The New York Times scapegoats medical workers in the tragic death of Dr. Susan Moore

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On December 20, Dr. Susan Moore passed away in Indianapolis, Indiana, one of the nearly 350,000 women and men who have lost their lives to the COVID-19 pandemic in the United States.

The *New York Times* has used Dr. Moore's tragic death to promote its racialist narrative of American society and the COVID-19 pandemic.

On December 23, the *Times* published a sensationalist article by John Eligon under the headline, "Black Doctor Dies of COVID-19 After Complaining of Racist Treatment." Without any investigation into the circumstances of the case, the *Times* sought to hold up Dr. Moore's death as an example of a vicious form of racism that pervades the health care industry.

"Lying in a hospital bed with an oxygen tube hugging her nostrils," Eligon begins his article, "the Black patient gazed into her smartphone and, with a strained voice, complained of an experience all too common among Black people in America."

Not only does the *Times* accept, without providing any evidence, that the attending physician, Dr. Eric Bannec, is racist, but it implies that he is only part of a health care system that is pervaded with racism.

Going even further than the *Times*, an opinion piece in the *Washington Post* compared Dr. Moore's death to that of George Floyd, who was murdered by Minneapolis police officer Derek Chauvin in May. "Say her name: Dr. Susan Moore," read the headline, echoing a chant in this year's protests against police violence.

"No matter how well-intentioned our health-care system is," the authors write, "it has not rooted out the false idea of a hierarchy of human valuation based on skin color and the falser idea that, if there were such a hierarchy, 'White' people would be at the top."

Officer Derek Chauvin deliberately strangled George Floyd by keeping his knee on his neck for nine minutes as bystanders begged him to stop. To compare the doctors showing up to work day after day to save lives in a yearlong mass casualty event to the actions of murderous police officials is so absurd as to hardly merit a rebuttal.

The *Times'* story and other comments in the media are based entirely on the recorded statement of Dr. Moore published on social media. "I put forth and I maintain if I were white, I wouldn't have to go through that," she said. "This is how black people get killed, when you send them home, and they don't know how to fight for themselves."

Dr. Moore may have believed that her treatment was influenced by racism. But the record of her case provides no medical evidence that she was the victim of malpractice, or that her treatment was influenced by the alleged racism of her physician.

Not once does the *Times*' piece offer any factual corroboration of the allegations made by Dr. Moore. There are no interviews with physicians. No attempt was made to determine, based upon the available facts, whether the actual medical treatment given to Susan Moore differed from that offered to white patients. There was no explanation of how the medical decisions made by Dr. Bannec in his treatment of Dr. Moore differed from what would be generally viewed as appropriate treatment for hospitalized COVID-19 patients. The *Times* did not even bother to ascertain the number of cases of COVID-19 at the hospital while Dr. Moore was a patient, which is an important matter in evaluating the actions of her physician.

Since the publication of their initial article, the *Times* has not published a single follow-up story examining the details of the case.

The objective facts that are available establish that during the surge in COVID-19 cases in Indiana on November 29, Dr. Moore tested positive for COVID-19. She was admitted to Indiana University Health North because of her shortness of breath, rapid heart rate and high fever. On December 4, she published a video recounting her treatment. She condemned the purportedly suboptimal level of care and attention she had received by the staff at the hospital and said her concerns had been repeatedly dismissed.

She noted that Dr. Bannec, an internal medicine physician who has been practicing in the state for 28 years, discounted her severe neck pain and was reluctant to give her more pain medications. "I was crushed," she says. "He made me feel like I was a drug addict." She claimed that Bannec did not want to start her on Remdesivir or obtain a CT scan of her chest. She also complained that he had not examined her or listened to her lungs.

After formally placing a complaint with the hospital's chief medical officer, she was able to obtain a chest CT scan, which demonstrated lung infiltrates and enlarged lymph nodes consistent with findings seen in COVID-19 patients. Dr. Moore was then started on Remdesivir, and she was provided with oral narcotics for her pain. In subsequent posts, she noted that she was on Dexamethasone, which is a steroid given to patients with severe COVID-19 infection known to decrease the risk of mortality.

Before her discharge on December 7, she wrote, "No fever this morning. Oxygen saturation deep down to 89 percent. Blood pressure slightly high but stable. Heart rate is in the normal range. I do feel short of breath, but I am off the oxygen. I'm only on Decadron [Dexamethasone] now. And more than likely I'll go home today." In

her video, she expressed genuine concern about going home as she felt she was not ready to leave.

Twelve hours after her discharge she developed a fever of 103 and her blood pressure dropped. She was readmitted to a different hospital, Ascension-St. Vincent, also located in the Indianapolis area near IU Health North. A follow-on post reads, “Those people were trying to kill me. Clearly, everyone has to agree they discharged me way too soon. They are now treating me for bacterial pneumonia as well as COVID pneumonia.” Her last update noted, “On BiPap; transferred to ICU.” On December 10, she was intubated. However, her condition continued to deteriorate. On December 20, Dr. Moore died, leaving behind her 19-year-old son and her elderly parents, who have dementia.

It is essential to place these events in the appropriate context of the pandemic in Indiana and the United States. At the end of November, Indiana was facing a surge in new cases exceeding 5,000 infections per day. Deaths peaked in mid-December, reaching close to 150 a day. Nationally, daily new cases approached 200,000 infections a day, and almost every state was reporting new highs. Fatalities due to COVID-19 were beginning to exceed 3,000 per day when Dr. Moore died. More than 18 million had been infected, and 325,000 had died in the United States.

Over the past month, hospitals have been sounding the alarm that they were fast approaching their ICU capacity and demanding restrictions be imposed to stem the rising tide of new cases and provide much-needed relief for the nurses and doctors. Once again, as in the spring, bodies were piling up in mobile morgues, and patients were left in hallways or transferred to makeshift field hospitals. Not once are these issues considered or raised by the *Times*.

Setting aside Dr. Moore’s personal assessment, from a medical perspective the central issues raised are: 1) Dr. Bannec’s reluctance to prescribe additional opioid medications and his minimizing of the severity of her neck pain, 2) his unwillingness to prescribe Remdesivir or obtain a chest CT scan, and 3) his decision to discharge her before she was ready to leave. The *Times* must ask if these factors are sufficient to determine that Moore’s death was the result of criminal negligence, let alone deliberate, racist-motivated malpractice.

The issue of opioid prescriptions is fraught with complexities. Doctors attempt to balance between providing an appropriate degree of pain relief when other non-opioid medications are available, and the fact that these narcotics have potentially harmful and addictive consequences. More than 100,000 people in the United States have died from opioid overdoses, a substantial portion of which were ultimately attributable to the mass overprescription of opioid painkillers in the 1990s and 2000s.

With regard to Remdesivir, though it has received FDA approval for use in in-patient settings, randomized trials have shown no clearly significant benefit from the drug. At most, in patients with severe disease on low-flow oxygen, it might reduce the time to recover. Based on the results from recovery trials that showed no benefit in 28-day mortality, the World Health Organization does not recommend its use.

As to the question of chest CT scans, they were frequently used in Wuhan, China to facilitate a diagnosis of COVID-19 due to lack of COVID-19 testing capacity. They are not routinely used in the US health care system unless they would change clinical decision-making. Chest X-rays obtained in the patient’s room are preferred. The transportation of a patient with active COVID-19 through the hospital creates difficulties in infection control. It remains uncertain how the findings on Dr. Moore’s CT scan assisted in changing her care. She was already receiving steroids and supportive care with oxygen.

Finally, with regards to her discharge home, given limitations in bed capacity and hospital acuity, needing oxygen does not preclude discharge. Many patients are sent home to continue convalescing while using supplemental oxygen. If they were on Dexamethasone and Remdesivir, these medications would be discontinued prior to discharge. In the case of Dr. Moore, she noted that she had been weaned off of oxygen before her release. According to the *Times*, the hospital followed up with several phone calls, and when she did not answer, an ambulance was sent to her residence.

Dr. Moore’s death is a tragedy, one that is repeated thousands of times every single day in America. The responsibility for these tragic deaths lies not with the doctors who seek to save lives, but with the political figures who demanded the premature reopening of schools and workplaces and the abandonment of measures to contain the pandemic—together with their accomplices in the media.

On March 22, *New York Times* columnist Thomas Friedman published an op-ed in which he declared, “The cure can’t be worse than the disease,” arguing for prematurely reopening schools and businesses. Following the logic of the *Times*, one would have to conclude that Friedman and the *Times* itself are guilty of racism for promoting a policy that has led to mass death, including the tragic death of Moore herself.

Of course, what has driven the policy of the entire political establishment in the United States are class interests—the interests of the financial oligarchy, which has enriched itself enormously while hundreds of thousands of all races and nationalities have died, and millions have been thrown into poverty.

It is these same interests that lie behind the promotion of the racialist narrative. The effort to exploit the tragic death of Dr. Moore to claim that the crisis in the United States is due to the systemic racism of the American health care system and health care professionals is aimed at inciting racial conflict and concealing the real causes of America’s massive COVID-19 death toll.

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