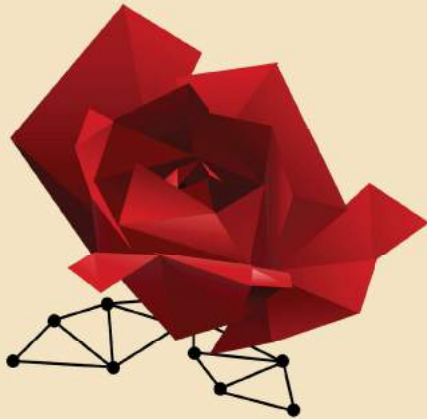


On May Day 2020



Socialists of Caltech

*Endorse the Petition: “Caltech: Prioritize Our Health,”
Brought to You by Caltech for Affordable Healthcare (CAH)*

“Radical simply means ‘grasping things at the root.’”

“You have to act as if it were possible to radically transform the world. And you have to do it all the time.”

- Angela Davis

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CAH's Petition: A Crucial Emergency Response

As the COVID-19 pandemic throws the global economy into crisis, and we find ourselves over a month into a lockdown here at Caltech, the contradictions at the heart of global capitalism have become markedly clear. In particular, the systemic failure of the United States to contain the pandemic is a direct result of its other systemic failures: the incompetence of the political class, widespread homelessness resulting from privatized housing, forced wage labor at the threat of starvation, a prison system of legalized slavery touted as a panacea for the deficiencies of capitalism—and perhaps the most glaring failure—the privatized healthcare system.

Powerful institutions like Caltech are reacting to the economic recession by imposing harsh austerity measures on their workers, like staff/faculty pay freezes, and framing these policies as sacrifices we all must make for the health of the Institute. Similarly, over the last few years, Caltech has responded to the rising cost of healthcare, fueled by the greed and desperation of players in the privatized health industries,¹ by proposing severe cuts to graduate student health benefits. In the midst of the global pandemic, graduate students rapidly mobilized to form ***Caltech for Affordable Healthcare (CAH)***, as a grassroots campaign to secure for graduate students both high quality, affordable health insurance and greater power to make decisions about their healthcare plans. ***CAH*** has stated its values in the form of a petition demanding that Caltech plan its finances in a way that will protect *all* of its workers, who through their productive labor ultimately grant the Institute its scientific prestige.²

The Socialists of Caltech unconditionally endorse CAH's petition and their efforts to build graduate student power.

As socialists, however, we recognize that we can only secure long-lasting change through a worker-led dismantling of the capitalist system to which Caltech is inextricably tied. This endorsement and response will identify Caltech's material relationship with the rot at the heart of the capitalist healthcare system, a deadly status quo that dehumanizes and kills the many for the efficient capital accumulation of the few. We will then contextualize ***CAH's*** efforts within this broader history and describe the radical organizing necessary to topple this status quo and secure a sustainable and egalitarian future that defends the dignity and power of working people.

¹ <https://jacobinmag.com/2020/04/coronavirus-medicare-for-all-m4a-single-payer-health-insurance>

² <https://drive.google.com/file/d/1Kjs-UYKH8s800hVwL8gqq6BzG4H-RHrb/view>

Eugenics and the Commodification of Healthcare

A protester in Nashville brandishes a sign reading “Sacrifice the weak, Reopen TN”.³

*The Ventilator Allocation Guidelines in New York State instruct hospitals to, in certain circumstances, remove personal ventilators from disabled patients who require them for everyday life and re-allocate them to COVID-19 patients.*⁴

*Following suggestions that the medication hydroxychloroquine could shorten the course of COVID-19, hoarding prevents people across the country with lupus and arthritis from filling their regular prescriptions.*⁵

We begin by situating the present healthcare struggle at Caltech within the historical context of health under capitalism. In particular, the current global pandemic highlights a pernicious worldview, which originated in the halls of British and American academia in the late 19th century, and continues to infect the entire capitalist world. This ideology—Social Darwinism—asserts that just as the evolutionary pressures of natural selection lead to the survival of species most “fit” to their ecological niche, so have the “fittest” people evolved to thrive in society.

Who is “fit” under a capitalist mode of production? When it comes to the working class, those who are “fit” to be employed and therefore survive are those who can most efficiently labor to produce value for an employer. In a post-industrialized era of mass production, these are people who have minds and bodies that do not deviate too much from an idealized norm and are *able* to easily slot themselves into impersonal, rotating workforces. The disabled are largely relegated to the ranks of the permanently unemployed,⁶ not because they are inherently unable to perform any socially useful labor, but because from the perspective of employers they are not as profitable as able-bodied workers. Indeed, the Federal Department of Labor defines “disability” as an impairment that prevents working at “substantial gainful activity.”⁷ This marginal position is reinforced by state policies which, in practice, prevent the disabled from accumulating any assets or wealth,⁸ force disabled people into abusive institutions,⁹ fail to enforce accessibility in the privatized spaces which dominate our lives,¹⁰ and hence prevent disabled people from participating in society at all. As the examples at the beginning of this section show, we continue to rely on Social Darwinism to explain the marginalization of disabled and sick people as natural, while leaving the capitalist mode of production and exchange that marginalizes them unquestioned and unchallenged.

The ideology of Social Darwinism birthed an even more grotesque cluster of concrete policy goals, known as eugenics. Eugenic policies aim to accelerate the evolution of the “human race” (a euphemism for the white race) towards a more “advanced” state through human intervention: both by violently suppressing “undesirables” and encouraging procreation between those with “desirable” traits. The most well-known

³ <https://fox17.com/news/local/dozens-rally-at-tn-capitol-call-for-gov-lee-to-re-open-state-immediately>

⁴ https://www.health.ny.gov/regulations/task_force/reports_publications/docs/ventilator_guidelines.pdf

⁵ <https://www.newsweek.com/fda-shortage-hydroxychloroquine-chloroquine-1495555>

⁶ <https://dsq-sds.org/article/view/4927/4024>

⁷ <https://www.dol.gov/odep/faqs/general.htm#3>

⁸ <https://www.disabilitysecrets.com/how-much-can-i-have-in-assets-and-get-disability.html>

⁹ <https://www.madinamerica.com/2017/10/forced-institutionalization-people-disabilities/>

¹⁰ https://ncd.gov/sites/default/files/Documents/NCD_Federal-Enforcement_508.pdf

example of a eugenic movement was that of Nazi Germany which included the T-4 euthanasia program, under which an estimated 250 000 disabled people were murdered by medical professionals.¹¹

What is less well-known is that at the same time there were many powerful and vocal proponents of compulsory sterilization of the Black, poor, disabled, incarcerated and mentally ill in the U.S. Among them was Robert Millikan, Caltech's first president, who was heavily involved in a eugenic sterilization propaganda and lobbying organization based in Pasadena known as the Human Betterment Foundation.¹² As a trip to the Caltech Archives reveals, the chairman of Caltech's Board of Trustees, Albert B. Ruddock, was also on the Board of Trustees of the HBF, as were many politicians, philanthropists, and scientists in Pasadena and Southern California. Under the influence of the HBF, the State of California passed laws allowing for eugenic sterilization and proceeded to sterilize over 20 000 people in the first half of the 20th century.¹³ The victims were disproportionately poor people and people of color who were imprisoned either by the criminal justice system or the medical system.

Despite the public relations efforts of the HBF and others, explicitly eugenic policies along with the term "eugenics," fell out of the public's favor after the Second World War. Nevertheless, sterilization quietly continues in California prisons to this day,¹⁴ and the ideology underpinning eugenics remains deeply embedded in our culture, our science, our workplaces (including Caltech), and in our economic system at large. The assets of the Human Betterment Foundation were liquidated in 1942, and the proceeds were gifted to Caltech to establish a postdoctoral fellowship for research "in those branches of biological science basic to our understanding of human welfare."¹⁵ Eugenics publications rebranded themselves. *Annals of Eugenics* became *Annals of Human Genetics*, and *The Eugenics Review* became the *Journal of Biosocial Science*. New words were used to describe old ideas, such as "populations" in place of "races."¹⁶

What followed explicit eugenic policies were a pair of more subtle strategies for using disabled people as a mechanism for capital accumulation. The first was the commodification of disabled bodies via institutionalization in private healthcare facilities such as nursing homes, which was extremely profitable as these institutions often had guaranteed streams of public funding. The second was the transformation of the disabled or ill person into a consumer of privatized medical services. Both strategies resulted in implicit eugenic pressures with many of the same effects as the earlier explicit policies.

Universal healthcare was omitted from the New Deal due to pressure from interest groups such as the American Medical Association, whose members wanted to avoid government price controls on the services they rendered. Shortly afterwards, there was a national wage freeze during the second World War to rein in inflation. Employers, faced with a labor shortage, used group health insurance plans as a proxy for increased wages. It was at this time that access to medical care—most urgent for people with ongoing health problems—became contingent on employment, from which these same people were systematically excluded. In practice, the private insurance industry, medical industry, together with employers, companies, and institutions within the private sector at large created a eugenic pressure against "unfit" (usually disabled and racialized) workers. Those who were "unfit" to work were also unable to receive the necessary medical care to live.

¹¹ <https://encyclopedia.ushmm.org/content/en/article/euthanasia-program>

¹² <http://eugenicsarchive.ca/discover/connections/52337e635c2ec50000000053s>

¹³ <https://www.uvm.edu/~lkaelber/eugenics/CA/CA.html>

¹⁴ <https://rewire.news/article/2018/04/19/thousands-sterilized-californias-eugenics-law-now-get-reparations/>

¹⁵ https://oac.cdlib.org/findaid/ark:/13030/tf2h4n98gb/entire_text/

¹⁶ <https://www.smithsonianmag.com/science-nature/disturbing-resilience-scientific-racism-180972243/>

In a system where those who are deemed unfit to work are also deemed unfit to live, no one is safe. *No one is safe. No one who depends on wages and employment to access the means of survival is safe.* Every worker is one accident or health crisis away from disability. And *all* workers teeter precariously on the edge of unemployment. In a society where the means of life itself—food, housing, medicine, healthcare, education—are all commodities to be bought and sold on the market, and where the vast majority can only buy market commodities by working for wages, employment has become *life*. Therefore, workers are trapped in the condition of incessantly trying to prove to our employers that *we deserve to live*.

It is not surprising that this brutal dictatorship of wage labor inflicts harm on the minds and bodies of workers both inside and outside the workplace, the kind of harm that this same regime is unable to rectify. The devastation is systemic, a conflagration which swallows both individuals and their environments, exacting harm and in some cases disabling workers who are then shunted into a perpetual underclass. Who can forget then-president Barack Obama, darling of the neoliberal political class, drinking a glass of filtered water from Flint, Michigan, assuring petrified parents that as long as their children get adequately filtered water and the healthcare they need, “the kids in Flint are [not] going to have problems for the rest of their lives” despite lead exposure.¹⁷ Four years after this incident, Flint still does not have clean drinking water,¹⁸ nor the access to healthcare needed to prevent its people from sinking into sickness, impairment, and subsequent marginalization under U.S. capitalism. Is there any doubt that lead-contaminated drinking water is a problem alien to the white, wealthy suburbs of Southern California? No—such crises of resource mismanagement are systematically isolated to places like Flint, on the backs of those “unfit” to work and therefore undeserving of life.

And what of those of us who are not only excluded from work and from healthcare, but indeed actively brutalized, dehumanized, criminalized, and killed based on a racialized hierarchy of eugenic worth? Black and Indigenous people have disproportionately borne the brutality of the eugenic system—and continue to bear it today under the ravages of the current pandemic.^{19,20} We write from Los Angeles county where, on this very day in 1992, riots erupted after a jury acquitted police officers who were filmed as they brutally attacked Rodney King, an unarmed Black man. The eugenic embers sheltered and fanned in Pasadena set Los Angeles on fire. Eugenicist hierarchies permeated the perceptions of Los Angeles police officers and its judiciary so deeply that they could not perceive those who “deviated from the human ideal”—those who were jobless, poor, Black, Other—as being human at all.²¹ But human beings resist such mislabelings, right the errors of foolish hierarchy-making, reassert our relations with one another, and call out to one another to be recognized as kin—as evidenced in the still-warm ashes of L.A.

This is the situation that we find ourselves in today. As violence is enacted on working class and poor people’s bodies and psyches, attempts at even the modest advance of abolishing the private health insurance industry and replacing it with a single-payer system have been repeatedly stymied in America

¹⁷ <https://time.com/4318909/barack-obama-speech-flint-michigan-transcript/>

¹⁸ <https://www.pbs.org/wgbh/frontline/article/epa-says-flints-water-is-safe-scientists-arent-so-sure/>

¹⁹

<https://www.motherjones.com/coronavirus-updates/2020/04/covid-19-has-infected-and-killed-black-people-at-alarming-rates-this-data-proves-it/>

²⁰ <https://www.theatlantic.com/ideas/archive/2020/04/disease-has-never-been-just-disease-native-americans/610852/>

²¹ Cultural theorist Sylvia Wynter wrote the essay “No Humans Involved” in direct response to the riots, and correctly ascertained the responsibility the architects and perpetrators of eugenics in academia bore for the horrific violence their ideology had inflicted on the underclasses. Wynter’s title is from the abbreviation the L.A. judicial system used to describe their dealings with unemployed, ghettoized young Black men: NHI—“No Humans Involved”: <https://www.newframe.com/long-read-knowledge-must-mutate-be-fully-human/>

over the last century by both major political parties in an impressive display of bourgeois class solidarity. As medical costs continue to explode, however, tensions mount between competing capitalist interests: between employers who must provide increasingly expensive health insurance plans to their workers, and the insurance and medical industries themselves. Cost-sharing measures in insurance plans, such as copayments and deductibles, as well as shrinking premium subsidies, are an attempt to relieve this tension by shifting costs onto workers. Caltech's proposed cuts to our benefits are an example of this dynamic between a private-sector employer, Caltech, and a powerful insurance company with a profit motive, UHCSR. We workers find ourselves at a juncture in history where the competing interests and disunity of the capitalist class presents us with the opportunity to exploit and heighten these market contradictions, breaking their stranglehold on the health of our communities. We must then correctly ascertain the relationship between workplace healthcare organizing and the broader fight to implement a real change in health policy, to decommodify medicine and make it available for the benefit of all people.

What Is to Be Done at Caltech I: The Need for Reform

"Until the United States has a single-payer health system and a great simplification of [the many providers and the various types of cost], we will continue to struggle with this every year."

**- Joe Shepherd, Vice President for Student Affairs
April 2, 2020, COVID-19 Town Hall ²²**

As Joe Shepherd made abundantly clear to students concerned about cuts to their health benefits, the lack of universal healthcare in the United States forces Caltech to negotiate its employees' health insurance with private insurers with whom they have little leverage. What appears to be an administrator's excuse for cuts to student health benefits inadvertently opens up a fruitful line of questioning: what is Caltech's long-term plan, or even five-year plan, to address rising healthcare costs fueled by the frenzy of privatized healthcare? If the last two years of healthcare cuts are an oracle, Caltech plans to further place the burden of increased costs on the most vulnerable among us, those who need healthcare the most—the one-third of graduate students who have a chronic illness, and the one-third who avoid medical treatment due to cost. Eugenic values, it seems, continue to haunt the halls of the Institute.

Indeed, Caltech's cuts to graduate student health benefits during the present crisis rely crucially on a central conceit—that the pie is shrinking, that gains for one set of workers are losses for others, and that if we are to survive, *all* of us must make sacrifices. We are made to fight against other workers instead of standing in solidarity with them against the owners and administrators of Caltech who sit atop a \$2B endowment and seven-figure salaries. But the lessons of the last financial crisis in 2007-8 are not lost on us. During that time, universities offered similar austerity arguments to justify slashing benefits, hiring freezes, and staff layoffs. We know of course that after the crisis, university endowments recovered with the market,²³ the top 10% of incomes *increased* their share of the nation's wealth,²⁴ while the wealth share

²² <https://youtu.be/fkhdyvrEQo>

²³ <https://fas.org/sgp/crs/misc/R44293.pdf>

²⁴ <https://www.nytimes.com/interactive/2020/04/10/opinion/coronavirus-us-economy-inequality.html>

of the working class decreased, savings were wiped out, and many never recovered. The austerity arguments are as common as they are deceptive.

This faulty logic is mirrored in the realm of healthcare as rising costs are made to justify tossing graduate students who need healthcare to the margins, where they are made dependent on administrative generosity and Emergency Fund money, Caltech's own brand of GoFundMe healthcare. **CAH** has soundly rejected the false promise of barbarism that requires placing some graduate students at the sacrificial altar for the sake of the Institute or its other workers, when the Institute itself occupies an enormously privileged position relative to *all* of its workers.

In order to protect the healthcare benefits of graduate students and ensure future transparency and decision-making power for graduate students in healthcare negotiations, the **CAH** petition demands that Caltech prioritize the health of its community during the global pandemic by selecting a health insurance plan that does not cut benefits, that the Institute cover the full increase in the premiums for the coming academic year, and that it increase the Dependent Health Care Supplement in order to absorb the coming premium increase. Moreover, the petition calls on the Institute to greatly increase graduate student participation in making decisions about their health benefits.²⁵

Even these stated demands, which leverage Caltech's enormous wealth to cover the costs of rising healthcare and call for long-needed institutional reform, do not address a fundamental problem with employer-provided private health insurance schemes. The insurer, which invariably elevates its own profit as its primary concern, controls what type of care each individual is able to access. The internal coverage policies of the insurance company, minimally constrained by government regulation, thus become a eugenic force. They sometimes do this in blatant ways by omitting certain types of services from plans entirely, as is the case for fertility treatments under Caltech's student plan. At other times, insurance companies may create eugenic barriers to access in more superficially "reasonable" ways, such as requiring prior authorization for particularly expensive medications and then denying authorization on the basis of an opaque internal set of criteria. It is precisely these expensive medications that are typically necessary for chronically ill people to live.

A particularly salient and urgent example of certain people being systematically excluded from care via private insurance is trans healthcare. Both overt and covert tactics are employed by insurance companies to increase their bottom lines, and marginalize the trans community in the process. Our Caltech student health insurance does not cover gamete preservation for patients who will be sterilized as a side-effect of necessary hormone treatment or gender confirmation surgery. This puts people in the position of choosing between their own quality of life and their potential to have biological children. Like many insurance plans in America, our insurance classifies a number of medical services needed to alleviate dysphoria (such as hair removal, voice training, and facial gender confirmation surgery) as cosmetic and therefore not medically necessary. Despite this, there is a body of evidence that denial of access to gender-affirming care leads to decreased quality of life, reduced mental health, and ultimately death.²⁶

Furthermore, while the text of the **CAH** petition acknowledges that the need for healthcare will only increase in the wake of the COVID-19 pandemic (due to, for example, worsening chronic pain and mental illness as a result of the restrictions and social isolation associated with working from home), it does not

²⁵ <https://drive.google.com/file/d/1Kjs-UYKH8s800hVwL8gqq6BzG4H-RHrb/view>

²⁶ Wilson E, Chen Y, Arayasirikul S, Wenzel C, Raymond HF. Connecting the Dots: Examining Transgender Women's Utilization of Transition-Related Medical Care and Associations with Mental Health, Substance Use, and HIV. *J Urban Health*, 92 (2015), pp. 182-192

highlight the ways in which Caltech's own work environment harms the health of its students. For example, it is well known that PhD programs are a hotbed of graduate student mental health issues, and Caltech's own graduate programs are no exception.²⁷ Compounded by an extreme power differential between students, faculty, and administrators who ultimately decide on what quality of life graduate students should be afforded, academic workplaces can become zones of institutionally-sanctioned abuse, something to which Caltech is no stranger.²⁸ Caltech's proposed cuts to graduate health insurance benefits promise to further entrench the hostile working conditions that give rise to worsening health.

While the **CAH** petition's healthcare demands call on the Institute to use its wealth to maintain students' current health benefits, the scope of the petition is limited, because it is fundamentally an emergency response to an unacceptable set of recommended cuts. As such, the demands, for example, do not address the concerns leveled here, which fundamentally highlight how groups who need healthcare the most are in fact the most deprived of it. Rather than reflexively adopting a defensive position, we must instead advocate for an expansion of our health benefits. This includes greatly expanding access to trans healthcare. This includes *increasing*, not just maintaining, the number of covered mental health visits to help students address the inherent mental health risk of being a graduate student-worker at Caltech. This includes full coverage for physical therapy, especially in light of Caltech's work from home directive in response to COVID-19. The Institute owes its graduate students freedom from cost discrimination on the basis of health, and therefore ought to cover *all* out-of-pocket costs for its students.

We should learn from recent grassroots organizing by **Grad Students for a Healthy MIT**, a campaign which recently won MIT students a more expansive set of healthcare benefits²⁹ that will better protect them from the macabre whims of the eugenic healthcare system. In particular, this group organized to win 52 covered mental health visits per year, and an 80% reduction in the copay for each session, along with an expanded set of covered trans student health benefits (now including covered hair removal and voice training). When students fight, they win, and we are optimistic that the victory of MIT student organizers bodes well for the prospects of **CAH** to effect reform at Caltech. It is a moral outrage to allow even some student-workers to suffer at the ends of the private health insurance industry. Thus, the **Socialists of Caltech** urge the organizers of **CAH** to expand the scope of their campaign to demand more.

Caltech Must (Additionally)

- I. Increase covered **mental health visits** with no copays to **52 per year**.
- II. Ensure all employee health insurance plans cover **comprehensive trans care** including gamete preservation, hair removal, voice training, and facial gender confirmation surgery.
- III. Provide basic on-site **physical therapy for all employees** (including graduate students) at no cost and modify employee insurance policies to cover at least 12 physical therapy visits per year with no copays or coinsurance.
- IV. Create an internal fund which **automatically reimburses employees** (including graduate students) **for all out-of-pocket medical costs**.

²⁷ <https://www.nature.com/articles/d41586-019-03489-1>

²⁸ <https://www.buzzfeednews.com/article/azeenghorayshi/caltech-christian-ott-professor-harassment-turku>

²⁹ https://www.facebook.com/permalink.php?story_fbid=240705963965717&id=101459814557000

What Is to Be Done at Caltech II: Beyond Reform

In petitioning the Caltech administration to implement emergency measures to absorb rising healthcare costs and offer graduate students a seat at the proverbial table, **CAH** has demanded much-needed reform. **But socialists know that reform is not enough.** The goal of these final sections is to outline the scale of change required to extricate ourselves from the rot of commodified healthcare and suggest some pathways to achieve this change. Thankfully, the roadmap to sustainable change lives within **CAH's** own correct analysis. We are excited to work with Caltech for Affordable Healthcare as we turn our energies towards tackling the larger systemic issues.

CAH has correctly ascertained that despite the austerity arguments, Caltech has more than enough resources to take much better care of its student workers, who are vital to the research and teaching missions of the Institute. The campaign also correctly recognizes that the issues of transparency that keep healthcare decision-making shrouded in secrecy draw from a deep power asymmetry between the owners and administrators of the Institute and that of its workers. This power differential does not end with graduate students. In fact, Caltech postdocs are in a very similarly precarious situation, with service staff in perhaps the most dangerous situation of all. After all, in a very revealing and callous statement, Joe Shepherd concluded the aforementioned April 2 COVID-19 town hall by telling students that none of the administrators are getting hazard pay for their work, after an administrator earlier mentioned that the Institute was not giving staff hazard pay.³⁰ Graduate students reject this false equivalency. We are certainly under no illusion that administrators are on the front lines in the same way as service staff members, who are risking their health and the health of their families to maintain this Institute. It is not administrators who must be concerned about pay cuts, layoffs, and sickness. **CAH** has thus expressed solidarity with all workers at Caltech, to call on the Institute to protect the health of its community—students, staff, postdocs, and faculty alike.

This call for community solidarity is not trivial, and we ask that **CAH** take the power of working-class organizing seriously. At stake is a university-wide politics of solidarity, of community advocacy and love that extends between graduate students and across all workers at Caltech. This kind of politics is in marked contrast to the vicious politics of the privatization of academia, culminating in a student debt crisis and a severe shortage of academic jobs, all the while atomizing Caltech's workers into politically powerless, overworked, and underpaid units. The **Socialists of Caltech** are calling not for units, but unity—cross-campus working-class unity that projects forth our common destiny.

If the graduate student community is to survive, let alone help power a movement to change the landscape of healthcare in the U.S., we must first acknowledge openly that the social mobility and prestige afforded by a degree is becoming ever more tenuous. An already inaccessible academic job market is only worsened by recession-induced hiring freezes.³¹ How vivid is this truth in a moment when unemployment claims have climbed to their greatest heights in U.S. history—with a staggering 30 million workers, or 10% of the population having filed for unemployment as of yesterday, and that too a likely underestimate, with unemployment rates likely to reach 15 to 20%.³² In such conditions, even the painstakingly cultivated diligence and brilliance of so many Caltech workers, sadly, will not save us.

³⁰ <https://youtu.be/fkhdyvrEQo>

³¹ <http://thefilemag.org/none-of-us-are-getting-jobs-notes-on-organizing-in-the-covid-university/>

³² <https://abcnews.go.com/US/wireStory/glut-us-unemployment-applications-expected-70423144>

With one-third of postdocs at Caltech expecting an end to their contracts before September, with graduate students expected to complete theses and defend before the summer, with hiring freezes and a recession greeting those seeking jobs in 2020, and with many of our spouses and family members already laid off, we condemn as naked barbarity the insistence of the political and capitalist classes that access to healthcare—and to *all of the means of survival*—be yoked to employment. We should not have to cower and “do everything right” and stay in line and in our place for fear that we will be fired, or never hired, and then *die*. There comes a time when those of us who have “done everything right” according to bourgeois values—gotten the good grades, complied patiently with our employers, worked with all of our creativity and fervor, put in endless long and underpaid and often thankless hours—there comes a time when we too are finally exhausted by the absurdity of our circumstances and must say, “Enough. We will no longer jump through the next ridiculous hoop to prove to an employer that we are *finally* worthy—smart enough, hardworking enough, ‘competitive enough,’ prolific enough—to live.” *We deserve to live. Period.*

It is in this atmosphere of precarity and forced hyper-competition that graduate students must dispel the illusion of professional-class status and hitch their wagon to their fellow workers, not with administrators, owners, and bosses who are more than happy to sacrifice Caltech’s workers to preserve and ultimately enhance their bottom line. Yes, the so-called academic meritocracy and the promise of one’s own career advancement is in fact a mirage.³³ It is an apparition born not just of wishful thinking, but also of the underlying capitalist and Social Darwinist ideology that blames the failure of the social order on its most brutalized victims. We can now answer the question Joe Shepherd invited us to ponder on April 2—**there is no five-year plan, and we are not part of it.**

Indeed, there is no better time for students to organize against these conditions at Caltech, and to reject the notion that the current rules of the game are unchanging laws of nature. It is in this environment that **CAH** is building a politics of solidarity within an otherwise atomized and loosely organized student body, but also trying to forge meaningful bonds between graduate students and other workers at Caltech, including many postdocs who have signed onto **CAH’s** petition to show support with their fellow workers.

The story is not so simple, however. Even the most radical on-campus healthcare organizing efforts must eventually confront the reality that the parasitic U.S. healthcare system lives beyond Caltech’s administrative offices. The eugenic pressures of the U.S. healthcare system will continue to drive up healthcare costs, engulfing our entire community—students, staff, postdocs, and faculty as well. The kind of emergency measures demanded by **CAH** will be unable to keep pace with the vortex of commodified healthcare, and such solutions will not preserve our community of workers in the long-run. Therefore, our target must extend beyond the borders of the Institute, even while the Institute will almost assuredly move to protect its finances rather than its workers. The same politics of worker solidarity that can lead to change within the Institute must be used to steward Caltech towards a sustainable future if the Institute is to survive. But it will not survive as it is now—its character will be transformed into something else entirely. At stake is the formation of a new type of university, one in which knowledge is produced by workers and for workers. **How are we to achieve this lofty horizon?**

³³ <https://regenerationmag.org/a-mental-health-crisis-among-graduate-students/>

Outlook and A Call to Action

We would be worse off if we did not have centuries of radical organizing to help us answer this question. We do not have to look back centuries, though. As graduate student unions have emerged throughout the United States in the last year alone, students have asserted their community as one of workers and challenged university capital. From the inspirational wildcat strike at UCSC to the work/rent strike by graduate students at Columbia University to today's May Day graduate student sick-out strike at OSU³⁴, student collectives have confronted administrators—at so-called progressive universities—who wield the threat of firing, riot police, and deportation as blunt force weapons.³⁵ These students have fought on behalf of staff and adjunct faculty in stunning displays of class solidarity. Indeed, striking students at OSU have demanded not only a living wage for all staff, hazard pay for workers physically located on campus, and higher stipends for graduate students, but they have also called for the university's administrators to take a voluntary pay cut. Moreover, students at OSU have demanded that the University publicly petition the State of Oregon to revise the law such that the OSU Board of Trustees and all other governing bodies be composed of at least 30% students. There is no confusion here about the battle lines, no excessive overtures to reestablish an unacceptable status quo.

As stated earlier, the deadly contagion of private health insurance lies beyond Caltech and its owners and administrators. The Institute, however, has a clear opportunity to lead a coalition of universities to push for the only just solution—universal healthcare, a policy with majority approval in the United States.³⁶ Even Caltech as an institution has an incentive to advocate for universal healthcare in order to liberate its budget from the whims of private insurance. If the Institute instead chooses to forgo leadership on this critical issue, it will be left in the dust, and us along with it.

Unfortunately, in the very likely event that Caltech chooses to emphasize short-term wealth gains over long-term sustainability and the welfare of its workers, we the workers of Caltech must organize with students, staff, postdocs, and faculty here and at other universities to steward our institutions towards a sustainable and healthy future. Just today, on May Day, a coalition of rank-and-file graduate workers at universities across the country are broadcasting a press release against university austerity.³⁷ Student organizers have shown us the commitment to working-class solidarity and a program of radical militancy we need to challenge capital and build a more just world within and outside the halls of the academy.

Caltech for Affordable Healthcare fights for our immediate access to healthcare through the current means available to us: the employer-based plan. But we of **Socialists of Caltech** know that there is no hope and no redemption for a system that treats health—and life itself—as a commodity. Any lingering faith we may have had for the capacity of the capitalist system to produce a society worthy of the dignity and the sanctity of the living has been extinguished in the wake of the current crisis.

Beyond the death-worshipping logic of Social Darwinism—selectively plucked, aggrandized and promoted from the vast literature and theory of the biological sciences—there are liberatory and life-affirming ways to study and conceive the grand history of life. Our painstaking studies of the living world reveal a living earth that has been tremendously generous to us. We have air to breathe at all because plants, algae, and bacteria have worked for millions of years to make the atmosphere. These are

³⁴ <https://www.oregonstrikeuniversity.com/>

³⁵ <https://jacobinmag.com/2020/02/university-california-santa-cruz-graduate-strike>

³⁶ <https://thehill.com/hilltv/what-americas-thinking/494602-poll-69-percent-of-voters-support-medicare-for-all>

³⁷ <https://docs.google.com/forms/d/e/1FAIpQLScpgT5th7k6y8oAnSQDFM7L8NGBjsJp7ypcU8kk8htsVsj3RA/viewform>

our common ancestors and this is our *common inheritance*, what was given to us for free simply because we are *alive*, without anyone having to prove their worthiness of it. To those who would bottle and sell the air itself back to us if they could, to those who demand that we *earn* the lives that we were *given*, we say “perhaps you thieves of the commons should prove your worth instead.”

Our request, our demand, our mandate, is simple: to give back to all what was given freely to all. To decommodify what should never have been bottled into sellable packages, to take access to healthcare and to all the common wealth of society and of the earth off the market, and to return it to the common use and enjoyment of all. We who contribute years of our labor and our lives to generate the scientific commons—a heritage that belongs to all people—will take what we need to live freely and without apology from the common wealth. We will generate a science and a society in alignment with a vision of the living world that is worthy of its generosity and splendor.

On this May Day 2020, we encourage and welcome those who are interested in working to build a more just world to join us, the *Socialists of Caltech*, where we continue to learn from each other and our shared struggle. We are enthralled by the grassroots organizing that has fueled *Caltech for Affordable Healthcare* over the last four weeks, and here we offer our unconditional support for their efforts while also articulating a radical vision of what university worker organizing can and should be.

