

COVID Data: ‘How Could the CDC Make That Mistake?’

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Global Research, May 26, 2020

[The Atlantic](#) 21 May 2020

Region: [USA](#)

Theme: [Intelligence](#), [Science and Medicine](#)

We bring to the attention of Global Research readers selected excerpts from a carefully researched article published by the Atlantic, which documents the manipulation of CDC data pertaining to the corona-virus. Of significance: the recorded COVID data set guidelines for the reopening of State economies.

This is an important study. It corroborates several other reports including articles by medical doctors published by Global Research.

The government’s disease-fighting agency is conflating viral and antibody tests, compromising a few crucial metrics that governors depend on to reopen their economies. Pennsylvania, Georgia, Texas, and other states are doing the same.

The Centers for Disease Control and Prevention is conflating the results of two different types of coronavirus tests, distorting several important metrics and providing the country with an inaccurate picture of the state of the pandemic. We’ve learned that the CDC is making, at best, a debilitating mistake: combining test results that diagnose current coronavirus infections with test results that measure whether someone has ever had the virus. The upshot is that the government’s disease-fighting agency is overstating the country’s ability to test people who are sick with COVID-19. The agency confirmed to *The Atlantic* on Wednesday that it is mixing the results of viral and antibody tests, even though the two tests reveal different information and are used for different reasons.

This is not merely a technical error. States have set quantitative guidelines for reopening their economies based on these flawed data points.

Several states—including Pennsylvania, the site of one of the country’s largest outbreaks, as well as Texas, Georgia, and Vermont—are blending the data in the same way. Virginia likewise mixed viral and antibody test results until last week, but it reversed course and the governor apologized for the practice after it was covered by the [Richmond Times-Dispatch](#) and [The Atlantic](#). Maine similarly separated its data on Wednesday; Vermont authorities [claimed they didn’t even know](#) they were doing this.

The widespread use of the practice means that it remains difficult to know exactly how much the country’s ability to test people who are actively sick with COVID-19 has improved.

“You’ve got to be kidding me,” [Ashish Jha](#), the K. T. Li Professor of Global Health at Harvard

and the director of the Harvard Global Health Institute, told us when we described what the CDC was doing. "How could the CDC make that mistake? This is a mess."

Our thanks to The Atlantic and the authors of this article

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