

Cuomo Administration Rejected Purchasing Additional Ventilators in 2015 for Pandemic Preparedness Based on Funding – Recommended System on Who Would Not Receive Treatment

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UPDATE– We have updated this post and added clarification below.

Life comes at you fast, as the saying goes, or as the case may be in this era of a viral pandemic, death comes at you fast. Sadly it is the latter for the citizens of New York who will pay the price for Gov. Andrew Cuomo's (D) 2015 decision to not fix a shortfall and buy the 16,000 ventilators to shore up the state's stockpile in case of a pandemic.

Cuomo spent more money than the cost of the ventilators on a solar panel boondoggle, reports former New York Lieutenant Governor Betsy McCaughey (R) in a syndicated column published this past week.

McCaughey reports the Cuomo administration decided instead to establish "triage officers" to decide in a crisis who would get a ventilator and who would be left to die.

It has also been reported a ventilator lottery or system would be an option in a pandemic crisis. Now with the COVID-19 Chinese coronavirus overwhelming New York hospitals, Cuomo is begging for ventilators.



NY Gov. Andrew Cuomo gestures toward a hospital ventilator during an interview with CNN New Day co-host Alisyn Camerota, March 19, screen image.

...Cuomo could have purchased the additional 16,000 needed ventilators for \$36,000 apiece or a total of \$576 million in 2015. It's a lot of money but less than the \$750 million he threw away on a boondoggle "Buffalo Billion" solar panel factory. When it comes to state budget priorities, spending half a percent of the budget on ventilators is a no brainer.

Now the pandemic is actually here. Cuomo's grim reaper rules will be applied. New York City's deputy commissioner for disease control Demetre Daskalakis is anticipating "some very serious difficult decisions." So far, in New York City, 1 out of every 4 people with a confirmed case has been hospitalized, and 44% of them have needed a ventilator.

The task force claimed there was no point in buying ventilators because there's also a shortage of doctors and nurses trained to use them. Five years ago, that problem could have been fixed, too. Even now, the National Disaster Medical System can send staff to hot spots like New York...

End excerpt. Please read the entire Betsy McCaughey article at this link.

Before the virus hit the state, the New York Times reported on February 27 about the shortage of ventilators and the rationing plans that include a lottery system.

Across New York, **there were 7,241 ventilators in acute care settings, and another 1,750 stockpiled for use in an emergency, according to a 2015 state report.** The report noted that the supply of ventilators would be inadequate for a pandemic on the scale of the 1918 flu outbreak.

The task force that issued the report devised a formula, relying partially on medical criteria, to help hospitals decide who would get ventilators and who would not. It also envisioned a lottery system in some instances. And age could play a role, with children being given preference over adults.

On March 19 Cuomo appeared on CNN's New Day. Gov. Cuomo's webpage with the transcript of the interview leads with this quote in large font.

Governor Cuomo: "Do we have enough beds, do we have enough gloves, enough PPE equipment? There is something called the Federal Defense Procurement Act. This is a war. Treat it like a war. Say to the manufacturers in this country, I need you to build these pieces of equipment quickly,

certainly the gear, the machine next to me, the ventilator, this is going to be the matter of life and death for people. We now have about 5,000, 6,000 ventilators in New York State. We are going to need about 30,000 ventilators because these people who have come in all have respiratory illnesses.”

Cuomo: “That’s the war time mentality. You can’t buy a ventilator right now. Globally, you can’t buy them. We’re going to have to make them or make something like them. And that’s why the federal government is stepping up and ordering the manufacturers to now come together and make this happen is going to be imperative.”

On Friday Cuomo spoke to reporters (report via the NY Post)

“It’s ventilators, ventilators, ventilators. That is the greatest need,”
Cuomo told reporters at the state Capitol.

“We’re notifying any health department in the state: if you have a ventilator and you are not using it at this time or it is non-essential to your use, we want it. If you are a regulated health facility, we are asking you by order of the department of health to make that ventilator available,” he said.

“We will purchase it from you if you could lend it to us, but we need ventilators and anyone who has them now please call the New York State Department of Health.”

New York only has about 3,000 ICU beds empty at any given time and estimates that it has between 5,000-6,000 ventilators, which officials fear the pandemic will quickly overwhelm.

Cuomo is becoming a liberal darling with his daily briefings, garnering favorable coverage that reports shut-in women and reporters around the country are swooning over him every morning when he appears on TV and inspiring a hashtag, #PresidentCuomo, touting him as a possible emergency substitute Democratic Party 2020 presidential nominee instead of the doddering two remaining candidates former Vice President Joe Biden and Sen. Bernie Sanders (VT).

Below is the text of the press release announcing the state's 'ventilator allocation guidelines' dated November 25, 2015 with mention of the triage officers cited by McCaughey:

New York State Department of Health and New York State Task Force on Life and the Law Update Ventilator Allocation Guidelines

ALBANY, N.Y. (November 25, 2015) – The New York State Department of Health and the New York State Task Force on Life and the Law released updated guidelines for allocating ventilators during an influenza pandemic in New York State.

“Pandemic influenza is a foreseeable threat, and New York has a responsibility to plan now,” said Commissioner of Health Dr. Howard Zucker. “These guidelines provide an ethical, clinical, and legal framework to help health care providers and the general public make difficult decisions in the event of an influenza pandemic.”

The guidelines provide direction for the distribution of ventilators in the event of a severe pandemic, when there are insufficient ventilators to treat everyone who needs them. The guidelines balance the goal of saving the most lives with important societal values, such as protecting vulnerable populations. The guidelines are non-binding and designed with sufficient flexibility to adjust to changing clinical information.

The guidelines consist of four parts: Adult Guidelines, Pediatric Guidelines, Neonatal Guidelines, and Legal Consideration when Implementing the Guidelines. New York is the first state to develop innovative clinical protocols that address special considerations in treating children and neonates. The adult clinical protocol was updated and revised from the 2007 draft guidelines.

The guidelines were developed with input from experts in the fields of medicine, ethics, law, and policy as well as members of the public. Key points include:

The guidelines provide an evidence-based clinical framework that support the goal of saving the most lives in an influenza pandemic in which there are a limited number of available ventilators.

All patients in need of a ventilator are subject to one of the three clinical protocols, using objective, universally-applied clinical criteria to evaluate a patient's likelihood of survival. Patients who have the highest likelihood of survival with ventilator therapy receive priority. Factors such as race, ethnicity, sexual orientation, socio-economic status, advanced age,

perceived quality of life, ability to pay, role in the community, or other subjective criteria will never be part of the evaluation in determining who receives ventilator therapy.

To ensure that patients receive the best possible care in a pandemic, the guidelines call for a triage officer or triage committee to determine who receives or continues to receive ventilator therapy. To prevent a conflict of interest, these decision-makers are not the patients' attending physicians. The decision regarding whether to use a triage officer or committee is up to each hospital, given the different resources at each site.

The guidelines apply only to patients at hospitals and not to ventilator-dependent chronic care patients at long-term care facilities, such as nursing homes. However, if such a patient requires hospital care, the patient is then subject to the clinical protocol.

Patients not receiving ventilator therapy should receive alternative forms of medical intervention. Palliative care will be provided to all patients to manage patient discomfort.

During a pandemic the guidelines will be modified as new information is obtained. Data collection and analysis of the pandemic viral strain, as well as symptoms, disease course, treatments, and survival, will be taken into consideration, so that patients receive the best care possible.

Additional public outreach efforts will be conducted regarding the guidelines and the public will have opportunities to comment on them.

“The guidelines were written to reflect the values of New Yorkers, and extensive efforts were made to obtain public input during their development,” said Susie Han, Deputy Director of the New York State Task Force on Life and the Law and project chair of the guidelines. “The guidelines are a living document, intended to be updated and revised in line with advances in clinical knowledge and societal norms.”

Established in 1985, the New York State Task Force on Life and the Law is the State’s bioethics commission and consists of approximately 23 Governor-appointed experts who volunteer their time to assist the State in developing public policy on issues arising at the interface of medicine, law, and ethics. Chaired by New York State’s Commissioner of Health, the Task Force is comprised of leaders in the fields of religion, philosophy, law, medicine, nursing, and bioethics. The Task Force has produced influential reports on cutting-edge bioethics issues, including the withholding and withdrawing of life-sustaining treatment, assisted reproductive technologies, organ transplantation, dietary supplements, surrogate decision-making, genetic testing, and research involving adults who lack capacity to consent.

The 272 page Ventilator Allocation Guidelines in PDF format can be read at [this link](#).

UPDATE—

And here is an important clarification from the New York State Health Department.

The extra ventilators were not purchased due to funding concerns.

E. Stockpiling Ventilators

New York State pandemic planning includes careful consideration of the potential shortage of ventilators, based on the estimates discussed above. There is a federal government stockpile of ventilators, but its use is limited for any one locality; there are not enough ventilators to be distributed to meet demand if many regions need them at once.

New York State has stockpiled 1,750 ventilators⁵⁷ to help reduce ventilator need in the face of the moderate scenario;⁵⁸ however, there are no current plans to buy enough ventilators for the most severe model. The State's current approach to stockpiling a limited number of ventilators balances the need to prepare for a potential pandemic against the need to maintain adequate funding for current and ongoing health care expenses. Furthermore, severe staffing shortages are anticipated, and purchasing additional ventilators beyond a threshold will not save additional lives, because there will not be a sufficient number of trained staff to operate them. In the event of an overwhelming burden on the health care system, New York will not have sufficient ventilators to meet critical care needs despite its emergency stockpile. If the most severe forecast becomes a reality, New York State and the rest of the country will need to allocate ventilators and other scarce resources.

The state of New York in 2015 during the Cuomo administration released a report stating the state would not purchase extra ventilators due to budget restraints.

Instead New York State defined health rules on who would be awarded a ventilator during a pandemic.