

Progressive

PERSPECTIVES

YEARLY 2020 REPORT



** Many of these op-eds are by African American, Latinx, Asian American, and Native American writers whose voices are too often excluded from the media conversation. For more information, visit progressive.org/op-eds.*



Media Outlets that Publish Our Op-Eds

Newsday

Chicago Tribune

Fort Worth Star-Telegram

The Intelligencer

msn | news

WISCONSIN STATE JOURNAL

The Charlotte Observer

THE SACRAMENTO BEE

Tampa Bay Times

Missoulian

Star Advertiser

The Miami Herald

ISTHMUS

Hartford Courant

PIONEER PRESS

OHIO'S LARGEST NEWSPAPER SINCE 1842
THE PLAIN DEALER

The Sunday Oregonian

Common Dreams

Listen To Workers On Coronavirus

When workplaces become coronavirus hotspots, the virus spreads to neighbourhoods and communities

MICHAEL FELSEN & ALEJANDRO ZUNIGA

ONE of us (Alejandro) nearly died from carbon monoxide poisoning while working as a janitor and now spends his days on street corners in Houston helping day laborers protect themselves on the job. The other (Michael) spent a career enforcing federal labor laws, including those intended to assure that workers return home from their job with life and limb intact.

Too many employers cut corners if they think they can get away with it, and workers pay the price.

We have seen the havoc that coronavirus (COVID-19) can wreak in the workplace. And we know that when workplaces become coronavirus hotspots, the virus spreads to our neighborhoods and communities. That's why making our workplaces safer is crucial to keeping all of us safe.

It's also why we're eagerly awaiting the Occupational Safety and Health Administration's (OSHA) announcement of an enforceable new emergency temporary standard for COVID-19. Judging from guidance issued on January 29, the new rule will likely give workers a leading role in ensuring safety in their own workplace. That will signify a hard-fought victory for worker advocates.

The guidance highlights what we've known for a long time: employers of every shape and size need to listen to their workers. They know the shop floor, the classroom, the warehouse conditions better than anyone. Recognizing that fundamental truth, the new standard requires that every workplace have a COVID-19 prevention program — and that workers be engaged in every phase of its development and implementation.

Workers, particularly those in high-hazard, low-paying jobs, are often understandably reluctant to voice concerns about safety issues. From Texas to New England, workers are routinely assigned to dangerous jobs with little or no safety training or personal protective equipment. And they often face retaliation when they complain, particularly immigrants and workers of color.

The result is that dangerous conditions go unreported, with deadly consequences. That's why loud, clear messaging that it's against the law to retaliate against workers who voice workplace safety concerns — whether or not these are related to COVID-19 — is key to any safety program's success.

Alongside a strong anti-retaliation message is the need for amplified whistleblower enforcement. An August 2020 audit by the Labor Department's Inspector



General documents a surge in alleged retaliation complaints during the pandemic, a reduced workforce to handle them, and serious delays in addressing them.

When issued, the new standard's safety requirements will need to be vigorously, and visibly, enforced. Too many employers cut corners if they think they can get away with it, and workers pay the price. The In-

spector General recently said as much in another report on OSHA's shortcomings in stemming COVID-19 workplace hazards under the Trump administration's watch, finding that "reduced and remote inspections leave U.S. workers' safety at increased risk."

For appropriate enforcement to occur, OSHA needs more inspectors. Last year,

Media Outlets that Publish Our Op-Eds

The Korea Times All

Opinion

[Editorial](#) [Columns](#) [Thoughts of the Times](#) [Cartoon](#) [Today in History](#) [Blogs](#) [Tribune Service](#) [Blondie & Garfield](#) [Letter to the Editor](#)

[Tribune Service](#)

A progressive wish list for 2021



By Bill Lueders

There is reason to be optimistic that 2021 will present opportunities for progressive change, to the betterment of all. As part of making that happen, the majority of Americans who support progressive ideals should make specific demands of President-elect Joe Biden.

The New York Times



'It's His Own Damn Fault,'
Top G.O.P. Pollster Says of
Trump and Facebook



FARIHAD MANJOO
Josh Hawley and Donald
Trump Haven't Been
'Silenced'



GUEST ESSAY
India's Covid Crisis Needs
a New Lockdown

The Opinion Pages



On the Ground

NICHOLAS KRISTOF

See

An Open Letter From Dylan Farrow

BY DYLAN FARROW FEBRUARY 1, 2014 3:04 PM 3569



Frances Silver Dylan Farrow

(A note from Nicholas Kristof: In 1993, accusations that Woody Allen had abused his adoptive daughter, Dylan Farrow, filled the headlines, part of a sensational story about the celebrity split between Allen and his girlfriend, Mia Farrow. This is a case that has been written about endlessly, but this is the first time that Dylan Farrow herself has written about it in public. It's important to note that Woody Allen was never prosecuted in this case and has consistently denied wrongdoing; he deserves the presumption of innocence. So why publish an account of an old case on my

Famous Op-Eds

The New York Times

SUBSCRIBE NOW

OPINION

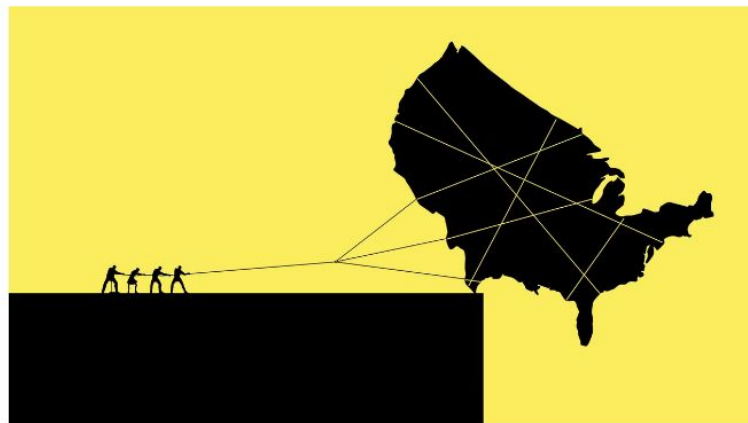
I Am Part of the Resistance Inside the Trump Administration

I work for the president but like-minded colleagues and I have vowed to thwart parts of his agenda and his worst inclinations.

Sept. 8, 2018

137,008

Leer en español 阅读简体中文版 閱讀繁體中文版 한국어로 읽기 日本語で読む



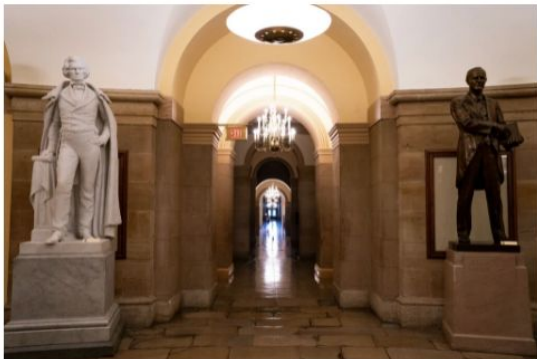
DeLeon & Company

[On Oct. 28, 2020, Miles Taylor, who left his position as chief of staff in the Department of Homeland Security, made public his authorship of this article. While The Times has a strict policy of protecting its sources, in this case he personally waived our agreement to keep his identity confidential. We can confirm that he is the author.]

The New York Times

House Votes to Remove Confederate Statues From U.S. Capitol

The bipartisan vote to banish the statues from display was the latest step in a nationwide push to remove historical symbols of racism and oppression from public places.



The statues of John C. Calhoun of South Carolina, left, a former vice president who led the pro-slavery faction in the Senate, and Charles Brantley Aycock, the former governor of North Carolina and an architect of a violent coup d'état led by white supremacists, in the U.S. Capitol. Anna Moneymaker for The New York Times



By Catie Edmondson

July 22, 2020

Famous Op-Eds

The New York Times

OPINION

Tom Cotton: Send In the Troops

The nation must restore order. The military stands ready.

June 3, 2020



U.S. Senator Tom Cotton calls for "an overwhelming show of force." Pool photo by Andrew Hardek



By Tom Cotton

Mr. Cotton, a Republican, is a United States senator from Arkansas.

Editors' Note, June 5, 2020:

After publication, this essay met strong criticism from many readers (and many Times colleagues), prompting editors to review the piece and the editing process. Based on that review, we have concluded that the essay fell short of our standards and should not have been published.

[Sections](#)

The Washington Post
Democracy Dies in Darkness

Opinion: Liz Cheney: The GOP is at a turning point. History is watching us.



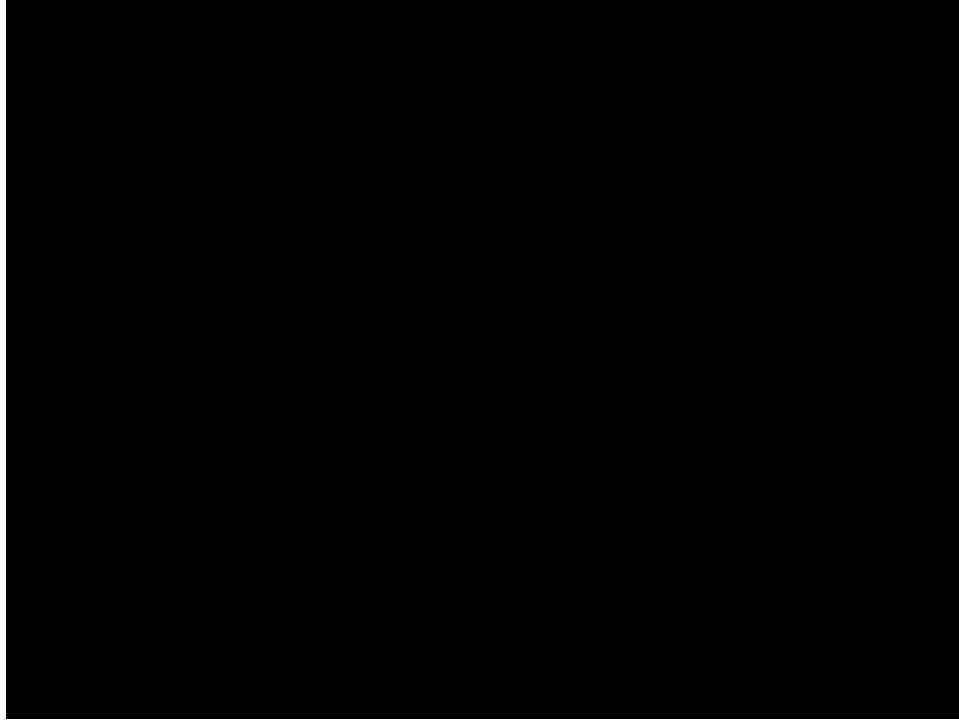
Rep. Liz Cheney (R-Wyo.) speaks to a fellow lawmaker ahead of President Biden's address to a joint session of Congress on April 28. (Melina Mara/The Washington Post)

Opinion by Liz Cheney
May 5, 2021 at 4:05 p.m. CDT

[Add to list](#)

Liz Cheney, a Republican, represents Wyoming's at-large congressional district in the U.S. House.

Op-Eds on The Progressive Website



Op-Ed Writing: The Fundamentals

- 1. Length matters**
- 2. Strong lead sentence**
- 3. Relevant experience or expertise**
- 4. News hook**
- 5. Facts, stats, and quotes**
- 6. Keep it simple**
- 7. Accuracy & substantiation (links)**
- 8. Simple, satisfying conclusion**

Not long ago, my dentist referred me to a specialist for procedure consult. I was shocked by my out-of-pocket cost—the bill was more than I make in a month. And I'm one of the lucky ones—I have dental insurance and a reliable income.

Low-income patients, or those on a fixed income who require extensive procedures, often find themselves in even more difficult situations.

The issue, sometimes called “dental inequality,” has complex health, economic, and social implications. Mary Otto’s critically acclaimed 2016 book, “Teeth,” investigated the oral health care crisis that affects millions of Americans; she noted that lack of dental coverage and poor oral health can have far reaching and devastating consequences, including patient death.

Dental care is not a luxury—it is essential for overall health. According to the Mayo Clinic, oral health issues can “contribute to various diseases and conditions,” such as endocarditis, cardiovascular disease, pregnancy and birth complications, and pneumonia. In 2016, the National Association of Dental Plans reported that there were more than two million emergency room visits for dental treatment annually.

I was born with congenital heart defects, and for 30 years, have been prescribed prophylactic antibiotics to take prior to dental cleanings because of the possible risk of infective endocarditis. My recent referral was to a periodontist, to treat gum recession with a procedure that involves a gum graft to replace lost tissue. Gum recession, which is found in nearly half the population, is the product of many factors, including: genetics, past history of orthodontics, and brushing habits.

I still see a cardiologist, and have five cardiac diagnoses listed in my medical chart, so I submitted an inquiry to my health insurance plan coverage for this procedure. I was informed by my health maintenance organization that “the oral surgery benefit under your medical insurance does not cover the services you need. That is always a dental insurance benefit.”

Having already used my dental coverage maximum of \$1,500 or the year, I am fully responsible for the cost of the procedure—estimated at \$3,743.

That medical and dental care are considered separate in the U.S. health-care system owes to an event remembered as a “historic rebuff.” Back in 1840, two dentists requested to add dental instruction to the medical course at the University of Maryland. The request was denied, and a separate dentistry field was founded.

This distinction was then cemented in the early 1900s with the development of U.S. medical insurance, which centered on issues of internal health.

Dental care is still not covered by most health insurance plans. In an article on New York Times columnist Nicholas Kristof’s blog, Zoe Greenberg argued that this is due largely to the “ignorance and indifference” of lawmakers and private insurance companies.

According to the Physicians for a National Health Program, 70% of seniors lacked dental coverage in 2016, because dental care is not covered by Medicare. The National Association of Dental Plans also reported in 2016 that some 74 million Americans, or about 23% of the population, had no dental coverage—approximately four times the medically uninsured rate.

That is simply unacceptable. As we head into a presidential election year in which health care is emerging as a major issue, we must do all we can to include dental care as a health care benefit, to protect and improve the health and lives of all Americans. ⁹

While the Biden administration tries to shore up the Affordable Care Act by increasing health insurance subsidies in the most recent stimulus bill, the nation is still grappling with a more fundamental health care problem — hospital corporations that decide where, how, and if someone can be treated if they are sick or injured.

Hospitals receive a third of every dollar spent on health care. While the average profit margin is a healthy 8%, the wealthiest hospitals make far more. John Fox, the CEO of Beaumont Health System, the largest hospital company in Michigan, made \$6.75 million for 2019, including a \$2.6 million bonus that he received on the same day, in March 2020, that his hospitals treated their first COVID-19 patient.

In fact, Beaumont has been so profitable for so long (despite being technically a nonprofit), that it's sitting on more than \$2 billion in assets. This did not stop the company from applying for, and receiving, \$377 million from the government through the CARES act.

In 2018, the U.S. hospital industry made \$81 billion, while Americans borrowed \$88 billion to pay for their medical expenses.

In theory, our hospital system is designed to guarantee medical care to all those who need it. But hospitals concerned about the bottom line, as most are, can avoid providing care to some by shutting down certain hospitals. Between 2015 and 2019, hospital corporations closed 135 hospitals. Another 18 were closed between January and August of 2020.

When the Astria Regional Medical Center in Yakima, Washington, shut down and filed for bankruptcy in January 2020, 463 employees lost their jobs, and the community was left stranded with only one hospital just as COVID-19 emerged as a major threat. The local government was so alarmed that FEMA had to step in, and, working with state agencies, reopened the hospital.

We have seen the consequences of hospital closings over the past year, as communities shuffled COVID-19 patients around between hospitals, nursing homes and residences, in a desperate dance to find enough hospital beds for the sick and dying. But the crisis will persist long after the pandemic is over, as hospitals continue to close across the country.

Around 500 additional hospitals are at risk of being shut down, including the four out of every ten rural hospitals that are considered unprofitable. Each closure means that patients, health care workers, and entire communities lose essential services.

As it stands now, business executives get to decide which communities get a hospital and which don't. Rather than putting hospitals where there are medical needs, and making sure workers and communities have a say in these decisions, political leaders allow for-profit corporations to base these life-saving decisions on where they can make the most money.

Of course, hospital closures don't affect everyone equally. Rural communities and communities of color are hurt the most. More than half of rural counties don't have a single ICU bed. That means 18 million people live without an ICU bed in their county.

Eleven million people live in counties with no hospitals at all; 8.6 million people live more than 30 minutes from the nearest one. And everywhere there are racial disparities. A recent study in Chicago found that Black neighborhoods are nine times more likely than White neighborhoods to be trauma deserts. Meanwhile, in wealthy neighborhoods where there's money to be made, hospitals are expanding their facilities.

It doesn't have to be this way. We can keep private companies from shutting down hospitals in the places they are most needed while sucking up billions of dollars in profits. We can come to regard health care as a human right, not an opportunity for private profit.

When I was growing up in Huntsville, Alabama (home of the U.S. Space & Rocket Center museum), we used to take car trips to my birth home of Kansas. Most of the time, we couldn't use the restrooms in the gas stations along the way. The signs were clear: "Whites only" or "No Colored." At that time, we were Negroes or colored.

So we carried toilet paper and went on the side of the road.

North Carolina's "bathroom bill"—a.k.a. HB2 or "The Public Facilities Act"—is both a portal back to my time as a young black girl in the '60s and a reminder of my current status as a lesbian of African descent who wears ties and is sometimes mistaken for a man.

By the way, I don't carry my birth certificate with me when I use a public restroom. Do you?

Some folks think that if race isn't involved, discrimination is not about civil rights. But civil rights go way beyond race.

Brown v. Board of Education clearly established that "separate but equal is inherently unequal." It took decades for segregation to be dismantled in educational institutions, and it's an ongoing issue. I went to segregated schools for twelve years after Brown.

We've seen similar protracted struggles for gender equality, interracial marriage, and marriage equality for gay and lesbian people. And now comes the movement for transgender equality. It, too, is fundamentally about civil rights.

The federal judiciary, via Attorney General Loretta Lynch, sued North Carolina over its so-called "bathroom bill," which requires people to use bathrooms based on their biological sex as identified on their birth certificate. Lynch said the legislation would constitute a "pattern or practice" of discriminating against transgender individuals.

She went on to say that the lawsuit is about a great deal more than just bathrooms:

"This is about the dignity and respect we accord our fellow citizens and the laws that we, as a people and as a country, have enacted to protect them—indeed, to protect all of us. And it's about the founding ideals that have led this country—haltingly but inexorably—in the direction of fairness, inclusion and equality for all Americans."

It's about recognizing our humanness and not otherness.

The best response I've heard yet is:

"I don't care which bathroom you use, just wash your hands."

Here's hoping that laws permitting discrimination in bathrooms and beyond be repealed, both as a matter of law and in people's hearts and minds.

For more information about our workshops please visit our website:

www.progressive.org/workshops

On April 3, Wisconsin voters will be asked if they want to remove the office of state treasurer from our state's Constitution. Should this amendment pass, Wisconsin would be the only state without a treasurer or financial equivalent, a position that provides a critical check on the state's executive and legislative branches.

I will be voting "No" against removing this office, and here's why:

As a former management consultant and now impact investor, I would never advise a client or invest in a business that did not have a separate financial office. Getting rid of the state treasurer is equivalent to a company firing its auditor and chief financial officer and handing those duties to its CEO. A well-run business would never do this, so why would this be good for Wisconsin?

Wisconsin's treasurer oversees financial transactions by government officials, signs checks and helps oversee four trust funds worth more than \$1.2 billion. This amendment completely removes the first two duties and gives trustee responsibility to the lieutenant governor. Through one referendum, we could lose our fiscal watchdog, create an undue concentration of power within the governor's office, and threaten the financial integrity of our trust funds.

Having a state treasurer is essential to our system of checks and balances. It is one way to ward against abuses by the governor and Legislature, as they determine the tax rate and collect and spend tax money. A 2016 fraud study found that weak internal controls were an underlying factor in three-fifths of the fraud cases it examined. Removing this office is like rolling out the welcome mat to fraudsters, and saying "Come on in!"

The treasurer is an ideal trust fund custodian, because the office is not involved in the state budget process run by the governor and Legislature. Our founding fathers created a system that minimized any conflict of interest. And, this system has been working for 170 years!

In 2017, the Common School Fund distributed \$32 million to public school libraries, and the Normal School Fund has a principal of more than \$28 million and provides thousands of dollars to the UW System. Further, the State Trust Fund Loan Program provides financing opportunities for projects such as public safety, water treatment, and unfunded prior service pension liabilities. Every county in Wisconsin has benefited. Why would we mess with that?

Finally, the treasurer's office oversees the state's financial transactions. Eliminating this role would risk damaging the quality of our audits. Failed audits often have pricey consequences that we, as taxpayers, would have to cover.

For example, the state could lose its federal funding if it fails to spend federal dollars appropriately. Federal funds account for almost \$9 billion or 27 percent of our state budget. If our bond rating is lowered, it increases our cost of borrowing and deters investment. Don't we want to attract good investments to Wisconsin?

Removing the office of the state treasurer would have impacts felt for generations. Vote No on April 3 and protect Wisconsin's fiscal watchdog.