The University of Michigan downplays monkeypox pandemic in the lead-up to return to campuses

International Youth and Students for Social Equality at the University of Michigan
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The University of Michigan administration is promoting a misinformation campaign to intentionally cover up and downplay the danger of the emerging monkeypox pandemic. With the Fall semester commencing in under two weeks, U-M’s 48,000 students, nearly 30,000 staff and, in addition, 6,200 Michigan Medicine nurses face an immense threat to their health and lives in both the monkeypox and ongoing COVID-19 pandemics. Sports programs will soon fully restart, drawing tens of thousands of residents to stadiums for the months ahead.

The most reckless expression of this campaign came in a Q&A between two epidemiologists at U-M—Joseph Eisenberg and Andrew Brouwer—released last week. While casually accepting monkeypox “is the next pandemic,” ignoring the weight of such a statement amid the horrific death toll of the ongoing COVID-19 pandemic, Brouwer asserted it is “not the next COVID.” He even went as far as to say that “[i]t is unlikely to become a widespread epidemic in the broader public, and we should not be too worried about catching it when we’re in public.”

Like the Centers for Disease Control and Prevention (CDC) and its international counterparts, Brouwer repeatedly recited the false claim that monkeypox is primarily sexually transmitted, particularly by homosexual or bisexual men. “MPV is a sexually transmitted infection [STI]. Sexual transmission is not the only mode of transmission, but it is by far the most important one right now. The fact is that 98% of cases worldwide in this epidemic have been in men who have sex with men. To gloss over this fact creates incorrect risk perceptions for both low- and high-risk individuals.”

A previous public statement published in The University Record, the official source for faculty-staff news at the University of Michigan, unscientifically stated: “MPV [monkeypox] is not nearly as contagious as COVID-19. Unlike COVID-19, which primarily spreads through respiratory or airborne droplets, MPV generally requires direct contact for transmission to occur. The difference in how the two spread puts the general public at lower risk for MPV.” It continued, “MPV is rarely fatal, and most cases resolve on their own after two to four weeks.”

Beyond stating that it will offer limited vaccination and testing during the coming semester, the U-M administration is pushing all responsibility onto individual students to carry out unfeasible personal protection efforts while on campus.

The U-M administration’s statements are a pack of lies and half-truths. Monkeypox is a dangerous disease caused by a virus closely related to smallpox. It has a similar fatality rate to COVID-19, which has killed over 1 million in the US alone since 2020, and causes debilitating and excruciating physical symptoms. Roughly 10 percent of cases require hospitalization. Infection risks blindness, suffocation and scarring of the face or body.

Despite U-M’s false claims that monkeypox is a homosexual STI, longstanding research shows monkeypox can spread through the air via aerosols, just as COVID-19 does, and stay on infected surfaces for weeks. Brouwer’s reference to the dominance of men who have sex with men as being infected is a product of slanted testing primarily targeting that population rather than the broader community in which it is spreading. Already, tens of thousands of cases are emerging globally, with 11,177 cases officially recorded in the US. In Michigan, there is a likely outbreak unfolding at the Stellantis Sterling Heights Assembly Plant, a large auto plant with 7,000 workers located north of Detroit.

The U-M administration’s reckless policy toward the COVID-19 and monkeypox pandemics, following the
Biden administration’s example, is a warning to workers and students. The administration will do nothing to protect students, faculty, campus workers and community members across its Ann Arbor, Flint and Dearborn campuses. U-M’s large living and work spaces, including lecture halls, classrooms, cafeterias, dorms and apartments, will act as superspreaders for both pandemics. The ongoing resumption of the university’s lucrative sports programs will undeniably supercharge the spread across many communities.

The U-M Board of Regents, comprised of millionaire Republican and Democratic Party politicians, has nothing but disdain for workers and students. U-M is first and foremost a financial machine tasked with building its over $17 billion endowment, which increased over 40 percent in the 2021 fiscal year.

At Michigan Medicine, the wholly-owned academic medical center of U-M located in Ann Arbor, nurses face increasingly dire conditions while working without a contract for over a month and a half. With soaring inflation and a decline in financial markets, the university seeks to make up for its investment losses through cuts in spending on nurses and other medical staff. Nurses face dangerous patient-to-staff ratios, unlivable wages and deadly workloads.

The Michigan Nurses Association-UM Professional Nurse Council (MNA-UMPNC) officials aim to lead nurses down a blind alley with appeals to the Board of Regents. The bureaucracy has refused to appeal to other workers within Michigan Medical, let alone appealing to nurses outside the hospital or students to support the struggle. Instead, the union has oriented itself to the Democratic Party and the ruling class to smother the nurses’ fight.

Mehring Books, the publishing arm of the Socialist Equality Party (US), is proud to announce the publication in epub format of Volume 1 of *COVID, Capitalism, and Class War: A Social and Political Chronology of the Pandemic*, a compilation of the World Socialist Web Site’s coverage of this global crisis.

In 2020, graduate student workers at U-M went on strike over deteriorating living conditions and the lack of protection against the COVID-19 pandemic. Assisted by the American Federation of Teachers union bureaucracy and the treacherous use of identity politics, U-M shut down the strike, leaving students with none of their demands met.

With classes resuming on August 29, the Board of Regents is working with the MNA-UMPNC to force through a sellout contract in hopes of ensuring students do not become aware of the nurses’ struggle. The regents fear the nurses could win substantial support from the students and campus workers and break out of their isolation.

The homicidal response of the U-M administration and all other universities to the pandemics, which places wealth over lives, is rooted in the capitalist profit motive. Workers and youth cannot hold any faith in the policies and institutions of the capitalist system. The emerging struggle of workers internationally is the only force capable of overthrowing the capitalist system and ending the COVID-19 and monkeypox pandemics.

The International Youth and Students for Social Equality (IYSSE) calls on workers and students to turn to the emerging struggles of the working class and build rank-and-file committees. Events throughout the last two and a half years demonstrate that the working class is the only social force capable of ending the pandemic.

• All forms of academic instruction must immediately move fully online; U-M must provide resources for the transition to online learning.

• All dormitories, public events held on campus and sporting events must be closed until monkeypox and COVID-19 are eliminated. Students currently on campus, who have difficulty leaving campus, must have provisions, personal protection equipment and regular testing provided to allow for isolation should they require it.

• Free systematized testing, contact tracing and public reporting of infections for monkeypox and COVID-19 for all U-M workers, students and community members.

• Students must support the broadening of the struggle of nurses at Michigan Medicine and join the fight to meet their demands: 1) 15 percent pay increase with monthly cost-of-living adjustments for rising inflation; 2) safe nurse-to-patient ratios; 3) end mandatory overtime and extended on-call hours; 4) upgraded COVID-19 protections for nurses and patients.

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