



Written by [Veronika Kyrylenko](#) on March 22, 2022

## CDC Quietly Slashed Data on Covid Death Toll

The U.S. Centers for Disease Control and Prevention (CDC) slashed its reported Covid-associated death tallies in all age groups, including children, last Wednesday, citing an “accidental” coding error. No formal announcements have been made.

In a statement to [Reuters](#), the agency said that it made “adjustments” to its Covid Data Tracker’s mortality data because “its algorithm was accidentally counting deaths that were not COVID-19-related.”

The outlet reported that the “adjustment” resulted in the removal of 72,277 deaths previously reported across 26 states, including 416 pediatric deaths.



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That latest number suggests that the CDC overcounted Covid deaths in children by 24 percent.

“Data on deaths was adjusted after resolving a coding logic error. This resulted in decreased death counts across all demographic categories,” the CDC [explained](#) on the site.

More than 967,000 people in the U.S. have died of Covid, per CDC’s [Covid tracker](#), as of March 16, and 921 of these were under the age of 18, meaning children accounted for 0.17 percent of all U.S. Covid deaths.

It is hard to overestimate the importance of such medical metrics, since they serve as a foundation for scientific advice, such as recommending Covid vaccination. CDC Director Dr. Rochelle Walensky cited the tracker’s death total in November 2021 while pushing for an expert panel to advise her agency to recommend Pfizer Covid shots for children five to 11 years old.

Walensky [said](#) at the time that the risk of Covid “is too high and too devastating [for] our children and far higher than for many other diseases for which we vaccinate children.”

Yet, the agency responsible for public health advice has been struggling with producing reliable data on the pandemic. Moreover, from the very onset of the pandemic, the CDC appears to actually contributing to botching the Covid statistics.

For example, in August 2020, then-CDC Director Robert Redfield [acknowledged](#) during a U.S. House hearing that Covid mortality rate could be inflated because hospitals receive a monetary gain by classifying deaths as being Covid-related when the virus didn’t cause the death. Earlier in July 2020, Brett Grior of the U.S Health and Human Services Department (HHS) has also [said](#) he believes that financial incentivization could have resulted in higher Covid death rates.

The CDC explicitly gave the hospitals wide discretion in classifying the deaths. Its [guidance](#) read, “In cases where a definite diagnosis of COVID-19 cannot be made, but it is suspected or likely (e.g., the circumstances are compelling within a reasonable degree of certainty), it is acceptable to report COVID-19 on a death certificate as ‘probable’ or ‘presumed’.”



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Medicare — the federal health insurance program for Americans 65 and older — was legally designated to pay hospitals \$13,000 per patient for each Covid case, and \$35,000 for each patient put on ventilators, per the Coronavirus Aid, Relief, and Economic Security (CARES) Act.

Even Factcheck.org [admitted](#),

It is true, however, that the government will pay more to hospitals for COVID-19 cases in two senses: By paying an additional 20% on top of traditional Medicare rates for COVID-19 patients during the public health emergency, and by reimbursing hospitals for treating the uninsured patients with the disease (at that enhanced Medicare rate).

Such guidance, paired with generous incentives, lead to purely bizarre death reports. For example, gunshot victims were counted as Covid deaths (see [here](#) and [here](#)), and so were car-crash victims (see [here](#)).

In January 2022, the CDC signaled that the numbers that it produces are incorrect. For example, Dr. Walensky [revealed](#) that “in some hospitals that we’ve talked to, up to 40 percent of the patients who are coming in with COVID-19 are coming in not because they’re sick with COVID, but because they’re coming in with something else.”

Then, she said that over 75 percent of Covid deaths occurred in people suffering with “at least” four comorbidities. “So really these are people who were unwell to begin with,” [said](#) Walensky. In other words, the agency was unsure how to separate deaths “from” Covid and deaths “with” Covid.

Earlier this year, Walensky had to address a wild claim made by Supreme Court Justice Sonia Sotomayor during the Supreme Court debate on vaccine-mandate case. The justice said, “We have over 100,000 children, which we’ve never had before, in serious condition and many on ventilators.”

When [asked](#) by Fox News anchor Brett Baier if she felt a responsibility “to correct a very big mischaracterization,” Walensky ambiguously responded by promoting the pediatric Covid vaccinations.

The agency is now actively working to update its tracker system to address the issue of overreporting.

As [reported](#) by *Politico* in February,

A task force comprised of scientists and data specialists at the Department of Health and Human Services and the Centers for Disease Control and Prevention are working with hospitals nationwide to improve Covid-19 reporting. The group is asking hospitals to report numbers of patients who go to the facility because they have Covid-19 and separate those from individuals who go in for other reasons and test positive after being admitted, the two officials said.

While the experts quoted by *Politico* said that the task is “not an easy one,” it seems obvious that stopping paying hospitals for every detected Covid case would resolve the issue.

Recently, the CDC [got caught](#) intentionally misreporting the data related to Covid hospitalizations and breakthrough infections because the agency did not wish the data to be “misinterpreted,” among other reasons.



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