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Politics in Healthcare: Cuomo, COVID-19, & Consequences

Anna Carellas, Student Nurse

INTRODUCTION

At face value, healthcare and politics seem to be two very different fields that don't share much common ground. Under most circumstances, the medical field strives to distance itself from politics. For example, in The American Medical Association's Code of Medical Ethics, physicians are encouraged to "refrain from initiating political conversations during the clinical encounter", while "not allow[ing] differences with the patient or family about political matter...interfere with the delivery of professional care" (ASH, 2019, para 25).

However, politics & healthcare have become more and more intertwined, especially following the recent outbreak of the COVID-19 pandemic. A previously unidentified coronavirus, SARS-CoV-2 originated in Wuhan, China, infecting numerous individuals and expanding across the globe (Wu et al., 2020). During the outbreak in the United States, prominent governmental figures manipulated information surrounding the pandemic for their own political gain. One of these political figures was New York governor Andrew Cuomo.

SIGNIFICANCE

March 2020: Cuomo issues advisory, directing NY nursing homes to take in patients with diagnosed or suspected COVID (Andrews, 2020). Cuomo does not amend order until May 2020, allowing for a continued spread of the virus (Barron, 20201)

August 2020: Over 6, 624 individuals died of COVID-19 in NY nursing homes and long-term care facilities, constituting 26% of the state's total COVID death count (Andrews, 2020).

January 2021: NY attorney general Letitia James issued a report, stating that the state undercounted COVID-related nursing home deaths by as much as 50%. Following the report, Dr. Howard Zucker – New York's health commissioner – added 4,000 deaths to the nursing home death count, raising the total count to around 13,000 (Allsop, 2020).

January 2021: Cuomo holds press conference. When questioned about the nursing home scrutiny, Cuomo replies, "Who cares? 33 [percent], 28 [percent]. Died in a hospital. Died in a nursing home. They died" (Barron, 2021).

February 2021: Top Cuomo aide Melissa DeRosa admits in a conference call with other Democrat officials that the administration failed to provide state lawmakers with accurate information related to nursing home-related, COVID-19 deaths (Barron, 2021).

February 2021: The Empire Center files a suit against the Health Department based on the Freedom of Information Law; the court rules in favor of the center and orders the Health Department to release requested records. The data released reveals that the nursing home death count tallies to almost 16,000 deaths, including an additional 5,000 deaths which occurred in the hospital setting (Empire Center, 2021). The nursing home deaths alone now account for 35% of all COVID-related deaths in New York (Zinberg, 2021).



(Sapien & Sexton, 2020)

POSITION STATEMENT

Politics has begun to increasingly influence healthcare in the United States, especially in the wake of the COVID-19 pandemic. Following the outbreak of Covid-19 in the United States, political figures – such as New York governor Andrew Cuomo – manipulated information surrounding the pandemic for their personal gain and public image.

SUPPORT FOR POSITION

During the months of lockdown, Cuomo boasted about his management of the pandemic while criticizing other governors' policies, such as Florida governor Ron DeSantis: "You played politics with this virus and you lost. Look at the numbers" (Zinberg, 2011, para 15). In reality, New York has the nation's second-most COVID-19 deaths per million population...twice as much as Florida's (Zinberg, 2011, para 15).

During his many press conferences, Cuomo portrayed himself as a positive, capable leader, frequently articulating phrases such as, "It's going to be hard, there is no doubt. But at the same time it is going to be OK" (Barron, 2021, para 8).

The media aided in shaping Cuomo's falsely positive image, calling his competence "captivating" and his leadership "real" (Barron, 2021, para 9).

During the initial months of the pandemic, Governor Cuomo frequently appeared on his brother Chris Cuomo's show, with the news anchor often praising the "Luv Guv" (Barron, 2021, para 11). In November 2020 – well into the pandemic - Cuomo was presented with an Emmy for his television appearances, acknowledged as a man "[who] took it upon himself to use technology to spread reliable information and tell citizens what to do" (Barron, 2021, para 12)

In January 2021, New York Attorney General Letitia James acknowledges that COVID-19 patients "may have put residents at increased risk of harm in some facilities and may have obscured the data available to assess that risk" through Cuomo's March advisory (Zinberg, 2021, para 9).

DeRosa admits the political motives behind the administration's cover-up of data and deflects the blame onto former President Trump, saying, "...President Trump turns this into a giant political football. He starts tweeting that we killed everyone in nursing homes...He direct the Department of Justice to do an investigation into us." (New York State, 2021, para 2).

According to Senate Minority leader Rob Ortt, "The administration...deliberately covered up important information, withholding it not only from the public and members of the legislature, but also from the federal government and federal investigators. And they did so for expressly political purposes" (Dewitt, 2020, para 6).

IMPLICATIONS FOR PRACTICE

"Health communication is a key and necessary factor in saving lives during the COVID-19 pandemic crisis. Accurate...health communication can facilitate how societies handle uncertainty and fear...and meet individuals' fear and foster hope in the face of a crisis. Professionals in the fields of health communication, patient education, and health behavior change have a special responsibility to contribute to the spread of concise and valid information in different contexts" (Finset et al., 2020, para 5).

"Hospitals and health systems must develop agile ways to transmit timely and critical information in times of crises. A designated communication team that is integrated into the work so they have a strong understanding of the clinical care being provided and the communication needs of the workforce, patients, and public is recommended" (Chopra et al., para 7).

"Because some [COVID-19] patients will be critically ill and need scarce resources...hospitals must prepare now for how they will triage patients, allocate resources, and staff wards" (Chopra et al., 2020, para 2).

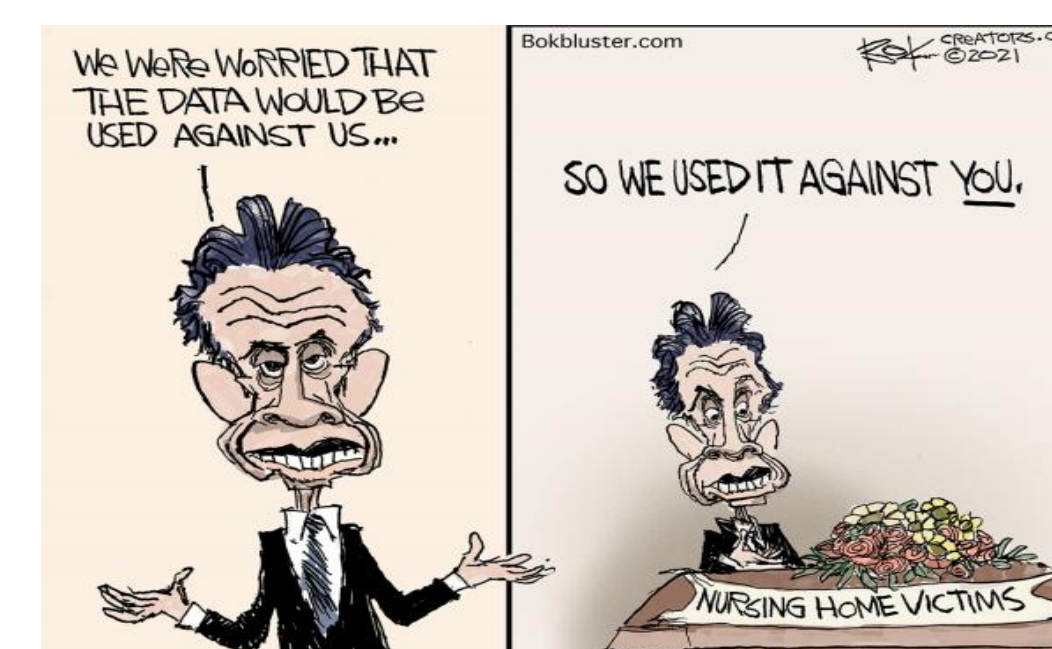
Stephanie Gilmore – an RN at Diamond Hill Rehab Center in New York – said that she was informed of the facility's first COVID resident, who had tested positive at a hospital. As encouraged by Cuomo's March advisory, the facility admitted the patient back into rehab. Gilmore said she was told that the information was not to be shared with other staffers or patients. Gilmore refused to comply with the order; shortly after, she would be fired (Sapien & Sexton, 2020). Within 3 days after the first case, 6 more residents tested positive (Sapien & Sexton, 2020).

Gilmore wrote an email to the managers of Diamond Hill: "As a nursing professional, it's unsafe to admit residents into the facility when we are critical with staffing and unable to care for the residents already in the building...I have tried to assist in any way that I can, however I am being stretched way too thin" (Sapien & Sexton, 2020, para 37).

In a follow up email to management, Gilmore wrote, "These issues have been a problem...the staff are coming to me with concerns...about residents covid (sic) status being withheld and PPE. I have seen nurses come and go as fast as they came due to lack of staffing, support, and appreciation" (Sapien & Sexton, 2020, para 59). Two days after sending the email, Gilmore was fired (Sapien & Sexton).

Elaine Healy, a medical director of a New Rochelle nursing home and acting president of the New York Medical Directors Association, "We were struggling and overwhelmed already. When the directive came, the thing that was most stunning was...the manner in which it was delivered. It was a one-way communique with no opportunity for dialogue and opportunity to express concerns with the Department of Health. It was dictatorial (Sapien & Sexton, 2020, para 78).

County Health Department's director of patient services Lisa Phillips and Shannon Testo, an RN in charge of communicable disease testing, credited Gilmore with exposing the clinical repercussions occurring behind the scenes. "Without those calls to us, the state never would have investigated. She was worried that the administration was not being forthcoming...she took it upon herself to alert us" (Sapien & Sexton, 2020, para 68).



(The Week Staff, 2021).

CONCLUSION

Although politics and healthcare are not often considered as impacting each other, it is clear that there is a direct correlation between the events unfolding in the healthcare field and the policies implemented by politicians. This is extremely problematic, as Governor Cuomo's poor leadership has shown. Despite the consequences that began to unfold as a result of his March advisory in 2020, Cuomo waited until May to make revisions to his order. During this time, he went on multiple news outlets, criticizing other government officials for their handling of the pandemic, while portraying himself as a strong, capable leader. Moreover, he continued to sit on the actual data for his own personal gain in an effort to maintain his positive public image.

The repercussions of Cuomo's actions include a total death rate of over 16,000 nursing home residents (accounting for 35% of all New York COVID-related deaths), overworked health care professionals (like Stephanie Gilmore) and, for many, complete mistrust in politicians like Cuomo and healthcare facilities such as Diamond Hill.

Unless a healthy but distinct separation is made between politics and healthcare, the United States will experience many more circumstances like the New York nursing home scandal. In order to fulfill their role as patient advocate, nurses have a responsibility to relay accurate health information and to ensure that their patients are being cared for appropriately. Nurses need to be in communication with political figures & to hold them accountable for public health policies.

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