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Health Officials End Reporting COVID-19 Deaths

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STORY AT-A-GLANCE

- The U.S. Department of Health and Human Services (HHS) has stopped mandatory hospital reporting of COVID-19 deaths and the CDC is hiding data about the effectiveness of the booster shots in people aged 18 to 64, or those least likely to benefit from the shot
- The New York Post notes the FDA overruled an expert advisory committee and the CDC overruled their own experts to promote the booster to all age groups. Scientists must use Israeli data, which show little to no difference in those boosted or not boosted until people are over age 65
- The CDC justifies not releasing the data saying it was "not ready for prime time," as it would be misinterpreted and is based on 10% of the population, or the same sample size that has been used for influenza statistics for years
- Data from independent researchers and insurance companies recording all-cause death rates show the number who have died in 2021 after the release of the vaccine far exceeds the all-cause death rate in 2020 during the height of the infection
- It is easy to understand why the HHS and CDC want to hide this data from scrutiny as it's more difficult to ignore with each passing day that the infection didn't kill the number of people health experts claimed and that the vaccine is killing far more than the virus is

Data is the foundation of scientific analysis. Without data, researchers are left unable

to draw conclusions, which leaves public health experts unable to accurately make recommendations. But that appears to be exactly what the CDC[1] and Health and Human Services (HHS)[2] are doing. The CDC is hiding data and the HHS is no longer collecting data, which one U.S. official has called "incomprehensible."[3]

Since the World Health Organization announced a pandemic, multiple organizations began tracking data, including the number of people who were sick with COVID-19, in the hospital with or had died from it. As I have written, later the number of "cases" was reported. These were people who had a positive PCR test and did not necessarily have symptoms.

Whistleblowers working with attorney Thomas Renz, who is investigating hospital abuses,[4] have reported that hospitals are incentivized to admit PCR positive patients, prescribe remdesivir,[5] place patients on ventilators and include COVID on death certificates. All told, some believe hospitals could receive up to $100,000 for each patient who meets all the incentivized criteria.[6]

Of course, "fact" checkers immediately jumped on that claim in an effort to "debunk" what they call "false" information.[7,8] But they simply contradicted themselves in the "fact" checking by changing the semantics of how COVID deaths are counted and rewording of how hospitals are compensated for COVID patients from "paid more" to receiving a "bump" in payment. So what's the difference? They're still getting paid more for COVID patients.

In analyzing this, it's important to look at how data of all sorts are collected on you and everyone else in the world. For example:

Nearly everything people do is digitally recorded, analyzed and extrapolated for decision making. You leave a digital footprint each time you use your smartphone or computer. One study showed digital cookies may have lifetimes up to 8,000 years.[9] In 2010, it was estimated there were 2 zettabytes (ZB) of data created.[10]

To put this into perspective, it would take 184 million football fields of 1 GB thumb

drives laid end to end to contain the information. Data is so important that the organization that appears to be leading The Great Reset — the World Economic Forum — is also interested in data and estimates there would be 44 ZB of data collected in 2020.[11]

So, with all that in mind, in a world where data is king[12,13,14] the HHS decision to hide COVID-19 data begs the question: What do they want to hide? Are they stopping the flow of data, as opposed to hiding data like the CDC, to reach the same end, where the data are not available for examination and analysis?

HHS Ends Hospital COVID Death Reports

January 6, 2022, the HHS announced[15] changes to the reporting requirements for hospitals and acute care facilities. The new guidelines note "The retirement of fields which are no longer required to be reported," which include the "previous day's COVID-19 deaths."

However, according to one news report, the guideline did not receive public attention until January 14, 2022, when it was tweeted by Dr. Jorge Caballero,[16] who asked why the government no longer wanted these daily reports beginning February 2, 2022. By January 28, 2022, just like they did with the report on COVID-19 hospital reimbursements, fact-checkers were busy posting viral social media posts claiming Caballero's conclusions were not correct.

Yet, as I mentioned, the announcement was published on the HHS website — so how could it be false? You can go to the website[17] and read it for yourself. Under the section, "The retirement of fields which are no longer required to be reported," it says: "previous day's COVID-19 deaths." So how could fact-checkers "debunk" that?

To create a fact check that claimed this was "false," the fact-checkers simply changed the headline. So, while the HHS publicly announced they would no longer require hospitals to report deaths from COVID-19, fact-checkers reported the U.S.

government was not ending daily COVID death reporting.

MSN[18] fact-checkers reported that Nancy Foster from the American Hospital Association had suggested the change could "streamline data collection." Yet, the HHS system used direct reporting from ICD medical diagnosis codes entered into the Electronic Medical Record (EMR) system.

In an emailed statement, Foster reported that she believes the HHS was no longer collecting data because they were receiving comprehensive data from public health agencies, including death certificates reported to the National Center for Health Statistics and used by the CDC in its death data reporting. Despite supporting the HHS decision, the agency did not respond to a request by MSN on the reason for the change.

HHS had worked with major electronic medical records (EMR) manufacturers, so 85% of hospital reporting was programmed into their computer, and you can't get more streamlined than that. January 2021, Alex C. Madrigal, co-founder of the COVID Tracking Project,[19] wrote:[20]

> *"In a series of analyses that we ran over the past several months, we came to nearly the opposite conclusion of other media outlets. 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."*

An unnamed federal health official spoke with a reporter from WSWS,[21] calling the move to stop reporting COVID-29 hospital deaths "incomprehensible." The official added, "It is the only consistent, reliable and actionable dataset at the federal level. Ninety-nine percent of hospitals report 100% of the data every day. I don't know any scientists who want to have less data."

CDC Is Hiding Data on Booster Shots

February 20, 2022, The New York Times[22] reported that the CDC has not published large parts of the data they collected during the COVID pandemic. In fact, most of the information they collected in the past year on hospitalizations has not been made public.

The CDC published data on the effectiveness of the COVID-19 boosters in people younger than 65 in early February 2022. However, as The New York Times points out, the data did not cover individuals from 18 to 49 years old.[23] This also is the group least likely to benefit from the genetic therapy shot, since CDC data[24] demonstrate they have some of the lowest rates of severe disease and death.

The New York Post[25] notes that the FDA overruled an expert advisory committee and the CDC overruled their own experts to promote the boosters for all age groups. After ensuring the boosters would be open to all people, the CDC then did not release much of the data despite pleas from scientists.

A look at the published data for those 50 to 65 years shows the booster reduces the risk of death from 4 in 1 million to 1 in 1 million. Further analysis shows that 75% of the additional three people out of 1 million who are helped by the booster shot have at least four comorbidities.[26]

Unfortunately, since the CDC has not released the raw data, U.S. scientists have had to rely on Israeli data. One study[27] published in The New England Journal of Medicine gathered information from 4.6 million people 16 years and older who had received two doses of the Pfizer vaccine. They then compared severe illness and death between those who had had a booster dose and those who had not.

The data showed the group of individuals from 16 to 29 years had zero deaths whether they were boosted or not boosted. Likewise, the group from 30 to 39 years had one death whether they were boosted or not boosted. In fact, the difference in death rate did not rise until the participants were 60 to 69 years, at which point the non-boosted group had 44 deaths and the boosted group had 32 deaths.

In addition to the number of deaths rising in the boosted and non-boosted groups, the percentage of people in those age categories also declined, much like you would find in the general population where the death rate rises as people age.

CDC Claims Data May Be Misinterpreted

Kristen Nordlund is a spokeswoman for the CDC. In her comments to The New York Times,[28] she said the data are being slowly released since, "basically, at the end of the day, it's not yet ready for prime time." Another reason she cited was the information may be misinterpreted to mean the vaccines are ineffective.

Nordlund gave a third reason for not releasing the data, saying that the data they have is based on 10% of the U.S. population, which the Times reporter points out is the same sample size used to track influenza each year. Jessica Malaty Rivera is an epidemiologist. She spoke with the Times, saying,[29] "We have been begging for that sort of granularity of data for two years."

She went on to say, "We are at a much greater risk of misinterpreting the data with data vacuums, than sharing the data with proper science, communication and caveats." In an opinion piece, Staten Island Advance's Tom Wrobleski characterizes the CDC's decision, writing about what has happened to most people who have been willing to speak out:[30]

> *"We're told to have faith in the CDC, in Dr. Anthony Fauci, in all the experts who are trained to handle public health crises. But we can't have trust if vital information is withheld from us.*
>
> *Because then it becomes a case of, "Shut up and do what we say. We're the experts. You don't need to know how we come to our decisions. We know what's best." And if you question the received wisdom, you're suddenly a dangerous person. You're likened to a terrorist. You're told you want people to die. You get banned from social media.*

If you dare protest, you can have your bank account frozen and your vehicle insurance suspended, as we saw during the Freedom Convoy protest in Canada. You can get trampled by police on horseback.

Withholding information only makes people more skeptical. It breeds suspicion. Or mere doubt. The CDC needs to do better if it wants our trust."

The Jab Is Deadlier Than COVID if You're Under 80

With the end of the HHS COVID death reporting system, the only means of tracking COVID deaths will now rely on the collection of data from death certificates at the state level. However, as the unnamed official told the WSWS reporter:[31]

"... 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."

This last part of the sentence may refer to the hospital incentives for a COVID diagnosis, which increases the potential it would be listed in the ICD codes that were communicated to the HHS. Although the CDC and HHS would like the data to remain hidden, a cost-benefit analysis[32] by Stephanie Seneff, Ph.D., and independent researcher Kathy Dopp revealed the jab is deadlier than the infection in anyone under the age of 80.

The analysis looked at publicly available official data from the U.S. and U.K. for all age groups and compared all-cause mortality to the risk of dying from COVID-19. Seneff and Dopp wrote:[33]

"As of 6 February 2022, based on publicly available official UK and US data, all age groups under 50 years old are at greater risk of fatality after receiving a COVID-19 inoculation than an unvaccinated person is at risk of a COVID-19 death.

> *All age groups under 80 years old have virtually no benefit from receiving a COVID-19 inoculation, and the younger ages incur significant risk. This analysis is conservative because it ignores the fact that inoculation-induced adverse events such as thrombosis, myocarditis, Bell's palsy, and other vaccine-induced injuries can lead to shortened life span."*

Their analysis is upheld by OneAmerica's announcement[34] that the death rate in working-age Americans from 18 to 64 years in the third quarter of 2021 was 40% higher than prepandemic levels. This finding is stunning since one of the most reliable data points we have is all-cause mortality.

It is a very hard statistic to massage since people are either dead or they're not. Their inclusion in the national death index database is based on one primary criterion — they've died — regardless of the cause. As noted in a (not peer-reviewed) study led by scientist Denis Rancourt, who looked at U.S. mortality between March 2020 and October 2021:[35]

> *"All-cause mortality by time is the most reliable data for detecting true catastrophic events causing death, and for gauging the population-level impact of any surge in deaths from any cause."*

Other Insurance Companies Recording Similar Results

Other insurance companies that are citing higher mortality rates[36] include Hartford Insurance Group, which announced mortality increased 32% from 2019 and 20% from 2020 before the shots. Lincoln National also reported death claims have increased 13.7% year over year and 54% in quarter 4 compared to 2019. Funeral homes are posting an increase in burials and cremations in 2021 over 2020.[37]

Similar numbers are also being reported in other countries. A large German health insurance company reported[38,39] company data were nearly 14 times greater than the number of deaths reported by the German government. The insurance data are

gathered directly from doctors applying for payment from a sample of 10.9 million people.

Despite mass injection campaigns, Silicon Valley software engineer Ben M. (@USMortality) revealed that in the 13 weeks before November 28, 2021, about 107,700 seniors died above the normal rate, despite a 98.7% vaccination rate.[40]

He also used data from the CDC, census.gov and his own calculations to show excess deaths rising in Vermont, even as the majority of adults have been injected. "Vermont had 71% of their entire population vaccinated by June 1, 2021," he tweeted. "That's 83% of their adult population, yet they are seeing the most excess deaths now since the pandemic!"[41]

It is easy to see why the HHS and CDC would like to hide these numbers from scrutiny. It is becoming more difficult to ignore with each passing day that the infection didn't kill the number of people health experts claimed and the vaccine is killing far more than the virus.

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