

# Report exposes crisis in American university health care systems as coronavirus cases skyrocket

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A report published by the *Washington Post* last week reveals what horrors may await college students next semester as some schools begin to reopen for in-person classes amid the COVID-19 pandemic. The report reveals that under conditions in which college health systems have been broken for decades, the response of university administrators and representatives from the Democratic and Republican parties to concerns and protests from the public is to collaborate to make themselves immune from any legal accountability.

The Trump administration—with the backing of the *New York Times*, which speaks for the Democratic Party—has demanded that schools and campuses reopen in-person next month as a part of its drive to reopen the economy. If successful, this policy will turn universities into incubators of death and disease, sending infections sky high. Tens of thousands of students and faculty—many of whom are particularly at risk due to their age or underlying health conditions—will be living and working in close quarters, sharing everything from pens and erasers to desks, showers, gyms and water fountains.

Researchers conducted hundreds of interviews with students, parents and university officials while examining thousands of pages of court documents and medical records at 1,700 colleges and universities to come to their findings about the severe limitations of college health systems.

On average, universities spend \$185 per student on health services. By way of comparison, Division I schools spend between \$40,000–90,000 per athlete, and a total of \$1.5 billion on coaches' salaries alone. Between 2014 and 2017, the “Power 5” college football teams invested \$3.9 billion just in that one sport.

The quality of the “care” provided at university health care facilities often ranges from inadequate to criminal in

its shortcomings. Stories of fatal illnesses like meningitis, severe allergic reactions, appendicitis and other infections being misdiagnosed as anxiety, sleep deprivation, fatigue, hangover, heartburn, sprains or minor aches and pains are detailed throughout the report.

Although a typical American residential university has about 15,000 students, and many large public universities have well over 30,000, most college health centers are staffed by a handful of nurses, at the most, struggling to make do with limited resources. Students who need to see a doctor often have to leave campus, putting an enormous burden on those who do not have access to a car.

Three-fourths of university health centers have daytime hours only, and two-thirds are closed on weekends. Over 250 schools had no student health center whatsoever, or have one that only serves athletes. Ninety-five percent do not accept Medicaid or other government insurance. This situation forces another 2.5 million students, mostly low-income, to pay out of pocket for any care they do manage to receive.

The *Post*'s report highlights the story of Molly Millsop.

Millsop was a freshman at Ohio University when she went to the clinic for a severe headache, fever and pain in her right arm. The doctor quickly dismissed her, telling her she had a muscle strain. When she told him that she was starting to have breathing problems, he put her in an observation room and went to lunch.

Millsop began vomiting while unattended, and not knowing what else to do, called her father, who drove three hours across the state to drive her to the hospital down the road. There she learned she was suffering from a flesh-eating syndrome called necrotizing fasciitis, and that it had spread so extensively while she was in the observation room that her arm would have to be amputated to save her life.

“I trusted the health center. At the very least, I expected them to recognize that this was beyond their capabilities and move me to someone who could handle it,” Millsop said. “They just see us as young and healthy and that there can’t be anything particularly wrong with us.”

Others have lost their lives to inadequate campus care. Fellow freshman Kelly Robinson showed classic symptoms of meningitis, including a fever of 103.8 °F and debilitating weakness such that she was unable to walk to class or to the clinic. Her boyfriend called in a panic, but instead of telling him that a serious strain of the disease was going around and other students were testing positive for it at the clinic, an employee simply told him to give her a Tylenol and water.

When her condition worsened the next day, an ambulance took her to O’Bleness Hospital just over a mile away. There, she was diagnosed with meningitis and died a few days later. The *Post* report documents other failures to notify student bodies when infections like meningitis start spreading, leading to students dying from decisions made in the absence of critical public health information.

The comment section on the web edition of the article reveals that these incidents are merely the tip of the iceberg.

Comment after comment relates similar experiences, with many making the point that theirs occurred decades ago, some as far back as the 1960s. Commenter daddadadad3 expressed the sentiments of many readers: “We used to call it the Student ‘Death’ Center instead of the Student Health Center. How bad it was was never exactly a secret, and this was 25 years ago. My husband almost died of pneumonia in his dorm room after being brushed off by the Death Center.”

University administrations have been aggressive in pushing back against demands to respect students’ right to access health care during the pandemic. Nearly a third of the 280 universities the authors contacted refused to answer their questions. Others have taken legal actions against journalists trying to report on the conditions facing student patients. Last year, Liberty University in Lynchburg, Virginia, sought criminal trespassing charges against reporters working for the *New York Times* and *ProPublica*. The CEO of the American College Health Association sent an email to members last year warning them not to cooperate with the *Post*.

Public universities in most states benefit from a number of immunity statutes that make it nearly impossible to sue state actors, including public universities, who cause

serious injury or death. Makenzie Marek, who nearly died after Iowa State University’s Thielen Student Health Center misdiagnosed a bacterial skin infection, received a mere \$5,000 settlement, just enough to cover her medical bills.

Others, like Gracie Engelkes, who also nearly died after University of Arkansas health workers failed to diagnose her with meningitis, simply decline to pursue damages because the university was barricaded behind a wall of immunities, defenses and liability caps. Criminally, the university was given immunity even though it had failed to even give notice to students about the existence of the epidemic there.

Universities are now seeking to further build up these barricades by lobbying Congress for immunity from coronavirus-related lawsuits. When asked at a Senate hearing about the implications of protecting universities that fail to protect students and faculty from the pandemic, Brown University President Christina Paxson smugly replied, “I am in favor of very carefully crafted liability protection that in no way, shape or form permits us to be careless with people’s lives.”

The COVID-19 pandemic has cut a deep wake in funding for higher education. According to the Center for Budget Policy and Priorities (CBPP), colleges and universities are bracing for over \$650 billion in budget cuts in the next period. The wave of layoffs and budget tightening will lead to a vast increase in medical catastrophes, failures to diagnose and lack of decent care within universities.



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