

The Forbidden COVID-19 Chronicles: September 27, 2021

Hospitalization Data

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The daily propaganda from our rulers is increasing in an attempt to keep people frightened and compliant. Even thinking people get a little worried when the media reports that hospitals are full and people are going to die in the parking lot because there are no beds. This is not true, but it has the desired effect. The sheep remain believers and do what they are told; and even the thinking people send emails to people like me asking if the stories are true. Part of me wants to respond with "Are you kidding me – they've been lying to us for 18 months and now you suddenly think they are telling the truth?" The other part of me takes a deep breath and responds with data. So here goes.

Let's start at the beginning. The propaganda campaign began with "2 weeks to flatten the curve" so that the hospitals would not be overwhelmed. In most areas, many hospitals were closed to create an artificial capacity problem, and temporary hospitals were built in convention centers and other public places. But remember what happened? In most areas the temporary hospitals never held a single patient. A hospital boat docked in New York harbor with 1000 beds had only 79 patients on board. With very few exceptions, the hospital system was not stressed. The temporary hospitals were dismantled, and billions of dollars were squandered. Remember?????

What people do remember is that we are supposed to be hysterical about hospitalizations, not that we were lied to AGAIN by the criminals. So now we are hearing that the hospitals are filling up and there is a crisis. So what is really going on?

First, the government requires that hospitals report every patient who tests positive for COVID to state and federal data bases. But there is no tracking for the degree of illness of these "positive" patients. And remember that the PCR test, which has been proven to have an error rate of 100%,¹ is still being used to report "cases."

Some hospitalized people do require significant intervention – they are really sick. Others – in fact most of the others - have mild symptoms, and my personal opinion is that many of these people would not even have gone to the hospital had it not been for 18 months of hysteria about THE FLU. And a lot of the patients are in the hospital for conditions that have nothing to do with COVID. The constant testing required before and during hospital stays gins up the numbers and increases reimbursement rates for those patients who are re-classified as "cases."

Two studies published in May that looked at hundreds of hospitalizations of children in California concluded that 40-45% of them were incidental cases – the children were admitted for other conditions and subsequently tested positive.^{2 3} Hospitalization rates

for children were already really low, and if reported accurately based on these studies, would make the incidence of childhood hospitalization for COVID statistically disappear. Accurate reporting would be better policy, but remember – it is difficult to terrorize children with masks at school and coerce parents into allowing kids to be injected with experimental products while telling the truth.

A study of adults involved looking at over 38,000 COVID hospitalized patients in Veteran's Administration Hospitals throughout the U.S. The researchers reported that from March 2020 through January 2021, 36% of patients had mild symptoms or were asymptomatic.

From mid-January through early June, that number increased to 48%. In other words, almost half of patients who are represented in data posted on the COVID dashboards were admitted for other reasons entirely or had mild symptoms.⁴

This shows that the metric of "hospitalizations" is useless and quite misleading for both informing the public and making public policy decisions. A significant percentage of patients who are hospitalized are there "with" and not "for" COVID.

In spite of this, health officials seem determined to frighten people with data – even if they have to invent it. A leaked zoom conference shows that employees at Novant Health System in North Carolina were looking for ways to inflate COVID numbers in order to scare people into getting COVID vaccines.

In this video, Mary Kathryn Rudyk, a physician at the medical center, asks Carolyn Fisher, the hospital's marketing director, how to inflate the number of people classified as COVID-19 patients for the purpose of generating fear in the unvaccinated.

The video starts with Carolyn Fisher explaining how her department is communicating "meaningful numbers"—the percentage of the unvaccinated, vaccinated, and percentage of deaths in the Intensive Care Unit to the public.

Dr. Rudyk then says, "I think we have to be more blunt, we have to be more forceful—we have to say something coming out—if you don't get vaccinated, you know you are going to die. Let's just be really blunt to these people."

Rudyk then asks if post-COVID cases can be included in the number of people hospitalized for COVID-19. "My feeling at this point in time is that maybe we need to be completely a little bit more scary for the public. There are many people still hospitalized that we're considering post-COVID, but we are not counting in those numbers, so how do we include those post-COVID people in the numbers of patients we have in the hospital?"

Fisher responds by asking if she meant every patient who has been in the hospital “since the beginning of COVID?”

Rudyk answers, “Well, that are still in, and that’s something I can take to someone else, but I think those are important numbers: the patients that are still in the hospital, that are off the COVID floor, but still are occupying the hospital for a variety of reasons.”

Shelbourn Stevens, president of New Hanover Regional Medical Center, then says that those patients are classified as “recovered.” “But,” he says, “I do think, from our standpoint, we would still consider them a COVID patient because they’re still healing.”

Rudyk agrees, stating that she thinks those patients need to be “highlighted as well, because once they’re off isolation, they drop from the COVID numbers,” which then prompts Stevens to say that they can later talk offline about “how we can run that up to marketing.”⁵

All of this is appalling. And, unfortunately, it is just the tip of the iceberg. We’ve been lied to again, and again, and again for 18 months by thousands of people in government, healthcare, and the media. It means that we cannot trust anything government and health officials tell us, and almost nothing told to us by the mainstream media. If the media reported that today is Monday, I’d check three times to make sure.

¹ Gina Kolata. Faith in Quick Test Leads to Epidemic That Wasn’t. *New York Times* Jan 22 2007

<https://www.nytimes.com/2007/01/22/health/22whoop.html> accessed 9.2.2020

² Kushner LE, Schroeder AR, Kim J, Mathew R. “For COVID” or “With COVID”: Classification of SARS-CoV-2 Hospitalizations in Children.” *Hospital Pediatrics* May 2021, e2021006001; DOI:

<https://doi.org/10.1542/hpeds.2021-006001>

³ Webb NE, Osburn S. “Characteristics of Hospitalized Children Positive for SARS-CoV-2: Experience of a Large Center.” *Hospital Pediatrics* May 2021, e2021005919; DOI: <https://doi.org/10.1542/hpeds.2021-005919>

⁴ Fillmore N, La J, Zheng C, Doron S, Do N, Branch-Elliman W. “The COVID-19 Hospitalization Metric in the Pre- and Post-vaccination Eras as a Measure of Pandemic Severity: A Retrospective, Nationwide Cohort Study.” <https://www.researchsquare.com/article/rs-898254/v1> accessed 9.22.2021

⁵ Matt McGregor. Leaked Zoom Video Reveals Hospital Officials Discussing COVID-19 Scare Tactics. *Epoch Times* Sept 14 2021