Archived dialogue between Pierre Kory and Jessica Hockett in the comments of https://pierrekorymedicalmusings.com/p/the-premature-use-of-mechanical-ventilation

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[Hockett removed the Substack account in this exchange in October 2025.]

Jessica Hockett Wood House 76
Feb 24, 2023

Thanks for this post.

Questions:

1) Where was there "need" for additional ICU rooms?

2) Which cities experienced vent shortages?

3) How long are you saying the early intubation practice lasted? How many weeks?

4) Did you personally attend to patients coming in with "quite low blood oxygen levels"? How was it determined that SARS-CoV-2 was causing these low levels? How were the levels measured?

5) Where were patients with "happy hypoxia" coming from? Nursing homes? General population? Did you attend to such patients, or you're speaking more broadly to media reports?

Pierre Kory, MD, MPA

Feb 24, 2023 Author

Great questions.

1) the need for additional ICU rooms varied, generally in certain urban centers not everywhere. I can tell you for a fact that in NYC, over a two week period, the Montefiore medical system of 6 hospitals had 95 ICU beds initially. Within two weeks,

it went up to 350. You cannot imagine how chaotic that is. INSANE. Gastroenterologistws and dermatologists were being called in to help. Clown world

2) I have no data on which cities but from former trainees who reached out to me for advice as well as reports from doctors on social media, I would say these cities got hit overwhelmingly hard in that first wave" Seattle, NYC, Detroit, New Orleans and likely others but those are the ones I remmember most

3) I have no idea, but would guess more like 1-2 months at most

4) I attended to so many I cant count. The iniital blood oxygen level is not that important if the patient is coming in and relatively stable, oxygen supplementation can correct that easily. Beyond PCR tests (which I dont want to get into), is that they presented so similarly, you really didi not need a test. Their clinical presentations and CT scnas and chest x-rays were identical. I have never in my life run an ICU where I had 24 patients with the same chest x-ray. Literally identical

ClownBasket

Feb 25, 2023

This low blood oxygen phenomenon.

1. How unique was/is this to SC2? Does it present differently? Have you seen this from other respiratory infections?

2. At what point did hospitals “wake up” to happy hypoxia? I assume that if not clued into it, it might be possible to miss low blood oxygen levels in a typical respiratory illness exam. And if that is possible, could SC2 have been circulating well before 2020?

3. Did you treat any of the 2019 vape lung patients and did they present similarly to SC2 patients?

4. In your experience, is SC2 a respiratory illness or a circulatory/vascular or both?

5. When SC2 patients present themselves in hospitals today, do they have the same low blood oxygen phenomenon? If not when did that stop?

Jessica Hockett

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Feb 25, 2023

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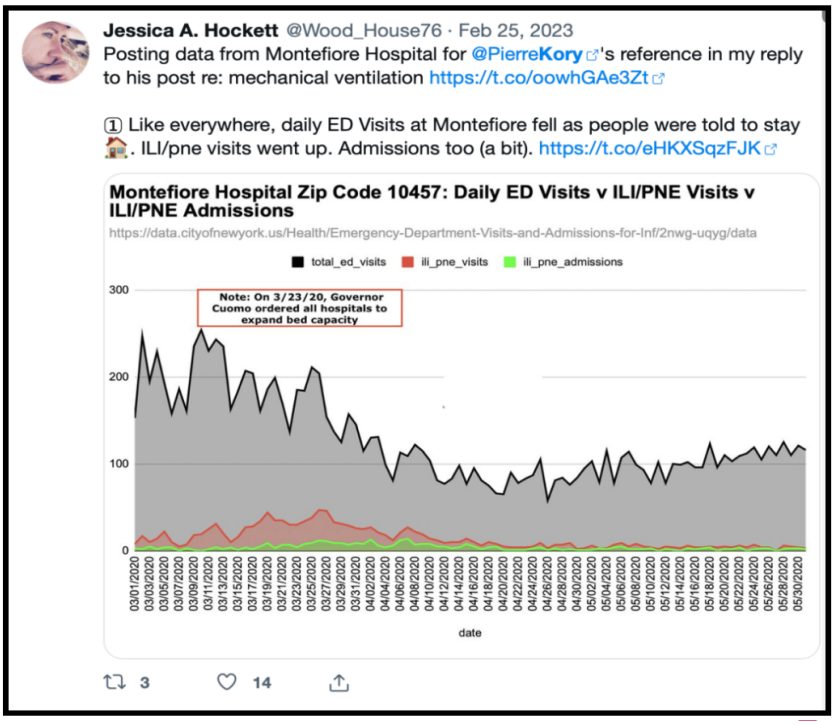

2) I haven't looked at Seattle or New Orleans, but NYC's and Chicago's available data show plentiful vents, with no shortage at any point. If you or another reader can direct me to data that shows a city was experiencing ventilator shortage in spring 2020, I'd be grateful.

3) Thanks. FYI, New York City hospital inpatient saw 20,000 hospital inpatient deaths (all cause) in 12 weeks (vs ~4,500 for the same period in 2019). No other city came close.

4)Thanks. Can you speak to whether the patients you attended to were primarily from nursing homes? The general community? You said tests for oxygen levels weren't needed, but you said these patients came in with "quite low blood oxygen levels," which suggests something was being measured. Can you clarify?

Pierre Kory, MD, MPA

Feb 28, 2023Author

I could only quickly review your data, (very helpful!) and as you note, Montefiore is a health system of 6 hospitals. I was on a webinar call with the heads of critical care divisions of all the major NYC hospitals health systems around the 2 -3week point of the initial surge I think. The data I cited came from Monte's Chief of critical care and referred to teh "system" beds. Straight from the horse's mouth (although I may have gotten 250 vs 350 wrong? I swear I remember 350. I have no idea what the data looked like after that. In Detroit, one fellow called me one night during their initial surge that in his hospital they had 50 patients on vents and they had just "split"a ventilator in the operating room to accommodate another patient. This massive increase may have been short lived as people died who knows, but I trust my fellow and he was freaking/scared/overwhelmed. Further, as you look at your gross data, are you including the fact that all hospitals shut down all elective surgeries and thus normal volume of those patients plummeted, replaced by many Covid patients, many needing ICU rooms which were created out of what were normally hospital wards. Staffing and needs were completely inverted. We intensivists normally do not manage numerous Icu's and wards of patients on vents given our normal staffing levels are determined by "normal" demand.. The Chiefs of critical care in NYC were sending out, via society

email lists "Intensivists Needed in NYC Now" for many weeks. When I showed up in late April in response to that "call", I took over my old ICU which was 16 beds, all vented with COVID. Many had been on vents for weeks. Numerous other emergency intensivists had come from various parts of the country to help. In normal times we had 3 ICU's at that hospital. At the time I arrived they were up to 6 I believe. Further , one hospital ward was full of over two dozen patients on high flow nasal cannulas and non-invasive ventilators, something we never did on a hospital ward pre-Covid. It was a zoo. Your graphs tell quite a story - the rapid, sudden increase in ICU beds is unprecedented. ICU's are complex and require expert nurses and doctors. Hospitals were not staffed with enough ICU nurses and doctors to handle that kind of doubling/tripling etc.. In terms of #4, we always measure oxygen levels (pulse ox on finger) , what I was trying to say is that I dont use oxygen levels as a sole criteria for decision making...

Jessica Hockett

Wood House 76
Feb 28, 2023

None of this addresses my concerns, or the data.

But I thank you for your time nevertheless.

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Seems like you're impersonating Naomi Wolf.

This is her Substack account https://substack.com/profile/28216063-dr-naomi-wolf?utm_source=about-page

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