

Further evidence of the criminality of the New York Democratic administration response to the COVID-19 pandemic

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A recently published analysis by the *Wall Street Journal* of the response by New York state to the COVID-19 pandemic paints a horrifying picture of preventable mass death in New York City hospitals from COVID-19. The report is based on interviews with 90 health care workers from different New York City hospitals, government officials and administrators, as well as emails, legal documents and memos.

As of June 11, New York, a state with a population of less than 20 million, accounted for 7 percent of the worldwide death toll from COVID-19 and 27 percent of total deaths in the US. On June 21, the state had 31,011 confirmed deaths, likely a vast underestimate of the real death toll. Most of these deaths have occurred among the impoverished working class, especially African-American and immigrant workers.

Many, if not most, of these deaths were preventable. According to the workers interviewed by the WSJ, understaffing in particular has contributed to a higher death toll. While intensive care unit (ICU) beds were created relatively quickly, there was not sufficient staff to adequately treat the patients.

At newly created pop-up ICUs at New York-Presbyterian/Columbia, a major private hospital system, workers reported, “Garbage in the makeshift 80-bed unit overflowed with contaminated needles, masks and gowns. Urine and blood stains were at times found on the ground and equipment.” An ICU nurse said, “The scope of patient needs compared with the training and resources available presented an absolute crisis. You can magically make an ICU appear, but you can’t make staff appear immediately.”

The shortage of ICU nurses and respiratory therapists, who have to go through a two-year training, was particularly devastating. At a new operating room ICU at New York-Presbyterian/Columbia, one respiratory therapist had to care for up to 80 patients per shift, 8 times more than the norm. Complications occurred in intubated patients because overworked staffers were not able to suction mucus out of

their lungs often enough. Sometimes their lips were bleeding, and many developed sores on their backs because they were not turned often enough.

A Columbia resident doctor wrote in an email, “We are not running these ICUs safely or appropriately. The emotional burden of working in these sci-fi-movie-gone-wrong ICUs is through the roof.”

The ventilators workers received from the state stockpile were often not working properly. Some had to go through maintenance before they could be used at all, others sent inaccurate alarm signals, confusing the respiratory therapists.

At Elmhurst Hospital in Queens, which was an epicenter of the crisis for weeks, one respiratory therapist estimated that more staffing and better equipment could have saved 30 to 40 percent of the COVID-19 patients who died at that hospital. Oxygen shortages occurred in at least eight New York City hospitals. According to the *Wall Street Journal*, the problem was not a shortage of oxygen on the market but the failure of state, city and hospital administrations to quickly procure and dole out sufficient oxygen and other supplies. This also included vital sign monitors that are used to monitor ICU patients and the staff needed to keep track of them.

Along with the overwhelmed staff, this led to a situation where hospitals at times lost track of admitted patients. In several cases, they failed to record, sometimes for several days, that someone had already died. Hospitals were also short of IV pumps, which are used to automatically deliver medication, and dialysis machines. That these were particularly important was known since early March when Chinese data pointed to kidney failure as one of the main risks for COVID patients.

Dr. Donya Bani Hani from the ICU at Lincoln Hospital in the Bronx said that in the first weeks of April she saw a COVID-19 patient die every day or two because of complications that dialysis may have prevented. Another

doctor said that at Bellevue Hospital, at least 10 patients died because they could not get dialysis in time. One patient died waiting in line for a machine.

The WSJ also cited more evidence that many hospitals were not isolating COVID-19 patients properly from non-COVID patients, mostly for lack of space. Moreover, many transfers of patients in critical condition occurred without proper coordination and medical provisions, often resulting in patients' deaths.

On top of these staggering shortages, throughout the pandemic health care workers have been left without adequate personal protective equipment (PPE). This has not only led to mass infections among health care workers, and about 600 deaths nationwide, but also to a quicker spread of the virus in hospitals themselves and their communities.

The severe shortages of critical medical supplies amid a pandemic that has long been predicted are a direct result of the criminal response by the American ruling class to the pandemic. While trillions were handed out to major corporations, including \$1.5 billion to some of the biggest hospital chains, thousands were dying in the city that is home to Wall Street for lack of staff and basic medical resources.

The catastrophe unfolding in New York hospitals, which count among the best in the world, was the result of decades of cuts in health care and other social services which were carried out by the Democratic state and city administration, in conjunction with health care unions like the New York State Nurses Association. Sixteen hospitals have been closed in New York state alone in the past 12 years. Nurses have warned for years of severe understaffing that was dangerous even under "normal" conditions.

The weeks-long delay in the response to the pandemic was the most critical factor in driving up the death toll and overwhelming hospitals.

Adopting a policy of malign neglect, the American ruling class effectively let the virus spread for about two months without taking any of the scientifically recommended measures like mass testing, isolation and contact tracing. In New York, where the virus had spread earlier and more quickly than in most of the rest of the country, the delay of social distancing measures and mass testing was particularly devastating.

Just like President Trump, New York's Democratic Governor Andrew Cuomo and New York City Mayor Bill de Blasio first declared that the coronavirus was not much worse than the flu. Throughout February and early March, they dismissed fears of its spread, urging the population go about business as usual.

Largely due to the lack of testing, the first case was confirmed only on March 1. Models later found that by that

date, at least 10,000 infections had already occurred in New York. However, the state did not go into lockdown until 20 days later, on March 22, when hospitals were already beginning to become overwhelmed. Public schools were only closed on March 15.

On March 23, Cuomo ordered hospitals to increase capacity by at least 50 percent. Michael Dowling, the CEO of Northwell Health and a member of Cuomo's COVID task force, later acknowledged, "You could make an argument that it should have happened a month before."

Pro Publica reported in May that officials from the Department of Health who had already begun in February to demand much more far-reaching action were systematically excluded from discussions, pressured to support decisions made without their consent and against their advice. A scientific model accurately projecting the development of the virus in New York was available to New York state and city officials by February, an entire week before the first case was confirmed. New York state reportedly did not reach out to the responsible scientist at Columbia until March 20 to consult the model.

Dr. Tom Frieden, the former director of the Centers for Disease Control and Prevention, has estimated that the deaths in New York City might have been reduced by 50 to 80 percent if social distancing had been widely adopted a week or two earlier.

On Monday, the state is moving into Phase 2 of its reopening under conditions where cases are spiking across the country and New York City is still recording several hundred new infections every day. This is more cases than countries like South Korea and China, which are seeing a new surge in cases, are recording on a weekly basis.



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