

# Cash4Covid – How Hospitals are Making Money Off the Coronavirus

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by [Kit Knightly](#), *Off Guardian*

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*We've known for weeks that hospitals get payments for diagnosing Covid19, and even using ventilators. That should worry everyone.*

Hospitals in the US are getting money for diagnosing Covid19. They get more money if those patients are then put on ventilators. It's time we really started thinking about what that means.

Early on in the launch of the Sars-Cov-2/Covid19 “pandemic”, it was revealed by Dr Scott Jensen that [hospitals in the US were getting paid bonuses for diagnosing Covid19](#) in their patients, and then larger bonuses again if those patients were put on ventilators.

We're not fact-checking that. We don't need to. It's already been done.

As soon as his words were aired, the “independent fact checkers” descended upon them in an effort to prove him wrong. They could not. Resorting instead to weasel words and obfuscations.

Snopes found his assertions "[plausible](#)", Politifact called it "[half true](#)", and [FactCheck](#) said it was true, writing:

*Recent legislation pays hospitals higher Medicare rates for COVID-19 patients and treatment...*

Before adding:

*...but there is no evidence of fraudulent reporting."*

Which is funny because, to that point, nobody had suggested anything fraudulent. Jensen himself went out of his way to say he didn't think there was any fraud, but there was an "avenue" for it.

Obviously the "fact checkers" agreed, because they *all* felt the need to add very similar qualifications.

The very fact they rushed to pre-emptively defend the practice illustrates how potentially corrupt it is.

The key fact here, established and unchallenged, is that the CARES act *does* direct a 20% bonus Medicaid payment to hospitals for every diagnosis of Covid19, and a greater payment again for the use of a ventilator.

As I said, we're not fact-checking that. And we *can't* fact-check whether or not there is "fraudulent reporting", but there's no denying that these payouts potentially incentivise artificially inflating case numbers.

How big an incentive are we talking about?

The CARES act channelled \$175bn dollars into the "fight" against coronavirus, including \$15 billion purely for [treating COVID patients without insurance](#).

15 BILLION dollars. That's a lot of extra money.

You couldn't blame a doctor for gaming the system to get a little for his struggling, under-funded clinic. For labelling some [unknown respiratory illness "Covid19"](#), or [re-ordering a test known to create false-positives](#) until he gets the result which may pay a nurse's salary, or re-stock a pharmacy.

If a few thousand doctors do that a few hundred times each, you've created a "pandemic" out of nowhere, with a comparatively small outlay and 99% of those involved believing they're doing the right thing.

The American medical system is broken, of course. Has been for decades, and Dr Jensen's revelations received a comparatively large amount of coverage which people in the UK and Europe largely filed away as "just American healthcare doing American healthcare things".

What received markedly less coverage is the fact the UK's NHS has its own Covid money problem.

We don't know if they operate a similar "money for diagnosis" system, and when we contacted the NHS to clarify this we were passed around various NHS offices before eventually being totally ignored. We received no answer to the question at all.

We do know that the NHS has received [over £14 billion in extra funds](#) since the crisis erupted. Which doesn't include all the money saved from running the NHS at [well under capacity](#) for over three months.

On March 17th Sir Simon Stevens, Chief Executive of the NHS, sent out [this letter](#) to the chairs of every NHS trust, as well as GP surgeries and other NHS providers that explains how that money will be spent. Including:

*Nationally we are now in the process of block-buying capacity in independent hospitals.*

Which means paying private hospitals to keep beds empty.

And:

*Additional funding to cover your extra costs of responding to the coronavirus emergency [...] financial constraints must not and will not stand in the way of taking immediate and necessary action*

Which means that the more a hospital “responds” to the “emergency” – ie. the more tests they run, the more non-Covid patients they discharge to make room for the “surge”, and the more operations they cancel – the more money they get.

Though couched throughout in the subtly deceptive language of the British bureaucrat, there’s no denying the implications of some of the content.

There’s more than enough hints here suggesting huge potential for transferring public money into private hands.

But that’s not the worst of it.

Wasting millions of pounds “bulk buying” bed space in private hospitals and contracting emergency “Nightingale” hospitals to do nothing but stand empty – as well as a host of “estimated expenditures” and other “reimbursements” – well, that starts to reek of corruption, perhaps even embezzling. Obviously morally bankrupt, but corruption is expected in a capitalist system. Breakage. The cost of doing business.

What’s worse – where this gets really shady – is around the questions of ventilators.

The Stevens letter says this on the subject of mechanical ventilation:

*National procurement for assisted respiratory support capacity, particularly mechanical ventilation, is also well under way in conjunction with the Department of Health and Social Care. In addition, the Government is working with the manufacturing sector to bring new manufacturers online.*

Invasive mechanical ventilators are not a first-choice treatment for patients with respiratory viruses, so channelling fund to manufacturers is, at best, wasted money. However, I can't find any direct evidence that NHS hospitals have a financial incentive to *use* ventilators.

But there is absolutely no denying that American hospitals *do*.

Ventilators are known to likely make respiratory conditions much worse by damaging the lungs. A lot of times [putting someone on a ventilator is a death sentence](#). We've been told that by [several whistleblowers](#), not to [mention medical experts](#).

Put those two bits of information together.

Hospitals in the US – and perhaps other countries – are therefore **employing treatments they know may kill their patients, in order to secure money.**

There is a hard reality here we've all been slowly becoming aware of for a while now. It's time we looked it square in the face.

Look at this in context. Look at the tests which cause false positives, and the coroner guidelines being changed. Consider the nursing home deaths, the enforced illegal use of DNRs and how at odds all of that is with the actual threat of the virus. It's all coming together to form a very disturbing picture.