

COVID Death Discrepancy for NYC Public Hospitals

Two sources that report COVID-19 Deaths for New York City's Public Hospitals in Spring 2020 disagree about when those deaths occurred

Jessica Hockett, PhD | 3 September 2023 | <https://woodhouse76.com/2023/09/07/covid-death-discrepancy-for-nyc-public-hospitals/>



A discrepancy between sources that report COVID-19 deaths in New York City's public hospitals in spring 2020 raises questions about whether the mass casualty event experienced by America's largest city began sooner than officials have disclosed.

The two sources - a study on early intubation COVID-19 patients and the other a public dataset published by New York State Department of Health - each show time-series data from NYC Health + Hospitals' (H+H), the agency that manages the city's 11 public acute-care facilities. The study places the COVID death peak in those hospitals two weeks earlier than the state does.

I'll show the discrepant data, explain why the discrepancy matters, and share my attempts to reconcile the differences. If the timeline for COVID deaths reported by the study is correct, a lot

of officials have a lot of explaining to do. If it's an error, then the study should be revised or retracted.

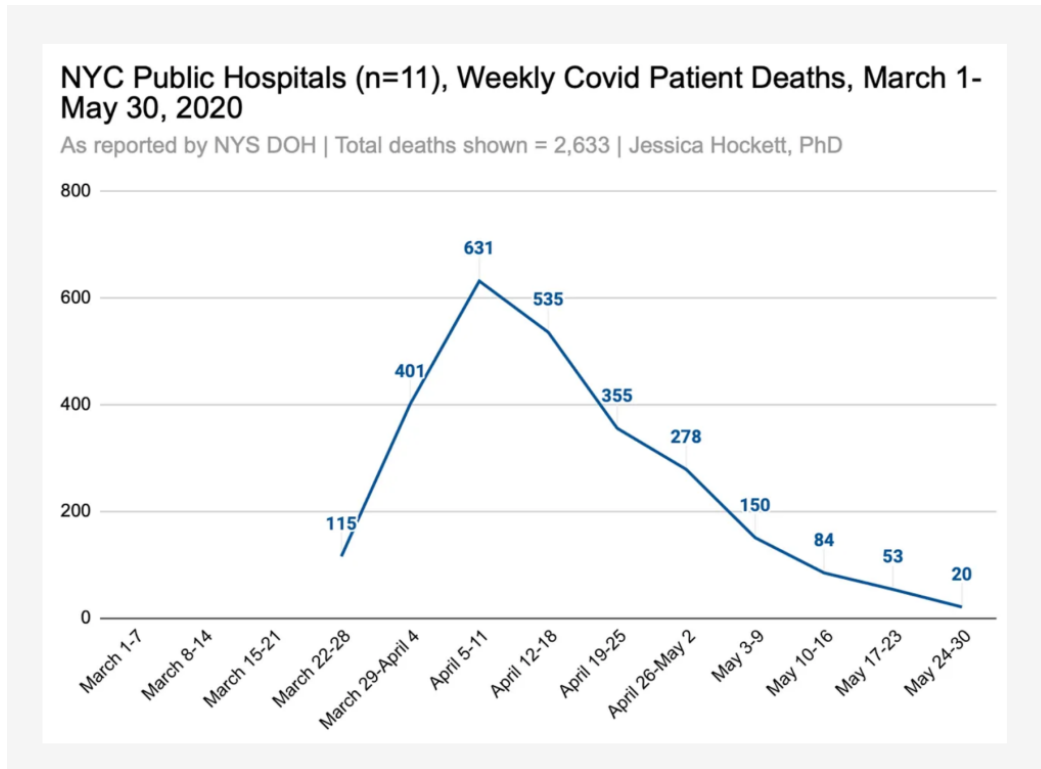
The State

I'll start with the state's data - specifically, COVID deaths reported by H+H hospitals, which can be found in [this file](#).¹

There were 2,633 COVID deaths reported between March 26th and May 30th between all H+H facilities, which includes Elmhurst Hospital Center in Queens, the so-called “epicenter of the epicenter” of the city's COVID outbreak.²

Figure 1 shows the timing and curve, which peaks at 631 deaths during the week of April 5th.

Figure 1

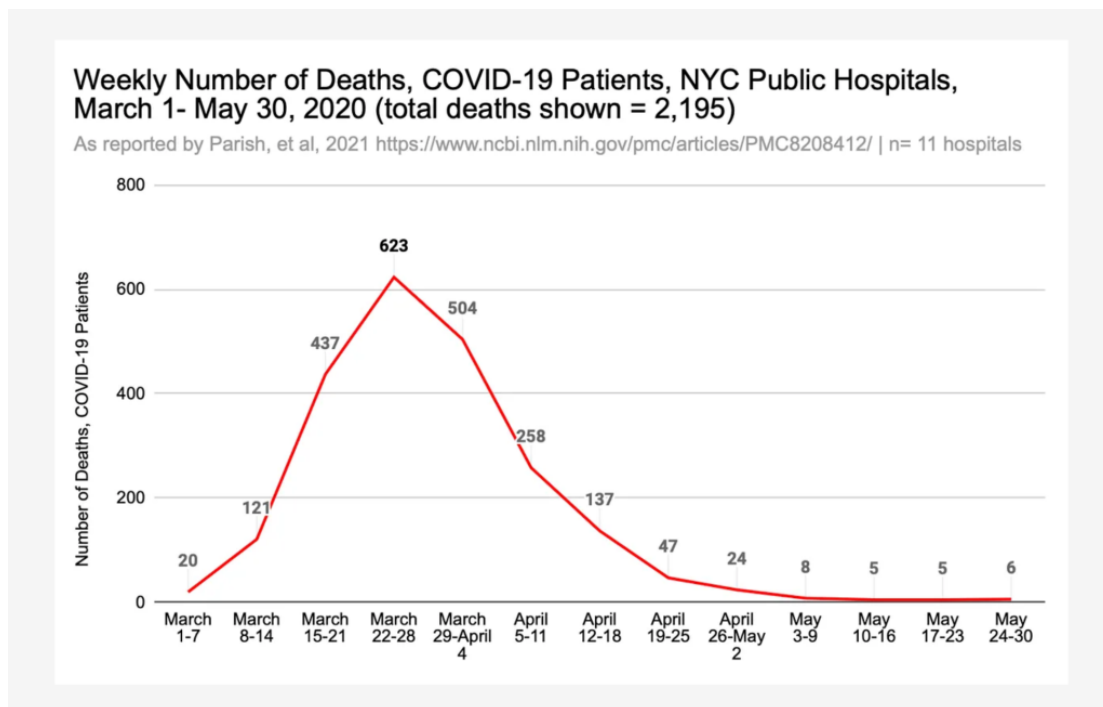


This timing and trajectory of this curve is consistent with the COVID and all-cause death peak for all city hospitals, as reported in CDC WONDER (the federal death database) and by NYC Bureau of Vital Statistics. So if it's wrong (i.e., if the peak was earlier), the federal and state data are probably wrong too.

The Study (Parish, et al, 2021)

The second source for data on COVID deaths in H+H hospitals is [Early Intubation and Increased Coronavirus Disease 2019 Mortality: A Propensity Score–Matched Retrospective Cohort Study](#) (Parish, West, Caputo, Janus, Yuan, & Singer, 2021). The authors, all of whom are affiliated with the same H+H hospital, studied death rates among COVID-19 patients who were intubated and placed on mechanical ventilators in all H+H hospitals between March 1 and December 1, 2020. In supplemental table 2, the authors report several variables, including total weekly COVID-19 deaths. Figure 2 below is my graph of that data.

Figure 2

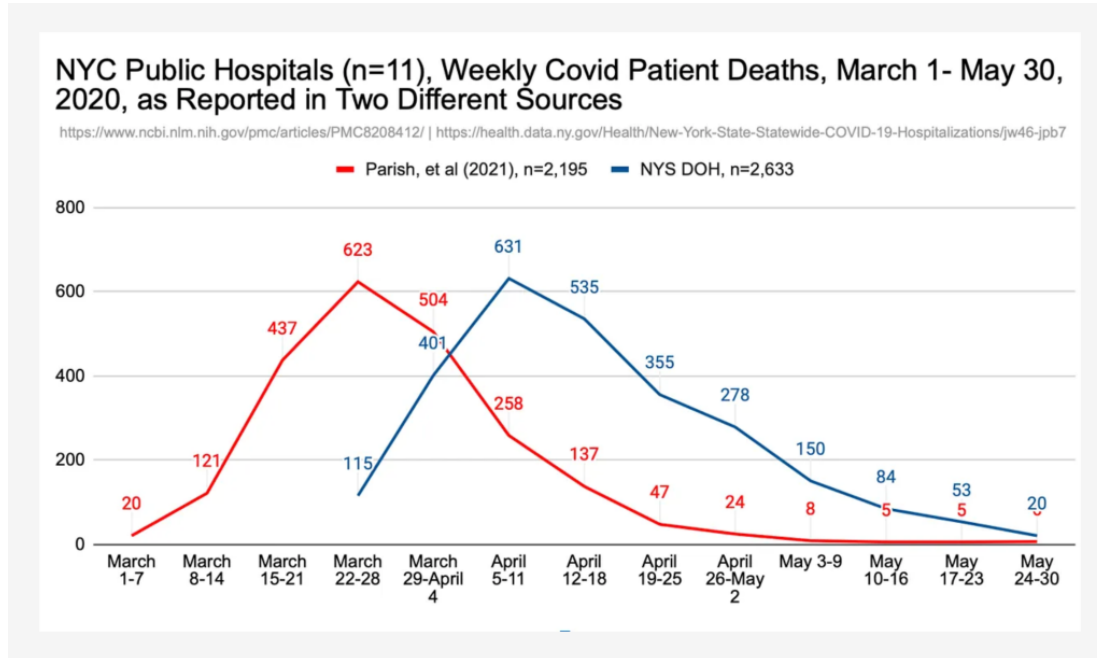


Clearly this is not the same curve as the state's, despite being for the same hospitals and (presumably) gathered from the same hospital system.

The Discrepancy

Graphing the curves alongside one another makes the discrepancy more obvious:

Figure 3



The difference in weekly and total number of COVID deaths, with NYS showing 438 more deaths than Parish, et al. However, the study excluded COVID patients who died within 48 hours of triage, while the state appears to include all deaths occurring at the hospitals, whether inpatient or in the emergency department (ED). That distinction is significant enough to explain the gap between weekly and total number of COVID deaths.

More concerning, and much harder to rationalize, is the difference in timeline. Parish, et al show COVID deaths as early as the week of March 1st-7th, with a peak toward the end of March. The state's file starts later, but shows a peak in the second full week of April. In the context of "[15 days to slow the spread](#)," the difference is consequential.

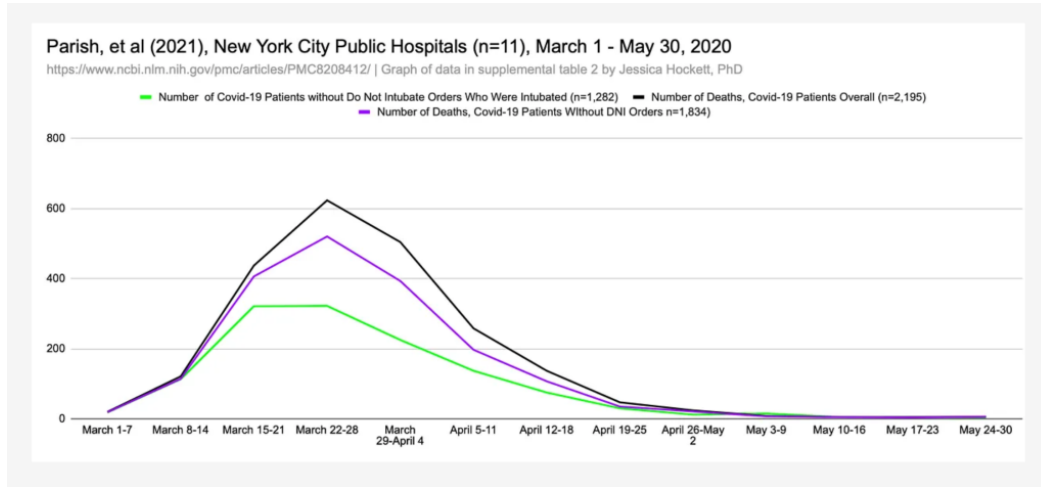
An early March rise and peak like the one reported by Parish, et al, would change U.S. and New York officials' claims about when the city's excess-death period began — and about initial cases, hospitalizations, and deaths. Remember that the "[first](#)" case in New York City was announced on March 1, the [first case hospitalized at a city hospital](#) disclosed on March 2, and the first NYC resident COVID death publicized on March 14.³

Zealous use of mechanical ventilators in NYC hospitals is [old news](#), yet officials still have not disclosed how many patients were placed on ventilators, or how many COVID deaths were people who were intubated and placed on mechanical ventilators at some point during their stay.

State data show report [ICU-intubated census](#) for all city hospitals peaking the second week of April. Parish, et al present a different story. In their study of intubation in the public hospitals, most COVID patients who did *not* have DNI (Do Not Intubate) orders and were intubated, were intubated in mid-March. The city was effectively shutting down the second week of March,

Governor Cuomo’s “stay home” order was [signed on March 20th](#). So, if the Parish, et al timeline is accurate, it appears a significant number COVID patient intubations and deaths in H+H hospitals had already occurred. (Figure 4)

Figure 4



Is it possible that both datasets are right, with each capturing overlapping timeframes?

Combining or stacking the data from each source shows a peak between the peaks of the two datasets, but a COVID death toll approaching 5,000 people (Figure 5), which would be [roughly a third](#) of deaths attributed to COVID in *all* NYC hospitals during these weeks. Frankly, that number is hard to fathom. The daily average census across H+H hospitals for the [2020 fiscal year](#) was ~3,200 occupied beds.

Figure 5

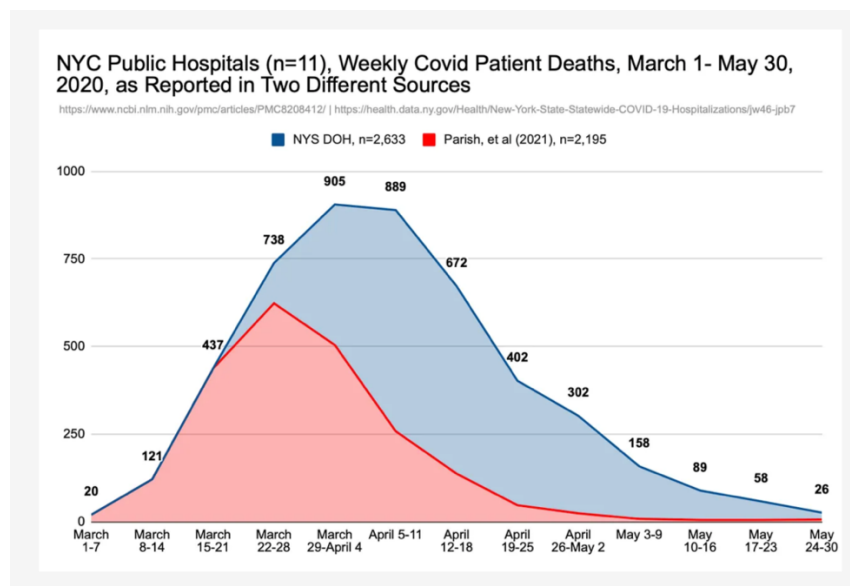


Figure 6

From a body-management standpoint, losing over 150% of average census in less than two months is incredible, regardless of what caused the deaths, or the provision of more storage [trailers](#).⁴ In retrospect, even 2,000+ deaths due to a virus with a fatality rate comparable to or lower than flu is questionable.

Attempts to Reconcile the Discrepancy

Toward figuring out which H+H COVID death-curve timeline is correct, I reached out to Dr. Austin Parish, the lead and corresponding author on the [Early Intubation study](#). I showed him my graph of the data from his study versus the state's data for the same hospitals. Dr. Parish acknowledged the time-shift but (like me) wasn't sure what accounted for the difference. He was friendly and said nothing to suggest he thought incorrect data were supplied to his team, or that they made any errors with the data they obtained from H+H.

I then contacted H+H's [Office of the Inspector General](#). A staffer advised me to send my inquiry to a "Covid-19 Research Committee," which I did three weeks ago, but still haven't received a response.⁵

Subject: Inquiry about discrepant data

To: Covid19researchcommittee@nychhc.org

Good day.

I'm reaching out with an inquiry about an NYC H+H records discrepancy for covid-19 deaths in spring 2020.

The data H+H data I'm referencing appears in two sources:

1) This NYC H+H IRB-approved study <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8208412/>. — specifically, data in Supplemental Table 2, which begins March 1, 2020 (authors' file attached to this email).

2) A dataset managed by the NYS DOH Office of Primary Care and Health Systems Management, which begins March 26, 2020 <https://health.data.ny.gov/Health/New-York-State-Statewide-COVID-19-Hospitalizations/jw46-jpb7>

When I graph the respective weekly covid-19 deaths for the 11 hospitals in NYC H+H, both the number of deaths and the timeline are discrepant. (Graph attached)

The dictionary for the NYS file implies that the covid deaths reported by each hospital starting on 3/26/2020 are inclusive of deaths from the preceding days/weeks. However, that does not appear to account for the discrepancy.

I did reach out to Dr. Parish, the corresponding author on the study, but he did not have an explanation for the differences.

Can your committee speak to these discrepancies?

I can be reached at this email address or at the phone number below.

Thank you kindly,
Jessica Hockett, PhD

Is it possible that *neither* timeline is correct and/or that *both* timelines involve inconsistencies or tampering on the part of H+H and/or the state?

Perhaps — especially given the [financial incentives](#) involved. Surely, there were other deaths in H+H hospitals during these months that weren't attributed to COVID. How many were *not* blamed on “novel virus”?

To find out, I submitted a Freedom of Information Law (FOIL) request to H+H on May 9, 2023, asking for the daily number of hospital deaths in their facilities, regardless of cause, between 1/1/2017 - 12/31/2022. The Deputy Records Access Officer recognized my request a few days later, but it was the last I received. No one has responded to my follow-up emails asking for an update on the status of my request.

What's Needed

Anyone watching or reading the news in early 2020 knows that deaths in New York City hospitals were used as propaganda and “proof” that sudden spread of a novel deadly coronavirus was occurring and necessitated drastic, harmful protocols and policies.

If COVID-blamed deaths in the city's public hospitals happened on a timeline that's earlier or different from the one New Yorkers, Americans, and the world have been sold, the implications are potentially seismic, from a political and public policy standpoint.

If the presumed timeline is *not* in need of revision, then NYC H+H should contact Dr. Parish and colleagues, so they can revise their data or retract their study.

Either way, the state's hospital data are incomplete and a long way from presenting the public with a complete picture and transparent view of what occurred.

Footnotes

1. Initially called HERDS - *Hospital Electronic Response Data System Hospital Survey: COVID-19 Hospitalizations and Beds* - the dataset was renamed *New York State Statewide COVID-19 Hospitalizations and Beds* on 11/4/2021. Readers may notice that the series begins March 26, 2020, which is curiously and inexcusably late. The file should start on March 1st, at least, if not January 1st or sooner. According to the dataset overview, “Hospitals began reporting for the HERDS COVID-19 survey in mid-March 2020.” When I inquired with the state health department data team about whether there are plans to report earlier data, staff replied, “There are no plans at this time to report data from earlier in 2020. It is likely the reporting system and the labs were not set up in time to report information from before that start date.” [↩](#)
2. Bellevue Hospital Center, Elmhurst Hospital Center, Harlem Hospital Center, Jacobi Medical Center, Kings County Hospital Center, Lincoln Medical & Mental Health Center, Metropolitan Hospital Center, North Central Bronx Hospital, Queens Hospital

Center, Ruth Bader Ginsburg Hospital (South Brooklyn Health), and Woodhull Medical & Mental Health Center. ↵

3. At least one COVID-attributed death occurred on March 11, 2020, per data I obtained from NYC DOHMH via FOIL request. [Announcement](#) of the first NYC resident COVID death was on March 14, 2020. ↵
4. The technical name for these these trailers is Body Collection Points (BCPs). ↵
5. I've been unable to determine the current membership of the Covid-19 Research Committee. My understanding is that Dr. Joseph Masci (Chairman of Global Health, H+H/Elmhurst, [now deceased](#)) was once the committee chair and Dr. Nicola Davis (VP, Office of Population Health) and Dr. Michael Bouton (Chief Medical Information Officer) the co-chairs. ↵

Another attempt at resolution documented here: <https://woodhouse76.com/2024/05/11/update-still-attempting-to-resolve-nyc-hospital-data-discrepancy-email-to-austin-parish-john-ioannidis/>

Discrepancy Involving Bed Occupancy Data for "Epicer of the Epicer" Elmhurst Hospital in Queens, New York

From my perspective, this is a fraud signal until or unless fully explained by officials.

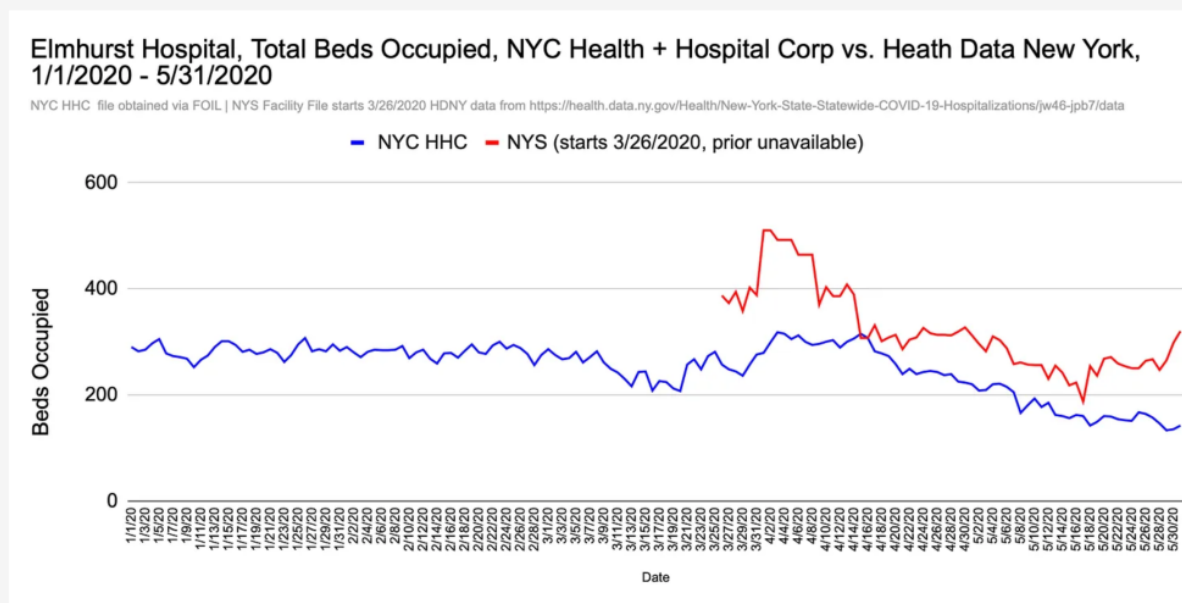
Jessica Hockett, PhD | 4 October 2024

<https://woodhouse76.com/2024/10/04/discrepancy-involving-bed-occupancy-data-for-epicer-of-the-epicer-elmhurst-hospital-in-queens-new-york/>

What you see in the figure below I consider a *fraud signal*.

It's not *proof* of a fraud act. It is a sign data or the presentation thereof has been manipulated or distorted, whether by intent or accident, and needs to be reconciled and explained.

Figure 1



Specifically, Figure 1 (above) shows a severe discrepancy between bed occupancy data reported for Elmhurst Hospital in Queens (NYC) in two different files: one published by the state of New York, and the other provided in response to a freedom of information request. The same public agency - [NYC Health + Hospitals](#) - is ultimately responsible for the data from both sources, but both cannot be “true,” if they represent the same thing.¹

Elmhurst isn't just any hospital. It's the hospital described by media and elected officials as the “epicer of the epicer” of a coronavirus outbreak. [News reports](#), President Trump, and [local officials](#) implied the hospital was overrun & deaths very high.

March 29, 2020 press conference video: <https://videopress.com/v/iSw9IaLi>



I'll confront the Elmhurst death and emergency department data in future posts, but we've already seen from monthly totals,² residential ED visits,³ and independent [photos](#) & [video](#) that the Reality Show to which we were subjected in spring 2020 was far more “show” than reality. It comes as no surprise that two sources depict two *different* “realities” about how “full” Elmhurst was with inpatients during the [biggest mass casualty event](#) in New York City hospital history.

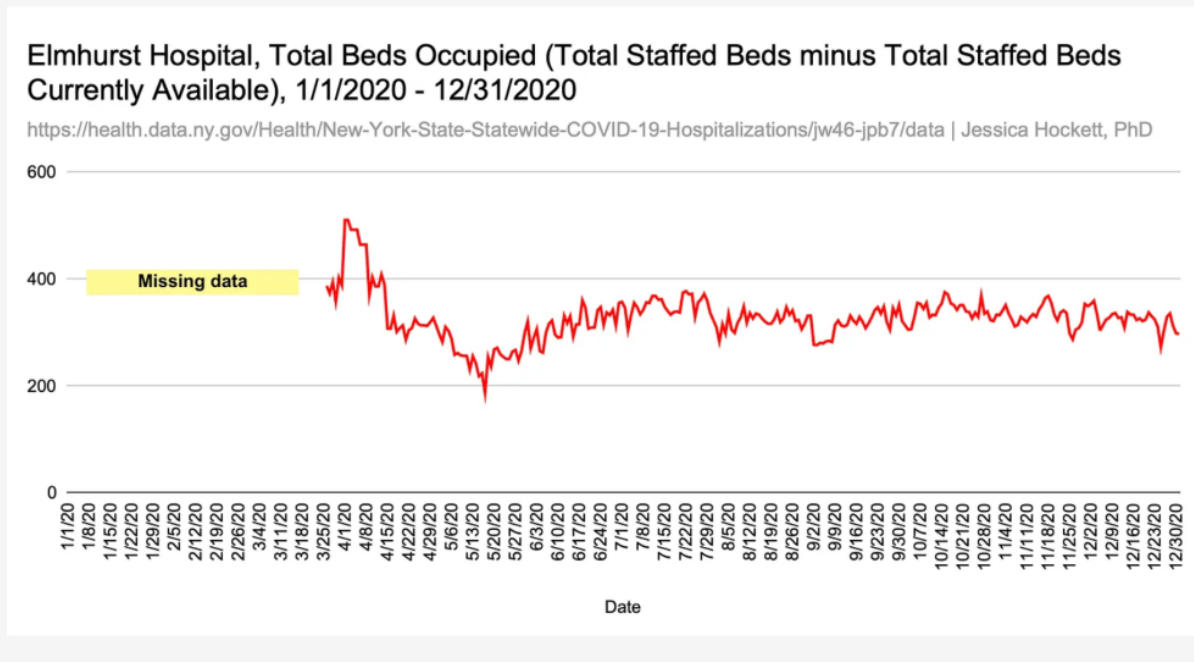
Here I explain the discrepancy, potential reasons for the discrepancy, why I consider the discrepancy a fraud signal, and why it matters.

The Discrepancy

The first source involved in the discrepancy is the [New York State Statewide COVID-19 Hospitalizations](#) dataset, which provides the daily number of total staffed beds and total available beds for each hospital, as reported via surveys the hospital completed and submitted each day.⁴ The file starts with 26 March 2020 (the day after the CARES Act was signed). Because earlier data are not available, the true baseline is hidden.⁵

Figure 2 shows total beds occupied reported for Elmhurst in the incomplete file. I calculated the occupancy by subtracting the “total staffed beds” column from the “total staffed beds currently available” column.

Figure 2



It's tempting to view the first few days of ~380 beds occupied as a baseline, and the 34% rise to a peak of 510 beds occupied as a sudden rush of patient admissions during a disease outbreak. However, without data from earlier in the year, at least, we really have no idea what to make of it, or whether the levels showing in late March and early April are unprecedented - or high as compared to earlier in the year. We also don't know if the levels shown for May-December 2020 are normal or below normal, even though they're lower than the "emergency" period.

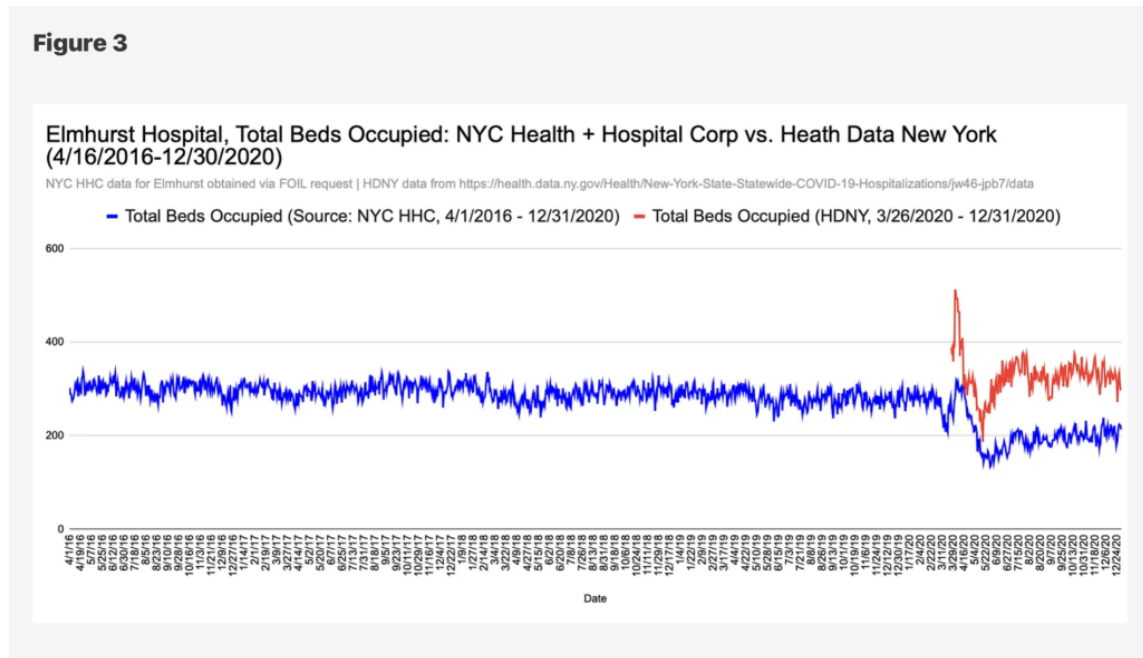
Dissatisfied, I submitted a request to NYC Health + Hospitals Corporation (HHC), the agency that operates Elmhurst and 10 other public hospitals in the city, plus five skilled nursing homes. I asked for the daily number of staffed & occupied ICU beds and staffed & occupied non-ICU beds between 1/1/2016 and 3/25/2020. (I requested the rest of 2020 in a follow-up request.) The reason I asked for the data through March 25, 2020 is because I initially thought the state data was legitimate (i.e., the file started March 26, 2020 and I simply needed the baseline). When I received and graphed the April 2016 - March 25, 2020, I realized there was a significant difference between what HHC sent me and what the state file reported and subsequently requested the rest of 2020 from HHC, which they sent without resistance.

Although HHC granted the request for occupied beds, the agency denied the request for total staffed beds, giving the same unacceptable excuse they [later gave](#) for denying death data for 2017-2019:

*Your request for staffed ICU beds and staffed non-ICU beds for the dates in question is denied. Data reflecting the information you request is **stored on a legacy software system**. In order to produce that data would require the coding of new programs, and thus would require creating a new record in contravention of the requirements of FOIL.*

There is no good reason for data from a public hospital to be locked up in a digital black box, but having daily number occupied beds back to April 2016 at least provides a historical baseline and is better than nothing.

Figure 3 shows the combined ICU and Non-ICU total from 4/16/2016 through 12/31/2020, graphed alongside the state's data. To reiterate, the blue line is the data obtained via public records request directly from HHC; the red line is the state's.



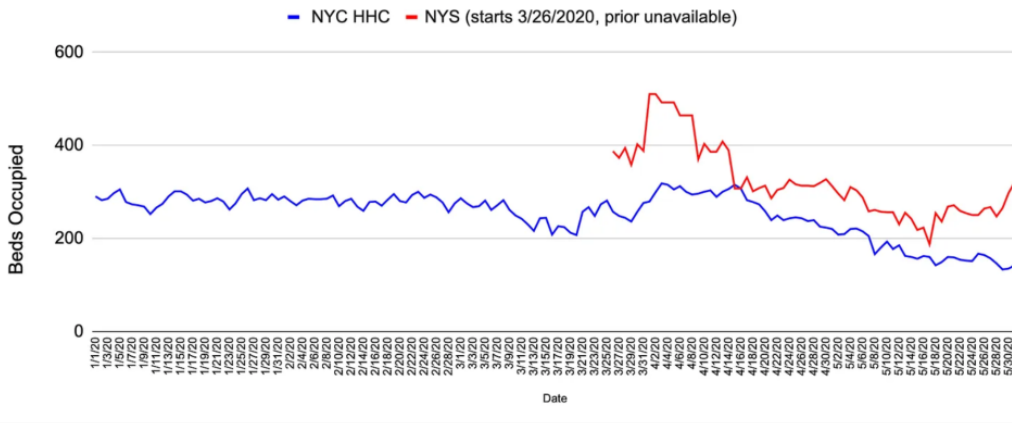
Two things are obvious from this graph:

1. Either the red line and the blue line are not representing the same things OR the red line is a distortion of some kind.
2. If the red line is representing something different from what the blue line is representing, not having the data for earlier in 2020, let alone for 2016 - 2019, it raises questions about what is being hidden and why.

Let's return to Figure 1, which "zooms in" on the first five months of 2020.

Elmhurst Hospital, Total Beds Occupied, NYC Health + Hospital Corp vs. Health Data New York, 1/1/2020 - 5/31/2020

NYC HHC file obtained via FOIL | NYS Facility File starts 3/26/2020 HDNY data from <https://health.data.ny.gov/Health/New-York-State-Statewide-COVID-19-Hospitalizations/jw46-jpb7/data>

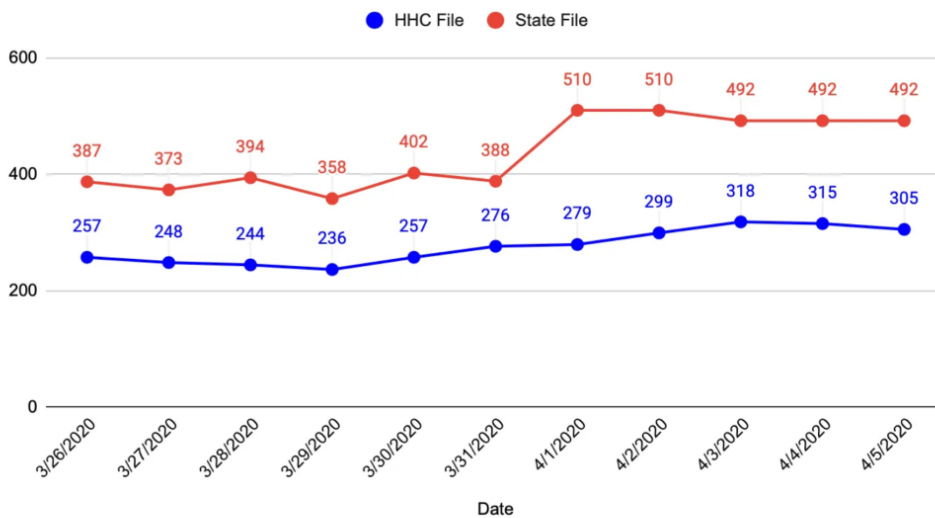


Do the “missing” numbers for January 1, 2020 - March 25, 2020 hover around the 400-bed line, with some variation, or is it closer to 300? We don’t know. Much depends on whether the red and blue lines are reporting the same things.

Even if they are not reporting the same things, the difference between data reported for March 31 and April 1 is too high to be ignored. As shown below in Figure 4, the state file shows a one-day, 31% increase (122 patients) in occupancy. The biggest one-day increase shown by the HHC file is 11% (29 patients) between March 30 and March 31. This is a significant disparity that demands an explanation.

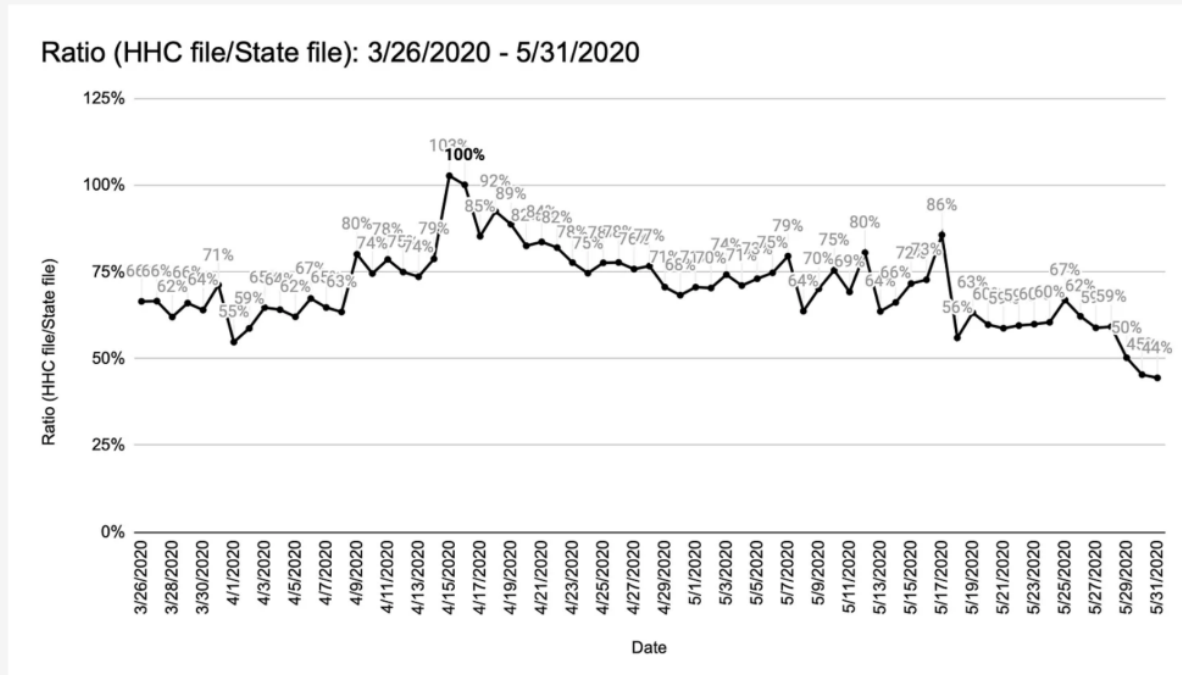
Figure 4

Elmhurst Hospital Bed Occupancy: March 26 - April 5, 2020



The HHC occupancy data is roughly 60%-80% of the state data for most of the spring 2020 period (Figure 5). The files are in 100% agreement on one day - April 16, 2020 - with both datasets showing 307 beds occupied.

Figure 5



In essence, these datasets are telling two different stories about how full Elmhurst was. The story reported to & by the state (red line) shouts “DISASTER!! WE ARE NOT FINE!!!” — just like [simulation specialist](#) Dr. Colleen Smith was saying in her [New York Times video](#). The story shown in the data obtained directly from HHC (blue line) says, “Everything’s fine. We’re all fine here now...situation normal/below normal.”

Which story is true?

I asked the state about the discrepancy last year but never received a response.



Jessica Hockett

August 14, 2023, 10:01 AM

Data discrepancy question: Elmhurst Hospital

To: hospinfo@health.ny.gov

Good day!

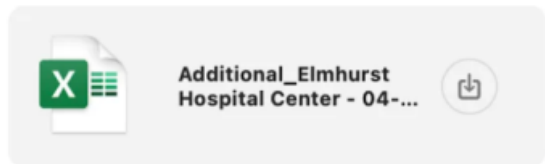
I'm reaching out about a discrepancy involving a dataset owned by the Office of Primary Care and Health Systems Management. Specifically, there is a conflict between the daily occupancy data for Elmhurst Hospital in Queens, NYC, and occupancy data I obtained directly from NYC H+H via FOIL.

I recognize that [your dataset](#) begins 3/26/2020, while the data from NYC H+H goes back to 4/1/2016. However, the differences I note are in the 3/26/2020 - 12/31/2020 period. I've attached the Elmhurst occupancy data that H+H sent me, as well as my graph showing the discrepancy between your file and theirs.

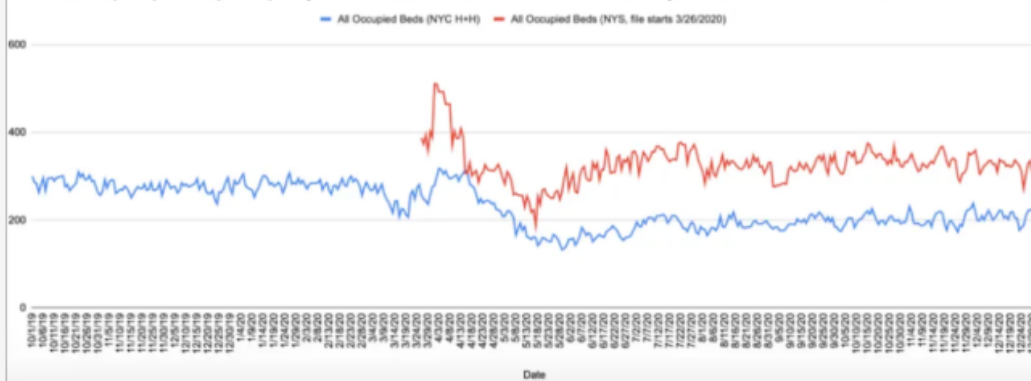
Is there someone I can speak with regarding why the state's data is showing significantly higher bed occupancy at Elmhurst from 3/26/2020 - 12/31/2020 than NYC H+H is showing for the same hospital?

I've read the dataset dictionary and related documents and do not see anything that would account for the differences.

Thank you kindly,
Jessica Hockett, PhD



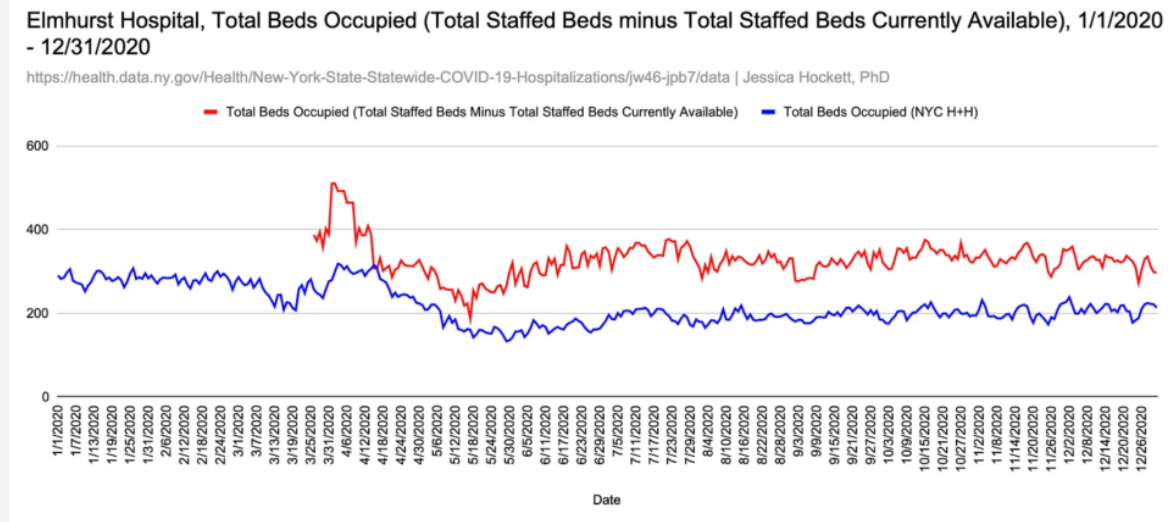
Elmhurst Hospital (Queens) Occupancy: October 2019 - December 2020: NYS Facility File vs NYC H+H Data File



My inquiries to HHC about [a related discrepancy](#) also went unanswered.

Whatever the reason for the difference, it's the "red line" data is what was/is presented to New Yorkers, media, & officials. Looking at the rest of 2020 in Figure 6 below, the impression we get about Elmhurst occupancy from the state's public dataset is very different from the one we get in the data I received via FOI request.

Figure 6



But Which One's Right?

Which dataset do *I* think is correct?

I suspect they could *both* be misrepresentations but consider the data I received directly from HHC to be more trustworthy overall because all of 2020 is shown, plus 3.5 years prior, and because I asked for and received specific bed types (ICU and Non-ICU Acute).

According to a state profile, Elmhurst has 545 beds total. The chart below shows the various kinds, but not in terms of ICU/Non-ICU.

Bed Types

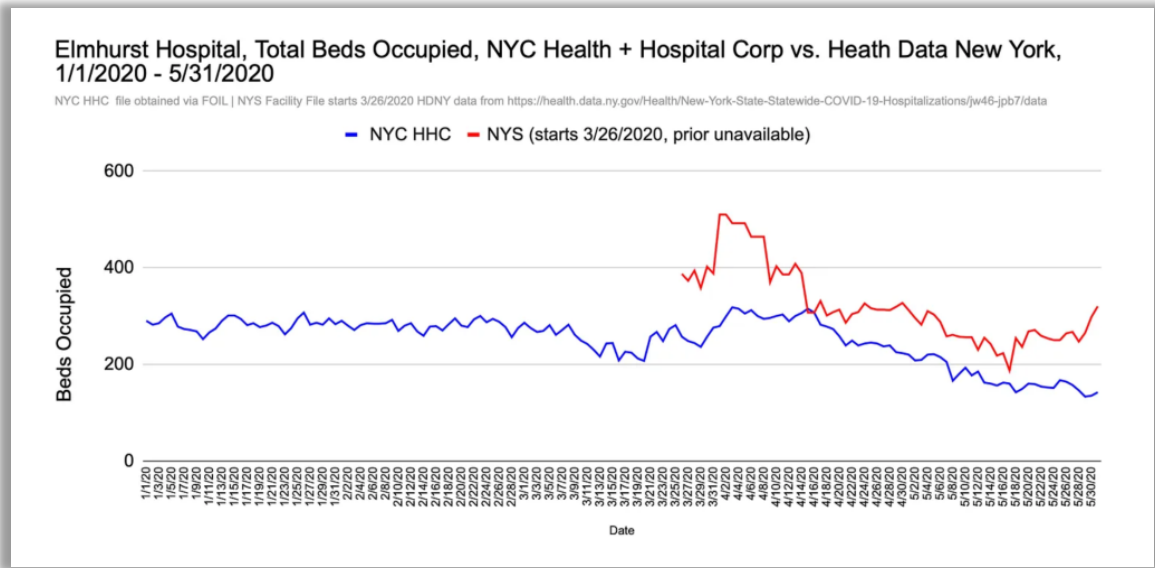
IMPORTANT: Due to the response to COVID-19 (Novel Coronavirus), many facilities are increasing their bed capacity. The numbers below reflect certified bed counts and are not real-time, and should not be used to measure capacity for emergency response.

Coronary Care Beds	9
Intensive Care Beds	20
Maternity Beds	44
Medical / Surgical Beds	233
Neonatal Continuing Care Beds	12
Neonatal Intensive Care Beds	9
Neonatal Intermediate Care Beds	9
Pediatric Beds	22
Physical Medicine and Rehabilitation Beds	10
Psychiatric Beds	177
Total Beds	545

Source: <https://preview-nysprofiles.ipro.org/hospital/printview/102974>

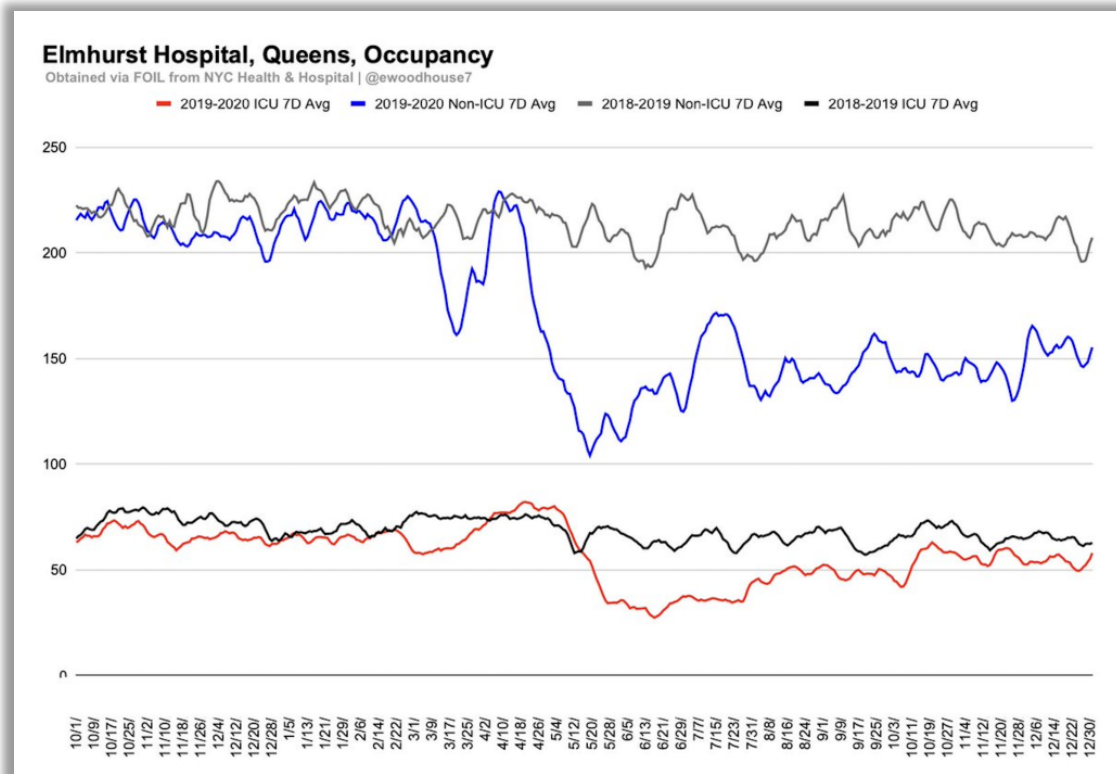
One possibility is that the data HHC sent to me doesn't include psychiatric, maternity, or neonatal beds, but the data in the state's file does. Notably, Elmhurst has a 94-bed secure prison ward for female inmates who require psychiatric care for acute mental illness. I assume (but don't know for sure) those beds are included in the 177 psychiatric beds and/or are part of acute bed occupancy.

Because prisoners skew younger, and New York reported a [concerning number of deaths among working-age adults](#) in spring 2020, it is reasonable to wonder if the "red-line surge" (if genuine, shown again below) involves an influx prisoners being sent to Elmhurst and/or moved within the hospital to "COVID ICUs." Prisoners (or mental health patients already in the hospital, who tend to skew younger) being used to create the appearance of an outbreak emergency would be a crime.



Patients moved within the hospital, or suddenly being transferred from one of HHC’s five skilled nursing facilities, is also a possible explanation for the one-day 122-patient increase between March 31 and April 1 the state’s data and mentioned previously. The possibility of a substantial number within-hospital transfers of existing patients to COVID ICUs is supported by the HHC time-series data disaggregated as ICU and Acute Non-ICU, shown below.⁶

Figure 7

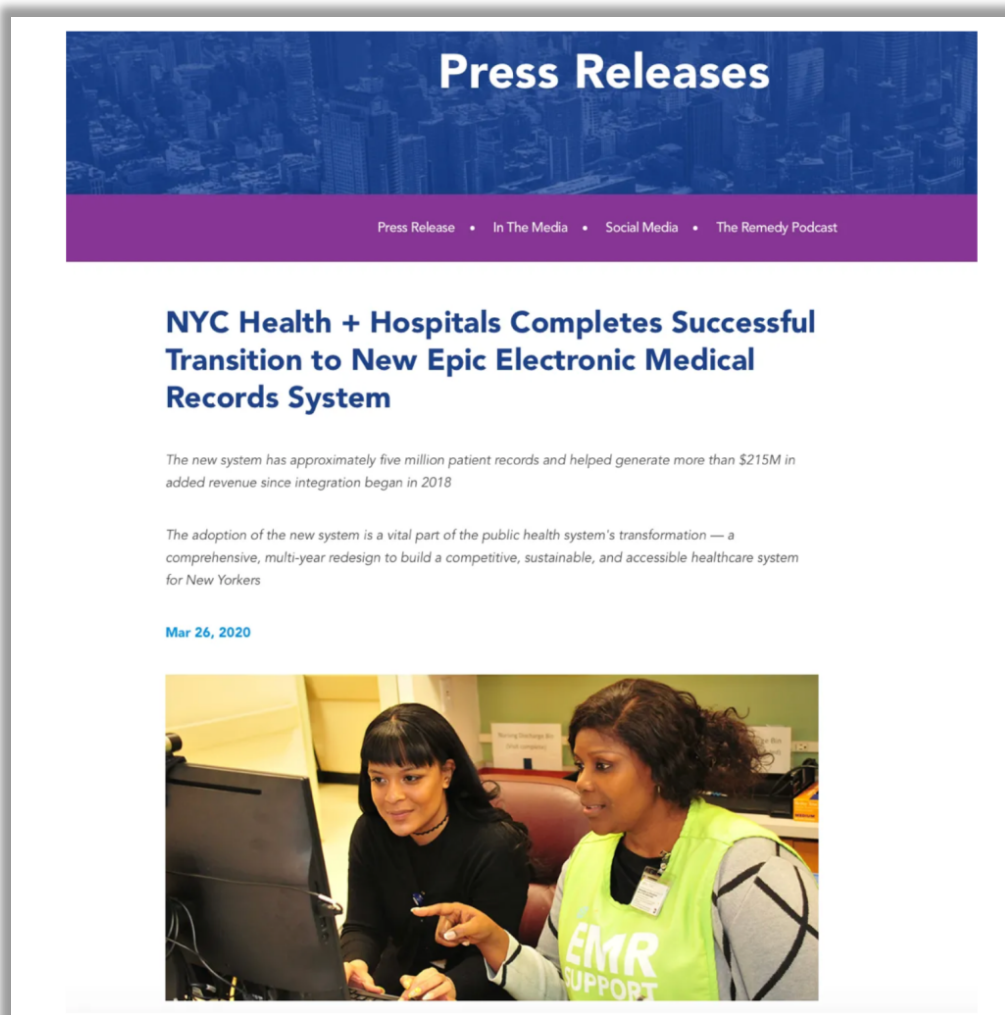


Why “Fraud Signal”?

I have no experience in the risk management business or any other industry where fraud signal has a specific, technical meaning. I’m using the term broadly to say, “something obviously isn’t right here and it looks like data was presented in a misleading fashion.” I’ve said numerous times - most explicitly in [The F Word](#) - that I believe the 2020 New York City daily all-cause death curve is fraudulent or manipulated, i.e., it is a distortion in magnitude, timing, or both.

I characterize the Elmhurst bed occupancy discrepancy as a fraud signal not only because the differences between the datasets are so glaring - and one is incomplete - but because there has been no transparency about what actually occurred there and I have faced much resistance from both the public agency that oversees the hospital and researchers associated with it - when it comes to obtaining basic taxpayer-funded data.

It’s also curious that - besides being the day the state’s incomplete dataset starts and the day after the CARES Act was passed - March 26, 2020 is the day NYC Health + Hospitals announced the system had finished a 2-year transition to the EPIC patient record-keeping system.



The image is a screenshot of a press release page. At the top, there is a blue header with the text "Press Releases" in white. Below the header is a purple navigation bar with the following links: "Press Release", "In The Media", "Social Media", and "The Remedy Podcast". The main content area has a white background. The title of the press release is "NYC Health + Hospitals Completes Successful Transition to New Epic Electronic Medical Records System" in bold blue text. Below the title is a sub-headline in smaller blue text: "The new system has approximately five million patient records and helped generate more than \$215M in added revenue since integration began in 2018". Below that is another sub-headline in smaller blue text: "The adoption of the new system is a vital part of the public health system's transformation — a comprehensive, multi-year redesign to build a competitive, sustainable, and accessible healthcare system for New Yorkers". Below the sub-headlines is the date "Mar 26, 2020" in blue text. At the bottom of the page is a photograph of two women sitting at a desk. One woman is wearing a bright yellow vest with "EMR SUPPORT" written on it. They are both looking at a computer monitor.

The timing seems rather fortuitous and like a tidy built-in “Potential Future Excuse” for data errors should HHC (or the federal government) correct or issue a mea culpa about numbers reported in the biggest mass casualty event in the history of any U.S. city hospital system.

Who Cares?

A big reason to care about the Elmhurst occupancy data is because the state’s hospitalization dataset is missing a baseline for ALL hospitals in New York (see figure 1 here). I focus on Elmhurst in this article because it’s the hospital for which I was able to obtain a sufficient occupancy baseline, but occupancy data for every facility going back to 2016 (or earlier) needs to be released immediately.

An even bigger reason to care? The Elmhurst Hospital Spectacle was used to extend the U.S. federal government’s “15 Days to Slow the Spread” directive and make the world think New York City was being assaulted by a coronavirus (in the Corona health district of Queens, no less).


From that perspective, everyone has an interest in full disclosure of all data, an independent review of patient records, and the truth about what occurred inside the hospital’s walls and why.

CORONAVIRUS NEW YORK CITY

Coronavirus News: President Trump shaken by scenes from NYC's Elmhurst Hospital

Monday, March 30, 2020

Facebook X YouTube Email Link

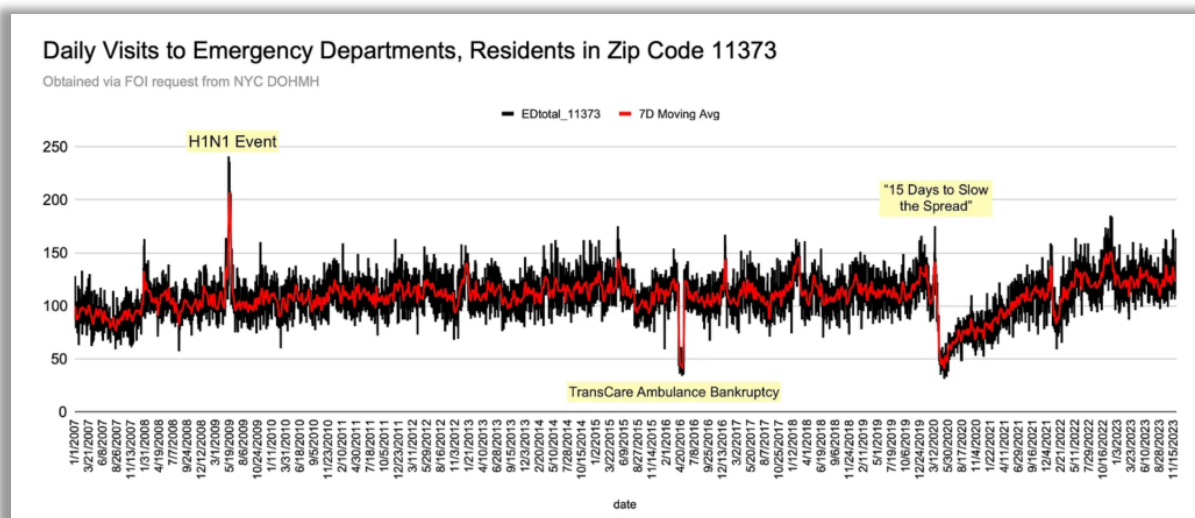


Edits and revisions made on 7 March 2026 included moving some content from footnotes to the body of the text and inserting figures that had been linked to posts on X.

Footnotes

1. I've shown this discrepancy [previously](#) but did not explain it at length because I was hoping to receive a reply from the state to my inquiry about it [↔](#)
2. Figure 10 in Verduyn, et al. (2024, November 1). "Does New York City Spring 2020 Make Any Sense?" *PANDA*. <https://pandata.org/does-new-york-city-2020-make-any-sense/> [↔](#)
3. Supplemental Figure. Daily visits to Emergency Departments, residents living in zip code 11373 (Elmhurst, Queens), 1 January 2007 - Data are not exclusive to Elmhurst Hospital and reflect visits to any ED. [↔](#)
4. Initially called the Hospital Electronic Response Data System (HERDS) Hospital Survey: COVID-19 Hospitalizations and Beds. The title changed on 4 Nov 2021, which I doubt was unintentional. Dataset description & data dictionary [here](#). Data does not include patients that were treated and released from an Emergency Department. [↔](#)
5. See [here](#) for my correspondence with the state about obtaining earlier data. [↔](#)
6. **Note added 8 March 2026:** Of the Acute Non-ICU and ICU data, I said in following during "[Toward a New York City Hypothesis](#)": *The canceling of elective surgeries, I think, has been minimized as a factor in people's death. People think, "Oh well, that's breast augmentation being canceled," and that's not the case. I just heard from a woman yesterday who said a friend who had been in a New York City hospital, was scheduled for an elective surgery – she didn't say what –and he died in the hospital two days later. So, I really wonder about that [early March 2020] drop in the non-ICU and ICU beds. I wonder about deaths in those "pre-lockdown" days. That's pretty interesting, and this is one of the potential fraud signals for me. I wonder if those deaths were moved forward, like they were post-dated. That would be pretty easy to do.* I went on to describe a second reason for thinking this that I later documented here: <https://woodhouse76.com/2023/09/07/covid-death-discrepancy-for-nyc-public-hospitals/> [↔](#)

Supplemental Figure

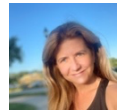


Can NYC Health + Hospitals Corporation Substantiate Its Spring 2020 Death Toll?

The agency's latest denial to one of my public records strongly suggests the answer is NO, something else is being hidden, or both.

JESSICA HOCKETT

NOV 19, 2024 | WOOD HOUSE 76



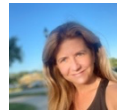
The agency which controls New York City's public hospitals has denied a freedom of information request for basic data *yet again*, bolstering my impression that records related to the system's [massive spring 2020 hospital death toll](#) - and the events inside [Elmhurst Hospital](#) - are being intentionally & illegally withheld.

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The Request


On 8 September 2024, I asked NYC Health + Hospitals Corporation (HHC) for the morgue capacity of each HHC hospital (n=11) *and* the daily number of decedents in each hospital's morgue (i.e., morgue census) between 1 January 2016 and 1 January 2023. I included a provision for records in a time increment other than daily census.

I made the request because I want to cross-check the number of deaths HHC says occurred daily in its hospitals in 2020 against hospital morgue census. Both city and federal agencies provided additional decedent storage during the spring event. Records I [obtained from FEMA](#) earlier this year showed a small number of refrigerator trucks were deployed, with only 22 of 85 dispatched to or near one of the city's 60 hospitals. Only one HHC hospital (Lincoln Medical Center) received federal storage - specifically [two units with shelving](#).

Last month, I submitted a request to NYC Emergency Management Agency regarding the number of body collection points (BCPs, aka morgue trailers) sent to each hospital in the city during the spring event, and the number of decedents placed into each one. The request is unfilled and overdue.

The HHC Response

HHC responded yesterday and provided morgue capacity per hospital but would not provide census data, issuing a denial disguised as a claim that they have no responsive records.

 **HHCFOIL** 10:35 AM
FOIL request - morgue capacity and census [Details](#)
To: Jessica Hockett, Cc: HHCFOIL

Jessica Hockett:
The following is in response to your FOIL request dated September 8, 2024 where you sought:

—"morgue capacity of each HHC hospital.

—the daily number of decedents in each HHC hospital's morgue (i.e., morgue census) between 1/1/2016 and 1/1/2023. If daily census cannot be provided, please provide an explanation and provide morgue census records in the available time increment."

Please see below morgue capacity numbers per hospital.

NYC Health + Hospitals does not currently produce a report that presents the data in the level of detail requested. In addition, we do not capture morgue census in our facilities in a manner that would allow us to generate a report without additional programming and the creation of a new record without analyzing line data which would be a substantial amount of work which is beyond the scope required by Public Officer Law 89 3 (a). Therefore, we have no records responsive to this portion of your FOIL request.

The semantics employed are astounding [emphases mine]:

NYC Health + Hospitals does not **currently** produce a report that presents the data **in the level of detail requested**. In addition, we do not capture morgue census in our facilities **in a manner that would allow us to generate a report without additional programming** and the **creation of a new record** without **analyzing line data** which would be a **substantial amount of work** which is **beyond the scope required** by Public Officer Law 89 3 (a). Therefore, we have no records responsive to this portion of your FOIL request.

Allow me to show how evasive they're being:

- **'we have no records responsive'** This is false and belied by the preceding sentence. Responsive records exist but are being *denied*.
- **'We don't currently produce a report...'** But you used to?
- **'...in the level of detail requested'** What about at another level of detail?
- **'we do not capture morgue census...in a manner that...'** In what manner is it capture it? Let's see the records in that manner.
- **'would allow us to generate a report without additional programming'** What kind of programming? How hard can this be? This is 2024, not 1954.
- **'creation of a new record'** Creation of a new record how? I've heard this excuse before ([1st time](#), [2nd time](#), [3rd time](#)¹); it makes no sense and appears contradictory to the law (discussed further below).
- **'analyzing line data'** What does this mean and why is it required to generate a report? What needs to be analyzed?
- **'a substantial amount of work beyond the scope required by Public Officer Law 89 3 (a)'** It's not clear which portion of the statute is being cite. There is no provision in the for denying a request because it requires a 'substantial' amount of work. The task must be defined as burdensome and - even if it is - the statute says the agency 'may engage an outside *professional service to provide copying, programming or other services required to provide the copy, the costs of which*

the agency may recover pursuant to paragraph (c) of subdivision one of section eighty-seven of this article.'

The Law

This latest response is *the fourth time* HHC has given me an excuse about data being in a digital format or place that would require creating a new record. If my reading of [state public records code](#) is correct, they are violation:

When an agency has the ability to retrieve or extract a record or data maintained in a computer storage system with reasonable effort, it shall be required to do so. When doing so requires less employee time than engaging in manual retrieval or redactions from non-electronic records, the agency shall be required to retrieve or extract such record or data electronically. Any programming necessary to retrieve a record maintained in a computer storage system and to transfer that record to the medium requested by a person or to allow the transferred record to be read or printed shall not be deemed to be the preparation or creation of a new record.

As the largest public hospital system in the country, HHC has the ability to retrieve the records; further they cannot say that accessing the records from whatever digital black box they're in is creating a new record.

Further, §89(a) of the FOIL statutes says,

When records maintained electronically include items of information that would be available under this article, as well as items of information that may be withheld, an agency in designing its information retrieval methods, whenever practicable and reasonable, shall do so in a manner that permits the segregation and retrieval of available items in order to provide maximum public access.

In other words, the burden of maintaining databases in a way that makes it efficient to generate responses to public records requests is on HHC. If they are keeping the data in a format that makes it very difficult for staff to retrieve, that's not the requestor's fault - nor is

it grounds to say there are no responsive records or otherwise deny the release of records that do exist.

The HHC Problems (Summary)

A running list of problems with data, requests and/or inquiries of or connected to NYC Health + Hospitals Corporation follows:

- Request to New York City Health + Hospitals Corporation (HHC) for daily death and blood culture data between 2017-2020 was delayed six months with a final response granting records [for 2020 only](#); appeal denied.
- Inquiry to HHC COVID Research Committee regarding [discrepancy](#) between data supplied to researchers and data reported to HDNY: Ignored. (Related inquiries to the lead researcher and John Ioannidis also unanswered.)
- Requests to HHC employees for [data in two studies](#) that report taxpayer-funded data were ignored after authors initially said they would supply it.
- Data for total staffed bed daily census at Elmhurst Hospital from 2016 - 2020 requested and denied; request for daily occupied beds [granted](#).
- Discrepant data for Elmhurst Hospital [bed occupancy](#).
- Discrepant data for Elmhurst [emergency department visits](#).
- Request for daily number of emergency department visits (for any reason) to Elmhurst between 2006 and 2023 [denied in part](#). HHC provided *monthly* data and for 2019 through 2023 only.
- (Described in present article): Request for hospital morgue capacities granted; “no responsive records” for daily hospital morgue census data, 2016 -2023.
- Request to HHC for [medication and intubation data](#) more than three months overdue.

At this point, surely even those who disagree with my assertion that the New York City 2020 death curve [is manipulated](#) can concede the city’s taxpayer-funded hospital agency isn’t just stalling or being lazy. They are making a concerted effort to keep data from public view.

Discrepancies Between Monthly & Quarterly Elmhurst ED Visits as Reported via SPARCS and HHC

<https://woodhouse76.com/2024/11/13/discrepancies-between-monthly-quarterly-elmhurst-ed-visits-as-reported-via-sparcs-and-hhc/>

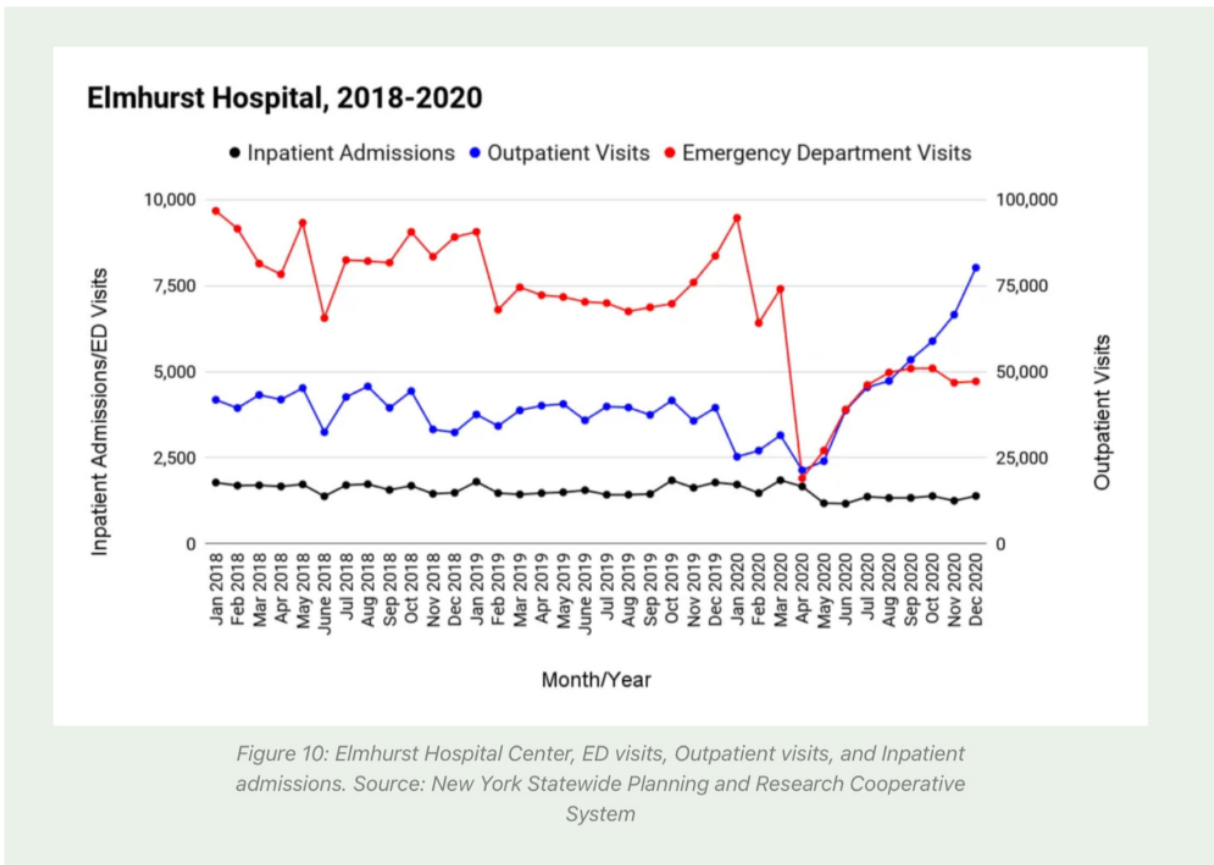
Jessica Hockett, PhD | 13 November 2024 |

In [yesterday's article](#) about challenges with obtaining Elmhurst Hospital emergency department visit data, I included a footnote (7) about a discrepancy involving monthly ED numbers colleagues & I used in [Does New York City Make Any Sense?](#) (Verduyn et al, 2023).

Here I show the discrepancy in the context of other data, which I think could be a sign that data has been misrepresented or manipulated.

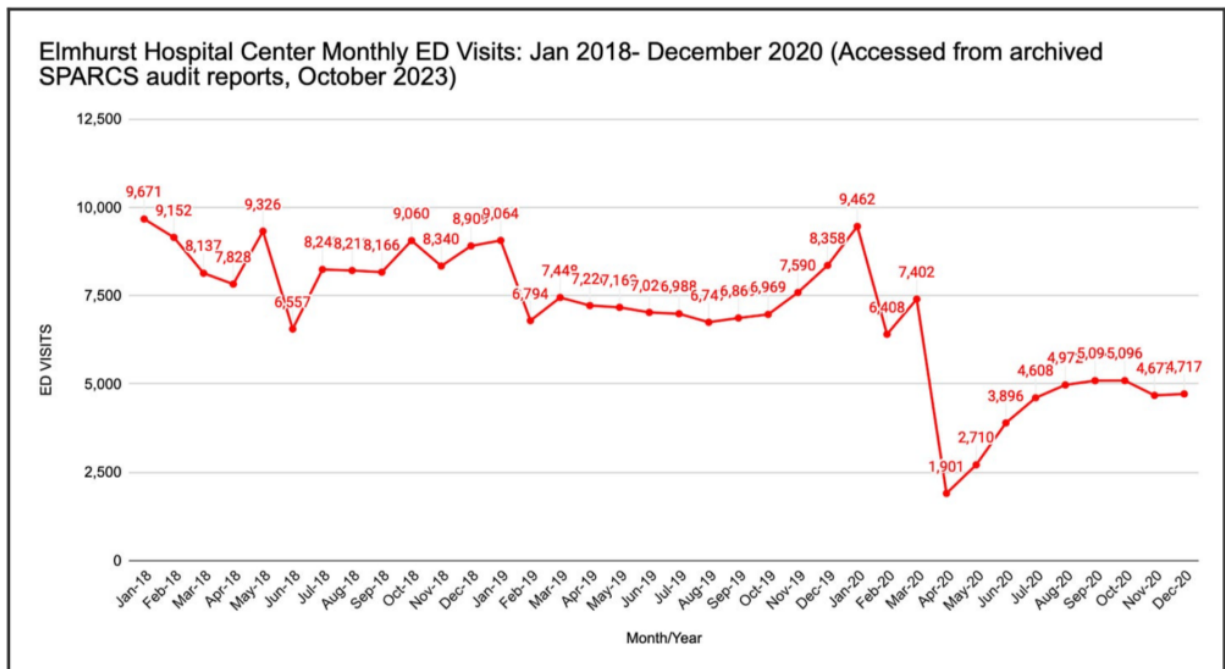
Source 1: SPARCS Audit Reports accessed October 2023

Figure 10 in [Verduyn, et al](#) (copied below) shows the monthly ED visits at Elmhurst alongside inpatient admissions and outpatient visits from January 2018-December 2020 as reported in audit reports from the New York Statewide Planning and Research Cooperative System (SPARCS).



The 2020 numbers were accessed from the then-recent version of the relevant SPARCS page in October 2023; data from older reports were accessed via Wayback Machine following an unsuccessful attempt to get them directly from the agency.

An ED-visits only version of the data with the raw numbers displayed shows volumes were highest in January 2020 than at any other point that year. The massive decline in April 2020 and low levels through December 2020 mirror the general pattern shown across [other sources](#).

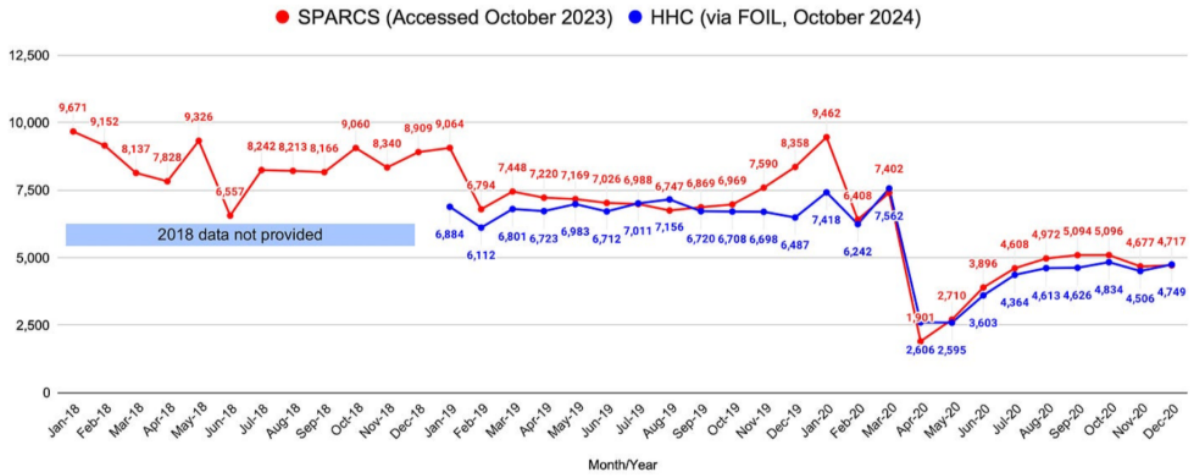


Source 2: HHC Monthly Visits

How do those numbers compare to the data NYC Health + Hospitals gave me recently in response to an FOI request (shown in figure 6 [here](#))?

Not very well in early 2019, late 2019, and early 2020.

Elmhurst Hospital Center Emergency Department Visits: Jan 2018-Dec 2020



Month/Year	SPARCS (Accessed October 2023)	HHC (via FOIL, October 2024)	Absolute Difference	% Difference
Jan-19	9,064	6,884	2,180	24%
Feb-19	6,794	6,112	682	10%
Mar-19	7,448	6,801	647	9%
Apr-19	7,220	6,723	497	7%
May-19	7,169	6,983	186	3%
Jun-19	7,026	6,712	314	4%
Jul-19	6,988	7,011	-23	0%
Aug-19	6,747	7,156	-409	-6%
Sep-19	6,869	6,720	149	2%
Oct-19	6,969	6,708	261	4%
Nov-19	7,590	6,698	892	12%
Dec-19	8,358	6,487	1,871	22%
Jan-20	9,462	7,418	2,044	22%
Feb-20	6,408	6,242	166	3%
Mar-20	7,402	7,562	-160	-2%
Apr-20	1,901	2,606	-705	-37%
May-20	2,710	2,595	115	4%
Jun-20	3,896	3,603	293	8%
Jul-20	4,608	4,364	244	5%
Aug-20	4,972	4,613	359	7%
Sep-20	5,094	4,626	468	9%
Oct-20	5,096	4,834	262	5%
Nov-20	4,677	4,506	171	4%
Dec-20	4,717	4,749	-32	-1%