

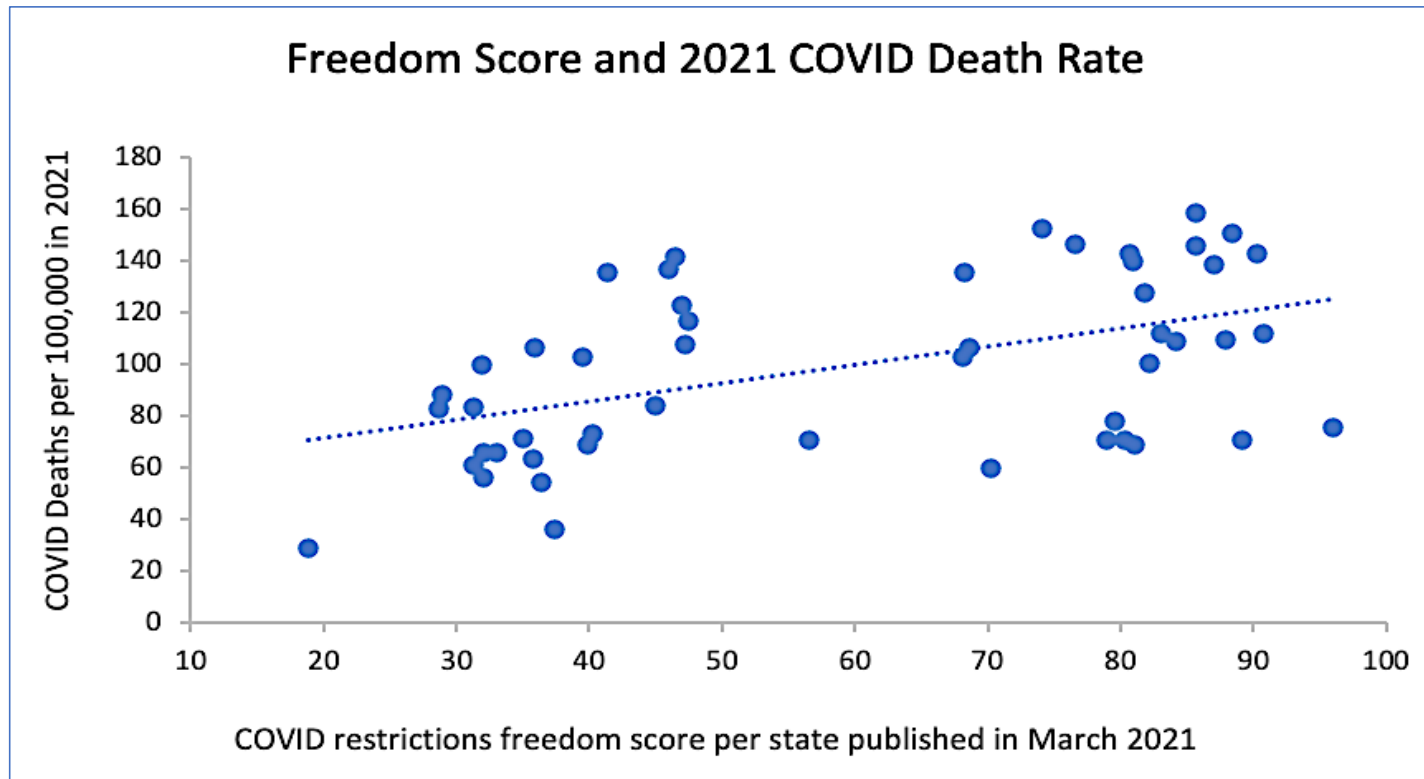
A silhouette of a helicopter is shown in flight against a dark, overcast sky. The helicopter is positioned in the upper left quadrant, and a large stream of US dollar bills is falling from its cargo hook, cascading down towards the bottom right of the frame. The bills are scattered and appear to be falling in a chaotic manner, creating a sense of rapid descent. The overall tone is somber and dramatic.

Did CARES Act funding undermine the accuracy COVID-19 death reporting?

A statistical inquiry by Antonio Chaves

Abstract: During the first half of 2020 the most deaths from COVID-19 were reported in the Northeast and Midwest, but by the end of 2021 this trend shifted to Southern and Western states. This shift has been attributed in part to a lack of masking and social distancing in these states, but this analysis fails to adjust for differences in pre-existing comorbidities and massive disparities in CARES funding per state (from \$20,000 per COVID patient in New York to \$470,000 per patient in West Virginia). Preliminary statistical analysis reveals a positive correlation between CARES payments and COVID deaths. Did hospitals in states with higher payments lower their reporting standards in order to get more funding? If these causes of death are inaccurate, how might they have been misconstrued?

**This graph supports the hypothesis that coronavirus restrictions “saved lives.”
But this raw data fails to account for pre-existing differences between these states.**

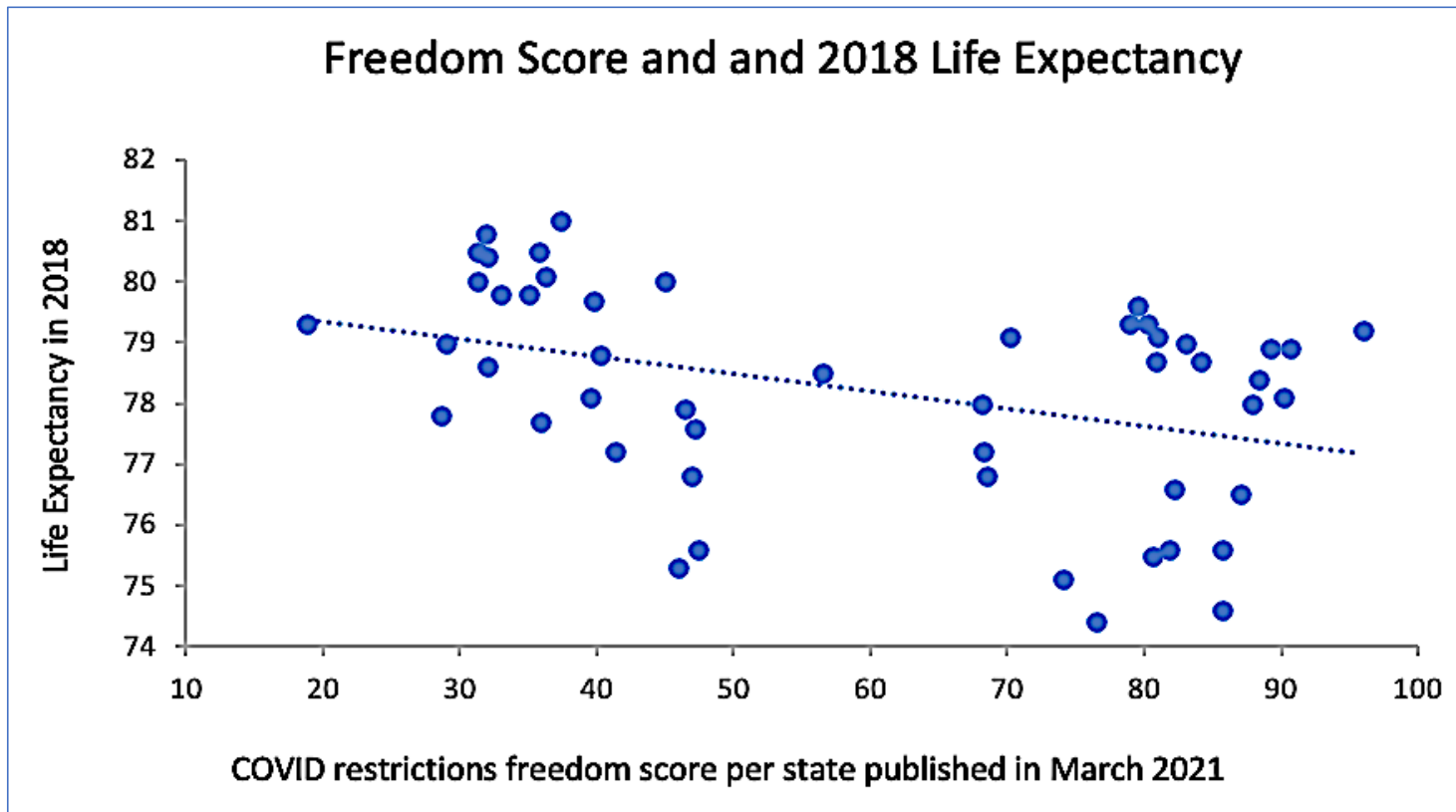


$r = 0.49$
(Pearson)

X-axis data from WalletHub: <https://wallethub.com/edu/states-coronavirus-restrictions/73818>

Y-axis data from the CDC: https://www.cdc.gov/nchs/pressroom/sosmap/covid19_mortality_final/COVID19.htm

On average, people in states with less COVID restrictions also had lower life expectancies.



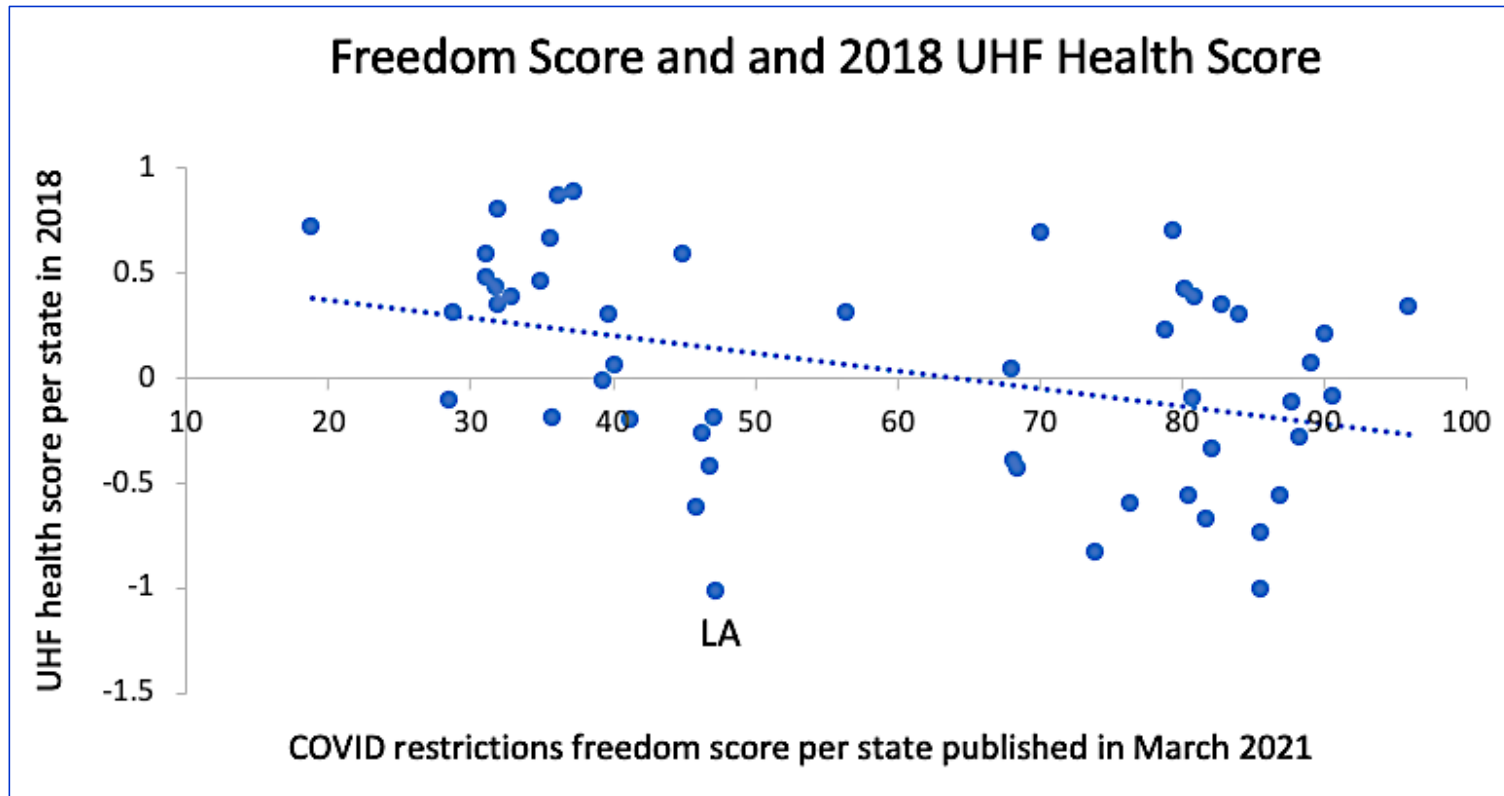
$r = -0.39$
 $P < 0.01$
(Pearson)

$r = -0.41$
 $P < 0.005$
(Spearman)

X-axis data from WalletHub: <https://wallethub.com/edu/states-coronavirus-restrictions/73818>

Y-axis data from the CDC: https://www.cdc.gov/nchs/pressroom/sosmap/life_expectancy/life_expectancy.htm

Residents of states with less COVID restrictions were also more likely to score poorly on health.



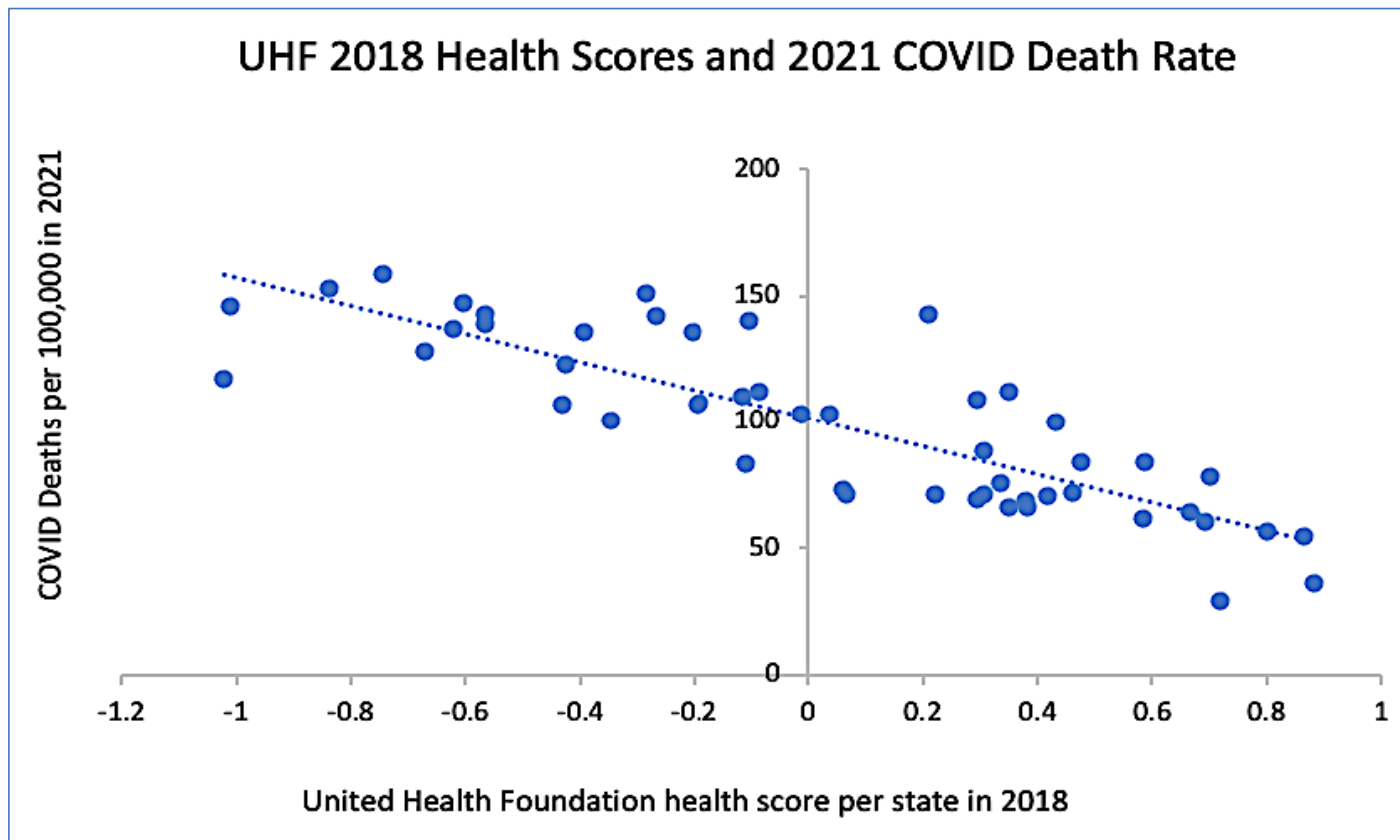
$r = -0.39$
 $P < 0.01$
(Pearson)

$r = -0.43$
 $P < 0.005$
(Spearman)

X-axis data from WalletHub: <https://wallethub.com/edu/states-coronavirus-restrictions/73818>

Y-axis data from the United Health Foundation: https://assets.americashealthrankings.org/app/uploads/2018ahrannual_020419.pdf

People with better overall health are less likely to die from respiratory infections.

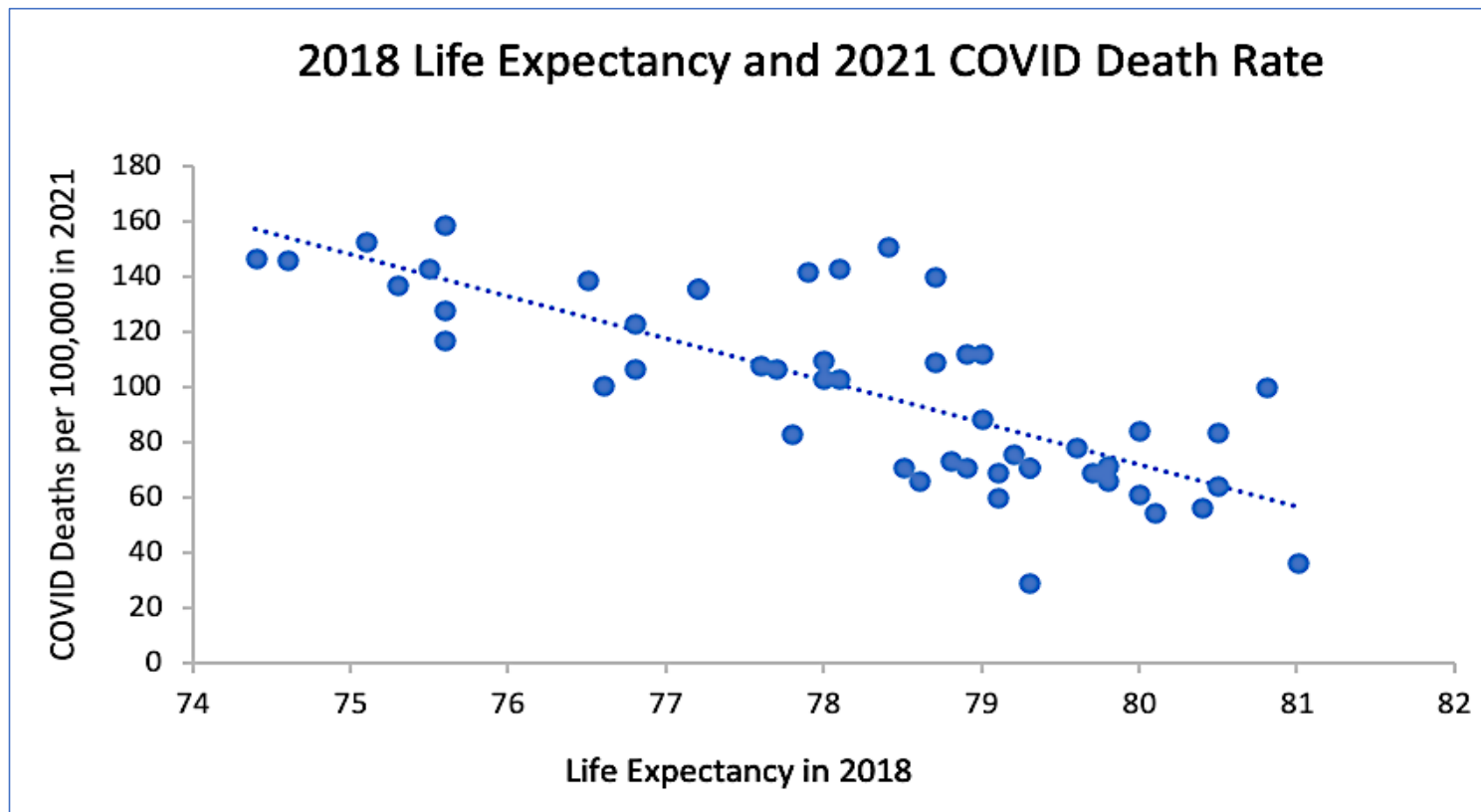


$r = -0.84$
(Pearson)

X-axis data from the United Health Foundation: https://assets.americashealthrankings.org/app/uploads/2018ahrannual_020419.pdf

Y-axis data from the CDC: https://www.cdc.gov/nchs/pressroom/sosmap/covid19_mortality_final/COVID19.htm

Reporting of COVID-19 deaths are also inversely correlated with life expectancy.



X-axis data from the CDC: https://www.cdc.gov/nchs/pressroom/sosmap/life_expectancy/life_expectancy.htm

Y-axis data from the CDC: https://www.cdc.gov/nchs/pressroom/sosmap/covid19_mortality_final/COVID19.htm

Did CARES funding adversely affect the reporting of COVID deaths per state?

Financial Management

State-by-state breakdown of federal aid per COVID-19 case

Ayla Ellison - Tuesday, April 14th, 2020

→ Nebraska \$379,000	South Carolina \$186,000
Nevada \$98,000	South Dakota \$241,000
New Hampshire \$201,000	Tennessee \$166,000
→ New Jersey \$18,000	Texas \$184,000
New Mexico \$171,000	Utah \$94,000
→ New York \$12,000	Vermont \$87,000
North Carolina \$252,000	Virginia \$201,000
North Dakota \$339,000	Washington \$58,000
Ohio \$180,000	→ West Virginia \$471,000
Oklahoma \$291,000	Wisconsin \$163,000
Oregon \$220,000	Wyoming \$278,000

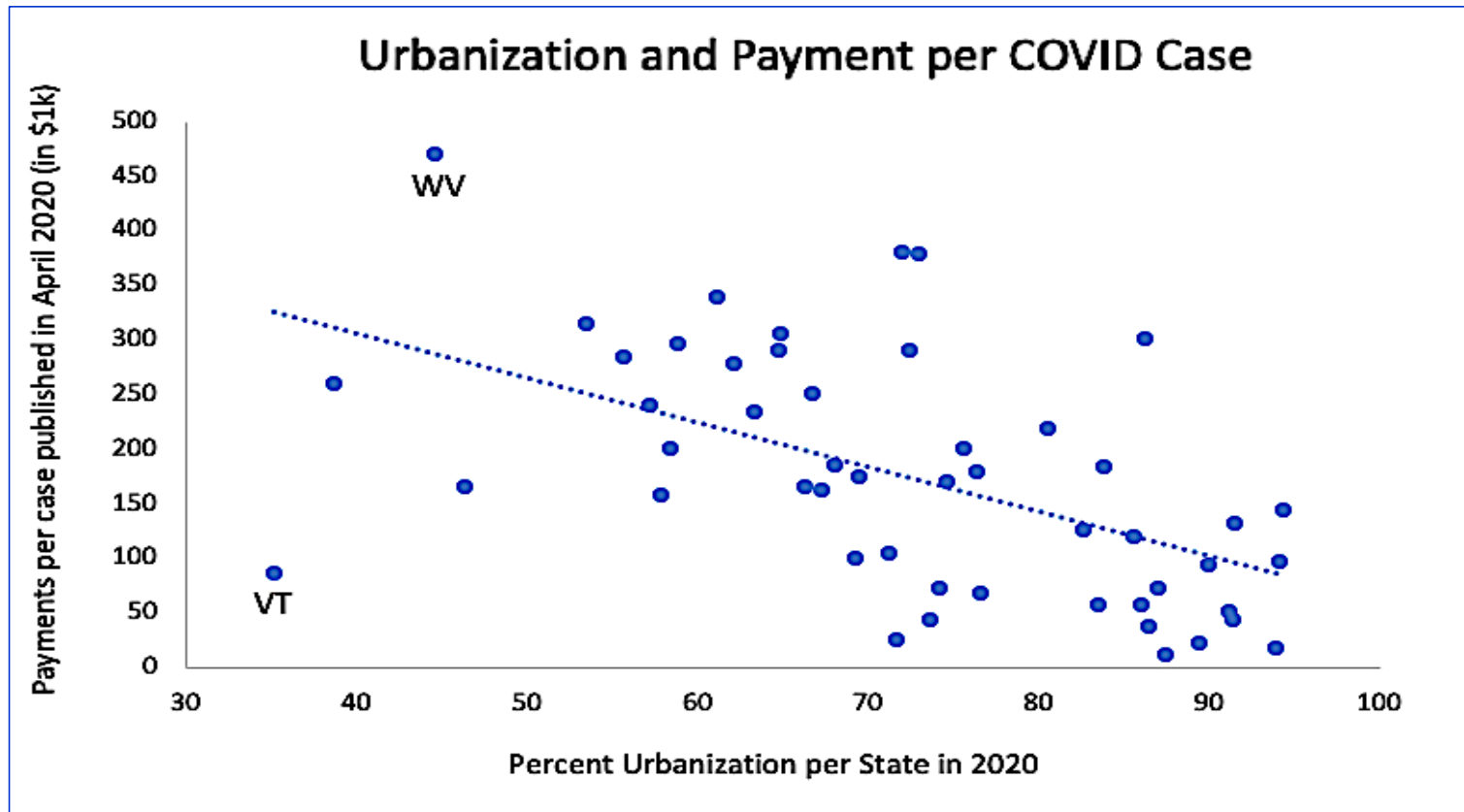
Why did states like Nebraska and West Virginia get 20X more funding per patient than New York and New Jersey?

The first round of grants will be distributed based on historical share Medicare revenue, not based on COVID-19 burden. Therefore, hard-hit states like New York will receive far less per COVID-19 case than most other states.

HHS said it doled out the first slice of funding based on Medicare revenue to get support to hospitals as quickly as possible. The agency **said** the next round of grants "will focus on providers in areas particularly impacted by the COVID-19 outbreak," rural hospitals and other healthcare providers that receive much of their revenues from Medicaid.

Data from Becker's Hospital Review: <https://www.beckershospitalreview.com/finance/state-by-state-breakdown-of-federal-aid-per-covid-19-case.html>

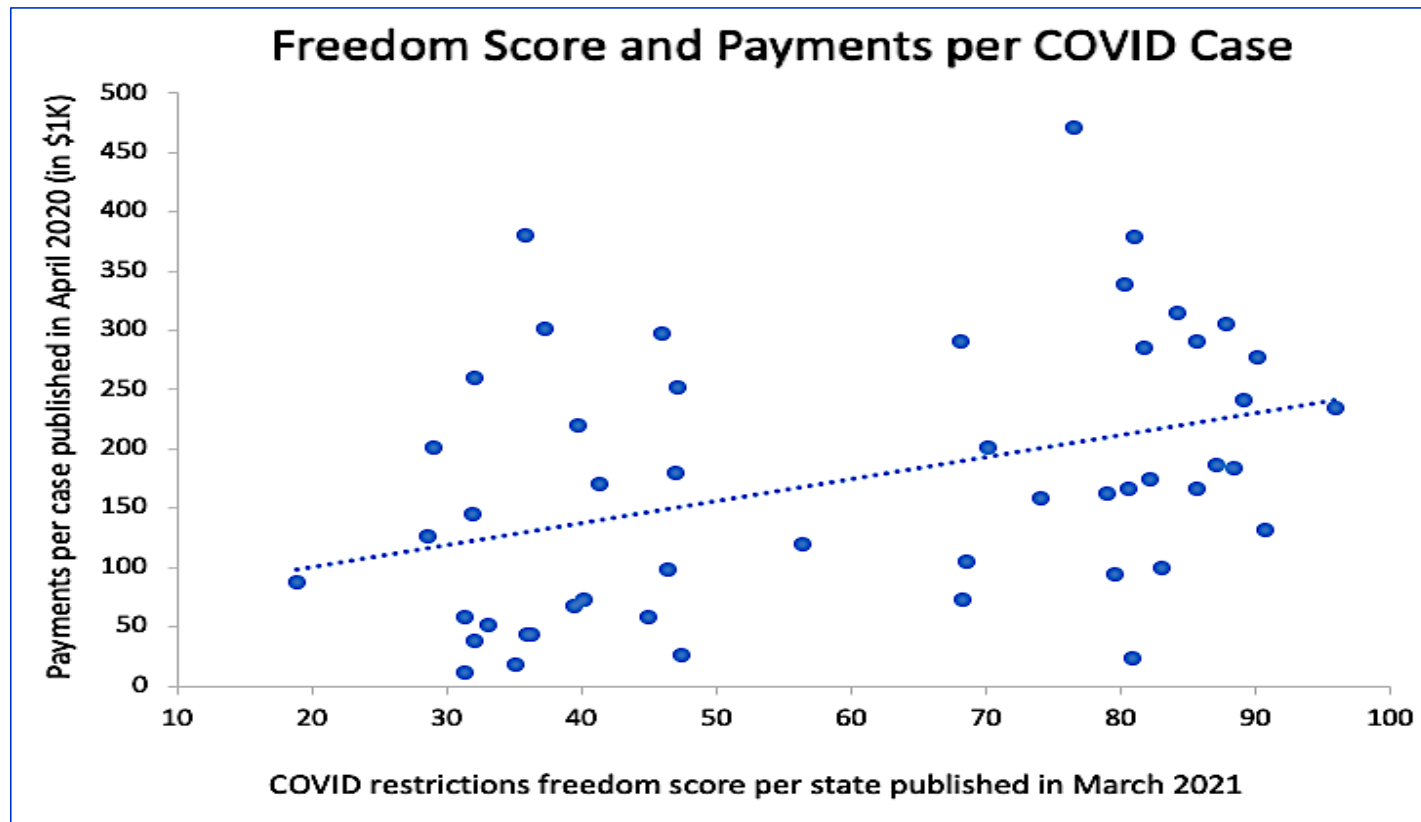
States that were more urbanized often received lower payments.



X-axis data from the Visual Capitalist: <https://www.visualcapitalist.com/sp/mapping-us-urbanization-by-state/>

Y-axis data from Becker's Hospital Review: <https://www.beckershospitalreview.com/finance/state-by-state-breakdown-of-federal-aid-per-covid-19-case.html>

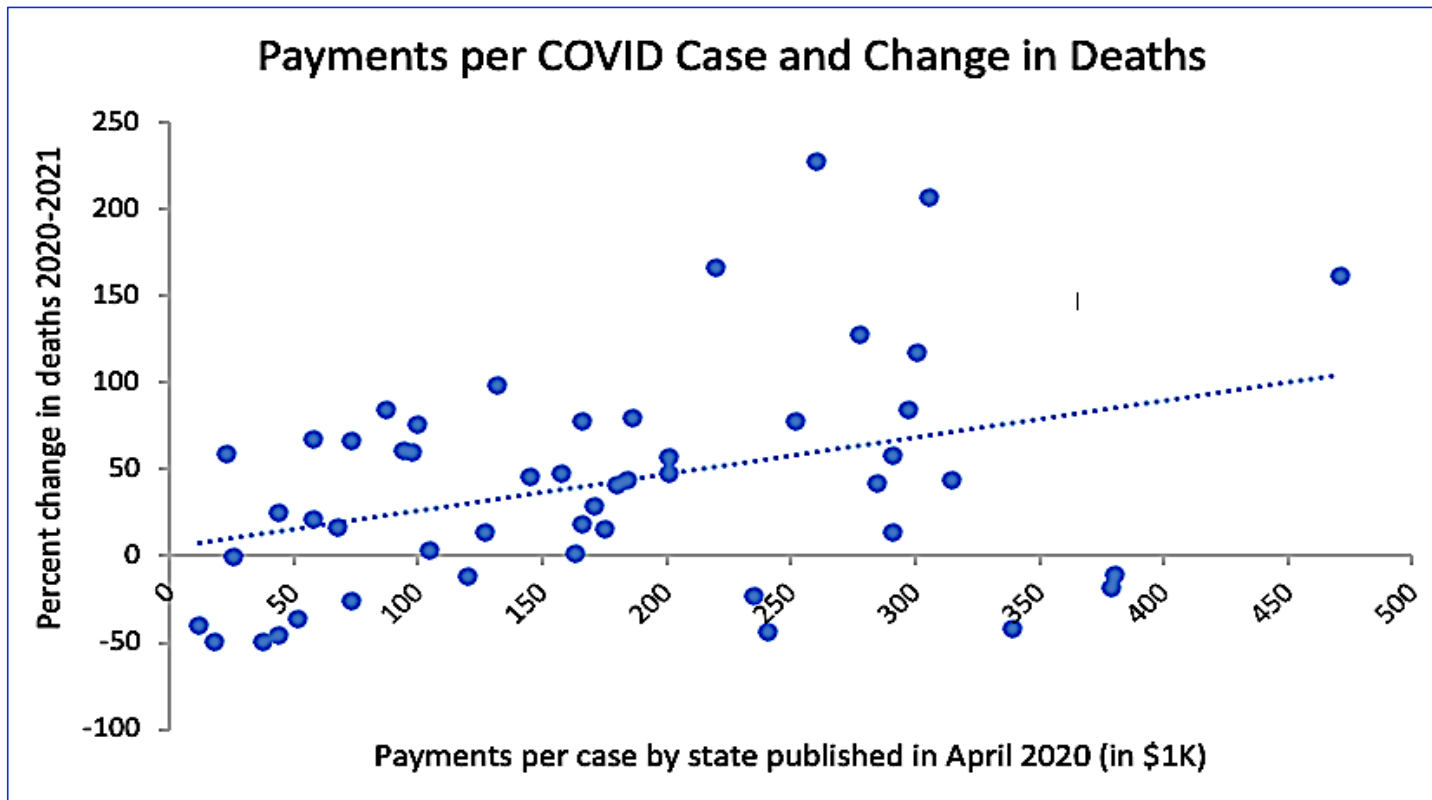
States with less coronavirus restrictions often received higher payments.



X-axis data from WalletHub: <https://wallethub.com/edu/states-coronavirus-restrictions/73818>

Y-axis data from Becker's Hospital Review: <https://www.beckershospitalreview.com/finance/state-by-state-breakdown-of-federal-aid-per-covid-19-case.html>

**Did these higher CARES payments influence how some states reported COVID deaths in 2021?
If many of these deaths were not caused by COVID-19, how were these numbers generated?**



$r = 0.37$
 $P < 0.01$
(Pearson)
 $r = 0.32$
 $P < 0.05$
(Spearman)

X-axis data from Becker's Hospital Review: <https://www.beckershospitalreview.com/finance/state-by-state-breakdown-of-federal-aid-per-covid-19-case.html>

Y-axis data from the CDC: https://www.cdc.gov/nchs/pressroom/sosmap/covid19_mortality_final/COVID19.htm

How reliable were the COVID tests?

If PCR testing often generates false positives, what are the odds a hospital patient will be misdiagnosed after getting tested multiple times?

Did high CARES payments incentivize hospitals and clinics to test more frequently?



From the Internet Archive: <https://archive.org/details/kary-mullis-with-pcr-you-can-find-almost-anything-in-anybody>



BPA Bulgarian Pathology Association

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COVID19 PCR Tests are Scientifically Meaningless

01.07.2020 BPA News No Comments

Though the whole world relies on RT-PCR to “diagnose” Sars-Cov-2 infection, the science is clear: they are not fit for purpose

From the Bulgarian Pathology Association: <https://bpa-pathology.com/covid19-pcr-tests-are-scientifically-meaningless/>

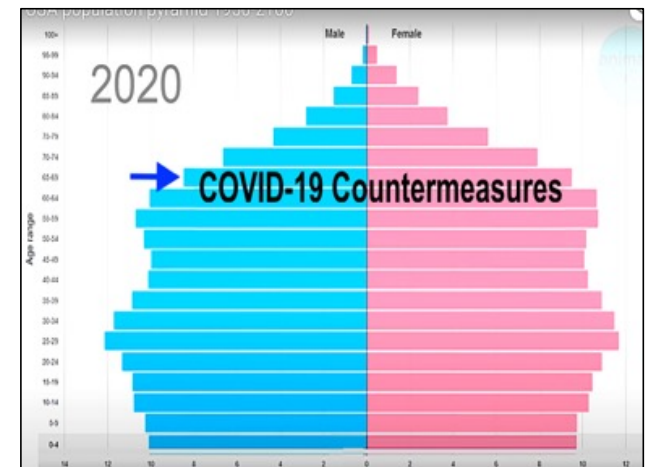
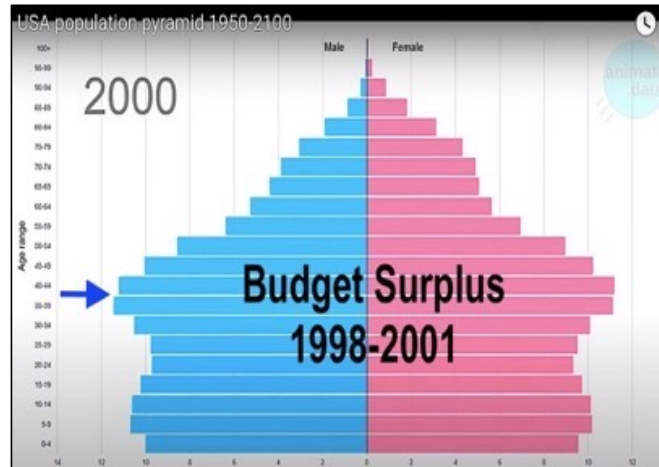
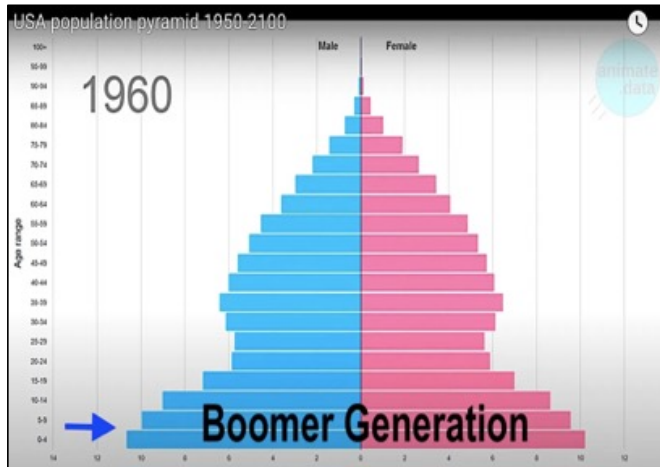
Could some “COVID” deaths be attributed to this anticipated rise in all-cause mortality*?

The term “boomer” refers to Americans born during the “baby boom” that happened after the end of World War II (1946 to 1964).

The budget surplus of 1998-2001 was largely driven by a critical mass of working Americans contributing record amounts of tax revenue during the 1980’s and 1990’s. This is when boomers were in their prime.

In 2020, boomers were between ages 56 and 76. This is when many of them started to die off.

*Hat Tip: Jonathan Couey of Gigaohm Biological <https://gigaohmbiological.com/>

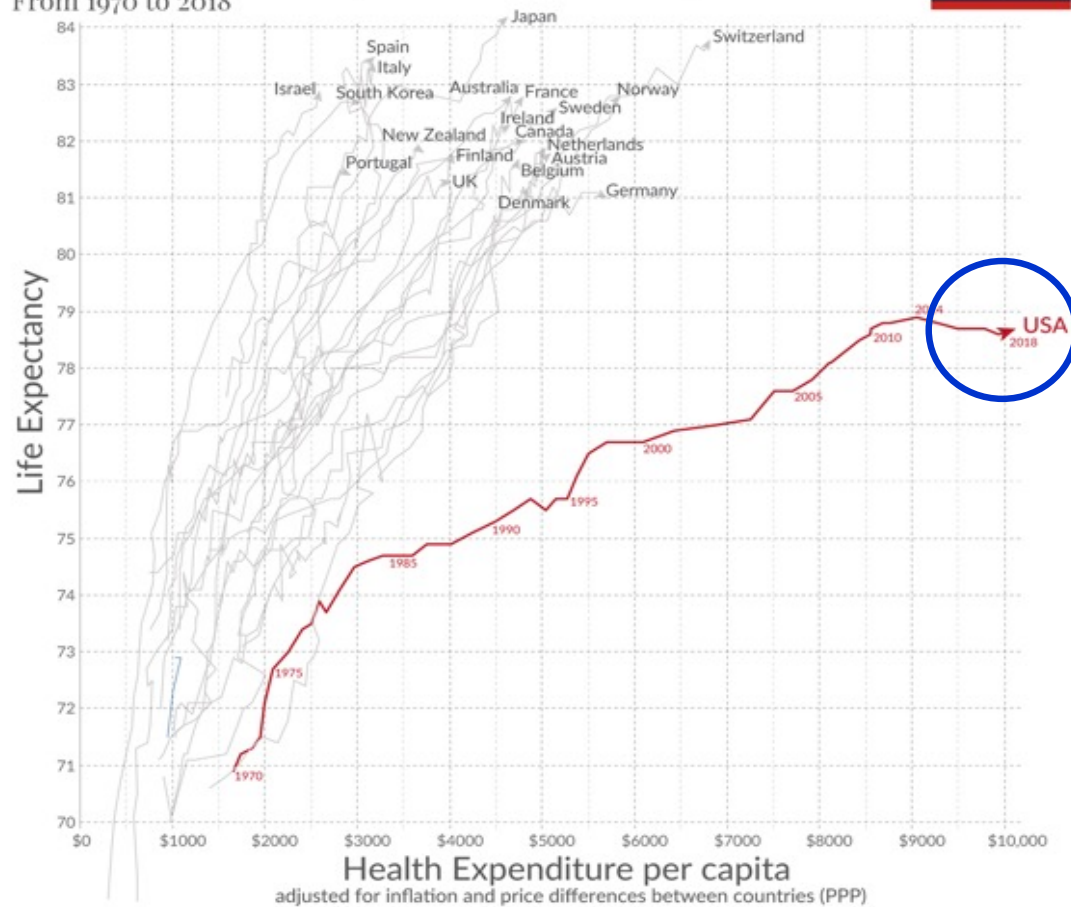


Video stills from AnimateData: <https://www.youtube.com/@AnimateData>

Life expectancy vs. health expenditure

Our World
in Data

From 1970 to 2018



Data source: OECD — Note: Health spending measures the consumption of health care goods and services, including personal health care (curative care, rehabilitative care, long-term care, ancillary services, and medical goods) and collective services (prevention and public health services as well as health administration), but excluding spending on investments. Shown is total health expenditure (financed by public and private sources). Licensed under CC-BY by the author Max Roser.

OurWorldinData.org – Research and data to make progress against the world's largest problems.

Could some “COVID” deaths be attributed to the recent decline in US life expectancy?

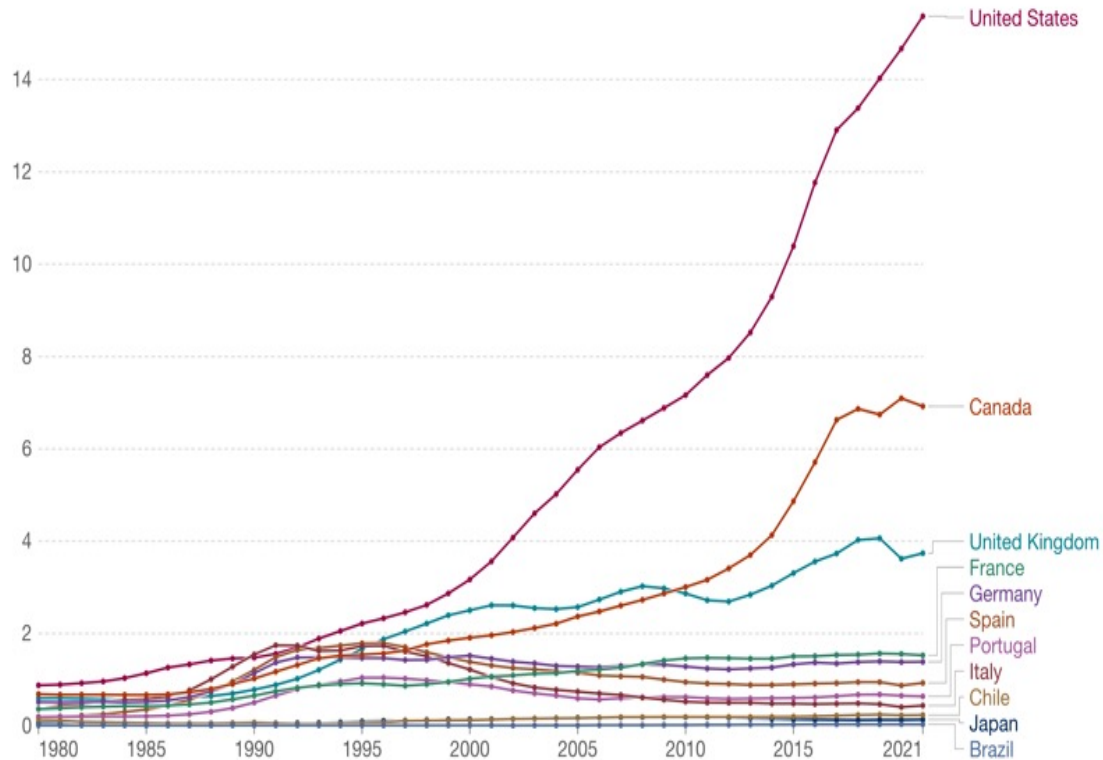
Why did life US life expectancy decline in 2016 *and* 2018!?

Max Roser (2020) - “Why is life expectancy in the US lower than in other rich countries?” Published online at OurWorldinData.org. Retrieved from: <https://ourworldindata.org/us-life-expectancy-low>

Opioid use disorder death rate, 1980 to 2021

Estimated annual number of deaths from opioid use disorders per 100,000 people.

Our World
in Data



Data source: IHME, Global Burden of Disease (2024)

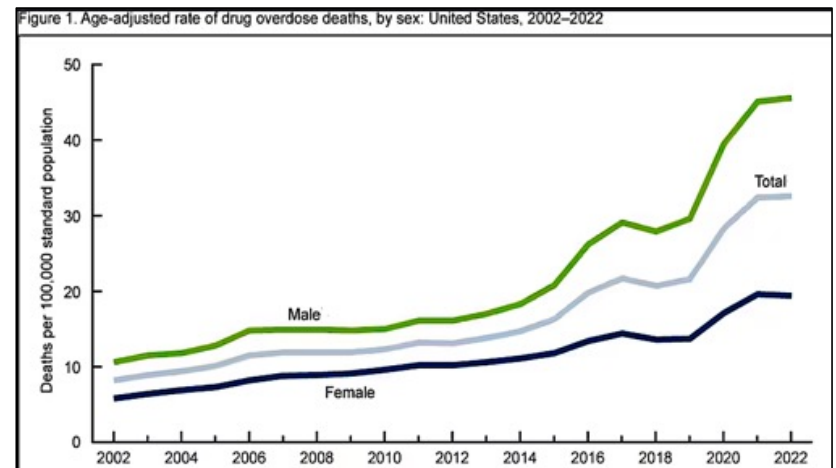
OurWorldinData.org/illicit-drug-use | CC BY

Note: To allow for comparisons between countries and over time, this metric is age-standardized¹.

1. Age standardization: Age standardization is an adjustment that makes it possible to compare populations with different age structures, by standardizing them to a common reference population. Read more: [How does age standardization make health metrics comparable?](#)

Could some “COVID” deaths be attributed to opioids?*

This chart from the CDC shows US drug overdose deaths spiking ...in 2020.



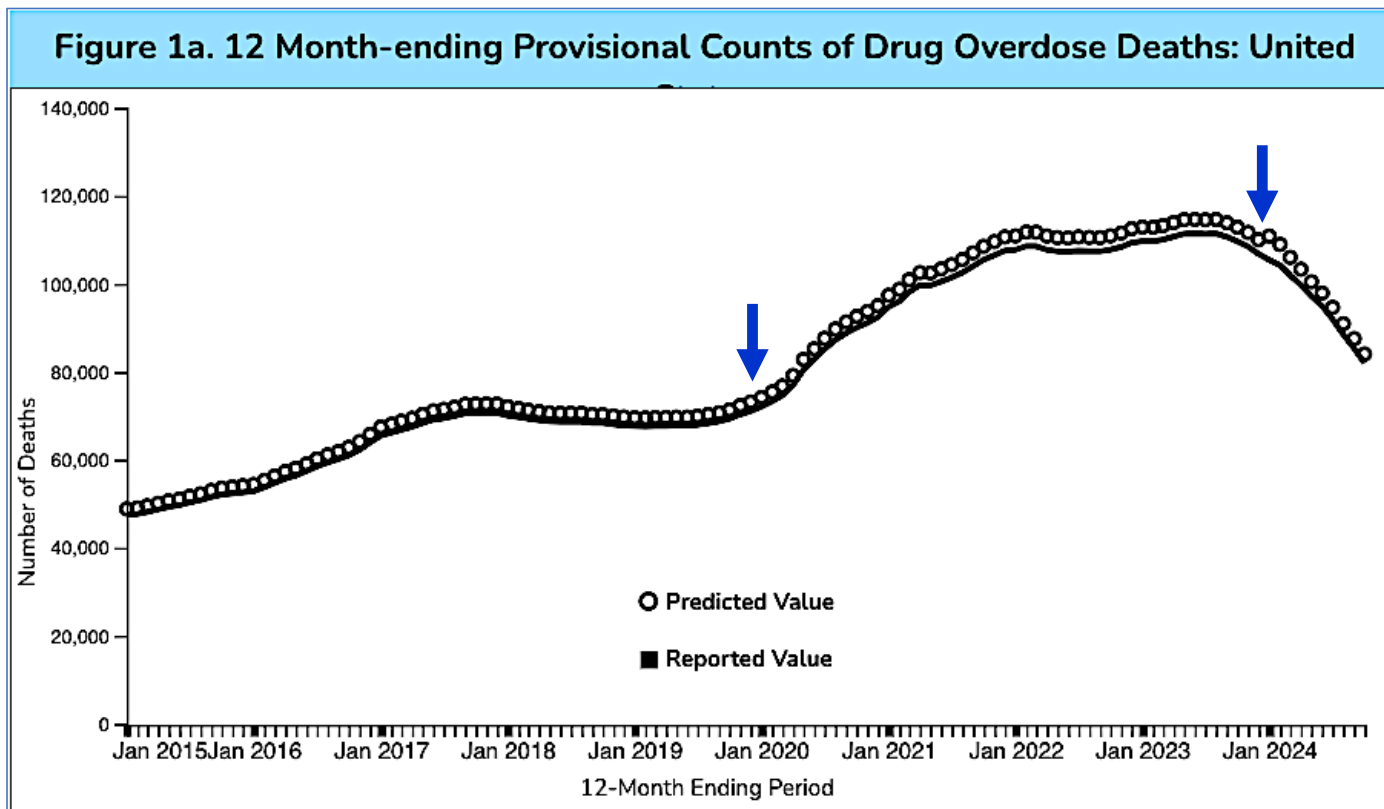
<https://www.cdc.gov/nchs/products/databriefs/db491.htm>

*Hat Tip: Mark Kulacz of Housatonic

<https://rumble.com/user/Housatonic>

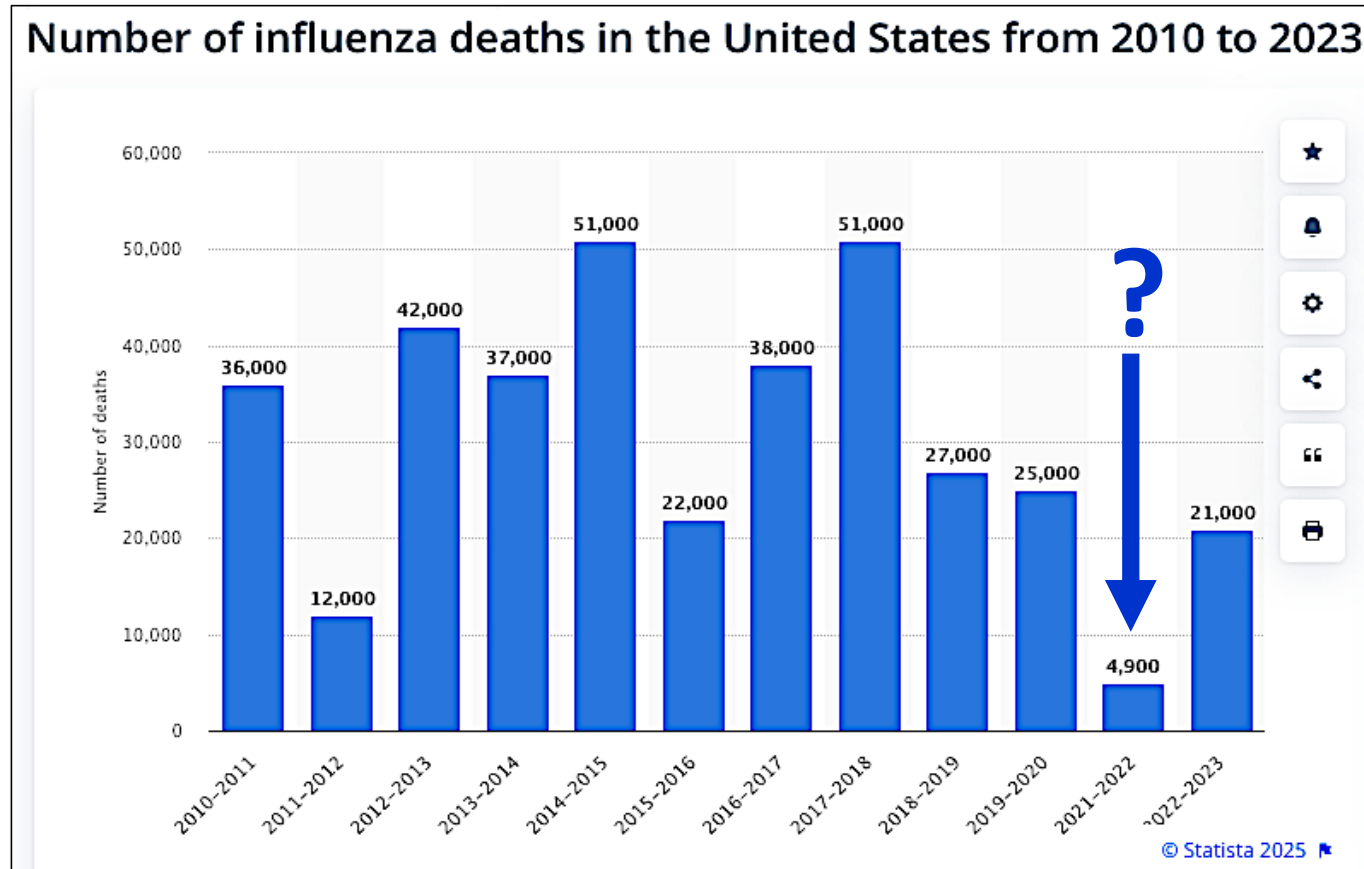
Max Roser (2020) - “Why is life expectancy in the US lower than in other rich countries?” Published online at [OurWorldinData.org](https://ourworldindata.org). Retrieved from: <https://ourworldindata.org/us-life-expectancy-low>

This interactive chart from the CDC indicates that about 416,000 Americans died from drug overdoses from January of 2020 to January of 2024 (about 100,000 per year).



Data downloaded from the CDC: <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

Could some “COVID” deaths be attributed to underreporting of the seasonal flu?



Data downloaded from Statista: <https://www.statista.com/statistics/1124915/flu-deaths-number-us/>

Did pandemic countermeasures make things worse?

The **Prep Act** of 2020 provided liability protection to health workers and manufacturers from all procedures and products designated as “pandemic countermeasures.”

<https://www.federalregister.gov/documents/2020/03/17/2020-05484/declaration-under-the-public-readiness-and-emergency-preparedness-act-for-medical-countermeasures>



Did the Prep Act liability protections and CARES Act funding incentivize US hospitals to prioritize novel countermeasures over patient needs?

Did novel recommendations like widespread intubation/ventilation, remdesivir (US), midazolam (UK), high-flow oxygen,* and the withholding of antibiotics do more harm than good?



Key Bridge Collapse in Baltimore (3/26/24)

Hanlon’s razor: Never attribute to malice that which can be adequately explained by incompetence or stupidity.

*Hat Tip: Mark Kulacz of Housatonic <https://rumble.com/user/Housatonic>

Widespread intubation/ventilation was “not for the patients’ benefit” but to “control the epidemic.”

Hospitals Retreat From Early Covid Treatment and Return to Basics; Changing practices, based on data and experience, appear to be improving outcomes for the sickest coronavirus patients

[Evans, Melanie](#). *Wall Street Journal (Online)* Dow Jones & Company Inc. Dec 20, 2020.

Last spring, doctors put patients on ventilators partly to limit contagion at a time when it was less clear how the virus spread, when protective masks and gowns were in short supply. Doctors could have employed other kinds of breathing support devices that don't require risky sedation, but early reports suggested patients using them could spray dangerous amounts of virus into the air, said Theodore Iwashyna, a critical-care physician at University of Michigan and Department of Veterans Affairs hospitals in Ann Arbor, Mich.

At the time, he said, doctors and nurses feared the virus would spread through hospitals. “We were intubating sick patients very early. Not for the patients' benefit, but in order to control the epidemic and to save other patients,” Dr. Iwashyna said “That felt awful.”


Ventilators can injure lungs by causing too much strain as the machines force in air. They deliver air and oxygen through a throat tube, which the body typically fights. “We've got gag reflexes that are pretty hard to go away, precisely to avoid things going into our lungs,” Dr. Iwashyna said.

Bonuses were given for remdesivir despite its questionable efficacy and problematic safety record.

November 6, 2020

JD SUPRA®

CMS Hikes Payment for COVID-19 Inpatients Treated With New Drugs, Links it to 20% Bonus


 HCCA
Health Care Compliance Association


Report on Medicare Compliance 29, no. 39 (November 2, 2020)

CMS said Oct. 28 that Medicare will pay hospitals extra when they treat inpatients with drugs or biologicals approved by the Food and Drug Administration (FDA) for COVID-19. The additional payments are linked to the 20% bonus hospitals already receive for COVID-19 MS-DRGs, and both require proof of a positive COVID-19 test, according to the fourth interim final rule with comment period (IFC).^[1] CMS also raised the specter of post-payment reviews.

Hospitals will receive an additional payment when treatment includes Veklury (remdesivir) or COVID-19 convalescent plasma to treat patients diagnosed with COVID-19. Like a new technology add-on payment, the cost of the drug won't be entirely folded into the MS-DRG.

WRITTEN BY:

 Health Care Compliance Association (HCCA)
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Posted in JD Supra: <https://www.jdsupra.com/legalnews/cms-hikes-payment-for-covid-19-19452/>

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The Strange Story Of Remdesivir, A Covid Drug That Doesn't Work

By *JV Chamary*, Former Contributor, Journalist and science communicator

Jan 31, 2021, 06:59pm EST

From Forbes: <https://www.forbes.com/sites/jvchamary/2021/01/31/remdesivir-covid-coronavirus/>

> Clin Pharmacol Ther. 2021 Apr;109(4):1021-1024. doi: 10.1002/cpt.2145. Epub 2021 Jan 16.

Remdesivir and Acute Renal Failure: A Potential Safety Signal From Disproportionality Analysis of the WHO Safety Database



Alexandre O Gérard^{1 2}, Audrey Laurain¹, Audrey Fresse², Nadège Parassol², Marine Muzzone², Fanny Rocher², Vincent L M Esnault¹, Milou-Daniel Drici²

From Clinical Pharmacology & Therapeutics:
<https://pubmed.ncbi.nlm.nih.gov/33340409/>

High-flow oxygen therapy may have also irreversibly damaged the lungs of some COVID patients.

LETTER TO THE EDITOR

Vol. 46. Issue 6. pages 353 (June 2022)

medicina
intensiva

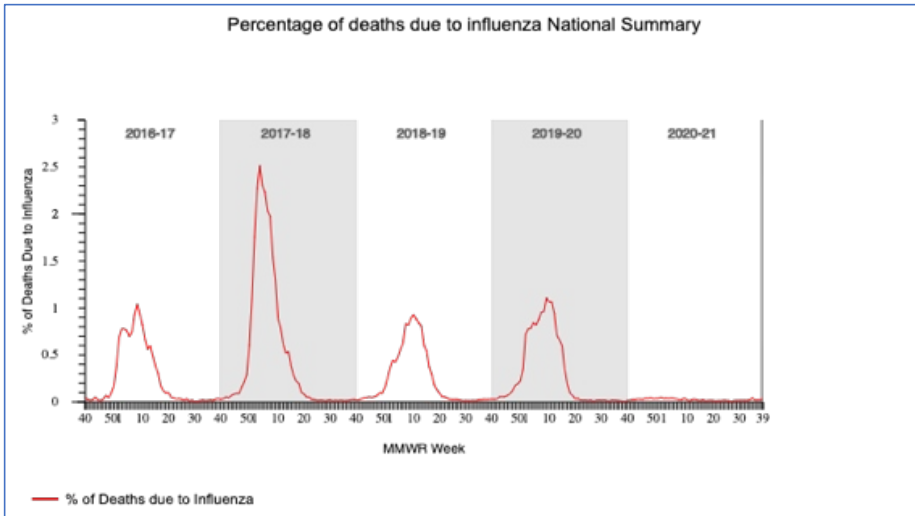
Pulmonary toxicity by oxygen and COVID-19

A. León-Jiménez, E. Vázquez-Gandullo , F. Montoro-Ballesteros

Unidad de Gestión Clínica de Neumología, Alergología y Cirugía Torácica, Servicio de Neumología, Hospital Universitario Puerta del Mar, Cádiz, Spain

The appearance of COVID19 has challenged respiratory support, and the need for applying elevated fractions of inspired oxygen has been a constant in many patients whether through high-flow nasal oxygen (HFNO) therapy or concomitantly to ventilation systems. However, the high mortality rates reported in cases of ARDS—an average of 39%—is indicative that, at least in some cases, the application of elevated concentrations of oxygen is worsening or triggering COVID-19³-related ARDS-like lesions. It could even cause a vicious circle that would create the need to increase the concentration of oxygen gradually in the air breathed in thus causing greater pulmonary impairment.

From Medicina Intensiva: <https://www.medintensiva.org/en-pulmonary-toxicity-by-oxygen-covid-19-articulo-S2173572722000777>

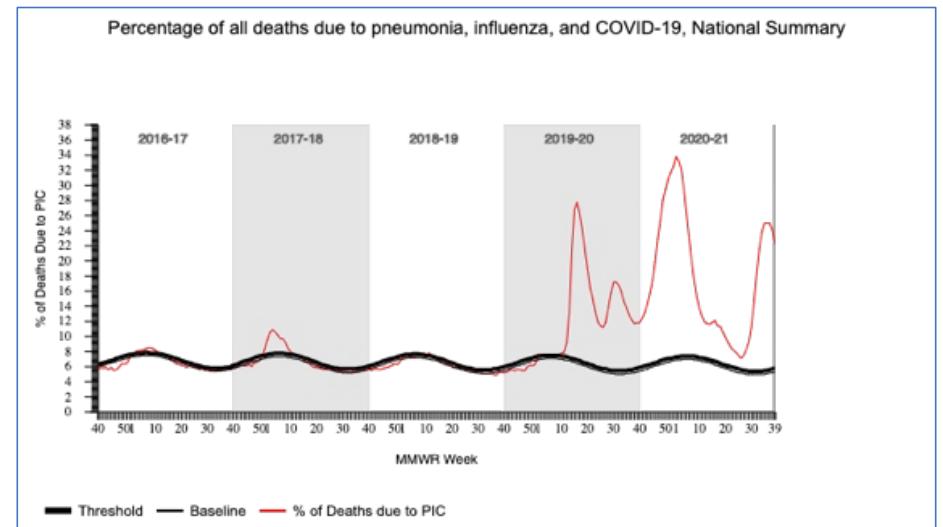
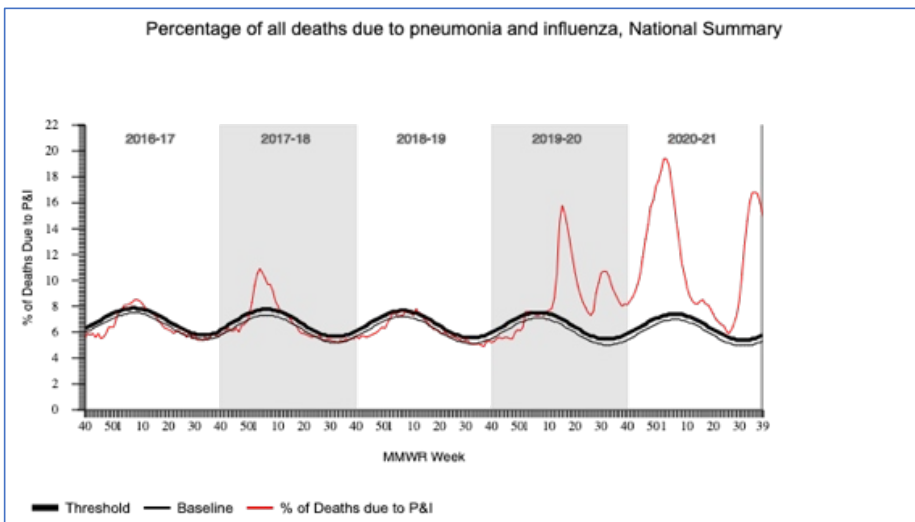


Why did influenza deaths “disappear” 2020-2021?

Why did pneumonia deaths spike 2020-2021?

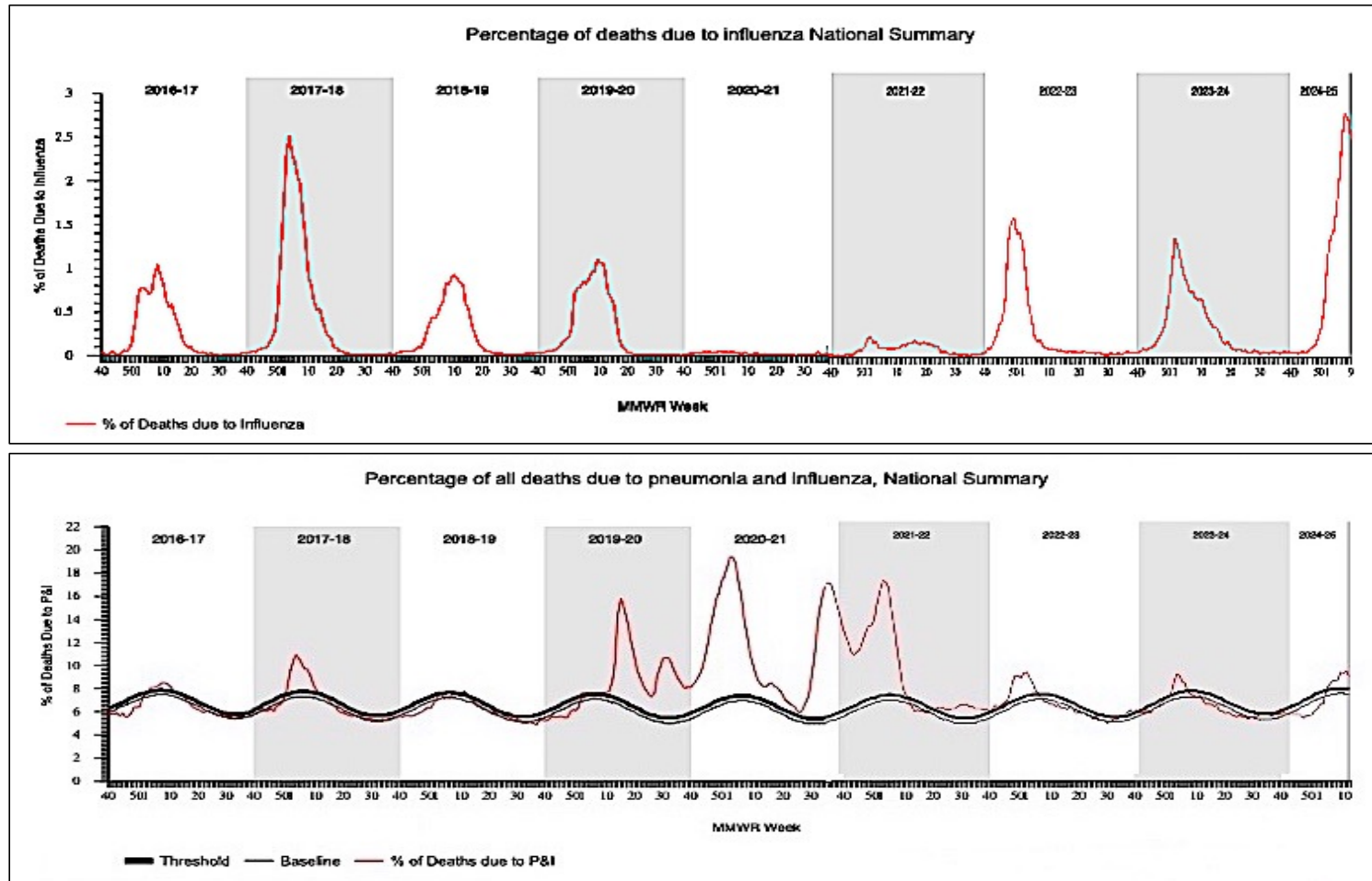
Why do pneumonia and COVID deaths coincide?*

*Hat Tip: Jonathan Couey of Gigaohm Biological <https://gigaohmbiological.com/>



Downloaded from the CDC: <https://gis.cdc.gov/grasp/fluview/mortality.html>

Why did influenza and pneumonia mortality return to “pre-pandemic” levels after 2022?



Downloaded from the CDC: <https://gis.cdc.gov/grasp/fluview/mortality.html>

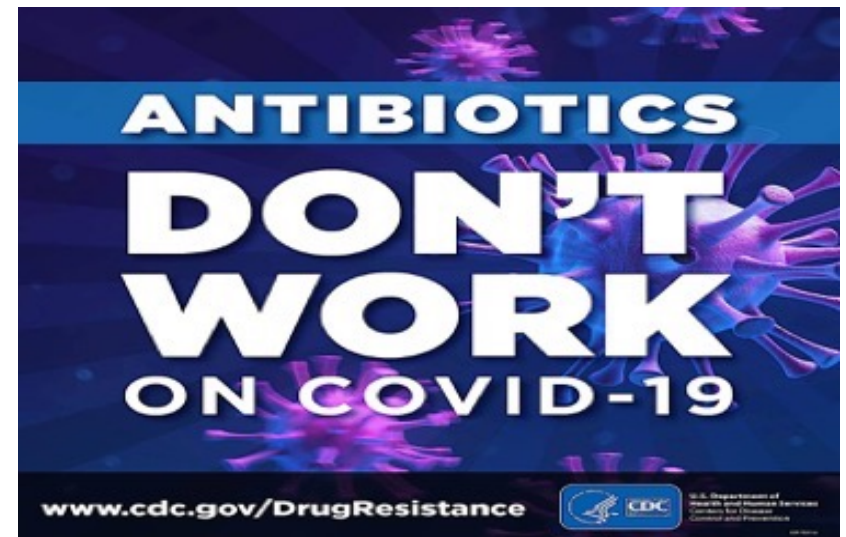
Did government recommendations prevent health workers from detecting the bacterial pneumonia brought about by prolonged exposure to high flow oxygen?

COVID-19 complications: High oxygen flow from ventilators changes microbiota, makes lungs vulnerable to damage

Myupchar • August 18, 2020, 15:45:25 IST



...high flow oxygen from mechanical ventilation promotes the growth of microbes (such as *Staphylococcus aureus*) in the lungs which can result in pneumonia and abscess. From First Post: <https://www.firstpost.com/health/covid-19-complications-high-oxygen-flow-from-ventilators-changes-microbiota-makes-lungs-vulnerable-to-damage-8723411.html>



From the CDC: <https://www.cdc.gov/antimicrobial-resistance/data-research/threats/COVID-19.html>

Septic shock is a well-known consequence of untreated pneumonia. How many instances of septic shock were mislabeled as a “cytokine storm”?

What really killed COVID-19 patients: It wasn't a cytokine storm, suggests study

by Northwestern University MAY 4, 2023

Medical  press

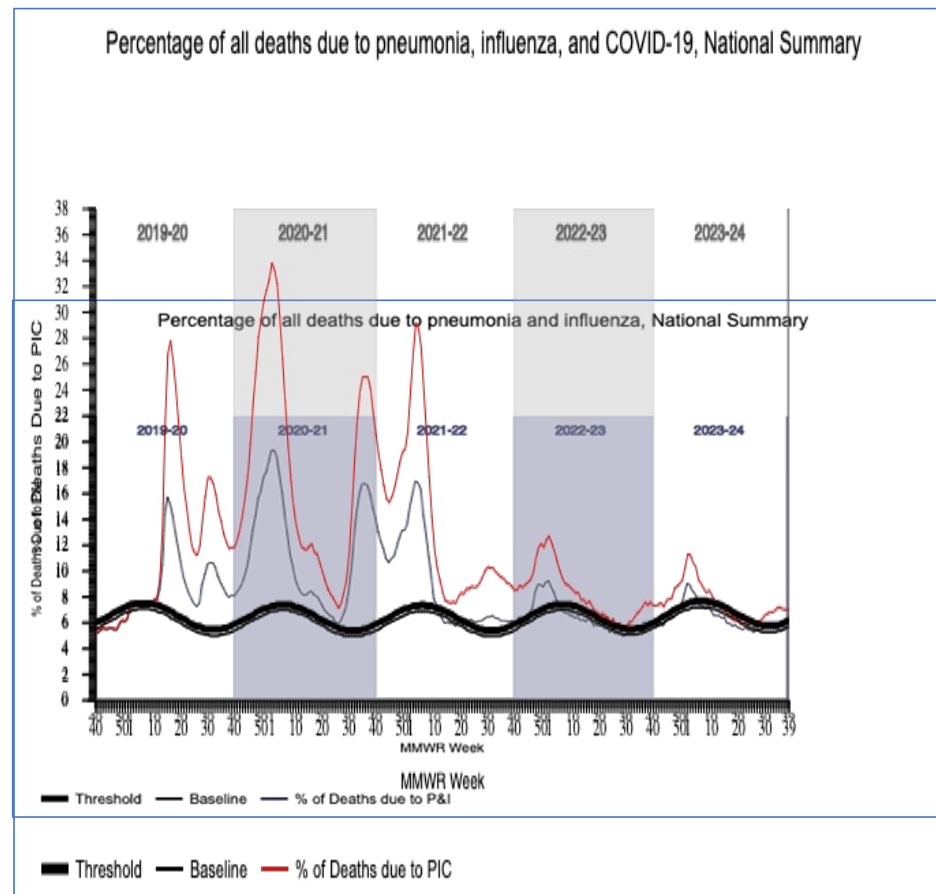


Credit: Unsplash/CC0 Public Domain

The investigators found **nearly half of patients with COVID-19 develop a secondary ventilator-associated bacterial pneumonia**...Those who were cured of their secondary pneumonia were likely to live, while those whose pneumonia did not resolve were more likely to die...**The study findings also negate the cytokine storm theory,**...

Downloaded from: <https://medicalxpress.com/news/2023-05-covid-patients-wasnt-cytokine-storm.html>

How many of these “COVID” deaths are the consequences of bacterial pneumonia?
How many “COVID” deaths could have been prevented by treatment with antibiotics?



Downloaded from the CDC: <https://gis.cdc.gov/grasp/fluview/mortality.html>

These articles report massive declines in antibiotic prescriptions in the US during the spring of 2020.

► Open Forum Infect Dis. 2023 Feb 22;10(3):ofad096. doi: [10.1093/ofid/ofad096](https://doi.org/10.1093/ofid/ofad096)

COVID-19 and Outpatient Antibiotic Prescriptions in the United States: A County-Level Analysis

Alisa Hamilton^{1,8}, Suprena Poleon², Jerald Cherian³, Sara Cosgrove⁴, Ramanan Laxminarayan^{5,6,7}, Elli Klein^{8,9,8,2}
 PMID: PMC10026546 PMID: [36949878](https://pubmed.ncbi.nlm.nih.gov/36949878/)

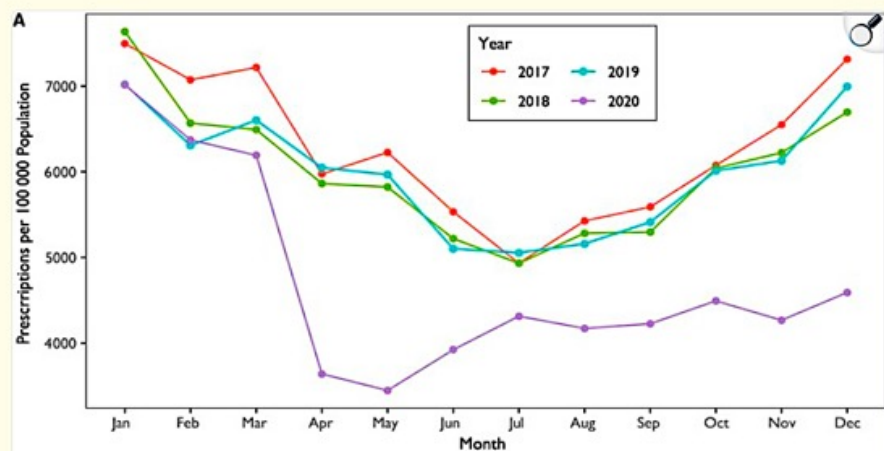
Trends in US Outpatient Antibiotic Prescriptions During the Coronavirus Disease 2019 Pandemic ^{FREE}

Laura M King ✉, Maribeth C Lovegrove, Nadine Shehab, Sharon Tsay, Daniel S Budnitz, Andrew I Geller, Jennifer N Lind, Rebecca M Roberts, Lauri A Hicks, Sarah Kabbani

Clinical Infectious Diseases, Volume 73, Issue 3, 1 August 2021, Pages e652–e660,
<https://doi.org/10.1093/cid/ciaa1896>

Published: 29 December 2020 Article history ▼

Figure 1.



Downloaded from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC10026546/>

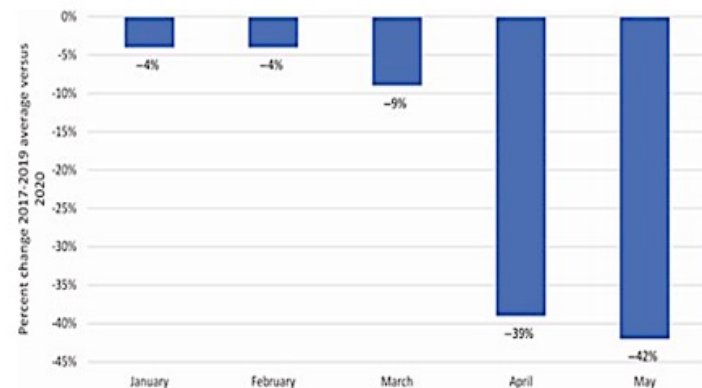


Figure 1. Estimated percent change in the number of patients with antibiotic prescriptions dispensed from retail pharmacies by month, 2017–2019 versus 2020, United States. Only systemic antibiotics were included. Data are from IQVIA Total Patient Tracker (January 2017–May 2020) and were accessed July 16, 2020.

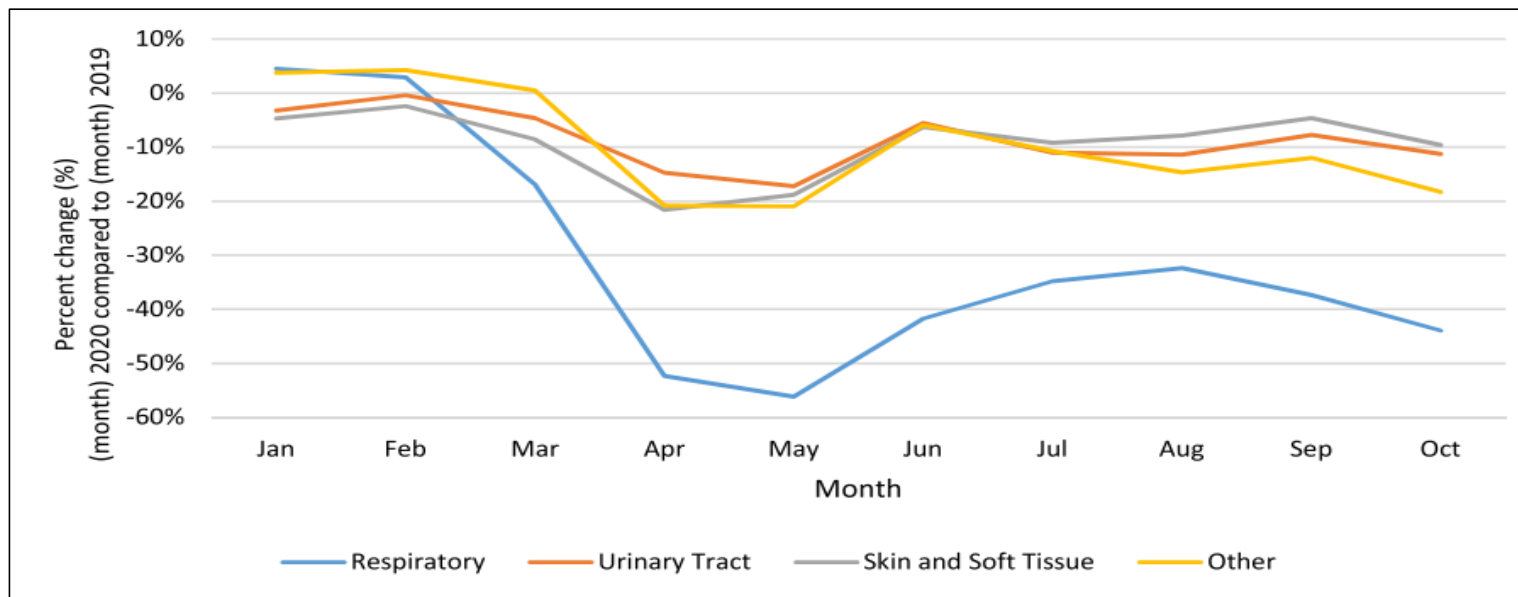
Downloaded from : <https://academic.oup.com/cid/article/73/3/e652/6054971>

This chart from Canada shows the steepest decline for treatment of respiratory infections.

The impact of COVID-19 on community antibiotic use in Canada: an ecological study

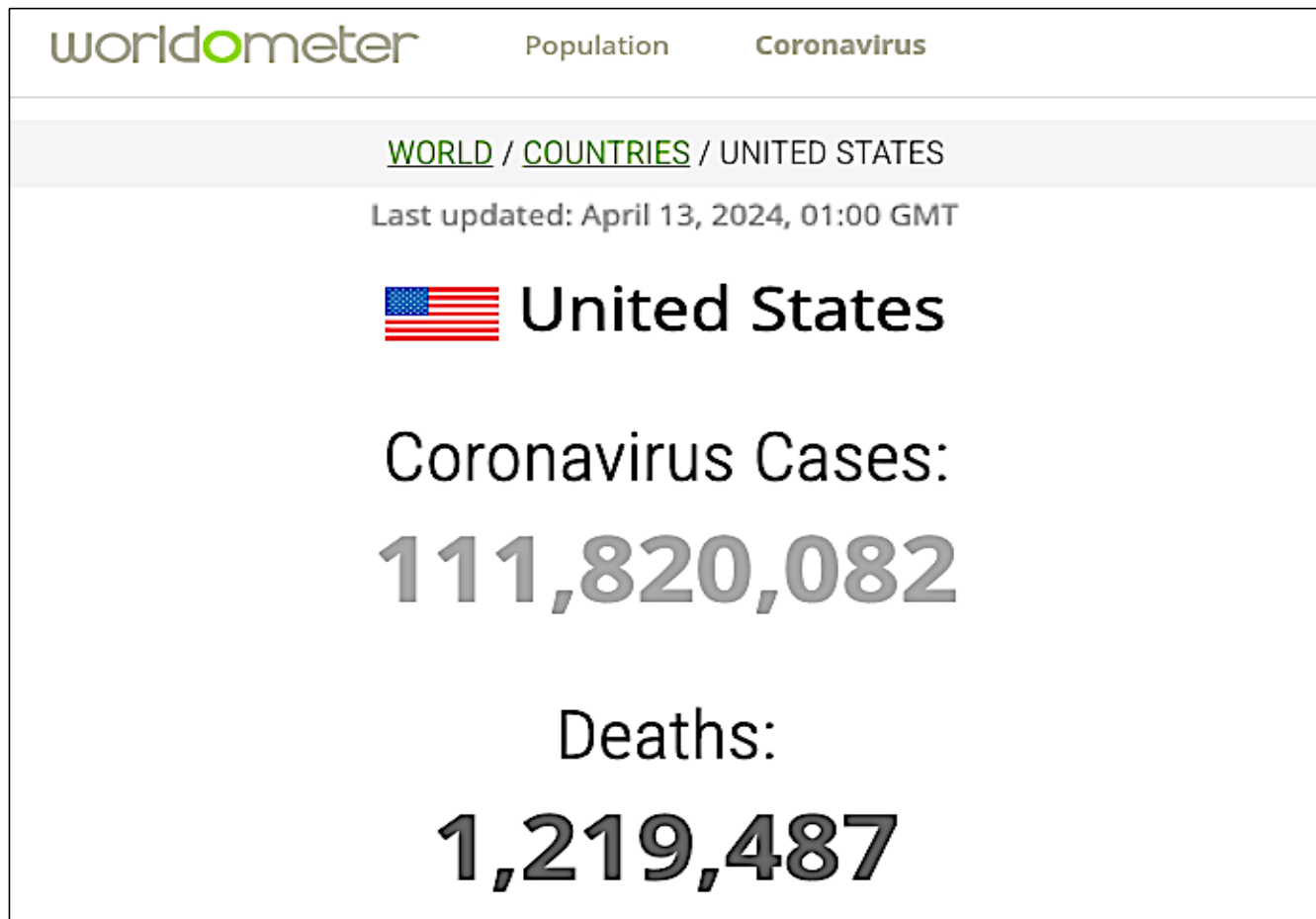
Clinical Microbiology and Infection 28 (2022) 426–432

Braden D. Knight ^{1,*}, Jayson Shurgold ¹, Glenys Smith ¹, Derek R. MacFadden ², Kevin L. Schwartz ^{3,4}, Nick Daneman ^{3,5}, Denise Gravel Tropper ¹, James Brooks ¹



Downloaded from : [https://www.clinicalmicrobiologyandinfection.com/article/S1198-743X\(21\)00614-5/pdf](https://www.clinicalmicrobiologyandinfection.com/article/S1198-743X(21)00614-5/pdf)

Will we ever learn the true number of Americans that died of COVID-19?



From the Worldometer: <https://www.worldometers.info/coronavirus/country/US/>

According to the CDC, *only 6%* of “COVID deaths” listed COVID-19 as the sole cause.

Provisional Death Counts for Coronavirus Disease 2019 (COVID-19)

Contents

[Daily Updates of Totals by Week and State](#)

[Excess Deaths Associated with COVID-19](#)

[Weekly Updates by Select Demographic and Geographic Characteristics](#)

[Index of Available Data Files](#)

[Health Disparities: Race and Hispanic Origin](#)

[Technical Notes](#)

Updated: August 19, 2020

Comorbidities

Table 3 shows the types of health conditions and contributing causes mentioned in conjunction with deaths involving coronavirus disease 2019 (COVID-19). For 6% of the deaths, COVID-19 was the only cause mentioned. For deaths with conditions or causes in addition to COVID-19, on average, there were 2.6 additional conditions or causes per death. The number of deaths with each condition or cause is shown for all deaths and by age groups.

From the CDC: https://web.archive.org/web/20200817174827/https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm

Good day,

Thank you for your query. Pneumonia deaths increased in 2020 through 2022 because pneumonia was a contributing cause of death in many COVID-19 deaths.

Regards,

National Center for Health Statistics (NCHS)
Centers for Disease Control and Prevention (CDC)

<https://www.cdc.gov/nchs/>



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