



Michael P Senger

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May. 26, 2023 , 24 tweets, 9 min read , 9793 views 

THREAD – The Great COVID Ventilator Death Cover-up

Tens of thousands of Americans died after being placed on mechanical ventilators in spring 2020. It's long past time we got real answers as to how many were killed this way. 1/



Early COVID data from China had suggested that ventilators would need to be used widely in the treatment of COVID patients, and this led to a major rush by politicians and hospitals to procure tens of thousands of ventilators. A small sample of the headlines from that period. 2/

CORONAVIRUS

Cuomo refutes Trump, insists NY needs up to 40,000 ventilators: 'I operate on facts'

Updated: Mar. 27, 2020, 2:31 p.m. | Published: Mar. 27, 2020, 2:28 p.m.



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HEALTH

Coronavirus: NY may need 24,000 more ventilators to fight COVID-19. Here's how it could get them



David Robinson
New York State Team

Published 5:00 a.m. ET March 20, 2020 | Updated 1:50 a.m. ET March 21, 2020



The Washington Post
Democracy Dies in Darkness

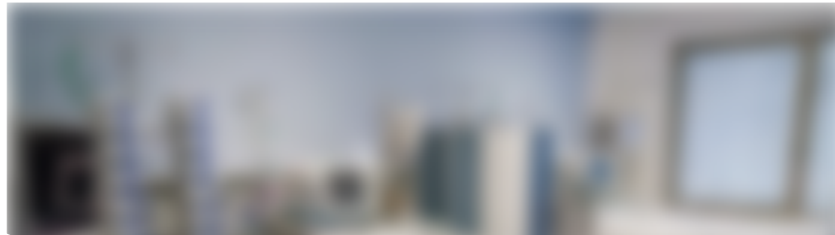
Coronavirus U.S. cases and deaths by state World map New CDC guidance When am I still contagious? The people

HEALTH

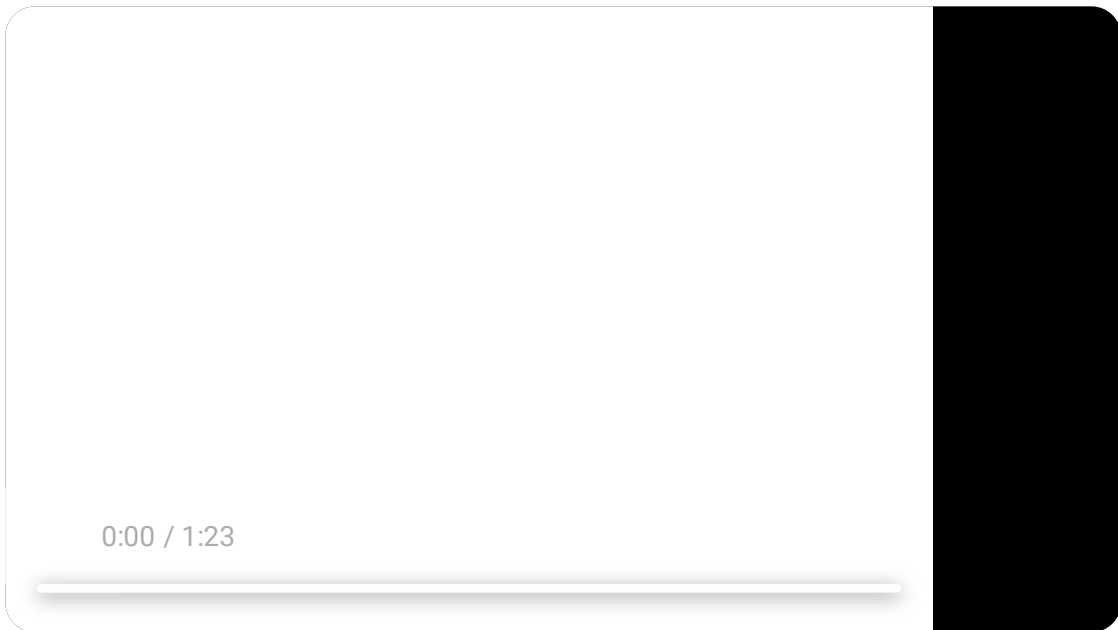
A New York hospital is treating two patients on a device intended for one

By [Lenny Bernstein](#) and [Ariana Eunjung Cha](#)

March 27, 2020 at 5:30 p.m. EDT



However, it soon became clear that ventilators were being vastly overused. Dr. Cameron Kyle-Sidell acted as an early whistleblower, sounding the alarm in a widely-shared video. 3/

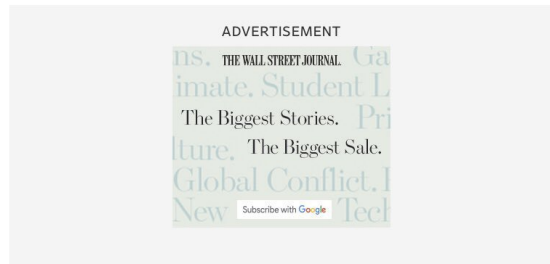


In interviews with major media outlets, several practitioners later disclosed that patients had often been put on ventilators not for their own benefit, but in order to protect hospital staff and stop the virus from spreading. 4/

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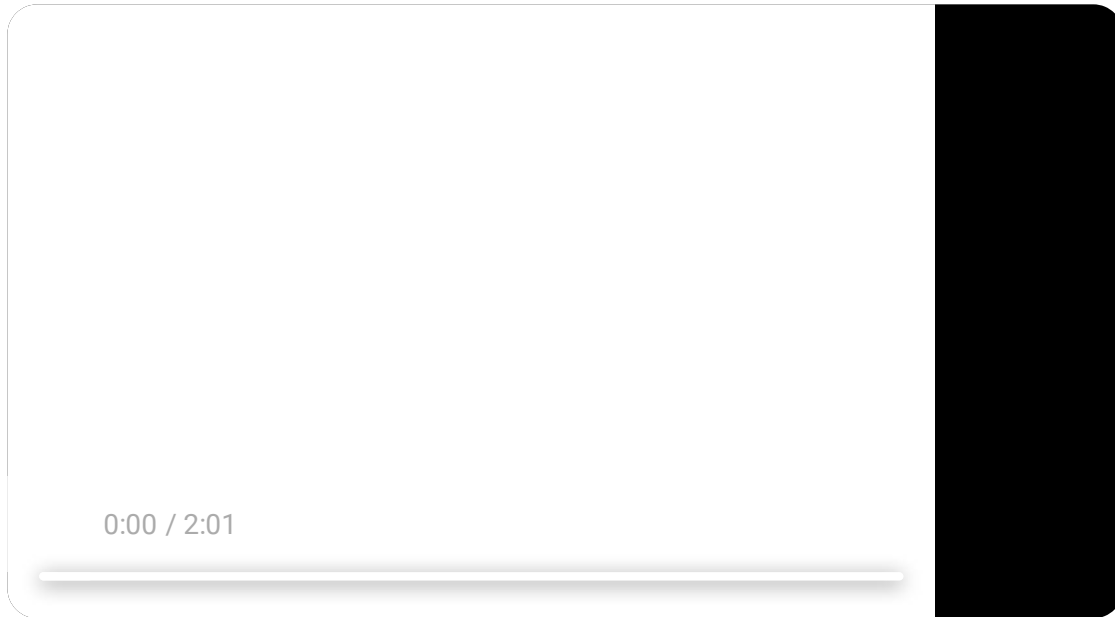
He says some doctors are intubating early because they fear that less-intensive forms of ventilation, like high-flow nasal oxygen, **can aerosolize a virus**, putting health care workers at risk of getting sick. “This is more theoretical fear than a real fear,” Hill says, since there’s not strong evidence that COVID-19 spreads this way.

Last spring, doctors put patients on ventilators partly to limit contagion at a time when it was less clear how the virus spread, when protective masks and gowns were in short supply. Doctors could have employed other kinds of breathing support devices that don’t require risky sedation, but early reports suggested patients using them could spray dangerous amounts of virus into the air, said Theodore Iwashyna, a critical-care physician at University of Michigan and Department of Veterans Affairs hospitals in Ann Arbor, Mich.



At the time, he said, doctors and nurses feared the virus would spread through hospitals. “We were intubating sick patients very early. Not for the patients’ benefit, but in order to control the epidemic and to save other patients,” Dr. Iwashyna said “That felt awful.”

As Dr. Rich McCormick told the House COVID Select Subcommittee, “we were intubating people that probably shouldn’t have been intubated.” 5/



As Meredith Case, an internal medicine resident at NewYork-Presbyterian hospital, put it in a series of since-deleted threads, hospitals were “early intubating” patients for “many days if not weeks” “to avoid aerosolizing procedures to protect staff.” 6/

Meredith @thisismeredith · 19h

I feel I must tweet because the press does not reflect our reality. The deluge is here. Our ICU is completely full with intubated COVID patients. We are rapidly moving to expand capacity. We are nearly out of PPE. I anticipate we will begin rationing today.

85 1,464 2,070

Meredith @thisismeredith

One problem is the sheer number of patients. Another is that we are early intubating these patients given data suggesting improved outcomes and also to avoid aerosolizing procedures to protect staff.

3/25/20, 7:50 AM

133 Retweets 442 Likes

Meredith @thisismeredith

Some thoughts from my nights in a new COVID ICU:

- 1) We are mostly being transferred patients with single organ (i.e. respiratory) failure from other ICUs to offload those units. These patients have been intubated for many days if not weeks. Weaning is slow going

7:21 AM - 6 Apr 2020

24 Retweets 54 Likes

Meredith @thisismeredith · 22m

- 2) The shortages of critical analgesics and sedatives means we are using drugs less well suited to the purpose. Using second (third? fourth?) line meds hampers our ability to quickly wean sedation when oxygenation has improved, further prolonging time on the vent #GetMeMeds

1 8 11

Meredith @thisismeredith · 22m

- 3) Relatedly, in order to limit the # of times nurses and providers enter the room, we have moved away from our usual plan of IV pushes for analgesedation and toward IV drips because pushes require nurses to enter the room more frequently #GetMePPE

1 4 9

Meredith @thisismeredith · 22m

- 4) These practice changes lead to more time on the vent, which in turn means more time to develop complications. Obvious point but important. More HAIs, more deconditioning, more delirium. I have two rising hyperbilirubinemias on my service concerning for acalculous cholecystitis

1 5 8

Her Inside Accounts Went Viral

2020: SUMMER

First Words

Voices

Stories of Care

- "Good People Will Be Needed More Than Ever"
- "I See People on the Worst Day of Their Lives"
- "The N95 Small Mask is the Toughest to Find"
- "We Knew It was Serious Back in November"
- A Better Kind of Care
- A Case That Will Stay with Him Forever
- Her Inside Accounts Went Viral
- Patients Will Have New Expectations
- Remember the Spiritual Side
- Sequencing the Virus
- The ER is Empty. That's Not Good
- The Pandemic Is a Spotlight
- The Purpose of Fear
- The Swab-Tested Entire Nursing Homes

JUNE 30, 2020 — As told to Geoffrey Giller '10

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When I tweeted my first COVID-related tweet, I probably hadn't tweeted in three years. I think I had 40-something followers. It was kind of off-the-cuff on my morning commute. The news up until that point had been mostly about anticipating a surge, but when the surge hit our hospitals here in New York, I felt like the press might have missed the moment that it happened. I realized that no one would know what was happening on the ground unless we started speaking. It's a very unnatural position for doctors to take, because there's an unspoken credo about keeping what's going on at the hospital private. But I wanted to get the word out about how bad it had become and was likely to continue to be. The night after I sent my initial tweets, everything went viral—Rachel Maddow retweeted my entire thread and it was read out on CNN.

I never anticipated or was seeking that kind of attention. It was nerve-racking. But my superiors within the hospital system understood what I was trying to do, and saw the value in it. And other doctors from within our hospital system started putting out similar tweets describing their own experiences.

I think it's important, especially while the media is not allowed inside of hospitals because of the infection risk, for those inside to provide first-person accounts. It's obviously a balance, because we have to protect patient privacy. Describing it from our perspective helps people understand that it's not just about numbers of ICU admissions or intubations; it's about the patients themselves, who are real people, and those taking care of them, who are also real people going through something incredibly traumatic. I hope that offering that perspective helps people understand on a human level the importance of getting the response to the virus right.

I'm not sure if I'll keep tweeting. There are upsides and downsides to it, but my career is more about my clinical work and research than being a voice on social media.

Some parts of this pandemic have felt extraordinary, other parts entirely ordinary. We went into medicine to take care of sick patients in difficult circumstances. This has in some ways brought medicine back to its most basic tenets. It really has been affirming to practice medicine in the way that we all envisioned doing it.

Dr. Meredith Case '10, third-year resident in internal medicine, New York-Presbyterian/Columbia University Medical Center

This practice of prolonged intubation was apparently consistent with guidance from China. As Zeynep Tufekci had put it, "Chinese scientists" advised "many COVID-19 patients need to stay on mechanical ventilators as long as four weeks." 7/



zeynep tufekci @zeynep

Many COVID-19 patients need to stay on mechanical ventilators as long as four weeks. The scientific community, including Chinese scientists once their government finally let them speak, have been publishing about all this with amazing speed. See article:



bloomberg.com
Coronavirus Patients' Long Ventilator Stays Put Strain on Hospitals
Critical care resources in central China are being strained by coronavirus patients needing a month or more on mechanical ventilators, a study finds.

2:26 PM · Mar 11, 2020

519 Retweets 32 Quotes 900 Likes 64 Bookmarks

Some hospitals in New York began engaging in “split-ventilation”—putting patients on ventilators two-at-a-time. “Split-ventilation” made intubation even more dangerous than it already was. 8/

REUTERS World Business Markets Breakingviews Video More

HEALTHCARE & PHARMA MARCH 26, 2020 / 2:27 PM / UPDATED 3 YEARS AGO

One ventilator, two patients: New York hospitals shift to crisis mode

By Jonathan Allen, Nick Brown 4 MIN READ

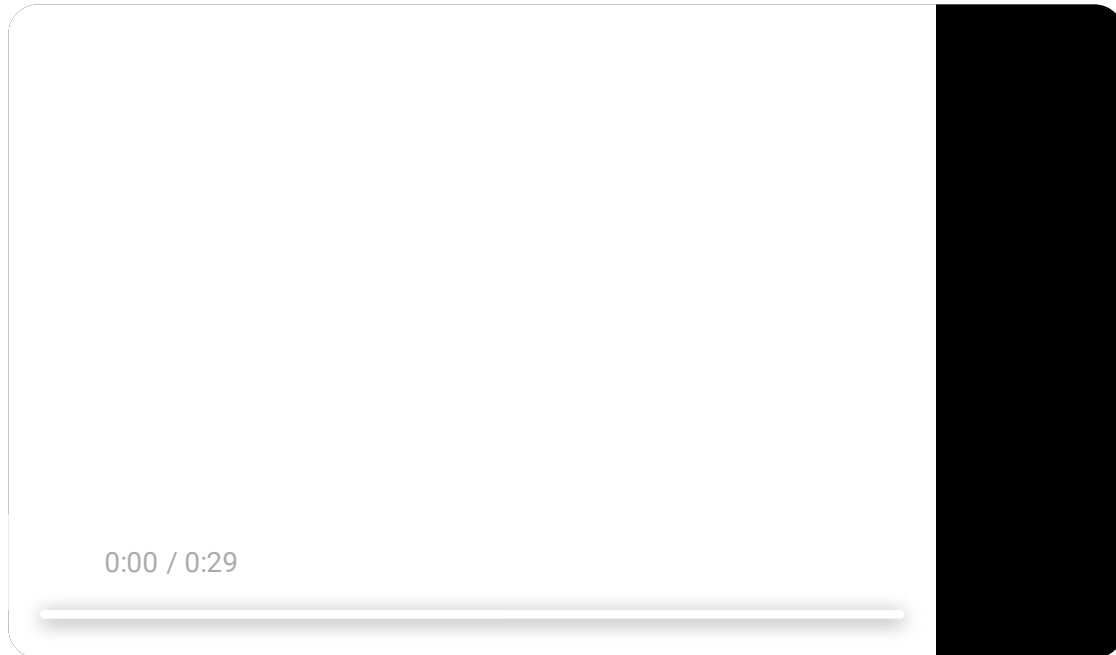
NEW YORK (Reuters) - At least one New York hospital has begun putting two patients on a single ventilator machine, an experimental crisis-mode protocol some doctors worry is too risky but others deemed necessary as the coronavirus outbreak strains medical resources.

PROPUBLICA Desperate Hospitals May Put Two Patients on One Ventilator. That's Risky.

But interviews with critical care workers and a review of the medical literature show that plugging more than one person into the same ventilator is a stopgap that risks harming patients' lungs. At best, many doctors say, it's a last resort for patients who have stopped breathing on their own and have no other prospect of surviving.

A ventilator is designed and can be set for only one patient at a time. Since two patients are unlikely to require oxygen at the same amount and pressure, one might get too little oxygen while the other receives too much, injuring their lungs either way. Also, the air tubes might distribute contaminants between patients. Reflecting these concerns, one major ventilator manufacturer and the American Association for Respiratory Care both discourage hospitals from connecting machines to multiple patients. Some hospitals are reluctant to try it under any circumstances and are looking for other backup plans.

Even Anthony Fauci eventually admitted that having “very very readily put people on mechanical ventilation” may have “caused more harm than good.” 9/



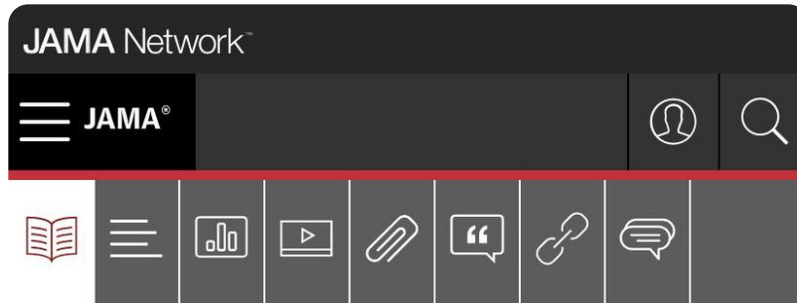
The New Yorker featured a harrowing account of one early victim’s final moments before he was put on a ventilator and died—even though he didn’t even “feel sick” at the time he was intubated. 10/

THE
NEW YORKER

At eight o’clock the next morning, the doctor called Walkiris and asked her to help persuade Sanabria to be intubated. He’d deteriorated overnight, and now needed to be on a respirator. “Am I going to die?” Sanabria asked Walkiris. “No, *pápi*,” she told him. “They’re going to put you to sleep for a little while, so you can relax your lungs. You’re breathing too fast.” He seemed dazed. “I don’t feel sick,” he said calmly. “Will you be here when I wake up?”

“I’ll see you on the other side,” she replied. “Let them do this.” As the nurses prepared to intubate him, he bragged about how his daughter was a nurse. Just before he went under, he sent Walkiris one last selfie.

A study in JAMA later revealed a 97.2% mortality rate among those over age 65 put on mechanical ventilators. Patients over age 65 were more than 26 times as likely to survive if they were NOT placed on mechanical ventilators. 11/



Outcomes for Patients Who Were Discharged or Died

Among the 2634 patients who were discharged or had died at the study end point, during hospitalization, 373 (14.2%) were treated in the ICU, 320 (12.2%) received invasive mechanical ventilation, 81 (3.2%) were treated with kidney replacement therapy, and 553 (21%) died (**Table 5**). As of April 4, 2020, for patients requiring mechanical ventilation (n = 1151, 20.2%), 38 (3.3%) were discharged alive, 282 (24.5%) died, and 831 (72.2%) remained in hospital. Mortality rates for those who received mechanical ventilation in the 18-to-65 and older-than-65 age groups were 76.4% and 97.2%, respectively. Mortality rates for those in the 18-to-65 and older-than-65 age groups who did not receive mechanical ventilation were 1.98% and 26.6%, respectively. There were no deaths in the younger-

Overall, mortality among COVID patients in New York area hospitals fell by over two-thirds between spring 2020 and summer 2020. 12/

**WSJ**

One study of three New York City hospitals found the death rate for all Covid-19 patients dropped to 7.6% from 25.6% between March and August after accounting for younger, healthier patients in the summer. Hospitals in New York were less crowded in August than during the April surge, which could increase mortality, the study's authors wrote in October in the Journal of Hospital Medicine. The study also suggests patients may have benefited from new medications and improved treatment, they said.

Yet astonishingly, despite all this evidence, the establishment is arguing that **no patients** were killed by ventilators in spring 2020. An astonishing argument, even by the abysmal standards of the COVID era. 13/

Craig Spencer MD MPH
@Craig_A_Spencer · Follow



You know why we intubated people for Covid in March 2020?

Because otherwise they were going to die. Full. Stop.

I remember a patient rolling in with an oxygen saturation of 42%, breathing twice as fast as normal, struggling on a face mask with oxygen all the way up.

What to do?

11:01 PM · May 18, 2023



[Read the full conversation on Twitter](#)

52.8K

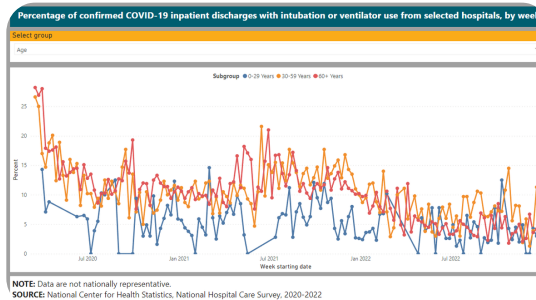
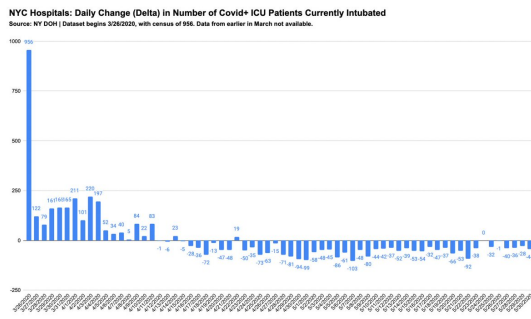


See the latest COVID-19 information on Twitter

[Read 2.4K replies](#)

The data bears out that ventilator use was sharply curtailed after spring 2020. Overall, CDC data shows that about 10,000 patients died with COVID in NYC hospitals after being put on ventilators in spring 2020. 14/

<https://www.michaelpsenger.com/p...>

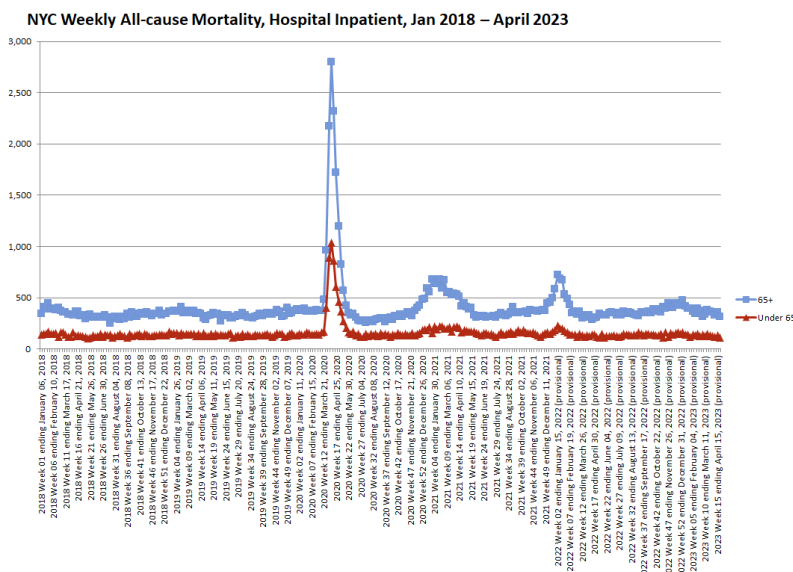


As I've previously written, the percentage increase in excess deaths in the greater New York area in spring 2020 vastly outstrips the percentage increase even in other cities with similar climate and social and economic demographics. 15/

<https://www.michaelpsenger.com/p...>

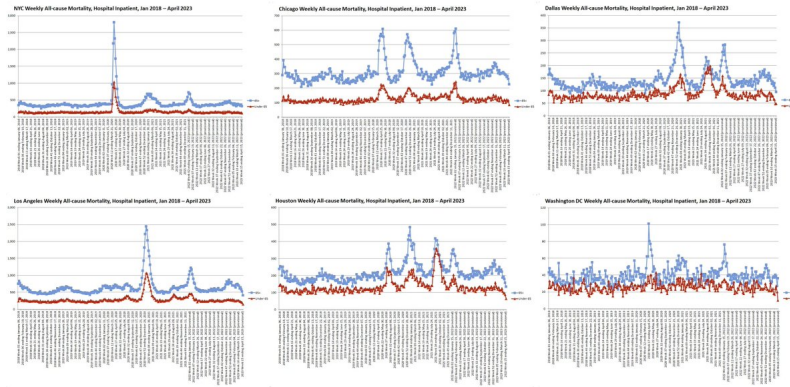
Further, as @ewoodhouse7 has documented in meticulous detail, New York City experienced an unnaturally sharp, breathtaking mortality event just after its lockdown began, unlike anywhere where else or at any other time. 16/

(Source: CDC Wonder mortality, 2018–last month).



A side-by-side comparison of inpatient hospital mortality from 2018 to present in NYC vs America's other largest metro areas illustrates this unnatural, sharp spike in mortality in NYC in spring 2020. 17/

(Source: CDC Wonder mortality, 2018–last month).



Moreover, the spike in mortality among young people is inconsistent with COVID’s heavily-stratified IFR by age. This is the most widely-cited data on COVID’s IFR by age. Thus, the unnatural spike in mortality in NYC in spring 2020 cannot be attributed to COVID. 18/

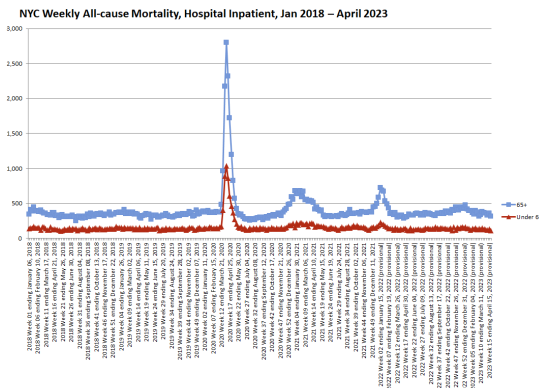


Home > European Journal of Epidemiology > Article > Table 3

Table 3 Age-specific fatality rates deaths (%)

From: [Assessing the age specificity of infection fatality rates for CC](#)

Age group	COVID-19 IFR (95% CI)
0–34	0.004 (0.003–0.005)
35–44	0.068 (0.058–0.078)
45–54	0.23 (0.20–0.26)
55–64	0.75 (0.66–0.87)
65–74	2.5 (2.1–3.0)
75–84	8.5 (6.9–10.4)
85 +	28.3 (21.8–36.6)



The establishment has responded with studies claiming “early intubation” actually reduced time on ventilators, but this is a straw-man. The real issue is whether patients were put on ventilators unnecessarily, or kept on them too long. 19/

Even more strangely, most attorneys with whom I've discussed the ventilator issue agree that there's actually little litigation risk for the medical establishment given the perceived global emergency and the information coming from China at the time.
20/

 **zeynep tufekci** 
@zeynep 

Many COVID-19 patients need to stay on mechanical ventilators as long as four weeks. The scientific community, including Chinese scientists once their government finally let them speak, have been publishing about all this with amazing speed. See article:



[bloomberg.com](https://www.bloomberg.com)
Coronavirus Patients' Long Ventilator Stays Put Strain on Hospitals
Critical care resources in central China are being strained by coronavirus patients needing a month or more on mechanical ventilators, a study finds.

2:26 PM · Mar 11, 2020

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This, too, leads me to believe that the real number of patients killed by ventilators must be frighteningly high; even absent any real litigation risk, the embarrassment alone is leading to this broad cover-up. 21/

Given all the clumsy, self-contradictory arguments about ventilator deaths coming from the medical establishment, you've probably gathered that these are not sophisticated crooks.

Rather, these are ordinary people who can't seem to face what really happened. 22/

As I detailed in Snake Oil, it's the hallmark of any great dictator to be able to bring out the evil even in ordinary people. And some men are uncannily good at what they do. 23/

FOREIGN AFFAIRS China's Troubling Vision for the Future of Public Health

"IMMUNIZING" THE BODY POLITIC

Under Xi's watch, the securitization of public health has been matched by an equally troubling medicalization of public security. Metaphors of political and ideological illness abound. For harmful infectious diseases, we must strike early to preventively immunize and strengthen immunity," one senior official, Meng Jianzhu, explained in a 2016 speech in which he invoked the doctrine of "prevention and control." But Meng was not a public health official—he was the country's internal security chief, describing his vision for maintaining social control.

Similar medical language has been employed in official discourse on Xinjiang, where authorities have detained more than one million Uighurs and other religious and ethnic minorities. Chinese officials routinely liken perceived threats there (usually the "three evils" of separatism, religious extremism, and terrorism) to cancer and infectious disease. The implication is that the state, in locking up citizens en masse, is acting on the caring, curative intent of a doctor rather than the repressive impulses of a totalitarian regime. Thus, one university work team sent to identify targets for reeducation described its work as finding "tumors" to be excised, presumably before they could metastasize and grow, and party documents speak of eradicating "ideological viruses" from the population.

An October 2017 recording released by the Xinjiang Communist Youth League took the medical analogy to chilling lengths, prescribing preventive measures for those "already infected by the disease" of "religious extremism":

There is always a risk that the illness will manifest itself at any moment, which would cause serious harm to the public. That is why they must be admitted to a re-education hospital in time to treat and cleanse the virus from their brain and restore their normal mind. . . . [G]oing into a re-education hospital for treatment is not a way of forcibly arresting people and locking them up for punishment, it is an act that is part of a comprehensive rescue mission to save them.

Of course, it is the regime that decides who could be "infected," and those alleged to be susceptible have no say in whether they wish to be "rescued" or "treated." This is the harsh logic of *fangkan*: it focuses on the danger of the disease, not the well-being of the patient, and elevates fears of public

zeynep tufekci @zeynep

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Nonetheless, the situation is morally inexcusable. We need to know how these patients died, not only so we know what really happened during the initial response to COVID in spring 2020, but also because it's the least we can do to honor the deceased.
/end

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