

# Covid-19 and The Plight of New York State's Nursing Homes.

Howard Zucker's Scarlet Letter

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*On March 25, 2020 New York State's Health Department issued the urgent Advisory: [Hospital Discharges and Admissions to Nursing Homes](#). Nursing Home (NH) Administrators, Directors of Nursing, and Hospital Discharge Planners needed to "carefully review this guidance."*

To "*clarify expectations*" regarding nursing home acceptance of residents returning from hospital and nursing home acceptance of new admissions, the Advisory orders:

"...NHs must comply with the expedited receipt of residents from hospitals to NHs."

Hospital Administrators are given discretion over assessing patient fitness for transit and over choosing which patients to send. Thereafter:

"No resident shall be denied re-admission or admission to the NH solely based on a confirmed or suspected diagnosis of Covid-19. NHs are prohibited from requiring a hospitalized resident who is determined medically stable to be tested for Covid-19 prior to admission or re-admission."

Withering denunciations of this Advisory appeared instantly. A [March 29, 2020 joint statement](#) (Society for Post-Acute and Long-term Care Medicine; American Health Care Association; and National Center for Assisted Living) references the then ongoing Covid-19 outbreak at a Washington nursing home which killed 40 and sent half the residents to emergency wards.

The joint statement also relays CDC data indicating that, within geriatric facilities, Covid-19's case-to-fatality rate exceeds 15%.

The statement further cites a March 27, 2020 CDC finding that 57% of Covid-19-positive nursing home residents remained asymptomatic for up to a week. During this incubatory period such residents: "*have potential for substantial viral shedding*."

The authors rejected the re-purposing of New York's nursing homes into frontline quarantines. New York nursing homes were already encountering critical shortages, or complete depletions, of personal protective equipment (PPE). Staffing shortages were exacerbated by Covid-19 outbreaks among workers and by school closures which threw many into childcare crises. Poorly trained workers were doing shifts at multiple homes.

NHs run out of old, crowded buildings with narrow corridors and antiquated ventilation are incapable of infection control. Having struggled financially for decades, many homes were in no position to suddenly become hospital overflow wards.

The pretext for the hospital-to-NH transfers was a ginned-up shortage of hospital space. In any event, sending Covid-19 patients away from hospitals to free-up hospital space for Covid-19 patients is illogical. Moreover, planting contagious patients into crowded seniors' homes could only sow a bumper crop of Covid-19 cases. The statement's authors conclude that the March 25 Advisory: *"will only add to the surge in Covid-19 patients that require hospital care."*

The remedy these healthcare specialists proposed has been endorsed by China's Xi and by America's Commander-in-Chief, namely: large field hospitals.

On Trump's order the Army set-up a 2,910-bed hospital in New York's [Javits Center](#). Trump also docked the 1,000-bed [USNS Comfort](#) in New York. Both facilities were operational late March to May 1. Both were shunned by NY Health. The Javits Center saw under 1,000 patients and never had more than 500 occupied beds. Comfort saw 182 patients.

Between March 25 and the Advisory's May 10 reversal [4,500 New York Covid-19 cases were transferred](#) from hospitals to nursing homes. Trump's field hospital plan could have intercepted and quarantined all transfers.

Cuomo's team fanned the myth of overwhelmed hospitals in late March; and they ghosted alternative quarantine venues throughout April. With eyes wide open they dispatched a hundred or so Covid-19 cases per day into nursing homes. During this 45-day process Covid-19-positive nursing home staff worked at multiple nursing homes without PPE.

The role of Howard Zucker

Once the highest ranking American in W.H.O., Zucker participated in emergency responses to SARS, anthrax, Aids, Ebola, Zika, measles, and legionella. Zucker's sophistry-laden [Tedx](#) plea for government control of the internet references H1N1 and Norovirus. Regarding the latter he quips:

"The rapid spread of Norovirus on a cruise ship is a constant reminder of the dangers of being held captive to a virus."

Zucker helped develop the Medical Reserve Corps. Zucker teaches Bio-Security Law at Georgetown U. As New York State's Health Commissioner Zucker: *"oversees the entire health care workforce as well as health care facilities, including hospitals, long-term care and nursing homes."*

When did Zucker start bio-bombing nursing homes? His Advisory's *"clarify expectations"* phrase implies some nursing homes must have resisted Covid-19 transfers pre-March 25. Hospital-to-NH Covid-19 transfers likely began March 18ish; scaling-up post-March 25. (New York State's Covid-19 death count rose from 46 on March 19 to 284 by March 24.)

Mid-April nursing home body-counts soared past expectations. Hitherto NY Health authorities inflated death tallies and kept mum on nursing homes. Now they scramble to

shrink their nursing home body-count.

At 11:46 AM, April 15, all 613 New York nursing home operators received an email ordering them to phone into a 1 PM conference call with Zucker. No paper trail this time. ([A 2-minute recording survives](#)). Operators were told to scour their files and prepare separate lists of tested, and presumed, Covid-19 fatalities along with data regarding average fatalities. Operators were to exclude from their lists any deceased resident not physically in the nursing home at the time of death.

Under Zucker's system a long-time nursing home resident could contract Covid-19 at that nursing home and die within hours of being rushed to hospital – and not be counted as a nursing home Covid-19 fatality. New York is the only jurisdiction resorting to such desperate legerdemain. Zucker's team is also free to doctor earlier, untested nursing home deaths into something other than Covid-19 fatalities.

The official NY nursing home death tally of 5,900 is a naked fraud. [Local journalists](#) have given voice to nursing home staff who swear recent deaths in their homes are several times higher than what appears in government reports.

New York's official nursing home death tally is 20% of New York's total (29,009) Covid-19 death tally. This is the best nursing home fatality rate in the world. Imagine a place with a hundred individual nursing homes each reporting more Covid-19 deaths than the City of San Francisco turning out to be the paragon of geriatric hygiene.

In 14 US and several European jurisdictions nursing home residents make-up over [50% of Covid-19 fatalities](#). Several jurisdictions have NH-to-total fatality rates of 80% including entire countries, like [Canada](#). In [Quebec](#), which imposed policies similar to New York's, almost 90% of Covid-19 fatalities are nursing home residents. When the truth comes out New York's Covid-19 nursing home fatalities will settle at a believable 70-to-90% of total fatalities.

New York State's nursing home body-count must already exceed 20,000.

On March 15, 2020 New York nursing homes housed 101,518 New Yorkers. Ten weeks later a fifth of those folk lay dead. There will be absolute hell to pay when the citizens of Gotham awaken to this crime.

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