

# Retired Detroit nurse: “When you have CEOs at ‘not-for-profit’ hospitals making millions a year ... something is wrong with the whole system”

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Pat Cason-Merenda, now retired, initially became a nurse in Detroit in 1982. She worked at Henry Ford Health, Detroit Medical Center (DMC), and then the University of Michigan Hospital (now known as Michigan Medicine). She began working at DMC in about 1988, when current Detroit Mayor Mike Duggan was then the CEO of the hospital.

Pat reached out to the *World Socialist Web Site* after reading the WSWs coverage of the recent New York City nurses strike and wanted to send her support to nurses and health care workers around the world and share her experiences.

She remains an outspoken advocate of nurses and is helping to build for the National Nurses March on May 12 in Washington D.C. She is also a board member of the Michigan Universal Health Care Access Network (MICHUCAN).

Last year’s National Nurses March was attended by over 10,000 nurses throughout the country and coincided with the persecution of Tennessee nurse RaDonda Vaught. The WSWs was on the ground in D.C. reporting on the significant protest, but the march received little news coverage in the mainstream media, which under-reported the turnout, and was largely ignored by politicians in both the Democratic and Republican parties.

## Early experiences as a nurse in Detroit

WSWS: Could you tell us what that was like, working at DMC, particularly while [current Detroit Mayor Mike] Duggan was in charge? His credentials were touted as one of the main reasons for him becoming the mayor.

Pat Cason-Merenda: First off, Duggan was a disciple of Edward H. McNamara [executive for Wayne County]. So Duggan learned how to handle unions and stuff like that. He is a known liar.

I started at Henry Ford, and we would get 10 patients minimum on my unit. Every unit was different. If you worked labor and delivery, you had a good ratio. But that’s because it was a high-lawsuit area. I worked on what we called the “dump” floor, and that was where patients came in. And [a patient] might be a “GOMER,” which is an acronym for “get out of my ER.” And they were usually people from nursing homes. We would have 10 patients and then at three o’clock we would go up to 12 patients until I went home at seven.

At that time Henry Ford Hospital started importing Filipino contract nurses and they put them up in a hotel that no longer exists on West Grand Boulevard. This was around 1982; there weren’t a lot of travel nurses. So they brought these contract nurses in. These nurses didn’t have cars or anything, they were basically indentured servants.

They would work any shift. And I belonged to the Michigan Nurses Association (MNA), and I said, “We need to take a position against this

because this is servitude.” It was a very awful experience. I was talking to a couple of Filipino nurses a couple months ago, and they were saying that there’s two schools [in the Philippines]. One is the “Western” school and one is the school for Filipino nurses. So they tell you to go to this “elite” school so that you are more marketable.

The Filipino nurses worked for an agency, and the same thing is happening now. A bunch of nurses are going to travel agencies and they’re being promised all this stuff. And what ends up happening is they cut their contracts and tell the nurses, “No, you have to take less after the nurses have relocated.”

## The COVID-19 pandemic and the mass exodus of nurses

WSWS: Can you describe how the nursing profession has changed over time? Has the nursing shortage worsened and what is the situation in hospitals now?

PCM: There has always been a nursing shortage. And now it is *absolutely* worse because not only are we having a reduction in nurses and nurses fleeing the profession, you’re having a reduction in support staff. First off, you have transporters. They take patients [to] places. You can have what used to be called an orderly. At U of M, they had dietary, or support staff, who are getting patients food. Over time those jobs have all been taken away and, in the process, what has happened is they’ve developed this electronic medical system, or an electronic medical record.

So as a nurse you are forced to spend more time documenting in an electronic system and less time with patient care. I worked with a man on my committee who used to say, “People don’t know what good health care looks like.” And I can say, looking at it now, that it is so much worse than it was, especially with the medical records. This is a billing thing that is not about patient care.

It’s been gradually getting worse. As you get conglomerates, corporatization, you don’t have “area” hospitals that respond to people. Look at Beaumont [hospital in metro Detroit] now. They merged with Spectrum Health, now called Corewell. That’s a conglomerate. DMC is now owned by Tenet Healthcare. I’d say it is a gradual destruction of health care, or of what health care should be. And the pandemic really just brought it out into the light.

WSWS: Could you say more about this and how the pandemic exacerbated the situation?

PCM: Well, nurses were stuck without personal protection equipment (PPE). Nurses were sick. A lot of nurses would go to work sick because of punitive attendance policies. We had to take care of patients and we didn’t feel good either. There was the ongoing lack of support staff, and then they gave bonuses to people that would work but then they rescinded them and categorized people on whether you were a necessary care

worker or an x-ray technician, and patients would not get the care because we could not get the equipment.

WSWS: What would you say that the pandemic has done to this exodus of nurses from the bedside?

PCM: I still have nightmares when I wake up and I'm dreaming about being on the floor and not knowing my patients, just not being able to handle it, and I'm not alone. I know I have talked to nurses, and we all have that same thing—you don't sleep before you go in because you don't know what you're walking into.

When I started nursing, we had the AIDS epidemic. We had AIDS patients, there was an AIDS floor, and it was horrendous because you had patients that were high acuity and we didn't even have gloves in the room. Nurses were written up for doing things that should have been standard protocol. And they discharged patients before they were ready. They still do, and they do it for money.

WSWS: This is very interesting what you're saying about the AIDS epidemic. Pre-COVID, nurses already didn't have the proper PPE and the things they needed.

PCM: Absolutely. And now there's news coming out that Pfizer and Moderna have exaggerated the efficacy of their drugs. So a lot of nurses don't believe in what they say. I mean, we are in an area that's dominated by the American Hospital Association, the drug companies and the insurance companies. They have got to go. They need to be regulated but they are not.

WSWS: At the beginning of the pandemic nurses were told to just hold out and wait for a vaccine and push through. But what we're seeing is the efficacy of these vaccines is declining the more that the virus can mutate, and it keeps spreading with infection and reinfection.

PCM: I have to really appreciate the fact that the National Nurses developed a website and nurses went on wearing garbage bags as PPE through all of this. And there was an incident at Sinai Grace Hospital on the west side of Detroit where somebody posted pictures of the hospital putting patients in a vacant room in chairs, corpses. And a group of nurses refused their assignment because of the lack of staff and were all fired.

#### **National Nurses March and the defense of RaDonda Vaught**

PCM: When we went to Washington, we got no response. Before the march, I contacted so many different people and organizations to say, "We're doing this march, can we get your support?" And we got no response. But the nurses showed up anyway!

We marched and we went to the Capitol building and I contacted the National Nurses Union (NNU) four times, asking, "Do you support this march?" And I got an email back, and they said the email I got was due to the precautionary principle: "We will not be supporting it now." They could have put the march on their website.

Then, when we got to Washington and marched to the Capitol building, they had an ongoing meeting with Bernie Sanders! And Bonnie Castillo from the NNU was there meeting with him in the Capitol building! It was a two-hour meeting on Medicare for All. And nobody had the gall to mention, "Well, what are these 11,000 nurses outside here for?" They did not even recognize us! I don't mean to get on a soapbox, but we were angry!

I believe that there is so much collusion going on. I mean, the fact that they had the media completely blacked out for our march of thousands of nurses, and labor just went with it. All these groups, it's like, do you not realize that someday *you* will be a patient without a nurse? That's mind boggling. Or your nurse will be so tired that she'll make medical errors. You'll be lying in a bed of pee and poop because nobody can get to you. But then the nurses are the scapegoats. When people find out I work on health care reform, they always want to tell me their story. And I'm hearing horrible stories.

There's a report called the Becker Hospital Review that I read, and the hospital CEOs are saying, "We don't want regulatory agencies to tell us

nurse-to-patient ratios. We need flexibility." But they've *had* flexibility, and it's always flex down. We never get enough staff. Sometimes being able to listen to a patient's story about what their home life is like can make a huge difference in the care level. Asking questions like, "Is there somebody to take care of you? Do you really understand what you need to do when you go home?" No, no time for that anymore.

WSWS: The hospitals utilize the nurse shortage to justify poor staffing; it puts the blame on the nurses for there being a shortage.

PCM: That was the big issue at the last march, the RaDonda Vaught case. And you reported on the WSWS that she was given three year's probation, but no condemnation of the hospital for creating the situation. First off, what was that drug doing on the floor? Second off, she lost her nurse's license. She didn't just get probation. She can't ever practice again. And she was a preceptor for other nurses. Nurses really came to her defense at the rally. I was impressed. We are definitely intimidated as a profession. We are threatened, intimidated, and the retaliation that is exhibited toward us, they did it to RaDonda.

#### **"We absolutely need an international standard of care"**

WSWS: You talked a bit about how the US brings nurses in from the Philippines and that they would often get exploited. What are some of the other international experiences you have?

PCM: When I worked at DMC, a lot of the Canadian nurses came here to the US to work because the pay was better. But none of those nurses I knew gave up their Canadian insurance. Well, you talk about India or the Philippines, or even Mexico, where Americans sometimes go to get health care, it can be very bad. There is also Ebola in Western Africa, people lying on soiled mattresses. I met one nurse at the National Nurses March who has been in Vietnam and all over the world and she posts all kinds of stuff about what she sees and it is fascinating.

We absolutely need an international standard of care. The fact that we have an international global market now, people are traveling all over the place, these viruses are not confined to one place.

Health care has gone from being a service to being an industry. And when you have CEOs at "not-for-profit" hospitals [Montefiore, Mt. Sinai] in the Bronx making millions a year, yet you want to eliminate a maternal child program because it's costing "too much," something is wrong with the whole system.

There was an old saying that hospitals were a place you went to die, and then they turned into places to help you get well, and now they're turning back into places where you die. And I agree with that. We are seeing a decrease in life expectancy and quality of life and standard of living to increased revenues for corporations.



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