

White House seeks to fabricate lower COVID-19 hospitalization numbers

Andre Damon
9 February 2022

The Biden administration is moving to slash the official number of COVID-19 hospitalizations by 50 percent or more by changing the standard for who is counted as a COVID-19 patient, implementing a central demand of Donald Trump and other advocates of “herd immunity.”

The move, first reported by Politico, would separate the number of COVID-19 hospitalizations into two groups: those admitted primarily for typical COVID-19 symptoms like respiratory distress; and those who are infected with COVID-19 alongside other medical emergencies, many of which can be exacerbated by COVID-19 infection.

Since no nationwide statistics separating the two groups were kept to date, this will mean that new, narrower hospitalization data will be compared against older data that included a broader range of patients.

“The CDC [Centers for Disease Control and Prevention] and HHS is cherry-picking data again,” tweeted Dr. Jorge A. Caballero, who last month broke the story that the Department of Health and Human Services (HHS) was ending daily reporting of in-hospital COVID-19 deaths.

Precisely because the new proposed way of counting COVID-19 hospitalizations would reduce the official number of COVID patients in the hospital, implementing this method was a central demand of advocates of mass infection such as former president Donald Trump and Trump administration adviser Scott Atlas.

At his rallies throughout the country in 2020, Trump declared that America’s “reporting systems are really not doing it right,” and asserted that doctors incorrectly claim that “everybody dies of COVID.”

According to Atlas’ memoir, he fought to narrow the number of cases that should be counted as COVID-19 hospitalizations his “first weekend in Washington,” saying it should be the “top” priority of White House coronavirus coordinator Deborah Birx.

Atlas wrote:

The key thing that [Birx] should be doing is interacting with states to instruct them on how to refine their data (e.g., separating hospitalized patients due to

COVID symptoms from hospitalized patients who happen to have a positive test).

Central to the demand to reduce what counts as a COVID-19 hospitalization is the claim by the fascist right and proponents of herd immunity that cases have been massively inflated in the United States.

Atlas called for this policy because he alleged there was a serious “overcounting of COVID as the cause of many hospitalizations and deaths in the United States.”

Trump ranted at a rally at Waukesha, Wisconsin on October 24, 2020:

Some countries, they report differently. If somebody’s sick with a heart problem, and they die of COVID, they say, ‘They died of a heart problem.’ If somebody’s terminally ill with cancer [in the US], and they have COVID, we report them [as a COVID death]. And you know, doctors get more money and hospitals get more money. Think of this incentive. ... Then you wonder, ‘Gee, I wonder why their cases are so low.’ [The US] and their reporting systems are really not doing it right.

Trump added at a rally at Waterford, Michigan less than a week later:

Our doctors get more money if somebody dies from COVID... You know that, right? I mean, our doctors are very smart people. So, what they do is they say, ‘I’m sorry, but, you know, everybody dies of COVID.’

Trump said in a September 1, 2020 interview on Fox News, “I saw a statistic come out the other day, talking about only 6 percent of the people actually died from COVID, which is a very interesting — that they died from other reasons.”

Trump got this claim from a fascist QAnon “influencer” named Mel Q, who claimed that the CDC “quietly updated the Covid number to admit that only 6% of all the 153,504 deaths recorded actually died of Covid” ... “the other 94% had 2-3 other serious illnesses & the overwhelming majority were of advanced age.”

Trump’s false claims were overwhelmingly rejected by health experts and torn to shreds by fact checkers. In November, Politifact called Trump’s statements in Waterford false, saying, “There is no evidence that official death counts over report the reach of the disease.”

Politifact added, “There is no evidence that [official death counts are] exaggerated. If anything, public health analysts say it likely undercounts the reach of the disease.”

In a fact-check of Trump’s speech in October 24, PolitiFact concluded:

Trump is right that a terminal cancer patient’s death could be counted as a COVID-19 death.

But experts say he’s wrong that there’s anything illogical about that. The decision how to report cause of death is made independently at the local level by a physician, medical examiner or coroner, then listed on each person’s death certificate.

The federal agency that oversees mortality data said what is listed as the “underlying” (i.e., primary) cause of death comes down to timing.

If a terminal patient still had, say 6 months to live, but was infected by the virus and died, the certifier might determine that COVID-19 was the underlying cause of death because of the timing,” Bob Anderson, chief of mortality statistics at the CDC’s National Center for Health Statistics, said in an email. “In the same way, if that same terminal cancer patient was in a car accident and died from that trauma, the car accident would be the underlying cause. If, on the other hand, death from terminal cancer was imminent or COVID-19 symptoms were mild, COVID-19 might be viewed only as a contributing factor — not the underlying cause — or, if the patient was asymptomatic, it might not be viewed as a factor at all — and therefore, not reported on the death certificate.

The approach to identifying an underlying cause is laid out by the World Health Organization, which says a “death due to COVID-19 is defined for surveillance purposes as a death resulting from a clinically compatible illness, in a probable or confirmed COVID-19 case, unless there is a clear alternative cause of death that cannot be related to COVID disease (e.g. trauma).” The Center for Health Statistics says this guidance is “used in virtually all countries to code and classify causes of death.”

PolitiFact concluded, “In short, this distinction between dying from COVID or with COVID isn’t nearly enough to alter the scale of the national pandemic.”

Regardless of the total falsehood of Trump’s claim, it has been embraced by the Biden administration, with CDC Director Rochelle Walensky downplaying the surge in hospitalizations of children in December by claiming, absurdly, “Many of them are actually coming in for another reason. But they happen to be tested when they come in and they’re found incidentally to have COVID.” The White House’s claim that the Omicron variant has somehow made Trump’s lies true is simply absurd.

Under the previous administration, Atlas sought to artificially reduce the number of people who were hospitalized with COVID-19 because he sought to make the dangers of the disease seem lower, in order to facilitate his efforts to infect large portions of the country with COVID-19.

As Birx testified before the House coronavirus subcommittee, Atlas believed large portions of the population “should be allowed and actually encouraged to get the virus and spread the virus because that was your pathway, although it’s never said that way, to herd immunity.”

At the time, Birx warned other White House officials that Atlas was “dangerous,” and his theories were “reckless.” She warned that the implementation of Atlas’ theories would lead to the deaths of hundreds of thousands of people.

“With our current mitigation scenario, we end up near 300k by Christmas and 500k by the time we have vaccine,” she wrote. “Without masks and social distancing in public and homes we end up with twice as many deaths.”

With total indifference to Biden’s previous pledges to “follow the science,” his administration has adopted the talking points of the Trump administration, with officials routinely calling for the end of mask mandates and promoting “natural” immunity. Last month, Biden’s chief medical adviser, Anthony Fauci, even went so far as to raise the prospect that the Omicron variant of COVID-19 is a “live virus vaccine,” in a major concession to the pseudoscience of “herd immunity.”

In other words, the conclusion of the House coronavirus subcommittee that the Trump administration made “deliberate efforts to undermine the nation’s coronavirus response” fully applies to the Biden administration.



To contact the WSWS and the
Socialist Equality Party visit:

wsws.org/contact