Texas nurses work daily with patients who have COVID-19 and want to help everyone understand more about the virus. Here are some of the most common myths they hear and facts from the scientific and research community.

### 5G POISONING

**“The symptoms don’t come from a virus.”**

If this was the case, people would only get sick near 5G towers, but we know that **people in countries without 5G** are also sick. In addition, the SARS-CoV-2 virus has been isolated from people who are sick.

### FAKE VIRUS

**“COVID-19 doesn’t exist. I don’t know anyone who had it.”**

Many reliable news sources worldwide have reported on COVID-19 since March 2020 or even earlier. Testing and other data is collected constantly by universities, non-profits, government health departments and research facilities. Nurses and other health care workers are risking illness to care for those with COVID-19. Because of distancing and sick people isolating themselves, some people may not realize they know someone who has been infected.

### INFLATED DEATH RATES

**“Hospitals just want to get more money.”**

There is no evidence that hospitals are deliberately misclassifying COVID-19 cases for **financial reasons**. The Kaiser Family Foundation found the amount that Medicare pays hospitals to treat patients with COVID-19 is about the same as what they paid for other infections with major complications. Many deaths counted as COVID-19 deaths occur due to pneumonia, heart attack or stroke; they are counted as COVID-19 deaths because they would not have happened without the effects the virus has on the body. It is more likely that the count is actually smaller than the actual number of deaths due to people dying at home or dying without a test.

### A MAN-MADE PANDEMIC

**“SARS-CoV-2 was created in a lab or released from a lab.”**

There is **no evidence or data** that COVID-19 started in a lab or was **released deliberately**. SARS-CoV-2 is a unique virus and would be difficult to make “from scratch.” Also, the genetic code of the virus is similar to wild SARS viruses and not to the strains used in labs. Regardless of its origin, we still need to handle it in the same way: social distancing, mask wearing, increased testing and contact tracing until a reliable therapy or vaccine is developed.