End of COVID-19 hospital death reporting is “incomprehensible,” says US health official

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On Wednesday, the US Department of Health and Human Services (HHS) officially ended its system for hospitals to report COVID-19 deaths daily to the federal government, amid a worldwide campaign to reduce the reporting of COVID-19 deaths and cases.

The end of the hospital death reporting came as the official US death toll from COVID-19 approached 900,000, and at least 60,000 people died from COVID-19 in January.

The same day as the US federal government stopped collecting figures on hospital deaths, the UK government announced plans to end reporting of the UK’s COVID-19 death toll by Easter.

The move by HHS, which was quietly announced on January 6, received no coverage until Dr. Jorge A. Caballero brought it to public attention on January 14. A tweet reporting Caballero’s warnings by this reporter went viral, prompting thousands of people to state their opposition to the move.

The end of hospital death reporting has been met with a wall of silence in the media. But among health experts, there is broad opposition to this measure, which would slash the most up-to-date metrics for assessing the current state of COVID-19 deaths and hospital capacity.

The move is “incomprehensible,” one federal health official told the WSWS.

“It is the only consistent, reliable and actionable dataset at the federal level,” the official said. “Ninety-nine percent of hospitals report one hundred percent of the data every day.”

Responding to claims that the HHS data is duplicative of death data collected by the Centers for Disease Control and Prevention (CDC), the official said, “deaths are reported by the counties/states but the process is very slow and many coroners are actually not wanting to cite COVID as the reason, while hospitals rely on diagnoses.” The official continued, “It is also timely as it is every day and many states have a delay anyway but now many are reporting less often.”

Prior to the ending of the HHS reporting system, there were two ways for COVID-19 deaths to be reported to the federal government.

The HHS system relied on direct reporting by hospitals, meaning that all deaths were reported by trained medical professionals on the basis of medical diagnoses. It was daily, timely and included a broad cross-section of relevant information.

With the end of this system, the only remaining means for the federal government to track COVID-19 deaths relies on the aggregation and reporting of death certificates on the state level. These statistics, which pass through America’s fragmented, archaic and politically manipulated system of coroners and medical examiners, are then aggregated by the CDC.

The office of coroner is a remnant of the Middle Ages, in which the officer’s primary responsibilities had to do with the collection of revenues for royal authorities. A 2009 National Academy of Sciences (NAS) report explained: “On behalf of the crown, the crowner [coroner] was responsible for inquests to confirm the identity of the deceased, determine the cause and manner of death, confiscate property, collect death duties, and investigate treasure troves.”

The report, commissioned by the US Department of Justice, stated that “more than 80 years ago, the [NAS] identified concerns regarding the lack of standardization in death investigations and called for the abolishment of the coroner’s office, noting that the office ‘has conclusively demonstrated its incapacity to perform the functions customarily required of it.’”

The 2009 review found that “About 36 percent of the

population lives where minimal or no special training is required to conduct death investigations. Recently, an 18-year-old high school student was elected a deputy coroner in Indiana after completing a short training course."

As the *Economist* recently warned, "Coroners reliant on voters who are skeptical about COVID have not been as scrupulous as their medical-examiner peers. One coroner in Missouri candidly told the press that he strikes COVID-19 from the death certificates at the request of the family of the deceased."

Once the data goes through the coroner/medical examiner system, it will be aggregated by states, most of which do not report daily and are themselves moving rapidly to reduce the frequency of COVID-19 death reporting. Tennessee ended daily reporting in early January, and Pew reports that "experts expect other states to follow."

The official added that the HHS dataset "is normalized to a specific hospital and can he compared to other data like capacity, number of admissions, ages of admissions, number in ICU, number of ventilated and a death count—not just for COVID but also influenza (which we have never had good insight into at this scale)."

The official said that the official explanation, that the ending of data aims to reduce "burdens" on the hospital system, is not believable, because the system is largely automated through the Electronic Medical Records (EMR) System.

Hospitals operate massive data infrastructure systems, with medical staff spending a substantial portion of their time entering data into these systems.

The HHS worked with major manufacturers of medical records software to automate the system, meaning that close to 85 percent of the data reporting was fully automated.

"The hospitals have been doing this for going on two years," the official said. HHS "worked with all the major EMR vendors to automate the capture of this data."

Last year, Alexis C. Madrigal, a co-founder of the COVID Tracking Project, writing in the *Atlantic*, called the HHS reporting system "America's Most Reliable Pandemic Data," writing, "The hospitalization data coming out of HHS are now the best and most granular publicly available data on the pandemic. This information has changed the response to the pandemic for the better."

Explaining why the system was set up, the official said, "There was no hospital data at the federal level and even at many states. We had no idea who has capacity, who was in trouble, who had supply shortages, who was getting admissions so fast that they would need supplemental meds, who has staffing issues, etc. We also didn't know anything about the people admitted in a timely manner, such as age."

The ending of the HHS reporting system will likewise inflict collateral damage on the management of other diseases, including influenza. "The CDC has never really counted cases for things that a lot of people get like the flu," the official said. "They get data from sentinel sites and then extrapolate what is happening."

Stating that there existed a "correlation" between the calls for ending COVID-19 data reporting and the drive to make life with COVID-19 the "new normal," the official warned, "I don't know any scientists who want to have less data."