

# CDC deepens COVID-19 cover-up, switches to weekly reporting of cases and deaths

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On Wednesday, the US Centers for Disease Control and Prevention (CDC) quietly updated its national COVID-19 data surveillance protocols to switch from daily to weekly reporting of COVID-19 infections and deaths starting on October 20. Coming just before what is widely expected to be another devastating surge of the pandemic across the US this fall and winter, and three weeks before the US midterm elections on November 8, the move marks a major escalation of the Biden administration's homicidal "forever COVID" policy and is tailored to match Biden's lie that "the pandemic is over."

There is no scientific basis whatsoever to the CDC's change in policy, which undoubtedly had the direct approval of Director Dr. Rochelle Walensky. On a FAQ page where the announcement was made, the agency claims that the switch will "allow for additional reporting flexibility, reduce the reporting burden on states and jurisdictions, and maximize surveillance resources." In reality, there is no "reporting burden" on states and "surveillance resources" are now all but nonexistent.

Since the emergence of the Omicron variant nearly one year ago, the vast majority of US states have systematically dismantled their COVID-19 data reporting and surveillance systems. According to the Johns Hopkins University Coronavirus Resource Center, a staggering 32 states have already switched to weekly reporting of COVID-19 cases, while 29 states only report deaths weekly. North Dakota, Nebraska, and the District of Columbia have stopped reporting deaths from COVID-19 entirely. As a result of the CDC's new policy, in the coming weeks every state will likely switch to weekly reporting.

The CDC, the White House and state governments run by both the Democrats and Republicans have curtailed testing and contact tracing, and scrapped quarantine and isolation guidelines. Due to the closure of government-funded testing sites and the switch to unreported at-home

testing, the official seven-day average of daily new cases is down to 41,248. The Institute for Health Metrics and Evaluation (IHME) estimates that the true number of infections now stands at roughly 530,000 per day, over 12 times higher than the official figure. In August, the CDC officially recommended against quarantining exposed individuals, as well as contact tracing and surveillance testing in most settings.

The CDC's latest COVID cover-up takes place as an average of over 400 Americans are officially dying of COVID-19 every day, or roughly the equivalent of the death toll from the September 11 terrorist attacks each week. The curtailment of data reporting is central to the broader normalization of the pandemic, a global process which has been imposed in nearly every country except China over the past year.

As accomplices in this vast social crime, the corporate media has dutifully remained silent and thereby facilitated the deepening COVID cover-up. The latest CDC policy change has not been reported on by the *New York Times*, *Washington Post*, *Politico* and other leading print outlets which collectively have thousands of staff writers, while the broadcast media has entirely ignored the issue.

Also this week, the CDC quietly removed COVID-19 travel notices for foreign countries from its website, and on Friday eliminated an automated "self-checker" chatbot designed to assist COVID-19 patients in finding testing centers and medical care. Both of these developments have also gone almost entirely unreported.

Throughout the past year, the *World Socialist Web Site* has been the only outlet to raise the alarm and continuously expose the efforts of the Biden administration and other world governments to scrap all mitigation measures, manipulate data and cover-up the pandemic.

In January, the WSWWS broke the news that the Department of Health and Human Services (HHS) was

ending its collection of reports on daily deaths and other critical data from US hospitals. In March, only the WSWs seriously reported on the CDC's sudden elimination of over 72,000 COVID-19 deaths from its Data Tracker system. At every turn, the WSWs has given voice to the opposition to the ending of each new mitigation measure.

As news broke Thursday that the CDC is switching to weekly reporting, numerous scientists, doctors and anti-COVID activists denounced this latest unscientific policy. In one widely-shared tweet, Dr. Jonathan Reiner, a cardiologist and professor of medicine and surgery at the George Washington University School of Medicine & Health Sciences, wrote, "With the onset of colder weather & an anticipated rise in cases it's hard to ignore the obvious political explanation for this change. There's no scientific reason."

The latest stage in the deepening COVID cover-up takes place as evidence continues to mount proving the horrific consequences of these policies. On Wednesday, the same day the CDC announced its switch to weekly COVID-19 reporting, the US Census Bureau released the latest figures from its Household Pulse Survey on Long COVID.

The survey found that 15 million adults in the US currently have Long COVID, of whom 81.4 percent are experiencing some level of difficulty in carrying out their daily activities. In total, roughly 3.8 million US adults report Long COVID symptoms that reduce their ability to carry out day-to-day activities "a lot," while another 8.5 million report Long COVID symptoms that reduce their ability "a little."

These figures correspond closely with a recent Brookings Institution report, which found that up to 4 million American adults have left the workforce due to being disabled by Long COVID.

Numerous scientific studies underscore that the "forever COVID" policy of perpetual waves of infection will result in the ongoing mass disabling of a significant share of the population, further lowering life expectancy and straining the health care system to the breaking point.

Among the most comprehensive studies on Long COVID is that being led by Dr. Ziyad Al-Aly, the chief of research and education service at Veterans Affairs St. Louis Health Care System. His team's most recent peer-reviewed study, published in late September, found that COVID-19 increases one's risk of a neurological disorder by 42 percent, and that seven out of every 100 people with COVID-19 develop some form of neurological disorder, including strokes, Alzheimer's disease, seizures,

Parkinson's-like symptoms, anxiety and depression and others. Other studies have found that COVID-19 causes elevated risk of numerous cardiovascular diseases, diabetes, kidney disease and more.

In a preprint study published on June 17, which is currently undergoing peer review, Dr. Al-Aly and his team found that people with two or more COVID-19 infections were twice as likely to die of any cause and three times as likely to be hospitalized in the six months after being reinfected, compared with people who had been infected once. In addition, people with reinfections had far higher rates of heart disease, kidney disorders and other ailments than those with just one infection. These results held for both people who were unvaccinated and for those who had received at least one dose of vaccine before their reinfection.

The results of this study and the immense body of research into Long COVID make clear that for the working class and society as a whole, there is no such thing as "living with the virus" and in no way is the pandemic "over." In order to prevent perpetual mass death and the progressive disabling of ever-larger sections of the population, the only viable strategy is that of global elimination, in which all human-to-human transmission of SARS-CoV-2 is brought to an end. This requires the global deployment of every public health measure to stop viral transmission, including mass testing, rigorous contact tracing, temporary paid lockdowns, the safe isolation of infected patients and more.

The maintenance of this Zero-COVID elimination strategy in China, the most populous country on Earth with over 1.4 billion people, proves that this strategy is viable and must be expanded to every other country. The international working class, in unity with principled scientists and progressive layers of the middle class, must fight for this strategy to be implemented throughout the world.

The sociopathic pandemic policies demanded by the capitalist elites and implemented by the corrupt layer of petty bourgeois bureaucrats who head the CDC and other public health agencies are incompatible with the social needs of the vast majority of the world's population, and must be consciously rejected.



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