dobbs insofar as LGBTQIA+ people enjoyed precious few rights in 1868. Indeed, LGBTQIA+ people were subjected to punishment, censure, and erasure until very recently in our nation’s history. Thus, the court’s method of constitutional interpretation in Dobbs results in a Constitution that only protects the rights of cisgender, affluent, nondisabled, native-born, white men—the group that shaped the nation’s laws in mid-19th-century America.

The damage that Dobbs inflicts cannot be undone. As noted above, about half of states either have already criminalized abortion or are expected to do so soon. People in those states will only be able to legally terminate an unwanted pregnancy if they are able to travel to states where abortion is still legal. However, those who are able to travel are the lucky ones. They are fortunate because they can afford the cost of travel. They can take time off work. They can pay for childcare while they are away from home. They do not have to hide their whereabouts from an abusive partner or parent. They do not have a physical or mental disability that makes travel difficult or impossible. They are not undocumented and unable to cross immigration checkpoints. In this way, the most unprivileged and most vulnerable among us will not be able to avoid the criminal abortion laws in their states. Many people may resort to unsafe methods of abortion. Others will be forced to give birth—despite their knowing that it is not in their best interests or the best interests of their families to bring a child into the world. Intensifying the injury is the fact that the states banning abortion also tend to have policies that are not family friendly, resulting in high rates of child poverty, maternal mortality, and teen births. There is no way to undo that harm.

As long as Dobbs remains the law, we are in the tragic position of needing to convince political majorities in the states that they should allow individuals to determine the content and trajectory of their lives. While it has always been important to vote, it is even more important now. On the most basic level, we have to vote for lawmakers who will protect the right to vote. Democracies in which substantial portions of the electorate are unable to vote are not democracies. Beyond that, we have to vote so that we can be part of political majorities that understand the devastating consequences of forcing birth and that refuse to compel people to continue a pregnancy against their will. While it is extremely unlikely that the court will hand down a decision in the near future that protects abortion rights, Congress has the power to pass federal legislation that prohibits states from criminalizing abortion or otherwise making the procedure inaccessible. Thus, we have to vote for senators and representatives who will support such a law.

Even more broadly, we have to vote for lawmakers who understand that the right to an abortion is just one in a bundle of rights that individuals must have in order to fully control their reproductive destinies. While we desperately need laws that protect the rights of people to avoid pregnancy and parenthood, we also need laws that protect the rights of people to become pregnant and to become parents if they so desire. People must be protected against the environmental degradation that increases the incidence of miscarriages and stillbirths; they must also have the healthcare that will provide them with treatment for infertility. Further, we desperately need laws that protect individuals’ rights to parent their children with dignity and in conditions that support children’s physical, mental, and emotional health. Children should be able to breathe clean air, drink uncontaminated water, live in safe and secure housing, play in unpolluted communities free from violence, be educated in well-funded schools that meet their needs, access affordable healthcare, and be cared for by families and caretakers who have all the resources that they require. A society that provides as much is one that truly values life.

For the endnotes, see aft.org/hc/fall2022/bridges.
Implications of the *Dobbs* Decision for Clinicians

The US Supreme Court’s decision in *Dobbs v. Jackson Women’s Health Organization* not only revoked a right to reproductive health and privacy but has created tremendous uncertainty for those accessing reproductive health services, including abortion, and those providing care to people who are pregnant or otherwise seeking reproductive health or OB-GYN services. This has created a chilling effect throughout the United States, with some patients already being denied the best standard of care for fear of criminal penalty.

This is not the way to ensure safe treatment. While your union has your back and will defend members from the cruel and chilling implications of *Dobbs*, it is also important that every clinician knows their legal rights and potential exposure, understanding that implications will vary state by state.

Here are some frequently asked questions; visit go.aft.org/uv9 for a more comprehensive list that will be updated as more information becomes available.

**Professional Practice Concerns**

In states that have banned or restricted access to abortion, federal law still obligates clinicians to administer lifesaving medical care; but without clear guidance on determining whether a pregnancy is life-threatening, clinicians are left in a chasm between their medical judgment and restrictive state laws.

Q: Do clinicians have discretion in determining whether a pregnancy is life-threatening?

- According to guidance from the Department of Health and Human Services (go.aft.org/rky), under the Emergency Medical Treatment and Active Labor Act (EMTALA), the determination of an emergency medical condition (EMC) and the necessary course of treatment to address an EMC are under the purview of the physician or other qualified medical personnel.
- In a letter to clinicians (go.aft.org/4wp), HHS Secretary Xavier Becerra emphasized this: “As frontline health care providers, the federal EMTALA statute protects your clinical judgment and the action that you take to provide stabilizing medical treatment to your pregnant patients, regardless of the restrictions in the state where you practice.” (Emphasis added.)

Q: Will regulations enumerate only specific medical conditions that qualify for a “life of the mother” exemption to an abortion ban?

- HHS guidance states, “Emergency medical conditions involving pregnant patients may include but are not limited to: ectopic pregnancy, complications of pregnancy loss, or emergent hypertensive disorders, such as preeclampsia with severe features.” (Emphasis added.)
- In a letter to clinicians clarifying EMTALA guidance, Becerra stated, “Any state laws or mandates that employ a more restrictive definition of an emergency medical condition are preempted by the EMTALA statute.” (Emphasis added.)

Q: Do “life of the mother” exemptions require approval before the procedure can take place?

- Becerra stated, “If a physician believes that a pregnant patient presenting at an emergency department, including certain labor and delivery departments, is experiencing an emergency medical condition as defined by EMTALA, and that abortion is the stabilizing treatment necessary to resolve that condition, the physician must provide that treatment.” (Emphasis added.) This indicates that federal statute not only protects clinicians in situations that require quick action but also requires them to take this action.

**Professional and Criminal Liability**

Following the *Dobbs* decision, clinicians may worry about criminal liability for providing reproductive healthcare or denying necessary care. These complexities will vary by state, but here’s what we know about federal protections.

Q: Are clinicians subject to malpractice litigation for denying an abortion to a patient who later dies from pregnancy complications?

- EMTALA entitles any patient seeking emergency care for a medical condition to a screening to determine whether an emergency medical condition exists. If a qualified medical professional determines the patient has an EMC, the patient is entitled to stabilizing treatment within the hospital’s capability.
- Latest EMTALA guidance (go.aft.org/rky) states, “A physician’s professional and legal duty to provide stabilizing medical treatment to a patient who presents to the emergency department and is found to have an emergency medical condition preempts any directly conflicting state law or mandate that might otherwise prohibit such treatment.” (Emphasis added.)
- EMTALA enforcement is complaint driven. If investigation of a complaint finds that a hospital and/or individual clinician violated EMTALA, it could result in termination of Medicare provider agreements and/or civil monetary penalties.

Q: Are clinicians criminally liable for denying an abortion to a patient who later dies of pregnancy complications?

- Hospitals and/or medical personnel could be subject to a complaint under EMTALA if they do not provide stabilizing care for an emergency medical condition. A violation of EMTALA could result in civil monetary penalties and/or exclusion from Medicare and state healthcare programs for physicians.

Q: Are clinicians required to report if a patient intends to get or gets an abortion in another state? What is the consequence for not reporting?

- Reporting a patient’s intent to seek a legal abortion in another state is a violation of the Privacy Rule under the latest HIPAA guidance (go.aft.org/ml).

—Staff of the AFT’s Nurses and Health Professionals Division
Ensuring Your Safety
How OSHA Can Better Protect Healthcare Workers

Healthcare facilities have long been among the most dangerous workplaces in the country. Infectious diseases, workplace violence, hazardous chemicals, and musculoskeletal (e.g., back) injuries all contribute to healthcare workers having among the highest rates of injury and illness of any occupation. This problem has only grown worse during the COVID-19 pandemic, when healthcare facilities have been at or over capacity, staffing levels have been dangerously low, and anxieties and stresses for both healthcare workers and patients have been greater than ever.

The data from 2020 (the most recent year for which annual data are available) illustrate how much worse the conditions for healthcare workers have become. The number of injuries and illnesses reported to the Bureau of Labor Statistics (BLS) by all private employers dropped by 5.7 percent in 2020, even with the dramatic rise in cases of respiratory illness—but the number of injuries and illnesses reported by private healthcare and social service employers rose by a whopping 40.1 percent. The total incidence rate for the healthcare and social service sector was 5.5 cases per 100 full-time employees in 2020 (compared to 3.8 in 2019). In comparison, the incidence rate for all private industry workers in 2020 was 2.7, and even industries considered dangerous fared better than healthcare: mining had a rate of 1.2, construction had a rate of 2.5, and manufacturing had a rate of 3.1.

It isn’t just the number of injuries and illnesses among healthcare workers that has increased—it’s the severity. Well over half of the healthcare and social service sector’s 806,200 injury and illness cases in 2020 were serious enough to result in at least one day away from work. Nursing assistants, registered nurses, and licensed practical and licensed vocational nurses all had notable increases over 2019 in their days away from work and in the number of serious cases. Nursing assistants had particularly shocking increases, going from 27,590 to 96,480 serious injuries and illnesses, with their median days away from work jumping from 6 to 12. Registered nurses were not far behind; serious injury and illness grew from 20,150 to 78,740 and days away from 8 to 13.

And although it is difficult to obtain a comprehensive and accurate count, we know that thousands of healthcare workers died from COVID-19 acquired on the job in 2020. As healthcare workers have undertaken greater and greater risks just to do their jobs,
in many cases with insufficient support from their employers, they—and their unions—have increasingly turned to the Occupational Safety and Health Administration (OSHA) to demand that it fulfill its duty and protect them from harm in their workplaces. In 1970, after many years of organizing and lobbying by the labor movement and public health community, the Occupational Safety and Health Act was passed with the goal of ensuring safe and healthful workplaces for all American workers. The law requires employers to provide safe working conditions for their employees, and employers can be penalized for failure to comply with federal safety standards; OSHA was created to establish and enforce those standards. There was very little unionization in the service sector or in the healthcare sector when the Occupational Safety and Health Act passed; most of the union activity related to health and safety was concentrated on conditions in the manufacturing and construction sectors that dominated the American economy and the American labor movement in the 1950s and '60s. In part because of that history, OSHA has struggled to provide adequate protection for healthcare workers. The successes OSHA has had in issuing standards and enforcing laws, supporting its budget, and defending the agency from endless attacks from the healthcare industry (and the business community in general) have been the result of union activism. OSHA, Unions, and the Health of Healthcare Workers

The first OSHA standard that focused primarily on the healthcare industry was the ethylene oxide (EtO) standard, issued in 1984. EtO is used mainly as a sterilant for reusable and single-use medical equipment and supplies. The gas is highly flammable, and emerging evidence had begun to show that chronic exposure is associated with the occurrence of cancer, reproductive effects, mutagenic changes, neurotoxicity, and sensitization. The Reagan administration refused to update its antiquated standard until labor unions and public health groups successfully sued to force the agency to issue a standard. At that time, OSHA estimated that more than 62,000 healthcare workers were directly exposed to the carcinogen and 25,000 were indirectly exposed. The agency set an exposure limit over an 8-hour workday, but it took an additional lawsuit to compel OSHA to set a short-term (15-minute) exposure limit in 1988.

Bloodborne Pathogens: Healthcare Workers Are Not Immune

OSHA had not yet touched the issue of infectious diseases when a new and little understood disease, eventually known as human immunodeficiency virus or acquired immune deficiency syndrome (HIV/AIDS), began to take a devastating toll in the early 1980s. As HIV/AIDS patients inevitably ended up in the hospital, healthcare workers became increasingly concerned about contracting the disease. While it was eventually learned that HIV/AIDS was a bloodborne pathogen, it was initially not clear how it was transmitted. There were no legal requirements covering worker exposure to infectious diseases at that time. OSHA had no standards covering infectious disease, and while the Centers for Disease Control and Prevention (CDC) had a voluntary “Guideline for Isolation Precautions in Hospitals” designed to prevent healthcare worker exposure to infectious diseases (such as hepatitis B, which at that time posed a more significant risk than HIV/AIDS), CDC guidance was not enforceable if healthcare institutions chose not to comply. Unions representing healthcare workers were hearing from members who were becoming increasingly alarmed at the lack of protective measures taken by hospitals. Many reported that managers refused to allow them to wear gloves because gloves might make the patients nervous or because they didn’t have gloves that fit. Sharps were commonly recapped, infectious waste was frequently discarded along with regular trash, and overflowing incinerators spilled untreated waste on hospital floors.

In 1986, several unions representing healthcare workers petitioned OSHA for better protections against bloodborne pathogens for their members. They encountered resistance from both OSHA leadership and the hospital industry. Healthcare workers were seen as somehow immune from infectious diseases, and if they were not immune, then choosing to work in the healthcare field meant they were assuming the risk of contracting infectious diseases. The hospital industry, led by the American Hospital Association (AHA), argued that hospitals were already adequately protecting their employees and there was nothing for OSHA to worry about. In late 1989 and early 1990, OSHA held weeks of regulatory hearings across the country where workers testified about the exposures they routinely experi-
enced—the largest public response to a proposed rule to that point in OSHA’s history. In the hearings, the AHA and the American Dental Association warned that the standard would cause crippling increases in the cost of healthcare and attempted to scare patients with visions of ignorant OSHA inspectors bursting into operating rooms in muddy boots to write reams of citations. Healthcare “experts” testified that it would be impossible to practice medicine while wearing gloves, and dentists warned that masks would scare off children.

Despite industry opposition and the George H. W. Bush administration’s reluctance to break new ground in worker protection, pressure from unions, Congress, and the public health community spurred OSHA forward, and the Bloodborne Pathogens Standard (BPS) was issued in December 1991. OSHA estimated that almost 7 million hospital and nursing home workers were covered by the standard, which required employers to establish a program to reduce musculoskeletal injuries, such as back injuries, and required hospitals to use patient lifts. Unfortunately for those 7 million workers, the Republican-controlled Congress and President George W. Bush repealed the standard shortly after Bush took office in 2001.

Workplace Violence: Mixed Martial Arts on the Hospital Floor

Assault is one of the leading causes of injury in healthcare settings. A 2021 House of Representatives report summed up the issue:

In 2019, hospital workers were nearly five times as likely to suffer a serious workplace violence injury than all other workers, while workers in psychiatric hospitals are at 34 times greater risk of workplace violence injuries compared with all other workers. BLS reports 20,870 health and social service workers had injuries so severe they lost workdays from injuries due to workplace violence in 2019, amounting to 70 percent of all workplace violence injuries across all industries. The total number of the most severe workplace violence injuries in the health care and social service industry, which are those requiring days away from work, has nearly doubled since 2011.

Workplace violence afflicts healthcare workers with more than just serious physical injuries. During a congressional hearing in 2019, AFT member Patricia Moon-Updike described the trauma she suffered after being seriously injured by a patient in 2015 while working as a nurse in the Milwaukee County Behavioral Health Division’s child and adolescent treatment unit:

After I went home, the nightmares started. I couldn’t sleep. I figured this was normal and it would pass.... However, this was a different kind of “feeling” than I had ever experienced before.... As days passed, I became more “scared” of people... being unpredictable.... Since June 2015, I have

*To learn how union work led to the passage of this legislation, see “Organizing on the Frontlines” in the Spring 2022 issue of AFT Health Care: aft.org/hc/spring2022/givan.
been diagnosed with moderate to severe post-traumatic stress disorder, moderate anxiety, insomnia, depressive disorder and social phobia related to this incident…. I suffer from terrible memory problems. I cannot wear a seat belt properly because it comes too close to my neck; I have to wear both belts around my waist. I have not been to a mall, a concert or a sporting event since the assault because of my fear of crowds.†

Although labor unions have pressed OSHA and state health departments on workplace violence for decades, progress has been hard and slow. In the 1980s and early 1990s, most healthcare administrators and federal OSHA leaders refused to consider workplace violence an appropriate issue to be addressed by an agency that dealt primarily with falls, machine guarding, and chemical issues. Assaults on mental health workers, social workers, and emergency room workers were seen as “just part of the job.” Employers often discouraged workers from reporting incidents, and many workers reported that they were disciplined after an attack because an assault meant they had failed to keep the patient under control.‡

By the mid-1990s, following the murder of a social worker by one of her clients, CalOSHA had issued guidance to prevent violence in healthcare and social service establishments; US Department of Labor solicitors also gave federal OSHA permission to cite workplace violence under OSHA’s General Duty Clause, a legally burdensome enforcement tool that can be used to cite employers for unsafe conditions where there is no relevant standard. In 1996, federal OSHA finally issued guidance for workplace violence against healthcare and social service workers and began limited enforcement under the General Duty Clause. That guidance was updated in 2012.

In late 2016, at the end of the Obama administration, OSHA began work on an enforceable standard to protect workers from workplace violence in healthcare and social services. To speed up the process, the US House of Representatives passed bipartisan legislation in 2019 and in 2021 that would have required OSHA to issue a workplace violence standard within 24 months. Passage of the legislation came over the objections of the AHA, which argued that hospitals were already doing a great job protecting workers and an OSHA standard would impose burdensome unfunded mandates and prohibitive costs on hospitals. At the time this article was finalized for print (August 2022), the bill had not come to a vote in the Senate.

COVID-19: Sacrificing Our “Heroes”

The COVID-19 pandemic has put OSHA—its responsibilities to workers, its weaknesses, and the importance of healthcare unions—in the spotlight. Healthcare workers have been on the frontlines of the pandemic since the beginning, and the severity of the physical and mental toll they are bearing is still unknown. Even their death toll from workplace-acquired COVID-19 infections is essentially unknown because it has likely been significantly underreported.

The threat to healthcare workers was not a surprise. In 2009, early in the Obama administration, the country faced a potentially serious H1N1 flu pandemic. OSHA realized that it did not have the enforcement tools to address a major disease outbreak and began work on a comprehensive infectious disease standard that would supplement the Bloodborne Pathogens Standard. OSHA also became aware in 2009 of a potential critical shortage of N95 respirators. While a national stockpile had been created during the George W. Bush administration to protect healthcare workers in a major airborne disease pandemic, in 2009 it contained only a tiny fraction of the billions of N95 respirators that would likely have been needed had H1N1 reached pandemic levels in the United States.

In January 2020, when the United States had only a handful of COVID-19 cases and no deaths, Rep. Bobby Scott (D-VA), chair of the House Education and Labor Committee, and Rep. Alma Adams (D-NC), chair of the Workforce Protections Subcommittee, sent an urgent letter to OSHA. Their letter warned the agency of the threat healthcare workers were likely to face and asked OSHA to start work on an emergency temporary standard (ETS) to protect healthcare workers. The Trump administration ignored this request, leaving healthcare workers vulnerable to whatever precautions their employers voluntarily chose to take. In response, representatives Scott and Adams introduced legislation to require OSHA to issue an ETS within a short timeframe, but it was defeated through scare tactics by the AHA. Indeed, an ETS that would have offered healthcare workers critical protections was never issued during Trump’s presidency.
Meanwhile, the predicted shortage of N95 respirators came to pass. While the national stockpile contained only around 30,000 N95s, government infectious disease experts estimated that the country would need 5 to 7 billion to adequately protect healthcare workers. This severe shortage led the CDC to ignore what we were learning about COVID-19 transmission and change its healthcare worker guidance. At the beginning of the pandemic, the CDC recommended healthcare workers use N95 (or more effective) respirators if they might be in contact with patients infected with COVID-19. However, the CDC weakened its guidance in March 2020, despite growing evidence that aerosol transmission was a major mode of infection that could only be blocked by N95s or more effective respirators.30

In contrast, the Biden administration began well. On the first day of the new administration, President Biden issued an executive order that directed OSHA to issue an ETS that would protect all potentially exposed workers by March 15.31 Unfortunately, March 15—and then April 15 and May 15—came and went. Finally on June 21, 2021, OSHA issued an ETS covering only healthcare workers, hoping that the COVID-19 vaccine would take care of everyone else.32

Soon afterward, the combination of the Delta variant, increasing evidence that vaccine protection against infection deteriorated over time, and growing political resistance from anti-vaxxers made it clear that workers needed more protection than just the hope that everyone would get vaccinated. OSHA instead doubled down on the vaccine, requiring all unvaccinated workers (outside of healthcare) to wear masks and get tested weekly. (The Centers for Medicare and Medicaid Services separately issued a regulation requiring all healthcare workers to be vaccinated.) The OSHA mandate was later blocked from going into effect by the Supreme Court.33

According to the Occupational Safety and Health Act, an ETS should be followed by a permanent standard within six months. While it is unclear to legal experts whether the six-month deadline is mandatory, in December 2021, as the ETS reached the six-month point, OSHA nevertheless announced its intention to withdraw all but the recordkeeping portions of the ETS, leaving healthcare workers with coverage only under the General Duty Clause. In response, the AFT joined with other national healthcare unions in suing OSHA, asking that the COVID-19 vaccine take care of everyone else.34

Advocate for Workplace Violence Prevention
Ensuring the safety of healthcare workers is a top priority for the AFT. Visit aft.org/wpvact to see how you can pressure your senators to support the Workplace Violence Prevention for Health Care and Social Service Workers Act (HR 1195).

Lessons from OSHA History
The last 50 years have taught three important lessons about protecting healthcare workers from workplace hazards:

1. Progress on worker protection only happens as a result of pressure from labor unions and public health advocates. From the earliest days of OSHA, unions representing healthcare workers pressured OSHA through lawsuits, petitions, and congressional lobbying to protect healthcare workers from hazardous chemicals, infectious diseases, musculoskeletal injuries, and workplace violence. While progress has been slow, it would have been nonexistent without union activity.

2. Hazards to healthcare workers are not well covered by OSHA. Adequate health and safety coverage continues to be a struggle because of the agency’s initial and continuing focus on manufacturing and construction, the glacially slow pace of rulemaking, OSHA’s small budget, the strength of employer organizations like the AHA, and the persistent belief that healthcare workers somehow voluntarily assume hazards in their jobs (almost all of which are preventable with appropriate investments in engineering controls, staffing, personal protective equipment, and other protections).

3. OSHA is severely underfunded and understaffed, and the agency has few standards that address healthcare worker hazards. This means that while OSHA serves as an important backstop to prevent healthcare worker injuries, illnesses, and deaths, workers have to take action on their own—through forming unions, writing protections into contract language, and enforcing those contracts.

Congressional action is crucial to improving OSHA’s coverage of healthcare workplaces: every year, Congress has the ability to increase OSHA’s budget. Therefore, it is also important for all legislators to hear from healthcare workers and their union representatives about legislation and budget increases that would empower OSHA to better ensure worker safety. The Protecting America’s Workers Act would address many of the problems in the antiquated Occupational Safety and Health Act.35 It would require coverage of all public employees (who are not currently covered by OSHA in 23 states), strengthen weak anti-discrimination protections, increase OSHA penalties, and expand workers’ rights. Other pending legislation would require OSHA to issue standards addressing workplace violence, heat, and other hazards.

But OSHA standards are the bare minimum needed to help workers come home healthy at the end of each workday. Strong contract language and robust enforcement of that language are the best protection. Passage of legislation such as the Protecting the Right to Organize Act (PRO Act)37 that will help workers organize unions is ultimately one of the best protections that healthcare workers can achieve.

For the endnotes, see aft.org/hc/fall2022/barab.
Making OSHA Work for You

While OSHA’s lack of progress in the healthcare sector is frustrating, it’s important to remember that the existing standards written into the Occupational Safety and Health Act provide important protections for healthcare workers and worker rights. The better you understand OSHA, the more effective you can be in using OSHA to protect yourself, your colleagues, and your patients.

Federal OSHA enforces the law for all federal employees and for private sector employees in 29 states, the District of Columbia, and the US Virgin Islands, as well as for private sector employees working for federal agencies in American Samoa, Guam, and the Northern Mariana Islands. The other 21 states and Puerto Rico run their own OSHA programs. Federal OSHA funds up to 50 percent of these OSHA state plan budgets, but the law dictates that the state plan programs must be “at least as effective” as the federal program. States also have the option to issue standards that are more effective than federal OSHA’s.1

For example, California’s OSHA program has exceeded federal OSHA by issuing an ergonomics standard, a healthcare workplace violence standard, a COVID-19 emergency temporary standard, and a standard covering all aerosol transmissible diseases. Minnesota’s hazard communication standard includes infectious diseases as well as chemicals.

Public Employees: Second-Class Citizens

One glaring problem is that federal OSHA does not actually cover all workers. Public employees are not covered by federal OSHA, although the law requires the 21 states with their own OSHA plans to cover state, county, and municipal employees. Six additional states take advantage of a provision in the law that allows states to choose to cover only their public sector employees, while federal OSHA continues to cover the private sector. OSHA also funds 50 percent of these public sector programs.*

At this time, public employees in 23 states and the District of Columbia—including those who work in public healthcare facilities—have no legal right to a safe workplace.2

Healthcare workers in the public sector pay a high price for lack of OSHA coverage. In 2017, the Bureau of Labor Statistics found that state government healthcare and social service workers were nearly nine times more likely to be injured by an assault than healthcare workers in the private sector. Those working in mental health facilities suffer the most. In 2019, the rate of assault-related injuries for state psychiatric aides was an astronomical 1,460.1 per 10,000 workers.2 OSHA can’t even use the weak General Duty Clause to protect public healthcare workers in 23 states and the District of Columbia, and even if OSHA eventually issues a workplace violence standard, public employees in those states will not be covered.

OSHA Standards

OSHA protects workers mainly through enforcement of OSHA standards. A number of OSHA health standards apply to healthcare workers, including standards related to ethylene oxide, bloodborne pathogens, formaldehyde, ionizing radiation, hazard communication, and noise. OSHA also has several safety standards applicable to healthcare workplaces, including standards with requirements for respirators and gloves and other personal protective equipment, as well as standards to protect workers against slips, trips, and falls; fires; unkept or unsanitary work areas; and compressed gases. (A searchable database of OSHA standards can be found at osha.gov/laws-regs.)

There are still unregulated hazards that affect healthcare workers every day, such as infectious diseases (aside from bloodborne pathogens), workplace violence, back injuries, and numerous additional chemicals and drugs. Unfortunately, the process for issuing new OSHA standards is lengthy and difficult. On top of the requirements in the Occupational Safety and Health Act, four factors have added years, and sometimes decades, to the regulatory process envisioned by OSHA’s founders: court decisions, additional legal burdens imposed by Congress, decades of regulatory executive orders, and politics (because recent Republican administrations have rarely issued any OSHA standards).

The General Duty Clause

Where workers are faced with a hazard for which there is no OSHA standard (e.g., ergonomics, workplace violence, and most infectious diseases), the agency can use the General Duty Clause to cite employers for unsafe conditions. The General Duty Clause is Section 5(a)(1) of the Occupational Safety and Health Act, which states that “Each employer shall furnish to each of his employees employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm to his employees.”3 In order to cite under the General Duty Clause, the inspector must prove that there’s a serious hazard, that it’s a “recognized” hazard (for example, by the Centers for Disease Control and Prevention or an industry authority), and that there is a feasible means of abatement—in other words, there’s something employers can do to eliminate or reduce the hazard.4

Citations using the General Duty Clause take more time and resources and are much more legally burdensome than citations using a specific standard. Consequently, there are relatively few OSHA citations for hazards involving ergonomics or workplace violence; of the 1,347 citations issued to healthcare and social assistance employers from October 2020 through September 2021, only 10 were for violations of the General Duty Clause.5

*Connecticut, Illinois, Maine, Massachusetts, New Jersey, New York, and the US Virgin Islands have public sector plans.

†Public employees are not covered by OSHA in the District of Columbia or in the following states: Alabama, Arkansas, Colorado, Delaware, Florida, Georgia, Idaho, Kansas, Louisiana, Mississippi, Missouri, Montana, Nebraska, New Hampshire, North Dakota, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Dakota, Texas, West Virginia, and Wisconsin.
**OSHA Inspections**

OSHA’s main function is to enforce standards to ensure that employers provide a safe workplace. However, OSHA’s enforcement activities are restricted by its low funding and are subject to the political priorities of the presidential administration that oversees the agency.

In most cases, OSHA determines whether a standard has been violated by physically inspecting the workplace. OSHA cannot just arbitrarily inspect any workplace; there must be sufficient grounds to inspect. For example, if there is a fatality, a worker complaint, a report of a serious incident, or a referral from another agency or media report, OSHA can legally enter a workplace for an inspection. An employer has the right to refuse entrance, and OSHA must then get a court order to enter the workplace.6

A worker can request an inspection by filing a confidential, anonymous complaint on OSHA’s website (see osha.gov/worker/file-complaint). Where there is a union, the union representative is allowed to file a complaint on behalf of the worker. Workers do not have to be certain there is an OSHA violation in order to file a complaint as long as they have a good-faith belief that the work is dangerous.7

Inspections are unannounced, with very few exceptions. They begin with an opening conference with the employer (and the union representative) and end with a closing conference to review the findings. In addition to participating in the opening and closing conferences, workers or their union representatives are allowed to walk around with the inspector during an inspection to ensure that the inspector understands how the work is done and what hazards the workers may be exposed to. Where there is no union, OSHA inspectors are supposed to speak with a representative number of workers.8

Under certain situations, OSHA can also do “programmed” inspections. These proactive inspections are conducted in high-risk workplaces or to address specific hazards even where there has been no complaint or incident. For example, OSHA has a number of temporary local and national emphasis programs that allow the agency to focus on particular hazards and on high-hazard industries.9 OSHA currently has national emphasis programs that cover COVID-19 and heat.10 In the past, it has had emphasis programs focused on workplace violence and nursing homes.

Following the initiation of an inspection, OSHA has six months to issue a citation for any violations discovered. Employers may be assessed penalties for violations that put employees at risk. OSHA’s penalties differ based on the type of violation cited; maximum penalties are set by law and are increased annually based on inflation. The current maximum penalty for a “serious” violation—a dangerous health or safety hazard that an employer knew or should have known about—is $14,502 per violation. The maximum penalty for a “willful” violation—when the employer demonstrates an intentional disregard for the requirements of the Occupational Safety and Health Act or a plain indifference to employee safety and health—is $145,020 per violation.

These penalties are generally negotiated down from the maximum. The average penalty for a serious violation, for example, is only around $4,000. For many employers, these penalties are far too low to be meaningful; even $145,020 would be an insignificant cost of doing business for large corporations. But for workers and their unions, OSHA’s citations can be powerful bargaining tools as executives seek to protect their corporations’ reputations.

OSHA is only able to pursue criminal charges where there has been a fatality associated with a willful violation. OSHA does not have the authority to shut down a workplace or operation unless there is an “imminent danger” where death or serious harm is threatened and could occur immediately.11

**Other Worker Rights**

In addition to the right to file a complaint and receive an inspection, OSHA provides a number of other rights to workers.12

**Nondiscrimination:** Section 11(c) of the Occupational Safety and Health Act prohibits employers from retaliating against workers for exercising their health and safety rights.13 Unfortunately, this language is antiquated and does not provide the same protections as more modern anti-retaliation laws. For example, workers must file a retaliation complaint within 30 days, far less time than the six months that many more recent laws provide.

**Access to injury, illness, exposure, and medical records:** Most employers are required to keep track of all injuries and illnesses, worker medical records, and chemical exposure data required by many OSHA standards. Workers have the right to request this information (and their own medical records), which can be useful to track patterns of injuries and illnesses in a workplace and to determine the effectiveness of the employer’s health and safety program.

**Training about hazards:** OSHA’s Hazard Communication Standard requires that employers provide training about the hazards of all chemicals they are exposed to and what can be done to protect employees from harm. Many individual OSHA standards also require training.

**Compliance Assistance**

OSHA provides information and training to support compliance with standards on a variety of health and safety topics. For example, OSHA has webpages covering healthcare in general,14 hospitals,15 COVID-19,16 safe patient handling (ergonomics),17 workplace violence,18 and infectious diseases.19

OSHA also runs the Susan Harwood Training Grant Program, which provides training funds to nonprofit institutions, including labor unions, universities, and other worker-oriented organizations. The grants can be used for training in healthcare hazards, ergonomics, communicable diseases, workplace violence, and other hazards.20

In addition, OSHA funds an Onsite Consultation program in all states that provides free inspections (“consultations”) to small and medium-size employers.21 These onsite consultations do not carry the risk of enforcement unless serious hazards are identified that the employer refuses to address.

–J. B.

For the endnotes, see aft.org/hc/fall2022/barab_sb.
Our Communities and Our Planet Depend on a Thriving Democracy

Markell was just three years old in 2008 when lightning struck equipment at an underground natural gas pipeline a mile from his home in the primarily Black and under-resourced community of Eight Mile, Alabama. Five hundred gallons of mercaptan, a chemical odorant, spilled into the soil and groundwater, migrated to ponds, and surfaced to pollute the air. The stench of rotten eggs lingered in the community for more than eight years.

By age five, Markell was having seizures seemingly triggered by the chemical odor; they became so severe over the years that he was repeatedly hospitalized and missed months of school. Mercaptan, federally reclassified as a hazardous chemical in 2016, is reported to affect the central nervous system and respiratory function. By 2020, more than 12 years after the spill, thousands of Eight Mile residents had reported headaches, nosebleeds, rashes, nausea, vomiting, seizures, vision problems, and hypertension—along with asthma and respiratory distress, risk factors that made them more susceptible to COVID-19. Many of their homes became uninhabitable or impossible to sell because of the environmental hazard. They still have not received justice.

Now, on top of these direct impacts of growing up near the infrastructure of the fossil fuel industry, Markell faces another risk: climate change.

More than 14,000 scientists from 158 countries agree that our world is in a climate emergency. Coal, oil, and gas production in industrialized nations releases billions of tons of CO₂ into the atmosphere each year, with the United States responsible for the most cumulative emissions over time (and for being the second-worst offender, behind China, today).

Due to the machinations of monied interests determined to maintain the status quo of a fossil fuel-dependent economy, human activity is producing record-high greenhouse gas emissions. The last seven years (2015 through 2021) have been the hottest on record. There is reason to hope: the Inflation Reduction Act, which President Biden signed into law in August 2022, takes on climate change while lowering energy costs, but much more needs to be done.
Climate change has a particularly devastating impact on health and well-being for those with low wealth.

The scientific consensus is that an increase of more than 2 degrees Celsius over the preindustrial global temperature will likely have catastrophic and escalating effects, dramatically increasing the likelihood of extreme heat waves, storms, droughts, and water stress. However, in 2019 the UN Environment Programme warned that if we don’t act quickly and make significant cuts to global emissions, we could see a temperature rise of more than 3 degrees Celsius by 2100, damaging our ecosystems in ways that cannot be reversed.

We are already seeing the impacts of global warming on sea levels. Rapid melting of glaciers and ice sheets is causing rising sea levels that could affect nearly two-thirds of the world’s large cities (cities of more than 5 million people) and the nearly 40 percent of people who live within 60 miles of a coast. This isn’t some distant possibility our grandchildren might face— it’s happening now. Eight islands have been submerged in the western Pacific, with many more shrinking and vulnerable; entire sections of Charleston, South Carolina; Miami, Florida; Norfolk, Virginia; Galveston, Texas; Cambridge, Massachusetts; and many other cities could be underwater in our lifetimes.

Global warming affects more than just where we live—it also affects how we live, including what we eat. Erosion, soil degradation, extreme heat, rising seawater temperatures, and shifts in weather patterns limit food production and increase spoilage (which limits food availability). Desertification—the degradation of fertile land to a degree that it is permanently unable to support its former plant growth—affects 500 million people today. Climate change also decreases both the amount and the quality of water available for drinking and agriculture.

We can also connect the increasing frequency and intensity of disasters resulting from weather extremes to climate change. Over the last 20 years, more than 90 percent of disasters worldwide have been caused by weather-related events—typhoons, hurricanes, heat waves, droughts, and more. According to World Bank estimates, each year these disasters cost the global economy $520 billion and impoverish 26 million people.

Inequitable Health Impacts

A byproduct of our climate emergency, brought about by the proliferation of fossil fuels in our economy, is significant health impacts on all of us. Extreme heat adversely affects cardiovascular, kidney, and respiratory disorders and causes increased hospital admissions for heat-related illnesses such as heat stroke and dehydration. Sea level rise and flooding cause drowning, injury, property damage or loss, and short- and long-term displacement; along with food insecurity and disasters, they are drivers of climate-forced migration.

The public health impacts of climate-forced migration are many. Women have experienced violence in insecure border crises or through coerced transactional sex. People have taken risks swimming across waterways or hiding in trucks. The way climate refugees are treated in the countries through which they travel or in their destination countries also often puts them at risk. And all these threats can adversely affect mental health.

These health hazards are grave, but not all people or communities are equally at risk. In the United States and across the world, inequities in wealth and income impact where people live and thus impact the extent to which they are exposed to these hazards and how well they recover from disasters. Climate change has a particularly devastating impact on health and well-being for vulnerable populations, including those with low wealth—which describes many communities where Black and Indigenous people and other people of color live. Here are just a few examples:

- **Extreme Heat.** With persistent vestiges of redlining (which prevented Black people and other marginalized peoples from buying homes in white neighborhoods) and underinvestment in green infrastructure, people of color and communities with low wealth are at differential risk for impacts from extreme heat, including urban heat islands. The 1995 Chicago heat wave, in which most of the 739 fatalities were people with low incomes and those who were elderly and Black, was a harbinger of things to come. In the areas that are hardest hit, it is only recently that infrastructure improvements have been made to mitigate extreme heat. Recent studies show that the increase in heat is directly tied to maternal health outcomes, increasing hospitalizations during the second and third trimesters—especially for Black women.

- **Disasters.** Disasters don’t discriminate, but underlying socioeconomic and political disparities result in greater risk for certain communities and populations. For example, the victims of Hurricane Katrina were disproportionately likely to be low wealth, renters, elderly, and/or Black. And during disasters, not only is there a spike in violence against women, but marginalized populations—including differently abled people, female-headed households, and communities of color—are also more likely to face long-term displacement.

- **Sea Level Rise and Flooding.** Communities of color and low-income communities are more likely to

*For an in-depth look at disparate impacts in west Atlanta—and how communities are fighting back—see “Environmental Justice” in the Spring 2022 issue of AFT Health Care: aft.org/hc/spring2022/osborne_jelks.
†For more on redlining, see “Suppressed History” in the Spring 2021 issue of the AFT’s American Educator: aft.org/aespring2021/rothstein.
have homes that are coastal or located in floodplains—but less likely to have flood insurance.25 When flooding happens, these communities are at higher risk for injury or death, property loss, and displacement.26

- Food Insecurity. Redlining and persistent underinvestment in communities of color and low-income/low-wealth communities have already been linked to food insecurity. With the shifts in agricultural yields resulting from climate change, food insecurity is increasing. This has been cited as a major driver of climate-forced migration.27

- Mental Health. Any of the above circumstances is enough to challenge mental health, but some communities with layers of vulnerability also experience multiple impacts of climate change. With loss of loved ones and property, as well as repeated trauma, these communities suffer even greater mental health impacts.28

Communities with low wealth and communities of color also face greater health, social, economic, and political impacts because they are more likely to have widespread exposure to environmental toxins caused by an unfettered fossil fuel–based economy. These communities are more likely to live in fence-line zones (areas closest to highly hazardous commercial and industrial facilities) and areas near roadway air pollution29 (from under-regulated vehicle emissions30), and they are more likely to experience displacement due to under-regulated fossil fuel infrastructure.31

Oil drilling sites are twice as likely to be in communities of color than in white communities, disproportionately exposing these communities to toxic air and water.32 The majority of the worst coal-fired power plants—the top emitters of carbon dioxide—disproportionately pollute communities of color with toxins including mercury, arsenic, lead, sulfur dioxide, and nitrogen oxide. And race is the largest indicator of whether one lives next to landfills and toxic waste facilities,33 including incinerators that emit cadmium34 and benzene, which are known carcinogens, and methane, a key driver of our climate crisis.

Thus, it’s no surprise that in the United States, people of color are exposed to 38 percent more polluted air than white people35 or that Black and Latinx Americans have a higher cancer risk from toxic air emissions from refineries than the average American.36 And while, nationally, ozone smog from pollution is associated with 750,000 summertime asthma attacks in children and 500,000 missed school days,37 the greater burden is borne by Black communities. Approximately 13.4 percent of Black children have asthma (over 1.3 million children), compared to 7.3 percent of white children. Even more sobering, the asthma-related mortality rate for Black children is estimated at 3 to 7 times that of white children.38

While healthcare professionals can treat the symptoms of our climate emergency, long-term change is not possible without addressing the local and national political and economic systems that have allowed the fossil fuel industry to exploit our communities and perpetuate the environmental injustices that threaten us all. That means healthcare professionals—and all of us—need to stand up for laws and policies that protect people’s and our planet’s health.

How the Fossil Fuel Industry Threatens Our Democracy

Over the last several years, an increasing number of voices have sounded the alarm—with rising urgency due to Donald Trump’s ongoing false claims of rigged elections—that democracy in the United States is on shaky ground. Former President Bill Clinton echoed the concerns of many when, in a 2021 interview, he opined that there was a “fair chance” that the country could “completely lose our constitutional democracy.”39

Examining how we arrived at our climate emergency shows that we have never achieved the fully inclusive constitutional democracy to which we aspire. From before our nation’s founding to today, the people’s voices have rarely been heard above the cacophony of corporate interests.

The founding of the United States of America was rooted in an extractive economy—one based on extracting and exploiting resources from land and people—from the moment that European explorers set out across the Atlantic Ocean. They sailed in search of alternate routes to India and to East and Southeast Asia, but those ships encountered something unexpected instead: the continents now referred to as the Americas, vast, bountiful—and already occupied.

Rather than live in harmony with the original Indigenous inhabitants of the 2.43 billion acres that today comprise the United States, far too many of these settlers murdered, displaced, and enslaved them. After centuries of genocide, the surviving Indigenous people were relegated to reservations to build the infrastructure of this nation. After the Civil War, Jim Crow laws (the strict local and state laws also known as Black Codes) appeared throughout the South to legally put many Black citizens into indentured servitude, severely limit

Race is the largest indicator of whether one lives next to landfills and toxic waste facilities.
The fossil fuel industry exploits our communities and perpetuates environmental injustices that threaten us all.

In the environmental arena, the examples of outsized corporate influence over politicians and policies proliferate. In 2012, the oil and gas industry spent more than $153 million—more than four times the spending on promoting clean energy—on ads promoting coal, oil, and gas. In the 2014 federal and gubernatorial races, outside groups spent more than $1 billion on ads. Of that amount, close to 40 percent was spent by so-called dark money groups, which are not hindered by a duty to disclose their funding sources.45 As a 2016 report from Clean Water Action describes,

Corporations’ Unfathomable Political Power

It is difficult to put trust in noninclusive systems that fail those most affected by damaging environmental policies. Governments at federal, state, and local levels have not only persistently failed to protect communities from attacks on public health but have furthered corporate interests while failing to establish a safety net in the form of a universally accessible, quality healthcare system. Meanwhile, corporations continue to gain power, to the detriment of people and planet. The Supreme Court’s 2010 Citizens United v. Federal Election Commission decision paved the way for corporations—now considered people with the right to free speech—to pour unlimited funds into the campaigns of politicians who would act in their interests through super PACs—political action committees whose spending on political activity is relatively unrestricted. Over the decade that followed, more than $3 billion was donated to super PACs to influence elections42—and nearly half of that was given by just 25 individuals.43 In a nation with a population of over 300 million people, this is the antithesis of democracy.44

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Corporations’ purchase of political influence allows them to persistently and systematically hinder people from political participation. Fossil fuel companies, including Peabody Energy, Duke Energy, and Koch Industries, have historically paid substantial membership dues to groups like the American Legislative Exchange Council (ALEC) that specialize in drafting “prepackaged” state legislation to manipulate and/or suppress voting rights.47 In addition to voter suppression laws, ALEC’s suite of unjust policies includes draft legislation countering clean energy and energy efficiency. Recent model bills from ALEC identify fossil fuel facilities as “critical infrastructure.”48 This status restricts public protests, sometimes with severe penalties, which further silences critical voices.

Often, even when people can engage with policy or accountability mechanisms, their input is trumped by the power of monied industries that sway regulations in their favor. Between October 1, 2001, and June 1, 2011, the Office of Information and Regulatory Affairs (OIRA, which reviews significant regulations proposed or changed by executive branch agencies) met with five times as many industry representatives as with people representing public interest groups. And research has found a strong correlation between interest groups lobbying OIRA and changes in the final rules favoring those groups.49 Similarly, in 2020, the US House Subcommittee on Civil Rights and Civil Liberties investigated allegations that the Federal Energy Regulatory Commission (FERC), which oversees interstate energy projects, was favoring natural gas companies in deci-

*For more on how voter suppression and other attempts to manipulate election outcomes threaten our democracy, read “Pay Attention: Democracy Is on the Ballot” on page 29 of this issue.
sions about pipeline expansion projects and violating landowners’ property rights. The subcommittee found that over the previous 20 years, FERC acted as a “rubber stamp” for the energy industry, approving over 99 percent of requests to build on privately owned land while stalling and/or denying every landowner who appealed the decision.50

Industry groups also purchase insider help to crowd out environmental advocates and the general public when proposed regulations are opened for public comment. A review of US Environmental Protection Agency (EPA) records from 1994 to 2009 found that industry groups held a virtual monopoly over informal communications that occurred before proposed rules on hazardous air pollutants were publicly available. On average, industry groups engaged in 170 times more informal communications with the EPA than public interest players before any proposed rules were even written. During the notice-and-comment period once the rules were published, comments from the public and public interest groups (4 percent of comments) were buried in an avalanche of comments from well-funded, heavily credentialed industry insiders and their highly paid allies (81 percent of comments).

Far worse, some industry groups have simply bribed political figures to influence the legislative process. For example, in July 2019, the state of Ohio passed HB 6, a law that reversed its renewable energy initiatives and offered subsidies to increase production at nuclear and coal power plants. The law imposed additional charges on energy bills for Ohio residents that would have ultimately ensured a $1.3 billion bailout for two struggling nuclear power plants.51 Ohio Republican House Speaker Larry Householder advocated for HB 6. One year later, in July 2020, Householder was arrested in connection with a $60 million bribery scheme in which FirstEnergy Corporation, a top nuclear power company in Ohio, allegedly paid Householder, top aides, and lobbyists to pass HB 6 and destroy ballot initiatives that would have prevented it from being enacted.52

The Cost of Corporate Impunity

The fossil fuel industry continues to go unregulated or under-regulated even in the face of clear evidence of public harm. We have to look no further for evidence than the June 2022 Supreme Court ruling on West Virginia v. Environmental Protection Agency,53 which restricts the EPA’s authority to limit carbon dioxide emissions from coal- and natural gas–fired power plants. This ruling continued the weakening of the EPA seen under the Trump administration, which loosened environmental regulations during the COVID-19 pandemic. Despite the documented correlation between air pollution and COVID-19 infections and mortality rates,54 the administration acted in the interest of corporations, using the need to stimulate the economy as a rationale.55

The primary beneficiary of economic stimulation because of persistent environmental under-regulation is the energy industry; it reaps billions in profits and maintains the status quo through the well-financed efforts to undermine our democracy. As the NAACP detailed in both volumes of the Fossil Fueled Foolery reports, these efforts often utilize deceptive tactics such as exaggerating corporations’ economic impact on communities, employing “credentialed experts” to deny responsibility for or discredit evidence of the harm they cause, shifting blame to the communities they pollute—and even distorting what’s considered toxic.56 Through heavy investments in lobbying, corporations restrict implementation of the Toxic Substances Control Act (TSCA) and the corresponding Toxic Release Inventory, making it challenging to even label known dangerous substances as hazardous.57 As a result, there are literally hundreds of unregulated harmful chemicals circulating in the built environment and in the air, water, and soil.7

Toward Solutions: A Living Economy Anchored by Deep Democracy

The earth and its people—especially those most vulnerable—have paid a terrible price for a regulatory system controlled by polluters without meaningful protections for public health. But there is hope. We can achieve long-term climate solutions that benefit everyone as we transition from an exploitative economy dominated by the powerful few to a living economy that honors the earth and affirms the rights and well-being of all. In this new, living economy, our society mirrors our ecosystems, which are characterized by cooperation and deep democracy. Only in this way can we see environmental justice and heal the systemic inequities that plague our planet.

Creating a living, regenerative economy requires reclaiming the regulatory system and ending corporate overreach. It means putting infrastructure in place to ensure that government entities are truly serving their constituents. Some of this work is already in progress. Policies are being introduced to reverse Citizens United and reduce the influence of money in politics through campaign finance reform.58 And some government agencies are working to establish greater representation and regulatory transparency. The US General Services Administration is engaging in a listening relationship with the NAACP’s Centering Equity in the Sustainable Building Sector Initiative. The Federal Emergency Management Agency has established memorandums of agreement with the NAACP and the Institute of the Black World, among others, to declare and uphold lines of accountability. And a notable example is

†For more on these toxicants, see “Healing a Poisoned World” in the Fall 2020 issue of AFT Health Care: aft.org/hc/fall2020/washington.
When we work in solidarity, we can ensure that our laws center human rights, health, and well-being.

FERC, which is positioned to turn a corner under the leadership of Montina Cole, the agency’s first-ever senior counsel for environmental justice and equity. In 2021, FERC set up an Office of Public Participation to ensure more responsiveness and accountability to the public. The agency is investing time and money in rethinking energy projects and its approach to community engagement—under the leadership of a Black woman. While it’s still too early to tell how successful this effort will be, it’s a promising start.

Still, much more should be done. I offer the following recommendations for how our governments at all levels can correct the egregiously unjust overreach by industry actors and safeguard the lives and well-being of people and our planet:

1. Our government must live up to the tenets of democracy: of the people, by the people, and for the people. Seeking input from beleaguered communities only to ignore that input is a waste of everyone’s time; instead, agencies must actively engage communities and prioritize their needs and concerns in decision-making to ensure that the people’s voices are heard.

2. Organizations with relationships with frontline communities must be empowered in partnership with regulatory bodies and technical support groups like the Regulatory Assistance Project (a global, sustainability-focused nonprofit that provides technical and policy assistance to lawmakers). Such groups have established community trust and understanding and must be centered in decision-making.

3. Government entities must create greater transparency about proposed environmental regulations to encourage true community participation. Draft rules and related information must be more accessible and user-friendly—employing clear, easy-to-follow language with limited jargon and presented in multiple languages.

4. There should be parallels to the FERC’s Office of Public Participation (OPP) throughout our regulatory system. The capacity of these OPP mechanisms must be significant, with abundant resources and robust staff, including technical assistance providers, community organizers, communicators, and educators, to foster meaningful engagement and informed decision-making.

5. There must be rules governing monied interests’ access to those who develop policies and regulations and make decisions affecting these interests. This includes far stricter rules about industry officers and executives entering elected office and colluding with industry, along with campaign finance reform to further institutional policies delinking money and power. Monitoring and enforcing these rules should be robust to serve as a meaningful deterrent.

6. A final recommendation involves government at all levels increasing community engagement and all of us working to build community power, particularly in the communities closest to environmental and regulatory harm, which have the least resources to enact change for their health and well-being.

Communities across the nation are recognizing that through a living economy and inclusive democracy, we can work to change policies that hurt us and chart a new course for our future. And as they build power through grassroots leadership and civic action, they are demonstrating what it means to come together in unity, joint purpose, and democracy. In places like Anchorage, Alaska, and Berkeley and Oakland, California, it has meant establishing community processes and agencies to create climate action plans. In Portland, Oregon, it has meant enacting the Portland Clean Energy Fund through a citizen ballot measure. In other communities it has meant investing in nutritious, life-giving food (Washington, DC), water systems that serve everyone (Detroit, Michigan), clean and renewable energy projects (Highland Park, Michigan), and energy, environmental, and economic justice projects (Spartanburg, South Carolina; the Pilsen community of Chicago; Buffalo, New York; Jackson, Mississippi; Indianapolis, Indiana; and Gainesville, Florida).

None of these things happen on their own. We need to push our governments and our elected leaders for greater transparency, accountability, and community involvement—and if they won’t do it, we need to work to elect leaders who will. And we must ensure that frontline communities have clear pathways for input, influence, and decision-making. They are closest to our climate emergency, and they must be trusted to help develop workable solutions.

When people have the power, our local economies are stronger. Our communities can grow our own food, generate our own clean energy, ensure equitable access to water for all, and engage in local manufacturing of the products we need. We can design systems that are regenerative, with sustainable practices rooted in and time-tested by nature. When the people govern, we can shift from labels like “marginalized” because decisions are made by “the bigger we” for “the bigger we.”

Only when we work together in solidarity can we begin to deliver equal protection under the law and ensure that our laws center human rights, health, and well-being instead of obscene profits and power held by the few. Only together can we begin to dream of a true promised land that lives up to the tenet of “liberty and justice for all.”

For the endnotes, see aft.org/hc/fall2022/patterson.
Watching the spread of fantastical narratives like Pizzagate, which charges Hillary Clinton with running a child sex trafficking ring out of a pizzeria in Washington, DC, we grew concerned. Although the story is outlandish, some believe it—such as Edgar Welch, who was sentenced to federal prison for firing his assault rifle in the pizzeria because he was sure children were being held captive in the basement.1 Many others did not take the conspiracy charge literally, but still eagerly shared it on social media. Why? Pizzagate converted a legitimate partisan opponent, Hillary Clinton, into someone who represents pure evil, so that the only appropriate action is to “lock her up.” This is one example of how today’s conspiracies assault democracy. These conspiracies—“rigged elections,” “birtherism,” and “deep state,” for instance—come from the Right, but there is nothing about conservatism or the Republican Party that makes the Right the natural or only carriers of conspiracism.

Our 2019 book, A Lot of People Are Saying: The New Conspiracism and the Assault on Democracy, is our effort to make sense of the startling appearance of conspiracy charges enveloping American politics. Here, we expand on that discussion of the ways conspiracy allegations threaten our democracy, and we describe the essential role we all can play in helping others critically evaluate such claims.

The most important example of current conspiracies is the “rigged election.” The Select Committee to Investigate the January 6th Attack on the United States Capitol provided a comprehensive account of the connection between the stolen election conspiracy charge and attempts by the former president to prevent the certification of the Electoral College votes in the 2020 election. Conspiracy charges were the necessary element in this, the first and only attempt in American history to prevent the peaceful, democratic transfer of power. Congresswoman Liz Cheney put it best: “Washington set the indispensable example of the peaceful transfer of power. What President Reagan called nothing less than a miracle. The sacred obligation to defend this peaceful transfer of power has been honored by every American president except one.”

The stolen election conspiracy charge of 2020 did not come out of the blue. Donald Trump invented “rigged” in 2016 to explain why he lost the popular vote and he resorted to it again in 2018 when his party lost control of the House. And it is alive today, stalking the upcoming elections of 2022 and 2024. It is motivating efforts in the states to rewrite—and corrupt—the administration of elections.3 Conspiracy charges have distorted our politics and degraded the institutions that make our democracy work. The damage goes further, for they have also opened a path to threats, intimidation, and violence. And they know no bounds. Conspiracy charges spill over from Washington, DC, to state and local politics, workplaces, neighborhoods, and families and friends.

Many forces are eroding democracy around the world today, from India to Hungary to Brazil to the United States.4 Elected executives inclined to authoritarianism exploit constitutional loopholes and disregard settled political norms and “guardrails.”5 The rise in conspiracy charges is another key element in the assault on democracy, and it has a character all its own. One striking feature of conspiracy allegations is that they invade and distort not only official political arenas but every domain of social life.

In public health and healthcare settings, conspiracies have accelerated during the COVID-19 pandemic. Like civil servants in federal agencies who are cast as members of a “deep state” scheming to undermine Trump and the country, public health officials and healthcare workers are cast as part of a cabal that is subverting American values and (as explained later in this article) deliberately undermining Trump’s presidency. These attacks do not spring simply from disagreements about the medical effectiveness of masking, the safety of vaccines, or the most appro-

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Conspiracy charges have degraded the institutions that make our democracy work.

Conspiracy Without the Theory

Conspiracy theories have always been a feature of American politics. The Declaration of Independence itself outlines a conspiracy theory that charges the British king with a scheme: a “long train of abuses” all tending to extinguish liberty in North America. Many conspiracy theories are vexing, self-validating systems of thought that attract and enmesh true believers. But some conspiratorial allegations can be true. And like the Declaration, true conspiracy theories can be liberating because they expose the covert workings of power.

The word “conspiracy” goes with “theory” naturally, but not every allegation of conspiracy is a conspiracy theory. A conspiracy theory is an explanation that tries to make sense of the world. It often starts with an event that is hard to understand: how a lone gunman managed to assassinate a US president, one of the most protected people in the world, or how a small band with few resources plotting from a compound in Afghanistan managed to destroy the World Trade Center and attack the Pentagon. In these examples, conspiracy theories supply a cause on par with the world-historical effect: the CIA, the Mob, or Cuba played a part in the Kennedy assassination; the US government itself plotted to destroy the World Trade Center.

For some, these often erroneous theories provide a more satisfying account than official explanations. Conspiracy theorists do not merely throw allegations at the wall to see what will stick. They do research, mimicking investigative journalists. They ferret out anomalies, gather evidence, and often devote their lives to connecting the dots to reveal patterns that others miss. A well-known example is Jim Garrison, the one-time New Orleans district attorney whose research on the Kennedy assassination became the basis for the 1981 Oliver Stone film JFK. While Garrison’s assertions have been discredited, they were a genuine theory—an attempt to offer a better explanation than the official account by excavating previously unseen facts and evidence. Garrison was a maverick who disputed official commissions, put himself forward as an expert, and fashioned an explanatory theory notwithstanding its defects.7

This is not to say that conspiracy theories are always well-intentioned or benign. Often, they see intentional patterns where there are only accidents or coincidences, or they feed deep-rooted prejudices. At their darkest, they scapegoat hated minorities—like blaming economic recessions on Jewish bankers.

Our purpose in introducing conspiracy theory is this: what we see enveloping American politics today is not conspiracy theory at all. It is conspiracy without the theory, accusations that float free of facts and events and are disconnected from serious (even if incorrect) evidentiary explanation. Just the words “hoax” or “witch hunt” dismiss any need for explanation. Conspiracy without the theory may claim to explain the world, but in fact it remakes it. Facts that are inconvenient to one’s partisan loyalties are erased or denounced as “fake,” and new fictions that serve political purposes are invented. Conspiracy without the theory is not an attempt to explain reality; it is an attempt to own reality.

To distinguish between allegations of conspiracy with and without theories, we use the term conspiracism for those allegations that disregard evidence (though we admit that there is a continuum from theory-based to theory-free charges). Relatively new communications technologies make today’s conspiracism possible. With YouTube, Twitter, or TikTok, anyone can circulate their charges around the world for free. Fictional narratives like Pizzagate or QAnon—the mashup centered on the belief that Trump will arrest a cabal of liberal globalists engaged in child trafficking—are consumed by millions. The crucial payoff comes when unsupported charges are made respectable through sheer repetition.8 If “a lot of people are saying it,” it must be “true enough.” True enough to retweet, to forward, to “like.” True enough to be plausible, to affirm, and to act on. And conspiracy without the theory is easy to digest; it can be communicated in just a few characters on Twitter.

Conspiracism has distinctive appeal: it affords the immediate gratification of lashing out at those who disagree and identifying alleged political enemies. It also offers the gratification of belonging to an exclusive group, a cognoscenti with inside knowledge of how to decode the machinations of the enemy within. QAnon is not a set of propositions about the way the world is so much as it is the membership card of a club. If you “get it,” you belong.

Today’s conspiracism does not try to explain the world or hold the powerful to account in a meaningful way. Take the birther conspiracy, which posited that former president Barack Obama was constitutionally ineligible to serve in the presidency. There is no theory here at all—just fact-free fantasy of an African birth and Muslim faith that fuels and focuses political outrage.

So it is with Trump’s charge of a rigged election. The facts do not matter. He used that charge to refuse to do what every sitting president who lost an election has done since John Adams lost to Thomas Jefferson in 1800: peacefully turn over power to the opposition.
Conspiracism remakes the world into one where opponents are enemies and the losers of elections are winners. It is meant to arouse followers, stoke their anxieties, and organize and direct their fury. It is an instrument in the grab for power. And it is an irreplaceable weapon in the assault on democracy.

**Conspiracism’s Three Assaults on Democracy**

Conspiracists are attacking our democracy by cultivating disorientation, denigrating specialized knowledge, and delegitimizing their political opponents. Although we discuss each in turn, these strategies mutually reinforce one another.

1. **Cultivating Disorientation**

   The initial effect of the wave of evidence-free conspiratorial charges is disorientation. For many people, an early experience of disorientation happened on the first day of the Trump administration, when the National Park Service retweeted a post with photographs comparing Trump’s and Obama’s inauguration crowds. Trump had boasted that his crowd was the biggest ever, bigger than Obama’s. When the photos showed that attendance was modest, Trump raged that the images had been doctored. His press secretary repeated the absurdity.9

   This was not just a lie, it was a conspiracy charge: unnamed civil servants were plotting to undermine the president by manufacturing evidence that his inaugural crowd was not the biggest in history. The charge came without argument or explanation of why, how, or who among the federal government’s official photographers would maliciously distort the true record of this national event.

   The accusation of doctored photos was disorienting. It insulted our common sense. We had seen the ceremonies live on television. This conspiracy charge raised in stark terms the question of what it means to know something. What would it mean to know that the 2017 inaugural crowd was the biggest in history, in spite of the evidence of our own senses and contemporary media accounts? Conspiracism’s power is to assert over and over that our basic perceptions have no reliable foundation. The point is to make these perceptions seem unmooed and to make us doubt our capacity to observe, understand, and challenge claims. Repeated over and over, even in the face of evidence to the contrary, the charge comes to seem unassailable—or at least plausible—to many people.

2. **Denigrating Specialized Knowledge**

   Denigrating points to a second effect of conspiracy without the theory; denigrating the knowledge necessary for governing and for assessing government (and everything else). Public policymaking requires contributions by scientists, legal experts, economists, public health professionals, the diplomatic corps, experts on national security, and many others.

   To be sure, skepticism about the power of experts is warranted. Specialists may be wrong. Conclusions may be uncertain and changeable as knowledge advances, so expert advice can be confusing. Experts may also be biased or bought.† Elected democratic officials have the responsibility to weigh expert judgments and their appropriate place in making policy.

   Conspiracism’s assault on knowledge does not correspond to reasoned skepticism, however. The assault is relentless and wholesale. It categorically denies the reliability of all the sources of evidence on which we depend. Only a tiny loyalist faction of the national press can be trusted. Climate science is a “hoax,” full stop. We saw a president decline to read the daily intelligence reports brought to him by his own national security team.10 Judgments brought by multiple courts, including the Supreme Court, and opinions by specialists in electoral law were summarily dismissed as part of the “steal.”11 Claims of deep state activity, rigged elections, and witch hunts were all that was on offer in the ceaseless rejection of unwelcome knowledge.12

   The nation has paid a measurable price for conspiracists’ war against the advice of experts. Take the disregard of epidemiologists during the COVID–19 pandemic and the substitution of pseudoscience for their expertise. Trump sidelined his own medical team, recommended harmful alternative medicines, flaunted his own refusal to take precautions, and encouraged followers to resist public health measures.13 This rejection was encased in conspiracism. Dr. Anthony S. Fauci, the charge goes, was conspiring to thwart Trump’s “total” authority (and Fauci’s life was threatened).14 CDC scientists were said to constitute a “resistance unit” trying to undercut Trump’s reelection by tanking the economy.15 There was even a vile conspiracy charge that the death rate was inflated by doctors who received a $2,000 bounty for each death they claimed was because of COVID-19.16 For conspiracists, the real “invisible enemy” is not the virus but “deep state” public health officials and others who advocate stringent measures designed to prevent deaths, which reached 1 million as of May 2022 in the United States alone.17

   Denigrating expert knowledge is more than summarily rejecting the advice offered by doctors who study communicable diseases; it targets their advice as lies and manipulation. It targets the evidence offered and substitutes misinformation, and it flat-out attacks the knowledge-producers themselves. As a result, there is no need to comply with expert judgments, and the stage is set for resistance.

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†To learn how some corporations influence expert opinion to protect their profits, read “Mercenary Science: A Field Guide to Recognizing Scientific Disinformation” in the Winter 2021–22 issue of the AFT’s American Educator: aft.org/ae/winter2021-2022/michaels.
3. Delegitimizing Political Opposition

Democracy is not only about coming together (out of many, one); it is also about pluralism and disagreement (out of many, many). To make democracy work, we must work with those who disagree with us and who, even after hearing all the arguments we can muster, continue to disagree with us. Making it impossible to peacefully disagree is one of the gravest ways conspiracism damages democracy.

The first rule of democracy is that partisan opponents are not enemies. Democracy is a political system in which the opposition will not be murdered, exiled, or locked up. Political losers will live to try again. But today’s conspiracism delegitimizes opposition. We pointed out how the Pizzagate conspiracy converted Hillary Clinton from an ordinary candidate into a figure of pure evil. Conspiracism extends the designation of enemy to Democratic officials, their supporters, and even Republicans who break with the new orthodoxy—charging them all with engaging in treasonous attempts to undermine the nation. “Lock her up” did not stop at Clinton; it is alive and well in the promise made by Newt Gingrich that if Republicans retake control of Congress in the upcoming 2022 midterm elections, the members of the House committee investigating the January 6 attack will face prison.

Everywhere, rejection of legitimate political opposition is linked to both conspiracy theories and evidence-free charges that opponents are enemies conspiring to turn the United States into an alien country, alter the United States as a Christian nation, dilute the United States as a white nation, and cede sovereignty to a “new world order.” What’s more, partisan opponents-turned-enemies are believed to be a violent collection of “the radical left, the Marxists, the anarchists, the agitators, the looters.”

To some people immersed in conspiracism, violence can come to seem like the only appropriate response. The opposition, believed to be treacherous, must be thwarted by any means.

Conspiracism’s Path to Violence

Conspiracism dissolves the willingness to wait until the next election, when “our” side might win and get a chance to change things. When partisans absorb the lesson that the opposition is an enemy plotting to overturn the United States as they know it—when the threat is existential—there is no time to wait for regular policy processes, election cycles, or forms of advocacy (like citizen protests) that move officials to change course.

Before conspiracism entered the White House with Trump’s 2016 election, rogue violence and intimidation spurred by large numbers of public officials to foment political divisions had not become an organized feature of public life. In the past few years, however, escalating conspiracism has cleared a path to threat, intimidation, and physical assault. With the January 6 insurrection, the potential of conspiracist charges to inspire violence and to create an atmosphere of fear and unsafety—both at critical political moments and in ordinary situations—was plain.

Conspiracist violence has roots in the great American tradition of freedom of association, specifically in the voluntary associations of “uncivil society” organized around guns. Self-styled militias, white supremacists, posses, the aptly named “sovereign citizens,” coercive cults, and other extremists in the grip of conspiracy notions have always existed on the fringes of political life. Today, they harass and intimidate, revile and discriminate, in full public view. These associations revolve around preparing to combat what they see as tyranny and threats to “our way of life.” They claim special authority to defend liberty against opponents cast as enemies. Many violent conspiracists see themselves as patriots—heirs of the revolutionaries of 1776 resisting despotism or carriers of the Confederate cause.

The Proud Boys and Oath Keepers, whose violence Trump coyly encouraged, have come in from the cold. He invited them into national political life. He created a new, collective identity out of this disparate array of armed groups and enraged, unaffiliated citizens. He gathered them into what amounts to a private army directed to overturn the results of the 2020 election.

Conspiracists’ assaults are fueled by righteous anger. We have seen that for agitated defenders of freedom, “despotism” is not just a form of government or specific set of policies. Many conspiracists today embrace a brittle, extreme idea of personal liberty, so hospitals that require healthcare workers to be vaccinated against communicable diseases or schools that require students to wear masks are seen as attacking personal liberty. Who should decide how much protection healthcare professionals, workers on factory lines, children, or senior citizens should receive? The conspiracist answer is “we alone decide.”

Here, we arrive at the most malignant effect on democracy: the insinuation of conspiracism and, with it, intimidation and violence everywhere. We call this totalism.

Totalism: Conspiracism Everywhere

Conspiracist charges may appear anywhere. They have migrated from accusations of a deep state in the recesses of the federal government to the states and local communities. There is no place conspiracism cannot go. It seeps into social life and private life: into voluntary associations, workplaces, neighborhoods, families, and circles of friends. Conspiracism brings fear: How can we trust or build the reciprocal relationships on which the democratic social contract depends if our neighbors are inflamed and armed?

We could not have anticipated its scope. Some targets of conspiracist threats are simply bizarre—like the butterfly refuge at the Texas border that, despite a newly installed police guard tower, had to be abandoned by staff. But other targets clearly reveal the agenda.
Threats are leveled at judges. Mobs support a plot to kidnap the governor of Michigan (after Trump directed followers to “liberate Michigan”). Threats are aimed at state health officials and at government election workers and their families—and at the 13 Republican members of Congress who voted for President Biden’s infrastructure bill.

And, as we have said, conspiracism and conspiracy theories even threaten health professionals and their ability to provide effective, compassionate care. It isn’t just public figures like Dr. Fauci who were attacked because of COVID-related conspiracy charges; healthcare workers across the country have increasingly become the targets of threats and violence both in the workplace and out in public. The risk is even greater for healthcare workers of Asian descent, who have been targeted for their role in the COVID-19 “hoax” and blamed for the spread of the virus from China. Clinicians grapple with how to talk to patients—and sometimes coworkers—who have been swayed by health-related conspiracy claims. Intimidation by and violence from patients, members of the general public, and opportunistic conspiracists enter into the daily decisions healthcare workers are now forced to make—even about something as simple as whether to take off their scrubs before going to the grocery store or to go everywhere.

That conspiracism has seeped into public health points to the way totalism—the impetus for conspiracism to go everywhere—has become a defining element of the crisis of democracy. When the cast of enemies is ever-growing and pursued anywhere, when agents of violence spill their vitriol and menace everywhere, no sphere of social and personal life is secure from their charges and threats.

Consider what this means for day-to-day life. We all move in and out of social spheres, each with its own norms and practices. We participate in government; we work alongside colleagues; we join civil society groups like religious associations and advocacy organizations. We engage in daily interactions with neighbors, and we create our own company of family and friends. When colleagues, family members, and neighbors bring conspiracism into these spheres of life, accompanied by aggressive threats and what they believe to be righteous anger, it is not only political institutions that are damaged. Conspiracism today has the capacity to deform the different spheres of life into sites of partisan enmity and political extremism. Liberal democratic institutions and our own lives are being diminished.

Although today’s conspiracism is disorienting and damaging to both political institutions and everyday relations, we are not signing on to a version of what Trump called “American carnage.” Malignant conspiracism is not yet a malignant normality. Only some healthcare professionals, public health experts, Justice Department lawyers, teachers, and neighbors are targeted and have their lives turned upside down. Americans have been asking one another, “What is to be done?” We now have good answers in the robust resistance to democracy-destroying conspiracism.

What Is Being Done?

A lot is being done.

The most elemental and yet powerful response to conspiracist fictions is simply speaking truth. Anyone can do it and everyone must—especially the responsible press and myriad advocacy groups dedicated to countering misinformation. Speaking truth seldom converts those possessed by conspiracist zeal. The purpose instead is to contain the effects of conspiracism, embolden the rest of us, and give strength to common sense. Speaking truth bolsters confidence in our collective ability to fight conspiracists’ attempts to own reality.

The Select Committee to Investigate the January 6th Attack on the United States Capitol tried to reclaim reality by offering a coherent, comprehensive account of the course of events and the part played by individuals—both those who sought to destroy the integrity of the 2020 election and those who protected it. After the Committee interviewed over 1,000 people over the course of nearly a year, it held a series of public hearings beginning in June 2022. The hearings’ tone mattered: steady, deliberate, and self-disciplined. Although these congressional representatives’ own safety was threatened, the emotional undertone of Chair Bennie G. Thompson’s openings was a combination of outrage and sadness for the nation rather than fear.

At another level, the Committee’s narrative was governed by the broader necessity to re-legitimate democratic processes. Significantly, the formal account of January 6 was not delegated to a remote special counsel or to a court but taken on by a congressional committee of bipartisan representatives chosen by the speaker of the House. They worked as democratic decision-makers and must: in the face of uncertainty, disagreement, floods of information, and the need to come together to make difficult judgments. They took special care to articulate how their investigation proceeded and how their public hearings were organized. They demonstrated their adherence to regular investigative practices. They credited their staff, which provides professional counsel. They made the demanding requirements of democratic decision-making legible. In all these ways their work, in our phrase, enacted democracy.

The responsibility to speak truth falls to all public officials and political candidates, especially Republicans. They have authority with their followers, and their rejection of conspiracism gets media attention. What’s known as John McCain’s “No ma’am moment” is a sterling example. While McCain was running for president in 2008, a voter in the grip of the birther conspiracy said at a town hall that Obama was ineligible to be president. McCain took the microphone from her and said, “No ma’am, he’s a decent family man, citizen, that I just happen to have disagreements with on fun-
damental issues, and that’s what this campaign is all about.” That is what we saw in the public hearings of the January 6 Committee, and it is what we need from political candidates today.

Speaking truth is also the work of “witnessing professionals.” National intelligence experts defend colleagues against feckless charges of a “deep state.” Election law experts successfully challenge charges of “stolen elections” in court. Secretaries of state and other state officials, including some Republicans, gather and publicize evidence that American elections have been free and fair. Psychiatrists and psychologists identify the cognitive reasons behind dangerously distorted conspiracist thinking. Public health experts publicize the traumatic effects and material costs of intimidation and violence.

Healthcare workers are professionals on the front-lines who, like other witnessing professionals, are in a distinct position. They have firsthand experience of how much we all need tools to identify the misinformation, particularly conspiracism, that permeates information streams today.

In a clinical encounter, healthcare professionals will not have time to enter into deep discussion of the distinction between conspiracy theories and conspira-

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Resources for Healthcare Workers

Patients who have trouble distinguishing reliable news from misinformation or assessing the reliability of their information sources can be less likely to trust healthcare providers, seek medical care, or adhere to medical advice or treatment. Here are a few resources to guide your conversations with patients and families; they encourage the critical thinking and skepticism that help stop the spread of conspiracism.

- **NewsGuard**: This journalism and technology tool promotes news literacy and online safety by rating the reliability of websites and tracking the spread of misinformation narratives. HealthGuard, a service of NewsGuard, partners with the World Health Organization and healthcare systems to help patients and health professionals evaluate the trustworthiness of online health news and address misconceptions learned from unreliable sources. AFT members can access NewsGuard for free: newsguardtech.com/aft.

- **“Become a Vaccine Champion”**: Vaccines are one of the greatest public health achievements of the 20th century, but fear and misinformation create doubt about their safety and effectiveness. Longtime public health nurse and immunization expert Mary Koslap-Petraco offers a model for engaging in respectful conversations to clarify health-related misinformation and provides helpful resources to empower nurses to work together for the health of their patients and communities: aft.org/hc/spring2022/koslap-petraco.

- **Correcting Misinformation with Patients**: This research guide from George Washington University’s Himmelfarb Health Sciences Library provides dozens of tools for you to better understand, identify, and address health misinformation with patients. Resources include a social media toolkit for sharing reliable information online, webinars and podcasts on communicating with patients, a video series demonstrating patient interviews, courses on addressing vaccine hesitancy, and a collection of recommended readings and strategies for combating medical mistrust with cultural competence: guides.himmelfarb.gwu.edu/correcting-misinformation.

For the endnote, see aft.org/hc/fall2022/muirhead_rosenblum.
The 2020 election was a watershed moment for American democracy: it was the first time in the long history of the republic that a sitting president refused to recognize the results of an election, and that the normal transfer of power was challenged through secret subterfuge efforts and intentional misinformation designed to inspire public agitation, resulting in violence.

American democracy weathered that initial phase of the storm: key state election officials remained committed to the rule of law, the January 6 insurrection was quashed, and the effort to prevent the smooth transfer of power was defeated. But the storm only abated. Indeed, in some ways, the storm has only intensified in the year and a half that has followed. And now, the elections of 2022 and 2024 represent inflection points in the history of American democracy.

This is not the first time that elections have really mattered. The election of 1860—when it was all but guaranteed that the victory of anti-slavery candidate Abraham Lincoln would push the United States into civil war—springs to mind; so does the election of 1932, when voters faced a choice between continuing with the incumbent whose policies had worsened the Great Depression or gambling on the big promises of Franklin Delano Roosevelt’s New Deal.

In a way, the crisis that we face today is less dramatic than the crises of those eras. But the outcomes of our upcoming elections will nonetheless play a crucial role in determining the future of democracy in our country—and thus in the world.

These elections are the first full tests of our electoral system since the crisis of the 2020 election, in which President Trump and his faction tried to overturn the election results and to prevent the inauguration of Joe Biden. That was a major stress test of American democracy. The fact that the political system barely survived the test should induce no false comfort.

In addition, the 2022 election (and 2024 as well, if pro-democracy leaders are not elected in 2022) will take place under new rules that have been instituted since the 2020 election. These rules, enacted by the Republican Party in a range of battleground states, are designed in many cases to make voting harder for people who historically have voted mainly for Democrats. Even more ominously, they are designed to empower Republican Party loyalists to administer elections, count the votes, and even decide who wins and who loses in their states.¹

The Trump faction, which controls the Republican National Committee and the party more generally, has continued to spread the big lie that Trump really won and Biden’s inauguration was illegitimate. Polls indicate that large numbers of Republicans believe this.² And many Republican candidates in 2022 are campaigning on it.³

On the basis of this big lie, Republicans have succeeded in reshaping state election laws to suit their purpose. They have made it easier to subvert Democratic election victories in the future and thus tilt the political playing field in their favor.

These election law changes are important. The poisoning of public opinion, and the creation of an enormous reservoir of public skepticism about elections in general, is perhaps more important.

And as a result, it is not an exaggeration to say that democracy itself is on the ballot this November and in 2024.

Our shared concern over these coming challenges prompted this somewhat unusual writing partnership. We first came together in the fall of 2021, along with our recently departed friend and colleague, Todd Gitlin, who passed away just as the three of them began planning it.

By Jeffrey C. Isaac and William Kristol

Jeffrey C. Isaac is James H. Rudy Professor of Political Science at Indiana University Bloomington and a co-convenor of the Democracy Seminar. William Kristol is the editor-at-large of The Bulwark and a co-director of Defending Democracy Together. The authors dedicate this article to the memory of their friend and colleague Todd Gitlin, who passed away just as the three of them began planning it.
Elections will play a crucial role in determining the future of our country. The outcomes of our upcoming elections will play a crucial role in determining the future of democracy in our country.

How the Republican Party Is Tilting the Playing Field

The Brennan Center for Justice is an independent, nonpartisan, and highly respected law and policy organization that publishes reports on questions of election security and the freedom and fairness of elections in the United States. It regularly publishes voting laws roundups documenting the status of election laws in every state. These reports show a dramatic increase in the number of laws, all pressed by state-house Republicans, to restrict voting and potentially impair the fairness of the vote counting process under the guise of protecting the integrity of elections.

These laws take different forms in different states, but their basic contours are similar and consist of voting restrictions and partisan administering of elections.

Voting Restrictions

In the past year, there has been a concerted effort to use the law to make voting more difficult by doing some or all of the following:

- limiting who can vote by mail-in ballot
- establishing new barriers to applying for mail-in ballots
- prohibiting the sending of unsolicited mail-in applications or ballots
- restricting how mail-in ballots can be returned, including eliminating drop boxes
- creating new grounds for rejecting mail-in ballots
- enacting onerous voter identification requirements and mechanisms for enforcement
- limiting Sunday voting
- limiting the number of polling places and drop boxes, particularly in communities that tend to vote for Democrats

Some of these laws involve criminal liability for voters who improperly fill out or submit ballots. Others involve criminal liability for election officials who are allegedly insufficiently strict in enforcing the new restrictions.

One law that has received much media attention is Georgia SB 202, which was enacted in March 2021. Along with many other voting restrictions, the new law makes it a crime to distribute water or snacks to voters waiting in line, a practice voter participation organizations and members of the editorial board of Dissent magazine. We came together as fellow citizens motivated by a similar fear about the fate of our democracy. Through many conversations, we discovered the depth of our shared convictions about the threats to, but also the inestimable worth of, our democracy. So we became friends and collaborators, even as we continued to be divided by real differences of opinion about matters of history, policy, and our hopes for the future.

Together, we organized an open letter calling attention to the threats faced by our democracy that was published in October 2021, with dozens of signers like us—experts with a range of political beliefs united in our desire to protect our democracy.

And though Todd passed away not long after we began planning this article, we have continued sounding the alarm because we know that addressing this crisis will require all of us to work together.

In this article, we explain how the developments described above have seriously challenged our democracy and why these impairments are so dangerous. We briefly reflect on what this means for all of us and conclude with a focus on our civic duty: it is up to us to stand against those who seek to impair our democracy and to support those seeking to protect free and fair democratic elections and a free and pluralistic public life.

Partisan Election Administration and Vote Counting

Republicans have also introduced bills that affect how elections are administered after the votes are cast. In 2021, there was a big jump in the number of bills that
could make it possible for Republicans to do what they tried and failed to do in 2020: sabotage fair elections so that their preferred candidates win.\textsuperscript{12} As the Brennan Center documents, "The most extreme of these ‘election sabotage’ bills would have allowed partisan officials to simply reject election results.”\textsuperscript{13}

Election sabotage bills have taken a number of forms; they might

- initiate or allow biased citizen reviews or audits of elections in ways that lack transparency, show disregard for the security of election data, and make it easy for political operatives to cast suspicion on the credibility of elections;
- expand criminal law enforcement powers over election affairs or establish new prosecutorial authorities;
- impose new criminal or civil penalties on election officials; or
- allow state legislatures to remove professional election officials, shift authority over election administration away from election officials, or simply override the determinations of election officials and assume authority for deciding electoral winners and losers.

These are not just extreme bills to rally the Far Right base; some are becoming laws. For example, Florida’s SB 524,\textsuperscript{14} which was signed in April 2022, creates a state Office of Election Crimes and Security with a police force to investigate allegations of voter fraud—a forceful reminder of the South’s history of voter intimidation by law enforcement.

In April 2021, a full year before Florida created its election police force, three democracy-oriented groups—the States United Democracy Center, Protect Democracy, and Law Forward—had already produced a report on these efforts to politicize, criminalize, and interfere with the administration of elections. The report sums up the problem in stark terms:

> These are substantial changes that, if enacted, could make elections unworkable, render results far more difficult to finalize, and in the worst-case scenario, allow state legislatures to substitute their preferred candidates for those chosen by the voters. American democracy relies on the losers of elections respecting the results and participating in a peaceful transition of power. If, instead, the losing party tries to override the will of the voters, that would be the death knell for our system of government.\textsuperscript{15}

And in July 2021, the National Task Force on Election Crises published a report that also makes clear how dangerous these developments are for American democracy:

> Any legislative activity premised on lies and conspiracy theories is deeply concerning. But recent efforts by highly partisan state legislatures to interfere in election administration in a way that may disrupt the conduct of elections or allow for manipulation of election outcomes pose a particularly acute risk of future crises. Combined with a failure to address critical weaknesses in our election systems and protect election workers, as well as a failure to address the root causes of the January 6th insurrection, these efforts are a threat to the very foundation of our democracy.... [and] pose an especially urgent threat of future election crises.\textsuperscript{16}

The fact that so many reputable, nonpartisan public interest groups are expressing such a high level of alarm is reason to take these developments seriously—and to be alarmed ourselves. Worse, the fact that their efforts to warn lawmakers and citizens have largely gone unheeded shows that we are on the edge of a precipice. But the danger to our democracy does not end there.

**The Dangerous Delegitimization of the Democratic Public Sphere**

The legislative changes we describe above have been accompanied by a broader incitement of distrust and anger toward ordinary democratic political processes. These efforts have had a huge influence on the Republican Party, with many candidates in 2022 running on a platform of denying the results of the 2020 presidential election and hostility toward democratic processes.\textsuperscript{17}

Without doubt, the most consequential form of this delegitimization of electoral processes has been the ongoing “Stop the Steal” rhetoric of Trump,\textsuperscript{18} who remains the leader of the Republican Party. His claims of the election being stolen from him not only help sustain his political power but also spur his followers to act in ways that further undermine our democracy.

One form that this distrust and anger has taken has been an upsurge of physical threats toward, and actual intimidation of, professional election officials. Secretaries of state, other election officials, and members of their staffs in states where Trump claims election fraud occurred have been the targets of near-constant harassment and numerous death threats, to the extent that some have had to hire private security or have 24-hour police protection.\textsuperscript{19}

These threats are so serious that in June 2021, two of the top election lawyers in the country—Democrat Bob Bauer and Republican Ben Ginsberg—organized an effort to provide legal support to besieged election officials who “face threats, fines, or suspensions for doing their jobs.”\textsuperscript{20}

Special targets of attack have been Republican elected officials—such as Georgia Secretary of State Brad Raffensperger—who insisted on doing their duty and refusing to subvert the election results in...

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**We all must come together to strengthen voting rights and democratic guardrails.**
It is up to us to stand against those who seek to impair our democracy.

their states in 2020. It has sadly become increasingly clear in 2022 that many Republicans want such law-abiding officials purged from their party.

A second form of this distrust has been a rash of partisan and unprofessional election audits that purportedly aim to boost voter confidence in the election results but instead are likely to undermine voter confidence. In Arizona, for instance, an audit found no evidence of fraud (even though it was partly funded by Trump supporters and criticized as partisan and unprofessional by election experts), but the media attention generated by doing the audit spurred the spread of election misinformation. 24

All of this means our democratic processes and norms are at risk. America is on the verge of becoming an authoritarian state. How will we respond?

Our Responsibilities as Citizens

Our October 2021 open letter made two basic points: that American democracy was in grave danger, and that all who care about democracy ought to come together to strengthen voting rights and democratic guardrails and to oppose those who seek to weaken them.

The letter was signed by almost 50 writers, academics, and political activists from across the political spectrum. To underscore the broad, nonpartisan nature of the appeal, the letter was simultaneously published in the New Republic, one of the nation’s oldest and most reputable liberal publications, and The Bulwark, a relatively new publication created by former Republicans who remain conservative yet oppose Trumpism and seek to safeguard America from it.

We were hardly alone in expressing our apprehension about democracy. A week later, over 100 former high-level national security officials published a similar letter, and a week after that, over 100 scholars of democracy did the same.

That our democracy may be headed over a cliff is now widely understood among those who pay close attention to politics. But the danger we face seems not yet widely understood among the general public. What is to be done to defend democracy as the November 2022 and 2024 elections loom?

There is no one thing. But we would like to offer some recommendations.

As you think about these elections, be aware of what the candidates and the party platforms have to say about democracy. Do they promote versions of the big lie? Do they support the kinds of anti-democratic measures we describe above? Do they ignore or evade the question of democracy entirely? Or do they stand squarely behind democracy and support measures designed to strengthen rather than weaken it? More specifically, are they in favor of increasing access to voting, and are they honest about the security of mail-in voting, drop boxes, and other practices that make voting easier?

Elections in normal times are occasions for candidates and parties to offer policy options to voters, and for voters to choose those candidates and parties whose policies they most prefer. Tax rates. Spending priorities. Social programs. Health, safety, and environmental regulations. Education policies. These are issues about which it is possible to disagree strongly—indeed, the two authors of this article disagree about many of them. But it is the right of all citizens to freely associate with the causes they believe in, to express themselves publicly, and to vote in free and fair elections. These are not policy issues. These are matters of fundamental principle, and the principle is democracy itself.

As you think about discussing these elections with others—be they colleagues or community members—you need not wade into the policy issues on which we all may disagree. Instead, you can highlight all that is at stake. Through your local union or another community group, you can volunteer to engage in phone banking, texting, or going door to door to call attention to the need to protect voting rights. You can also attend (or even organize) rallies to underscore the threats to our democracy. Or, if you prefer an entirely neutral way to get involved, you can volunteer for Get Out the Vote (GOTV) campaigns. The goal of GOTV efforts is for every eligible person to vote—that’s all. And if you want to defend democracy, volunteering to increase voter participation is a great start.

Will we be a country where we can agree to disagree and still respect the rules of the democratic game? Where we can seek to persuade and still respect each other as individuals and fellow citizens?

Will we be a country whose elected leaders submit themselves to electoral accountability and then respect the results of elections?

These questions are up for grabs in a way that hasn’t been the case in our lifetimes. Defending our democracy is a burden and a challenge. But to be able to do our part—as others have done before us, and as others are doing now, at great risk, elsewhere in the world—is a privilege. It is a privilege of democratic citizenship. It is also a moment that we can seize or neglect. Let us rise to the occasion.

For the endnotes, see aft.org/hc/fall2022/isaac_kristol.
How has America come to this? A third of the nation, perhaps more, is so steeped in a politics of hatred and fear that it believes the preposterous: that a conspiracy of elites rigged the 2020 election, and that those same mysterious elites mean to take everything that’s theirs away from them—their nation most particularly.

This isn’t a new fear. Since before the founding of our nation by people who were themselves unwelcome settlers on the North American continent, most white residents of what is now the United States have seen each wave of newcomers as a potential threat to the American way of life and the nation’s prospects. From the antebellum slavocracy to the postbellum Klan; from the anti-Irish contempt of Northern Protestants to the anti-Catholic, antisemitic, anti-Slavic, and anti-Asian nativists who dominated the politics of the 1920s and effectively banned immigration for the next 40 years; and from the antisemitic populism of radio priest Charles Coughlin in the 1930s to the culture war cries of Pat Buchanan in the 1990s, nativist, religious, and racist phobias have been a recurrent feature of American life.

Now, however, they’ve come to define one of our major political parties more completely than ever before and to the point that they threaten our democracy’s foundations. One year after Joe Biden defeated Donald Trump by seven million votes and a decisive margin in the Electoral College, a poll asked Americans if they agreed that “Because things have gotten so far off track, true American patriots may have to resort to violence in order to save our country.” Fully 30 percent of Republicans said they agreed, and an even higher share of Republicans (68 percent of respondents) believed that the 2020 election was somehow stolen from Trump, though no credible evidence of vote tampering or voting by noncitizens had been adduced. Daily, the line between a violent, racist, fascist fringe and the mainstream of the current Republican Party grows fainter.

What lies behind this paranoia, anger, and refusal to recognize reality? The most likely explanation is discomfort with the reality that has been emerging in recent decades. As my American Prospect colleague Paul Starr has noted:

Contemporary liberalism and progressivism have been trying to upend five separate sets of social relationships that have been the traditional basis of American society. White over Black has been the basis of the American racial order. Men over women has been the basis of gender relations. Straight over queer has been the basis of acceptable sexual orientation. Religion over irreligion has been the basis of acceptable public expressions about faith. The native-born have dominated immigrants.

These hierarchies are being challenged, and in some parts of the nation (chiefly in cities), they have been at least partly undone—not by creating new hierarchies, but by increasing equitable treatment. But neither the challenges nor the backlash against them are new—so how is it that the backlash has hit with such force that it all but defines the Republican Party in the age of Trump?

For that, we need to look at the economic landscape on which they play out.

The Abandonment of Working People

As the Pew Research Center documented in April 2022, the nation’s middle class, which constituted 61 percent of Americans in 1971, made up just 50 percent in 2021 and accounted for only 42 percent of total income.
Both lower- and higher-income groups have grown compared to 1971, but the money only moved in one direction: the lower-income group’s share of total income has also dropped, while the upper-income group’s share has ballooned from 29 to 50 percent. The rich have gotten much richer—and everyone else has gotten poorer.

The destruction of the industrial economy and decline in union membership, in addition to capital’s abandonment of rural areas, have cast millions of working-class Americans adrift. The political consequences of these changes have registered most strongly in the states that were the nation’s industrial heartland for most of the 20th century, but they affect us all.

**Prizing Profits Over Worker Well-Being**

The factory jobs of the mid-20th century frequently involved demanding and repetitive physical labor, but thanks to the high rate of unionization, they offered greater pay and benefits for the white working class than those workers had enjoyed before, along with a level of stability. And as more unions desegregated in this period, workers of color increasingly enjoyed some of those same benefits.

For the 30 years following World War II, industrial unions ensured that their members’ wages and benefits steadily increased—gains they realized through notably successful strikes. Throughout the 1950s, the yearly number of major strikes averaged more than 300.

Management was no fan of these disruptions, but they were regarded as the normal ebb and flow of labor relations. Indeed, throughout the 1940s, ’50s, and ’60s, many corporate executives believed, or at least affirmed, that their workers’ well-being mattered. “The job of management is to maintain an equitable and working balance among the claims of the various directly affected interest groups ... stockholders, employees, customers, and the public at large,” the chairman of Standard Oil of New Jersey (now ExxonMobil) said in 1951. He was espousing a principle that became known as *stakeholder theory*, in which attention to worker well-being is a crucial part of the strategy for corporate success. Once hired, good workers had something close to lifetime employment, which entitled them to certain rewards. “Maximizing employment security is a prime company goal,” Earl Willis, General Electric’s manager of employee benefits, wrote in 1962.

Through the early 1970s, workers’ wages rose at the identical rate that productivity rose. But as the economies of Germany and Japan recovered from the devastation of World War II and began exporting goods to the United States, American companies responded to this competition by sharing less of their revenues with their employees. Following the recommendations in a memo by future Supreme Court justice Lewis Powell, they began lobbying Congress as never before for lower taxes and for more restrictions on unions. The National Labor Relations Board, then controlled by Richard Nixon’s nominees, weakened to near nonexistence the penalties employers incurred if they illegally obstructed their workers’ attempts to unionize; thereafter, the number of such illegal obstructions soared, even as the number of successful organizing campaigns dwindled.

The anti-union turn of American business in the 1970s greatly accelerated in 1981 with Ronald Reagan’s ascent to the presidency. Reagan’s firing of the nation’s air traffic controllers for having waged an illegal strike triggered a similar wave of firings by some of the nation’s leading corporations, which rendered the strike a tool that unions employed more warily and far less frequently. The number of major strikes plummeted from 286 a year in the 1960s and 1970s to 83 a year in the 1980s, 34 a year in the 1990s, and 20 a year in the 2000s.

Also in 1981, to reduce high levels of inflation, Federal Reserve chief Paul Volcker raised interest rates to the point where they induced double-digit unemployment and hastened the permanent downsizing and closing of thousands of factories, large and small. The industrial Midwest never recovered.

By the 1990s, the *stakeholder* ethos that some leading corporations had professed to follow in the 1950s had been thoroughly repudiated by CEOs in favor of the doctrine of maximizing value for *shareholders*. In the 1980s, 56 percent of corporate executives surveyed by Conference Board agreed that “employees who are loyal to the company and further its business goals deserve an assurance of continued employment”—but when executives were asked the same question in the 1990s, a scant 6 percent agreed.

**Declining Worker Security and Opportunities**

The abandonment of the once-secure sector of America’s working class accelerated as companies began
moving their plants to cheaper climes—initially to the largely nonunionized South, and eventually to such low-wage havens as Mexico, China, and Vietnam with the passage of the North American Free Trade Agreement in 1993 and Permanent Normal Trade Relations with China in 2000. According to a working paper published by the National Bureau of Economic Research, the flight of American industry to China cost the nation roughly 2.4 million jobs, with spillover effects that further decimated a number of local economies.

The post-2000 offshoring of industry has understandably drawn a great deal of attention—so much that the role of the American South in reducing workers’ economic security has not been sufficiently scrutinized. The manufacturing industries are a critical example. In the first decade of the 21st century, manufacturing job loss was comparable in northern and southern industrial regions; both lost about a third of their manufacturing jobs, thanks in large part to globalization and the Great Recession. By 2015, the South had rebounded, with 13.5 percent more manufacturing jobs than in 2000, while the North still had not returned to 2000 levels. But all those new jobs didn’t necessarily add up to better earnings. In Alabama, where auto industry growth was highest, workers at auto-parts factories saw a 24 percent decline in earnings from 2001 to 2013; in Mississippi, earnings were down 13.6 percent for the same period.

Confronted not only with the financial collapse of 2008 and the ensuing Great Recession but also with much cheaper production in the American South and overseas, the median wage of all US manufacturing workers fell by 4.4 percent between 2003 and 2013. And the decline of Northern wages to Southern levels hasn’t been confined to manufacturing. The expansion of Walmart, the nation’s largest private-sector employer, from its Southern base into the North and West has had a profound downward effect on the incomes of retail workers.

As bad as all this is, the employment picture in rural areas is even worse. A 2016 study by the Economic Innovation Group charts the grim decline of the nation’s rural areas and the increasing concentration of economic activity in major cities. Between 2000 and 2018, 52 percent of rural counties saw their populations shrink, while the populations of urban and suburban areas of the United States have continued to grow. Smaller populations spread across much larger areas mean that critical services like education and healthcare are harder to access. And because rural households are less likely to have access to broadband internet than metropolitan counties, telehealth and virtual education opportunities are also out of reach.

While unions give workers the stronger voice needed to fight for greater security and economic equality in these communities, corporate America’s hostility to workers and unions—evident in the recent anti-union activity of not only Amazon but also the supposedly more enlightened management at Starbucks—has been matched by the hostility of Republican politicians. Over the past decade, Republican governors and legislators of such onetime union bastions as Michigan, Indiana, and Wisconsin have joined the South in enacting laws intended to reduce union membership. Moreover, these states have joined most of the once-Confederate states in enacting voter identification laws designed to depress voting by people who might want to strengthen worker protections, such as people of color, millennials, and Democrats. Like the pre-1861 enslaver elites, today’s Republicans appear increasingly dedicated to Southernizing the North.

**Economic Insecurity Feeds Fear, Scapegoating, and Division**

For those who wonder how rural America and much of the nation’s historically Democratic white working class have turned Republican, and in many cases have embraced racist and nativist demagogues and conspiracy theories, the four decades of downward mobility and economic and social abandonment described above should dispel much of that mystery.

The phenomenon of economically vibrant, diverse, and progressive cities juxtaposed with economically struggling, insular, frightened, and reactionary rural areas isn’t limited to the United States. Its parallels can be found throughout post-industrial Europe. London has a socialist mayor, but Northern England, once home to a thriving manufacturing economy and a reliable base of Labour Party voters, is now thoroughly deindustrialized and voting increasingly for Tory candidates and for nationalist, anti-European initiatives like Brexit. Paris has a socialist mayor, but the north of France, once that nation’s industrial belt and the political base of the French Communist Party, is now the base for the xenophobic nationalism of Marine Le Pen. The cities of Hungary are as vibrant and progressive as the cities of Texas, but just as in Texas, they are outvoted by an economically floundering, radically right-wing, nationalist countryside.

This adds to the challenge facing those of us who want to increase opportunities for all working people. Although rightly focused on the many ways that people of color are being disenfranchised, and that women and LGBTQ people are being threatened, the Democratic left must also attend to its failure to recognize and address the casting adrift of its onetime white working-class base. The political consequences of this failure became strikingly clear with Donald Trump’s victory over Hillary Clinton in 2016. An analysis of the vote by Working America, the community mobilization arm of the AFL-CIO, found that in five key swing states that Clinton lost to Trump—Michigan, North Carolina, Ohio, Pennsylvania, and Wisconsin—81 percent of the difference in votes from Barack Obama in 2012 to Clinton in

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**Pulling together to rebuild our country can guide us back to our shared values.**
2016 came from rural and small-town population centers, areas with both high economic distress and large working-class populations.

The Democrats’ political prospects are imperiled by the narrative that has become Republican holy writ—that white working-class Americans are the victims of progressive cultural elites and people of color.* As in Britain, France, Hungary, and elsewhere, that narrative would be far less effective if the voters to whom it’s directed weren’t, in fact, being victimized by another group altogether: the economic elites across the political spectrum who have enriched themselves at the expense of all middle- and working-class people over the past 40 years.

**Uniting Working People**

What we need now is solidarity—and the union movement is critical for changing the narrative and bringing people together. When the unionization rate was higher, far more voters heard presentations and explanations of policy options from their unions that were factual alternatives to the demonization of people of color and immigrants routinely proffered by the likes of George Wallace, Rush Limbaugh, and Tucker Carlson.

A December 2021 study from the Center for American Progress Action Fund showed that unions’ political programs still have a significant effect on their members’ voting. Union women were 21 percentage points more likely than nonunion women to vote for Biden, while union men were 13 points more likely than their nonunion counterparts. College-educated unionists went for Biden at a rate 22 percent higher than their nonunion counterparts; among voters without four-year degrees, however, the difference between union members and nonmembers was only 6 percentage points (though that six-point margin certainly helped Biden carry Wisconsin, Michigan, and Pennsylvania).

The problem, however, is that union members now comprise just over 10 percent of the workforce and a mere 6 percent in the private sector—down from about a third of the nation’s workforce in the middle of the last century. As recent union victories at Starbucks and Amazon make clear, discussions with informed fellow workers can provide credible narratives workers aren’t likely to hear elsewhere. But for unions to grow and have worker-friendly policies to share, they need more allies in office. Democrats need to do what they’ve only begun to do during the Biden presidency: recognize the millions of Americans who understandably feel abandoned and offer hope for all workers by addressing their very real concerns through the kinds of investment and inclusion that our nation sorely needs.

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*For more on this intentional divisiveness and how we can defeat it, see “The Benefits of Collective Action: Why Overcoming Racism and Inequity Is Good for All of Us” on page 37.

That would include a number of Biden administration proposals that would benefit working-class Americans as a whole. A child tax credit, the public provision of childcare, and universal pre-K would ease the burdens of families with children, just as student debt relief and protection of reproductive rights would give rising generations greater control over their lives. Enabling the government to bargain down the cost of prescription drugs (which happened for some under Medicare shortly before this AFT Health Care went to press) will rein in the skyrocketing rate of inflation inflicted on those in need of medications, as would universal Medicare proposals such as that of Senator Bernie Sanders.

Making work pay again for tens of millions of Americans requires a host of major reforms. The nation needs the kind of industrial policy that returns manufacturing to our shores, invests in environmentally friendly new technology (while training existing workers for these new green jobs), and diminishes our dependence on imports, which renders us vulnerable to the shortages that have triggered inflationary pressures, eliminated millions of jobs in the United States, and reduced the wages of millions of workers as a result. Workers in the service and retail sectors don’t hold jobs subject to the downward wage pressure of foreign competition, but their lack of power to bargain for better pay and working conditions has ensured that an increasing share of corporate revenue goes to major shareholders while wages stagnate.

Successful unionization campaigns across the country reflect the clear popular sentiment now in favor of unions, but the law protecting workers’ right to organize has been weakened over the decades. The PRO Act, which passed the House but has languished in the Senate like so many other proposals, would restore those rights. But even without the PRO Act, Biden’s appointees at the National Labor Relations Board have reinstated some crucial rights that previous administrations failed to enforce.

Much of Biden’s agenda has been stymied by the narrowness of the Democrats’ majority in the Senate. The 2022 midterm elections could uncork these proposals should the Democrats gain—or the elections could condemn the nation to even greater neglect of its economic and social needs should the Republicans prevail. With even modestly larger Democratic majorities, the work of serious economic reconstruction can begin. And at the same time, working- and middle-class Americans can experience the benefits of pulling together to rebuild our country—from our bridges to our public schools. That, I hope, will guide us back to our shared values of diversity, equality, and opportunity and refocus our energy on creating a more perfect union.

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*For a more comprehensive version of this article with extensive endnotes, see aft.org/hc/fall2022/meyerson.
The Benefits of Collective Action

Why Overcoming Racism and Inequity Is Good for All of Us

“Why can’t we have nice things?”
Perhaps there’s been a time when you’ve pondered exactly this question. And by nice things, you weren’t thinking about hovercraft or laundry that does itself. You were thinking about more basic aspects of a high-functioning society, like adequately funded schools or reliable infrastructure, wages that keep workers out of poverty or a public health system to handle pandemics. The “we” who can’t seem to have nice things is Americans, all Americans. This includes the white Americans who are the largest group of the uninsured and the impoverished as well as the Americans of color who are disproportionately so. “We” is all of us who have watched generations of American leadership struggle to solve big problems and reliably improve the quality of life for most people.

“My father turned 18 the year the Voting Rights Act was signed; my mother did when the Fair Housing Act was signed three years later. That meant that my parents were in the first generation of Black Americans to live full adult lives with explicitly racist barriers lowered enough for them to glimpse the so-called American Dream. And just as they did, the rules changed to dim the lights on it, for everyone. In the mid-1960s, the American Dream was as easy to achieve as it ever was or has been since, with good union jobs, subsidized home ownership, strong financial protections, a high minimum wage, and a high tax rate that funded American research, infrastructure, and education. But in the following decades, rapid changes to tax, labor, and trade laws meant that an economy that used to look like a football, fatter in the middle, was shaped like a bow tie by my own 18th birthday, with a narrow middle class and bulging ends of high- and low-income households.

Upward mobility, the very essence of the American idea, has become stagnant. On the other end, money is still being made: the 350 biggest corporations pay their CEOs 278 times what they pay their average workers, up from a 58-to-1 ratio in 1989, and nearly two dozen companies have CEO-to-worker pay gaps of over 1,000 to 1. The richest 1 percent own as much wealth as the entire middle class.

Why? Why was there a constituency at all for policies that would make it harder for more people to have a good life?

By Heather McGhee

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The powerful sold the idea that justice for people of color required taking something away from white people.

decent life? And why did so many people seem to blame the last folks in line for the American Dream—Black and brown people and new immigrants who had just started to glimpse it when it became harder to reach—for economic decisions they had no power to influence? When I came across a study by two Boston-based scholars, titled “Whites See Racism as a Zero-Sum Game That They Are Now Losing,” something clicked. I decided to pay the study authors a visit.

It was a hot late-summer day when I walked into the inner courtyard at Harvard Business School to meet with Michael Norton and Samuel Sommers, professors of business and psychology, respectively. They had begun their research during the first Obama administration, when a white Tea Party movement drove a backlash against the first Black president’s policy agenda. They had been interested in why so many white Americans felt they were getting left behind, despite the reality of continued white dominance in US life, from corporations to government. What Norton and Sommers found in their research grabbed headlines: the white survey respondents rated anti-white bias as more prevalent in society than anti-Black bias. On a scale of 1 to 10, the average white scoring of anti-Black bias was 3.6, but whites rated anti-white bias as a 4.7, and opined that anti-white bias had accelerated sharply in the mid-1970s.

“We were shocked. It’s so contrary to the facts, of course, but here we are, getting calls and emails from white people who saw the headlines and thanked us for revealing the truth about racism in America!” said Norton with a dry laugh.

“It turns out that the average white person views racism as a zero-sum game,” added Sommers. “If things are getting better for Black people, it must be at the expense of people considered nonwhite. The US is resurgent because there is a political movement setting up the competition and spreading these fears were never the needy job seekers, but the elite. (Consider the New York Herald’s publishing tycoon, James Gordon Bennett Sr., who warned the city’s white working classes during the 1860 election that “if Lincoln is elected, you will have to compete with the labor of four million emancipated negroes.”)

The narrative that white people should see the wellbeing of people of color as a threat to their own is one of the most powerful subterranean stories in America. Until we destroy the idea, opponents of progress can always unearth it and use it to block any collective action that benefits us all. Today, the racial zero-sum story is resurgent because there is a political movement invested in ginning up white resentment toward lateral scapegoats (similarly or worse-situated people of color) to escape accountability for a massive redistribution of wealth from the many to the few.

**Racial, and Government, Resentment**

As someone who’s spent a career in politics, where the specter of the typical white moderate has perennially trimmed the sails of policy ambition, I was surprised to learn that in the 1950s, the majority of white Americans believed in an activist government role in people’s economic lives—a more activist role, even, than contemplated by today’s average liberal. According to the authoritative American National Elections Studies (ANES) survey, 65 percent of white people in 1956 believed that the government ought to guarantee a job to anyone who wanted one and provide a minimum standard of living in the country. White support cratered for these ideas between 1960 and 1964, however—from nearly 70 percent to 35 percent—and has stayed low ever since. (The overwhelming majority of Black Americans have remained enthusiastic about this idea over 50 years of survey data.) What happened?
In August 1963, white Americans tuned in to the March on Washington (which was for “Jobs and Freedom”). They saw the nation’s capital overtaken by a group of mostly Black activists demanding not just an end to discrimination, but some of the same economic ideas that had been overwhelmingly popular with white people: a jobs guarantee for all workers and a higher minimum wage. When I saw that white support for these ideas crumbled in 1964, I guessed it might have been because Black people were pushing to expand the circle of beneficiaries across the color line. But then again, perhaps it was just a coincidence, the beginning of a new antigovernment ideology among white people that had nothing to do with race? After all, white support for these government commitments to economic security has stayed low for the rest of the years of ANES data, through a sea change in racial attitudes.

It turns out that the dominant story most white Americans believe about race adapted to the civil rights movement’s success, and a new form of racial disdain took over: racism based not on biology but on perceived culture and behavior. As professors Donald R. Kinder and Lynn M. Sanders put it in Divided by Color: Racial Politics and Democratic Ideals, “today, we say, prejudice is preoccupied less with inborn ability and more with effort and initiative.” Kinder and Sanders defined this more modern manifestation of anti-Black hostility among whites as “racial resentment.” They measured racial resentment using a combination of agree/disagree statements on the ANES that spoke to the Black work ethic, how much discrimination Black people had faced as compared to European immigrants, and whether the government was more generous to Black people than to white people. They found that “although whites’ support for the principles of racial equality and integration have increased majestically over the last four decades, their backing for policies designed to bring equality and integration about has scarcely increased at all. Indeed in some cases white support has actually declined.”

So how to explain the racial resentment and the correlated antigovernment sentiments by the 1980s? By then, white folks had seemed to acclimate themselves to a new reality of social equality under the law. The overt messages of racial inferiority had dissipated, and popular culture had advanced new norms of multiculturalism and tolerance. What stopped advancing, however, was the economic trajectory of most American families—and it was on this terrain that racial resentment dug in.

While racial barriers were coming down across society, new class hurdles were going up—and the Inequality Era was born. That era began in the 1970s, but the policies cohered into an agenda guided by antigovernment conservatism under the presidency of Ronald Reagan. Reagan, a Californian, was determined to take the Southern Strategy (launched by President Nixon) national. In southern politics, federally mandated school integration had revived for a new generation the Civil War idea of government as a boogeyman, threatening to upend the natural racial order at the cost...
Conservatives’ real agenda was to blunt government’s ability to challenge concentrated wealth and corporate power.

My law professor Ian Haney López helped me connect the dots in his 2014 book *Dog Whistle Politics: How Coded Racial Appeals Have Reinvented Racism and Wrecked the Middle Class*. “Plutocrats use dog-whistle politics to appeal to whites with a basic formula,” Haney López told me. “First, fear people of color. Then, hate the government (which coddles people of color). Finally, trust the market and the 1 percent.” He went on, “Dog-whistle politics is gaslighting on a massive scale: stoking racism through insidious stereotyping while denying that racism has anything to do with it.”

As Haney López points out, priming white voters with racist dog whistles was the means; the end was an economic agenda that was harmful to working- and middle-class voters of all races, including white people. In railing against welfare and the war on poverty, conservatives like Reagan told white voters that government was the enemy, because it favored Black and brown people over them—but their real agenda was to blunt government’s ability to challenge concentrated wealth and corporate power. The hurdle conservatives faced was that they needed the white majority to turn against society’s two strongest vessels for collective action: the government and labor unions. Racism was the ever-ready tool for the job, undermining white Americans’ faith in their fellow Americans. And it worked: Reagan cut taxes on the wealthy but raised them on the poor, waged war on the unions that were the backbone of the white middle class, and slashed domestic spending. And he did it with the overwhelming support of the white working and middle classes.

Political scientists Woojin Lee and John Roemer studied the rise of antigovernment politics in the late 1970s, ’80s, and early ’90s and found that the Republican Party’s adoption of policies that voters perceived as anti-Black (opposition to affirmative action and welfare, harsh policing and sentencing) won them millions more white voters than their unpopular economic agenda would have attracted. The result was a revolution in American economic policy: from high marginal tax rates and generous public investments in the middle class, such as the GI Bill, to a low-tax, low-investment regime that resulted in less than 1 percent annual income growth for 90 percent of American families for 30 years. When you cut government services, as Reagan strategist Lee Atwater said, “Blacks get hurt worse than whites.” What’s lost in that formulation is just how much white people get hurt, too.

**Diversity Is Our Superpower**

The mounting challenges we face in society are going to require strength and scale that none of us can achieve on our own. The crises of climate change, inequality, pandemics, and mass involuntary movements of people are already here, and in the United States, each has exposed the poverty of our public capacity to prevent and react. The refusal to share across race has created a society with nothing left for itself. With falling support for government over the past 50 years has come falling support for taxes, a brain drain from the public sector, and a failure to add to (or even steward) the infrastructure investments of the early 20th century.

Since this country’s founding, we have not allowed our diversity to be our superpower, and the result is that the United States is not more than the sum of its disparate parts. But it could be. And if it were, all of us would prosper. In short, we must emerge from this crisis in our republic with a new birth of freedom, rooted in the knowledge that we are so much more when the “We” in “We the People” is not some of us, but all of us. We are greater than, and greater for, the sum of us.

After 50 years of disinvestment that hurts all of us, we are finally, if tentatively and precariously, beginning to reinvest. America’s new, multiracial governing majority has demanded an ambitious agenda to use the power of the government to address the country’s urgent needs. Upon taking office, the Biden administration announced a set of plans that read like a list of the “nice things” we’ve so long gone without: a massive infrastructure upgrade, aggressive action to stop climate change, tuition-free community college, universal elder care and childcare, paid family leave, a $15 national minimum wage, more generous public healthcare benefits, and extra federal dollars to coax states to expand Medicaid.

Not every promise and intention has yet made it into law, but I have to admit that the Build Back Better agenda (the American Rescue Plan and the Jobs and Families plans) represents a new era in American policymaking, and a turn away from the austerity of the Inequality Era.

Our nation is beginning to tell a different story about who we are to one another. The well-funded, cynical backlash is only a desperate attempt to hold back the tide. And as more and more of us come together, across lines of race and origin, to demand and work toward the dividends of solidarity, our newfound power will shape our common future.

For notes with sources, see *The Sum of Us*, by Heather McGhee, from which this article was excerpted with permission.
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Got Student Debt?

Public Service Loan Forgiveness (PSLF) is a federal program to help student loan borrowers. If you work in public service and make 120 payments towards your federal student loans, your remaining loans can be cancelled tax-free. Until the Biden administration, a shocking 98 percent of all applications for loan forgiveness were rejected, but the AFT has been working to address this student debt crisis for years, and we have made progress.

In a landmark settlement we reached with the Department of Education, tens of thousands of borrowers who were denied debt relief will have their cases reviewed so that they can have their loans completely forgiven or get credit for years of past payments, putting them that much closer to full forgiveness. And through October 31, 2022, a waiver that makes PSLF much easier to reach is in place for borrowers in public service, whether or not you have ever applied before.

The deadline to apply under the waiver is October 31, 2022, and we’re here to help!

As your national union, we have partnered with a company called Summer to help borrowers navigate the complicated management of their student debt.

If you are a current AFT member, the AFT will help you navigate the new PSLF process through our partner Summer. Working with Summer, AFT members already have saved $500 million on student loans. Sign up for a free account at meetsummer.org/pslf.

If you are a borrower who works in public service and want help from a PSLF expert, you can join the AFT as an associate member now and access a Summer account for free. Visit aft.org/joinsummer.