

Detroit nurse fired by Sinai-Grace Hospital for demanding action to improve desperate conditions

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A nurse who spoke out and demanded action by Detroit Medical Center (DMC) Sinai-Grace Hospital to address the dangerous and severe shortage of staff treating coronavirus patients was fired on March 27.

Kenisa Barkai was terminated by management under the pretext that she violated company social media policy by posting a 10-second video on Facebook showing her personal protective equipment before entering a patient room.

According to a report in the *Detroit Metro Times*, Barkai said she implored her supervisors to take action to address conditions that she described as a “war zone.” The report said, “When they ignored her, Barkai said she threatened to alert state authorities. She even tried to form a union.”

Barkai especially raised the alarm about the lack of protective gear and nurses being forced to treat patients with and without COVID-19, risking contamination.

She told the *Metro Times*, “It breaks my heart that it has come to this. I have been a nurse for 11 years. We are in a critical need of nurses right now, and to fire me when I have experience and professionalism is wrong.” She added, “My coworkers are in there battling not just for their patients’ lives, but for their own lives. Just knowing I’m not there during this is heartbreaking.”

As the number of COVID-19 cases in Detroit surged to 6,218 and the number of deaths to 327 on Friday, hospital workers were facing both increasingly dangerous working conditions combined with threats and retaliation from hospital management in response to their efforts to fight back.

The situation at Sinai-Grace has become a flashpoint in this struggle. In addition to the shortage of critical ventilators, oxygen tanks and personal protection equipment, nurses at that hospital are reporting that they

are out of stretchers and body bags. With patients dying in the hallways, freezer trucks are parked outside the hospital to store bodies under conditions where the morgue is overflowing.

Every day Sinai-Grace workers are being pushed to the limit physically and emotionally. Patient-to-medic ratios have ballooned to unsustainable levels. On April 6, seven night shift nurses staged a sit-in when confronted with a 25-to-1 patient-to-nurse ratio, five times the normal ratio. Nurse Sal Hadwan posted a video on Facebook after they were asked to leave, which has been viewed 277,000 times with 6,900 likes.

“All we want to do is care for our patients,” Hadwan said. “People are dying who honestly shouldn’t be in those situations, if only we had enough nurses to help.” With impossible workloads, nurses are afraid to take a break, fearing they will miss something and lose a patient.

“The ‘non-breathers’ sitting in the hallway are a lot of our DNRs dying by themselves, and there are times where it’s so busy we don’t have time to even call families to inform them they’ve passed,” Jeff Eichenlaub, an ER nurse, told the *Detroit News*.

Health care workers cannot get tested unless they are showing symptoms, increasing the risk of infecting patients as the virus can be spread while the carrier is asymptomatic. As a result, workers are getting sick and dying. Fifteen hundred workers from Beaumont Hospital and 700 from the Henry Ford Hospital systems are out sick with COVID-19 symptoms.

Nurses are being pulled from other departments to assist with procedures for which they have received minimal training. Workers at Beaumont Healthcare, Michigan’s largest health care system, were threatened with termination and ineligibility for future employment if they refused to treat COVID-19 patients.

At least three health care workers have died from the coronavirus in Detroit. One worker from Sinai-Grace was found dead in his home after taking vacation time due to feeling ill. Others have resorted to GoFundMe appeals to pay for treatment. Detroit nurse Torry Robinson, who is recovering from COVID-19, has raised \$6,595, nearly three times his goal of \$2,500, an indication of the outpouring of support and appreciation for these workers from the broader population.

This support is not forthcoming from the health care conglomerates that own and run one-third of the hospitals in the US. “We’ve been told by the administration that we are replaceable,” said Eichenlaub.

A nurse at the Henry Ford Health System in Detroit commented, “I think my hospital should have already authorized hazard pay or some type of pay increase because we are putting ourselves and our families’ health at risk every time we come to work.”

Workers are forced to rely on GoFundMe for medical expenses under conditions where they are not provided extra time off when they fall ill. Ascension Health, a health care organization that owns 150 hospitals, asked workers in the Detroit area to donate their extra PTO (paid time off) days to associates who have run out.

While health care workers are fighting for supplies, testing, hazard pay and PTO, the top executives of the hospitals are earning gigantic salaries. Anthony Tersigni, president of St. Louis-based Ascension through 2019, was the highest paid CEO of a nonprofit, making \$13.8 million in 2018.

Ronald Rittenmeyer, the CEO of Tenet Healthcare, which currently owns the Detroit Medical Center (DMC) and 550 other medical facilities, is worth over \$23 million and pulls in a \$14,984,000 salary, 230 times the average nurse’s wage. He is also chairman of the Federation of American Hospitals, a lobbying group for investor-owned hospitals that has paid almost \$800,000 a year to lobby Congress from 2008 to 2018 for business-friendly legislation.

In 2010, the Vanguard Group purchased the DMC for \$365 million. The DMC is a system of eight hospitals in the Detroit area that includes Children’s Hospital of Michigan, Detroit Receiving Hospital, Harper University Hospital, Huron Valley Sinai Hospital, Hutzel Women’s Hospital, Rehabilitation Institute of Michigan, Sinai-Grace Hospital, and DMC Heart Hospital. The deal, brokered by then DMC executive Michael Duggan prior to his election as mayor of Detroit, was called the largest single private investment in the city’s history.

Shortly after the sale, the DMC initiated several rounds of layoffs to increase profitability. Joshua Nemzoff, a hospital consultant, commented, “For-profits start to cut overtime, agency usage, benefits; they convert people from full-time to part-time; and they do a better job at flexing people off.”

In 2013, Vanguard was sold to Tenet for \$1.8 billion. Tenet Healthcare is owned by an international group of banks and hedge funds. The largest stakeholder, Glenview Capital, is run by Larry Robbins, worth \$1.9 billion. Glenview oversees a portfolio worth \$12 billion, owning shares in Tenet and HCA Healthcare, which owns 2,000 medical facilities, pharmaceutical companies, and other firms.

Three years after the purchase of Vanguard by Tenet, charity care, or spending on uninsured patients, dropped 98 percent, over 30 percent more than nearby Beaumont and Henry Ford hospitals, with reports of uninsured patients being pushed out. In recent years, two of the DMC hospitals came close to losing federal funding after inspections found significant deficiencies in care and building safety. These inspections were initiated by two cardiologists, who reported incidents of fraud and quality of care issues leading to patient deaths. Both whistleblowers were subsequently fired.

Jim Walsh, president of the DMC Legacy Board, revealed that Tenet is not legally required to share this information with the board. “I certainly would have appreciated (being informed),” Walsh said. “Unfortunately, we have no authority other than matters that are in the commitments. They are not required, and they do not provide any information on patient safety and quality in their formal report.” The very board that was appointed to ensure quality of care has no legal authority to information about patient care and safety!

The coronavirus pandemic has drawn the class lines of society in sharp relief. On one side is a web of health care conglomerates, investors and hedge funds, whose primary objective is to squeeze profits out of the system. On the other side are the medical workers, underpaid and overworked, heroically struggling against impossible odds to save lives, even if it results in their own wholly preventable sickness and death.



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