Letters: COVID-19 deaths show how the safety net fails nursing home residents

Emergency medical service workers unload a patient out of their ambulance at the Cobble Hill Health Center on April 18, 2020, in the Cobble Hill neighborhood of Brooklyn in New York City. The nursing home reported at least 55 COVID-19 reported deaths. (Justin Heiman / Getty Images)

Where is the outrage? The Wall Street Journal and Tribune reported recently that 26,000 COVID-19 deaths have occurred nationally in nursing homes. Similar reports have cited appalling death rates in group homes for people with physical
and developmental disabilities. We were told repeatedly at the onset of the pandemic in the U.S. that these individuals were our most vulnerable citizens because of their age and/or concomitant chronic conditions. Yet testing was not available in many homes until mid-April, with devastating results.

Why did this happen? We will not know for sure until the issue has been more carefully reviewed. In the meantime, we have strong reason to believe several things to be true. First, nursing homes, like other providers, were woefully underprepared to cope with this pandemic in terms of personal protective equipment for their staff. This issue was compounded by older homes that had cramped two-bed rooms that made it very easy for the virus to spread.

First and foremost, however, is the role of the staff — especially the front-line workers who even in well-managed facilities are grossly understaffed and underpaid and in many cases work two jobs with spouses who do the same, doubling the risk of contracting the virus and passing it on.

Why are both the residents and front-line staff so vulnerable? They are vulnerable because the U.S. is unique in the industrialized world in not having a social insurance program that covers nursing home care. Residents and staff are hostage to spend-down safety-net Medicaid programs that vary across the 50 states but generally provide facilities profit margins that are measured in pennies. Why do we not have better protection for our long-term care population?

Because residents no longer are or perhaps never were active contributors to our economy, they are not valued, and the places where they receive care have been marginalized as well. Unfortunately, the impact of the coronavirus on this population was totally predictable and replicates history with respect to the 1995 heat wave, Hurricane Katrina and hurricanes that have followed. These people are our mothers and fathers, our sisters and brothers, our sons and daughters. They deserve better. We, as a nation, will ultimately be judged not by our gross domestic product but by how lovingly and respectfully we care for our most vulnerable citizens. We must work unceasingly to fundamentally reform our broken long-term care system.
Op-ed misleads on jail’s transparency

The misleading and bizarre insinuation made by Better Government Association President David Greising in his May 29 op-ed ("**FOIA protected during hectic session. That’s good.**") that — absent the Freedom of Information Act — the Cook County sheriff’s office would have been “relieved” of its obligation to produce records related to COVID-19 at the jail completely ignores the fact that my office has been voluntarily releasing such information.

When New York Times reporters sought the data they used in the April 8 report Greising references, they didn’t file a FOIA request. They simply pulled the daily updates we provided — and continue to provide — on our website. When they had questions, my staff and I offered clarification.

Ironically, our transparency with the Times led to their inaccurate portrayal of the jail as the worst COVID-19 hot spot in the nation. For weeks, this false narrative has been parroted by journalists who — like the Times — neglected to mention that differences in testing programs are critically important in any comparison between correctional facilities.

At the time, many jails and prisons across the country weren’t testing. It is common sense that your numbers will look fantastic if you don’t test anyone. For example, days after the Times piece, the Chicago Tribune reported on the first case at another local jail in which jail officials admitted they had not yet tested any detainees.

Meanwhile, the aggressive, strategic testing program continues at Cook County Jail. Currently, 42% of detainees in custody have been tested by our partners at Cermak Health Service or the Centers for Disease Control and Prevention. Some have been tested multiple times, and there are many more who were tested and have since been released. By contrast, the most recent data released by the Illinois
Department of Corrections showed just 2 percent of its population has been tested for the virus.

Beyond the information we voluntarily release on COVID-19 and other matters, we’ve received and responded to nearly 600 FOIA requests since March 1 — including two from the BGA.

My office has justifiably earned a reputation as one of the most transparent and accessible government agencies in the nation. I did not know about the measure in Springfield to limit FOIA and would never have supported it.

— Thomas J. Dart, Cook County sheriff

**Scary lack of access to pharmacies**

One of my patients, a small boy, is having seizures. His neurologist wrote him a new medication dose, but with dozens of Chicago pharmacies shuttered, his mother has nowhere to fill it.

This is an emergency. Patients need medications now. Pharmacists at my hospital have worked tirelessly to help patients who usually fill prescriptions elsewhere, and physicians and nurses are working overtime rewriting scripts. We are asking frontline workers and community groups to solve this crisis. This is not sustainable, and it is not enough.

Walgreens and CVS executives should work immediately with the city of Chicago to distribute medications to people in need. Suspend the requirement of having prescriptions rewritten to fill them through a different retailer. Electronically transfer vital prescription records to alternative pharmacies. Allow partial refills to ensure all patients are served by the available outlets. Utilize the gig economy to deliver medications. Open temporary locations or work with urgent care sites to dispense drugs. Work with our major news outlets to clearly communicate to Chicagoans where and how to fill urgent prescriptions.

People’s lives are at risk when they cannot fill their medications. We need immediate and centralized action to treat this as the public health emergency it is.
Filling out census helps nonprofits

The amount of economic pain now being felt across our city and especially among the vulnerable is historic. The pandemic and its economic fallout, plus the pain and outrage over the death of George Floyd, will reverberate for a long time.

A group of people that is especially vulnerable at this time is those in drug or alcohol recovery. My organization, Above and Beyond Family Recovery Center on the West Side, is seeing firsthand the potential for relapse because of all the stressors associated with this moment in time.

People ask me how they can be a positive force at this time. There are many ways to help, depending on your ability and your time. But there is one thing everyone can do quickly and easily that will make a big difference: Be counted.

The decennial census is here. The census is what the federal government uses to allocate billions of dollars across the country. How many people take the census in Chicago has a direct bearing on human service agencies like mine. The more Chicagoans who are counted in the 2020 census, the more support we will receive. It’s as simple as that.

— Dr. Ajanta Patel, University of Chicago

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I hope everyone reading this will complete their census. It is your right and obligation to be counted. Simply go to [www.my2020census.gov](http://www.my2020census.gov) and complete the nine-minute survey.

— George Salter, director of community engagement, Above and Beyond Family Recovery Center, Chicago

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