

Detroit nurses' lawsuit exposes horrific conditions at Sinai-Grace Hospital as COVID-19 deaths spiked

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A lawsuit filed by a group of nurses who were fired on May 6 by the privately-owned Detroit Medical Center Sinai-Grace Hospital has exposed the corporate interests behind numerous unnecessary deaths at the facility during the height of the pandemic in Detroit in late March and early April.

The four former nurses filed a wrongful termination lawsuit on June 10 against VHS of Michigan, Inc., the entity that operates DMC, and its corporate parent Tenet Healthcare, for violating their rights under provisions of the Michigan Whistleblowers' Protection Act. The nurses are seeking \$25 million each in damages.

Catherine Gaughan, 38, of Hazel Park, Sal Hadwan, 31, of Hamtramck, Jeffrey Eichenlaub, 41, of Troy and Anthony Bonnett, 28, of Livonia were all fired by Tenet/DMC management on the fabricated claim that they violated company policies concerning the use of social media and technology and protecting confidential information.

Specifically, they were accused—without any evidence and despite their verbal denials of involvement—of taking and disseminating photographs that became the basis of multiple national news reports on April 14 that an alarming number of COVID-19 patients' dead bodies were piling up and being stored in vacant unrefrigerated hospital rooms at Sinai-Grace.

The nurses maintain in their lawsuit that the actual reason for their termination was retaliation for their persistent complaints and public expressions of concern for patient safety throughout February, March and April at Sinai-Grace Hospital. The nurses also state that, even though they went public with their concerns, they continued to work at the hospital during the period of time that the number of COVID-19 cases grew well beyond the preparedness and resources of the DMC facility.

The opposition of nurses to the conditions at the hospital reached a breaking point on April 5, when, according to the lawsuit, "Sinai-Grace hospital administrators ordered night-shift nurses to leave work after renewed and widespread nursing staff complaints about the danger to employees and patients caused by inadequate staffing and PPE shortages, along with a demand by nurses that more nurses be hired or brought in to help with the extraordinary number of COVID-19 patients, many of whom require long periods of intensive care and prolonged intubation."

Significantly, the nurses charge that Tenet Healthcare was focused primarily on the financial impact of pandemic preparedness on its profitability and that management made decisions that led to the death of patients. The lawsuit says Tenet deliberately maintained, "understaffed levels such as that nurses on the frontlines like Plaintiffs were overwhelmed by dying patients and forced to live this travesty as it unfolded without having a means to save lives, including the intentional order of the Defendants to withhold lifesaving CPR, in patients suspected, but not proven, to have the virus."

The lawsuit alleges Tenet's responsibility in unnecessary patient deaths, saying, "Defendants' collective and intentional decision-making put

Plaintiffs in a position where day in and day out they were effectively unable to discharge their lifesaving functions, which resulted in the death of patients that should have had positive outcomes."

Among the horrific conditions in the hospital exposed by the lawsuit are:

- * The photos released to the news media by anonymous Sinai-Grace emergency room staff showed dead patients in body bags piled on beds and chairs in hospital rooms and on metal racks in stairwells, unrefrigerated. The photos raised questions about Tenet Healthcare's compliance with various laws governing the storage of dead bodies.

- * The hospital misplaced the body of a 68-year-old deceased woman on April 8 who had fought COVID-19 for three weeks. Sinai-Grace was able to eventually find her body six days later on April 14 among those that had been piled into a vacant hospital room.

- * Dozens of COVID-19 patients died due to, "the inability of the overloaded medical staff to get to them, monitor them and provide treatment, including those that were only discovered to be deceased after they had died and rigor mortis had set in indicating that they had died some hours earlier and that their deaths had not been noticed."

- * On April 5 and 6, Anthony Bonnett, who had worked back-to-back shifts for 25 hours straight, raised concerns that patients on ventilators and/or high dosage medications are at risk for medical emergencies and it was probable, given the inadequate conditions at the hospital, "that such an occurrence would go unnoticed and result in unnecessary patient deaths."

- * Catherine Gaughan told the *Detroit Free Press* that a young man in his late 30s or early 40s died unnecessarily because his ventilator became disconnected and, "we didn't have the staff to properly monitor him." Gaughan added, "The ventilator that they put him on was an old ventilator that we've never used before."

- * Sal Hadwan told the *Detroit Free Press* that the hospital ran out of oxygen tanks and explained, "We had to put tubing from other patients' rooms, tape it down on the floor all the way to the hallway. The hallway was full of taped tubes that were trying to keep people on oxygen, to keep them alive."

The nurses' lawsuit correctly identifies the for-profit Texas-based Tenet Healthcare—with total assets of \$23.5 billion and an annual operating income of \$1.5 billion—with primary responsibility for the catastrophe that unfolded in Detroit in late March and early April as the pandemic overtook the city.

Their court submission quotes several false statements made by Tenet CEO Ronald A. Rittenmeyer—who earned a total annual compensation of \$15 million as recently as 2018—about the company having a "fully detailed response program in place" in the lead up to the crisis in Detroit. The lawsuit also quotes Rittenmeyer boasting falsely to investors, after

Tenet had received \$500 million in no-strings-attached US government grants, that the company's hospitals were "never overwhelmed" during the pandemic.

Along with the return on investment priorities of Tenet Healthcare, its chief executives and stakeholders, there are other related and critical factors that contributed to the high rate of deaths at DMC Sinai-Grace Hospital.

The first of these is the health conditions of the population in the community around the medical facility. According to data maintained by the City of Detroit, people living in the 48235 Zip Code where Sinai-Grace is located have experienced the highest number of confirmed coronavirus cases (1,055) of any Zip Code in the city.

According to data from the City of Detroit, more than 80 percent of those who died from the pandemic in Detroit were age 60 and up. Also, a report in the *Detroit Free Press* explained that the hospital is located near "nursing homes filled with people who are especially vulnerable to COVID-19." There are four nursing homes in the immediate vicinity of Sinai-Grace and these facilities have reported to the city a total of 140 cases and 51 deaths from coronavirus since the beginning of the pandemic.

Additionally, there are a dozen Adult Foster Care Homes and a large senior apartment complex in the 48235 Zip Code where the elderly and other adults are known to have health conditions, which make them susceptible to the coronavirus.

Deindustrialization, poverty and death

More broadly, the working class population of the Detroit—approximately 80 percent of which is African-American—has seen a devastating decline in living and health conditions over recent decades. This is the result of the deindustrialization and impoverishment of the Motor City. In 1960, Detroit had the highest per capita income in the country. By the 1990s, after the shutdown of scores of major auto factories, it became the poorest big city in America.

According to statistics maintained by the City of Detroit Department of Health between 2000 and 2018, city residents have substantially higher rates of death from heart disease, diabetes, kidney disease, pneumonia, stroke and cancer than the rates in the state of Michigan and across the US. Even though the rates have declined in all locations over that period of time, the mortality rates for these causes of death in Detroit remain between 20 percent and 100 percent higher than the nationwide averages.

In the case of heart disease, the number of deaths per 100,000 population was 299.78, whereas in Michigan the rate is 194.9 and, in the US, it is 165.0. In other words, the number of people dying from heart disease in Detroit in 2018 was nearly double the average for the rest of the US and one and half times greater than the rest of Michigan.

There is no doubt that government public health care policies over these decades—on a local, state and federal level—have left the working class population in Detroit vulnerable to the rapidly expanding pandemic.

Chief among these was a series of mergers and acquisitions beginning in 1999 that converted the former Sinai Hospital—which originally opened its doors as a public hospital in Detroit in 1922—into a for-profit facility of the eight-hospital DMC, first as part of the Vanguard Group in 2010, and in 2013, when it was acquired by Tenet.

Democratic Party Mayor of Detroit Mike Duggan was CEO of DMC in 2010 when the public system was sold to Vanguard Group for \$365 million. At the time, Duggan attacked non-profit and public hospitals as unviable. The transition away from public health care in Detroit also took place during the introduction of the so-called Affordable Care Act

(Obamacare) in 2010, which turned over large portions of previous government-provided health insurance to private corporations.

The net result of all these changes—which were fully supported by the United Auto Workers (UAW) and other labor unions in the city—was a significant decline in the health of the working class and poor in the city who could no longer get access to doctors and medical services.

In a telling example of the collaboration of the political establishment with the corporations can be seen in the criminal indifference the Democrats and Republican showed towards the appeals of the Sinai-Grace Hospital nurses.

As explained in the lawsuit, Jeffrey Eichenlaub, "via his wife, sent detailed emails to Michigan House Representative Padma Kuppa and Senator McMorro, United States State Representative Haley Stevens, Senators Stabenow and Peters, President Trump—Plaintiff's local and federal government representation—addressing the same inadequate patient safety issues Plaintiff had raised with Defendant's CNO [Chief Nursing Officer] just days before, including dangerous and substandard patient care that was certain to lead to unnecessary death, suffering and grieving." Not one these politicians, Democrat or Republican, came to the aid of the nurses or the patients at Sinai-Grace.

The crisis at Sinai-Grace Hospital in March and April during the pandemic, while horrifying, is not an isolated situation. Throughout the pandemic, understaffing and lack of adequate equipment have occurred at hospitals across the US. Like the nurses at Sinai-Grace Hospital, when staff has spoken up, they have been victimized, punished and fired.

While the legal action by the nurses is entirely justified, even if successful it cannot change the nature of the corporate control of healthcare or the devastating social conditions in cities such as Detroit. For that to happen, health care workers must take independent and coordinated action by forming rank-and-file committees that will take the decision-making about conditions in the workplace out of the hands of the healthcare corporations and management. Adequate staffing, personal protective equipment and medical technology levels must be determined by the needs of workers and patients, not corporate financial and profit considerations.

Above all, profit must be taken out of medicine. This will not be done by appealing to the corporate and political establishment but only in a struggle by the working class against the two big business parties and the giant hospital, medical equipment, pharmaceutical and insurance corporations they defend. What is needed is socialism and a system of socialized medicine, which provides free and high-quality medical care to all.



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