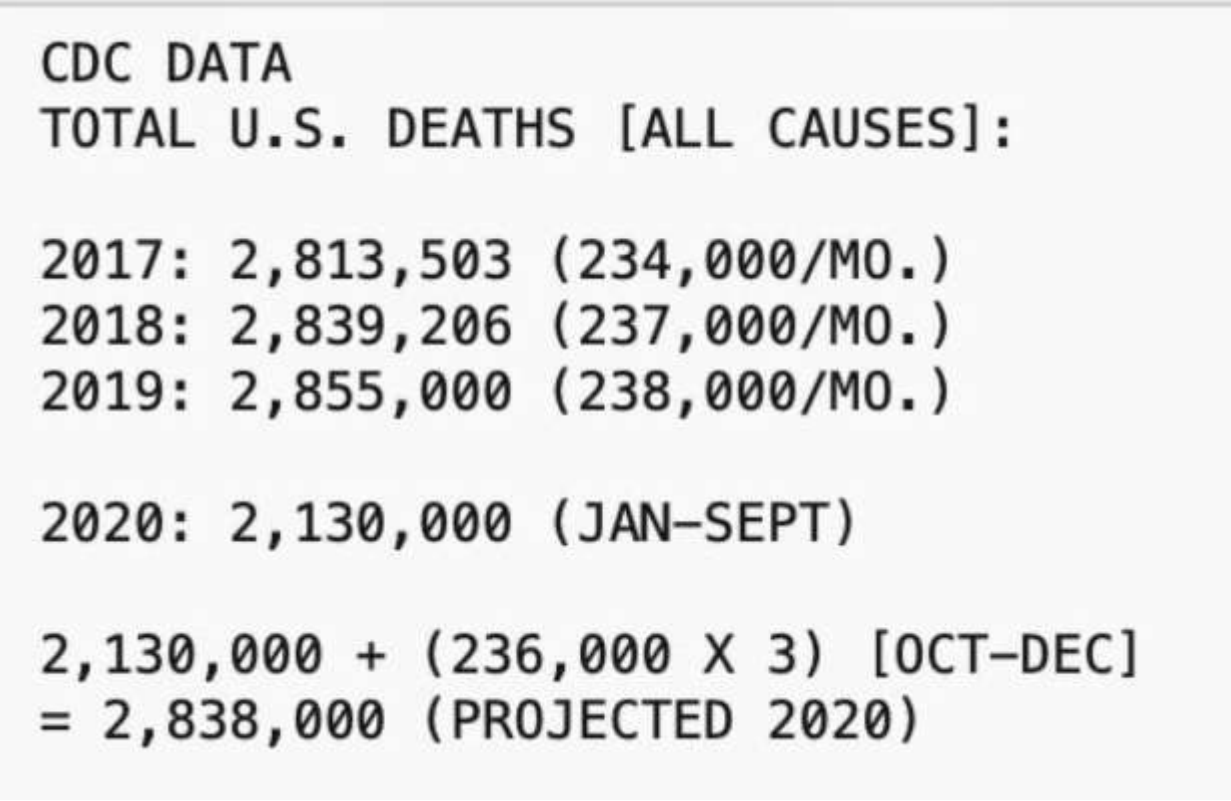
CDC Deception Scam
On
Covid-19 / 5G Sickness

Part 2

Statistics Show that the Number of People who Died in the U.S. in 2020 Will be the SAME as Previous Years, in Spite of COVID

by Brian Shilhavy
Editor, Health Impact News



The COVID19 scam of 2020 is quickly unraveling, as more and more people are waking up to the fact that the public has been lied to when it comes to COVID19, and the government actions taken in the name of COVID that have destroyed so many lives have been completely unnecessary, as millions of people around the world now are taking to the streets and demanding their freedom back from COVID medical tyranny.
The PCR test, which is the main test used to determine if someone is COVID positive or not, is now universally accepted by top scientists around the world as being a faulty test. Please see our page on COVID testing in our COVID Information Center here.

It has also been widely reported now that doctors and hospitals have used this faulty test to label people as "positive COVID cases" even if they do not show any symptoms of COVID or being sick. Hospitals have a financial incentive to label someone as "COVID positive" as well.

Earlier this month (November, 2020) I reported how the CDC, in an unprecedented move, largely stopped tracking cases of influenza for the 2020-2021 flu season. See:
In Unprecedented Move CDC Stops Tracking Influenza for 2020-21 Flu Season

So when people die of cancer, heart disease, and many other historical leading causes of death in the U.S., but test positive for COVID and are then claimed as a "COVID death," we would expect to see only a slight increase of overall deaths nationwide over the course of time, or no increase of deaths at all, depending on how widespread the scam really is.

Well, as we draw near to the end of 2020 and start crunching the numbers, it appears that when 2020 closes out, about the same amount of people will have died in the U.S. this year as 2019, and 2018, and 2017.

If you are waiting for an actual increase in deaths over the course of a time period, like a calendar year, then you're going to have to wait until next year, after the COVID vaccine is injected into BILLIONS of people, because then we will see REAL increases in deaths.

And that's been the goal all along.

Johns Hopkins Student Newsletter Accidentally Published the Truth – And Then was Forced to Retract it

Johns Hopkins University is considered the authoritative place to get statistics related to COVID19. It mirrors what is published on the Worldometer website, even though nobody seems to know who runs this website, and exactly how these statistics are compiled. See:
Not a Single COVID-19 Test is FDA Approved – Do We Really Know Who has COVID-19 and Who Does Not?

Last week, a student newsletter published at Johns Hopkins University seemingly accidentally published the truth showing that the CDC statistics for deaths show that there is no increase this year. They wrote:

These data analyses suggest that in contrast to most people's assumptions, the number of deaths by COVID-19 is not alarming. In fact, it has relatively no effect on deaths in the United States. (Source.)

Whoops! Apparently the Globalists controlling the COVID narrative were not monitoring Johns Hopkins University students closely enough to censor this kind of information before it was published!

Imagine that! Students were doing what students are supposed to do; researching and following the statistics to find out the truth!

The paper was very quickly pulled off of the Internet the same day it was published, but not before some in the Alternative Media was able to capture screen shots and report about it.

Getting caught with their pants down, apparently, the University was forced to deal with it, and had the students retract the study as they attempted to do damage control.

A few days later they had someone named YANNI GU try to cover up the damage in an article published here.

We have a copy of the retracted article here.

CDC is Manipulating the Data

Corey Lynn of Corey's Digs just published a new article today exposing how the CDC is manipulating data to keep the COVID narrative alive and justify medical tyranny. It's titled: CDC's New "PIC" and The Hidden Data

Some excerpts:

Most people aren't aware that the CDC has lumped influenza together with Covid and pneumonia in death rates with a new name called "PIC."

This comes after the CDC confirmed that only 6% of Covid-related death certificates indicate Covid as the only cause, while 94% list other illnesses as the cause with an average of 2.6 comorbidities.

In other words, if someone was in the hospital dying of heart disease and they tested everyone for Covid to separate them to other rooms or wings, Covid was marked on their death certificate.

A perfect example of this is a nurse Corey's Digs recently spoke with who had four deaths at her hospital. Two were in hospice care, one died of stage four cancers, and the other died of end stage COPD, but all four were documented as having Covid, so those deaths get added to the tallies being told to the public, who are none the wiser.

What does that do to the actual statistics?

One of the most incredible things happening right before everyone's eyes is the subversion of data by the Covid Tracking Project, the CDC, Johns Hopkins, legacy news media, and numerous other sources.

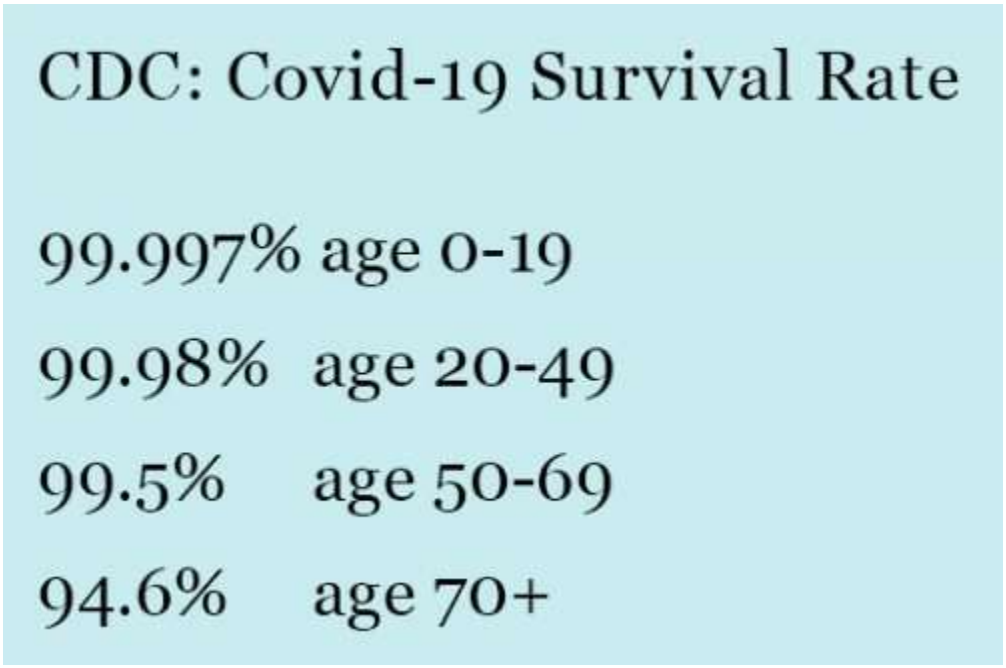
This is sheer tricky, and a far cry from "science."

They like to refer to this trickery as “PIC,” their new method for counting Covid deaths by lumping them in with pneumonia and influenza.

Not only that, but the number of life-threatening conditions people died from, who happen to test positive for Covid, are staggering.

They are basing lockdowns, restrictions, mask mandates, and crushing the economy on COVID deaths, but refuse to reflect COVID ONLY deaths.

And yet, despite all of this manipulation, the fact of the matter is, the survival rate would only go up from what is already incredibly high.

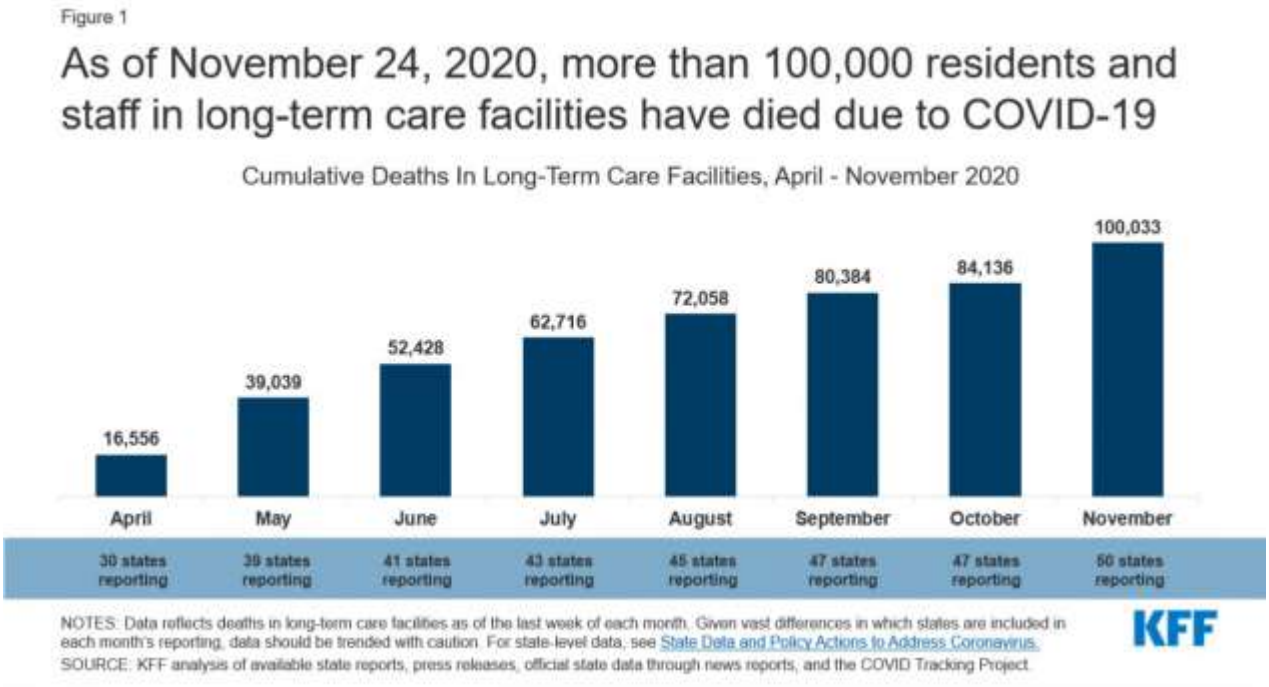


In a second report, the Kaiser Family Foundation revealed more unnerving dishonest reporting on the Covid-19 deception.

As of the last week of November, Covid-19 has claimed the lives of more than 100,000 people who live and work in long-term care facilities in the United States, according to the Kaiser Family Foundation's latest analysis of state-reported data.

The following chart depicts the growth in Covid-19 deaths among nursing home residents and staff in the U.S. since April. According to the Kaiser Family Foundation (KFF), 40% of the nation's Covid-19 deaths have occurred in long-term care facilities.

Figure 1



"While early action to prevent the spread of coronavirus in long-term care facilities led to strict protocols related to testing, personal protective equipment, and visitor restrictions," KFF pointed out that "several of these measures have been reversed in recent months, and some long-term care facilities continue to report shortages of PPE and staff."

According to physician and public health expert Michael Barnett, 7.7% of the nation's nursing home residents, or one in 13, have now died as a result of Covid-19. "Things have never really gotten better," he tweeted. *"Testing is a struggle, PPE and staff is daily challenges."*

Soon after reaching the "bleak milestone" of 100,000 pandemic deaths in long-term care facilities, which happened on Tuesday, the U.S. on Thursday experienced a new record-high number of coronavirus-related hospitalizations, as *Common Dreams* reported earlier Friday.

Millions of Americans have passed through airports in the past week, despite the Centers for Disease Control and Prevention's recommendation against traveling for Thanksgiving. Dr. Anthony Fauci, the nation's top infectious disease expert, does not expect conditions to improve by Christmas and the New Year.

As KFF explained, the predicted "surge in cases after holiday gatherings and increased time indoors due to winter weather... will have ripple effects on hospitals and nursing homes, given the close relationship between community spread and cases in congregate care settings."

The country's Covid-19 death toll surpassed 264,000 on Friday. Meanwhile, Thanksgiving marked the 24th consecutive day of more than 100,000 new daily cases in the U.S.

Given the pandemic's disproportionate impact on the high-risk populations who live and work in long-term care facilities, even more nursing home residents, employees, and their families are expected to be negatively affected by coronavirus as long as the number of infections continues to grow.

"Post-Thanksgiving surges in cases are unlikely to spare this community and will likely lead to an even higher death toll in long-term care facilities," KFF said, "raising questions about whether nursing homes and other facilities are able to protect their residents and, if not, what actions can be taken to mitigate the threat posed by the virus."

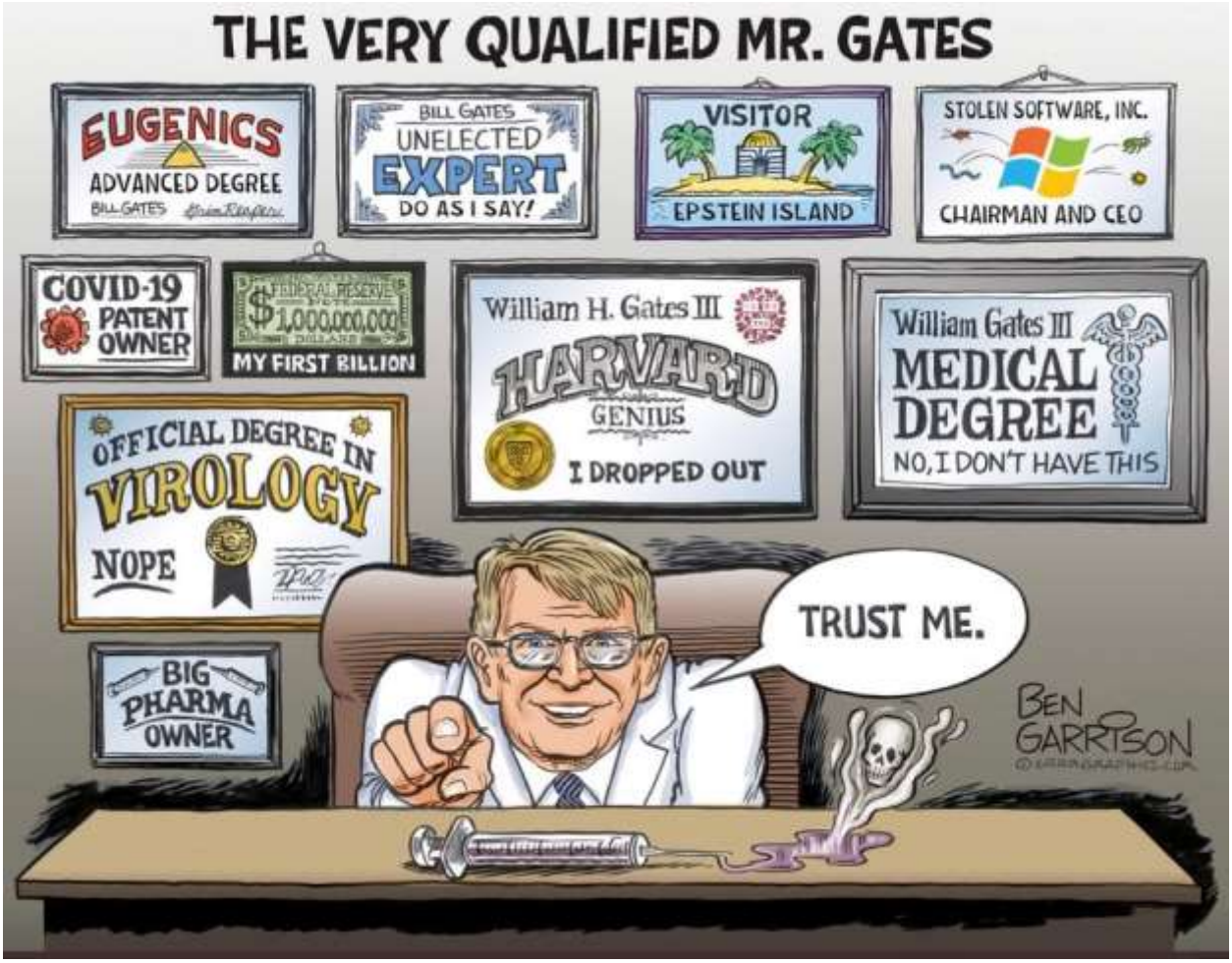
As the *New York Times* reported in June, when the Covid-19 death toll in long-term care facilities was just over 50,000, some critics have argued that the profit-driven nature of the private nursing home industry is the underlying problem, since treating elder care as a commodity rather than a public good can incentivize cost-cutting or money-making measures that put people in harm's way.

An investigation of long-term care facilities in Connecticut, the results of which were published in August, lent credence to that hypothesis. According to the study, "For-profit nursing homes had about 60% more cases and deaths per licensed bed than nonprofit ones," while "larger facilities were hit harder than smaller ones, and... homes serving as part of a chain had worse outcomes," as *Reuters* reported at the time.

Sen. Sheldon Whitehouse (D-R.I.) noted this week that he and Sen. Bob Casey (D-Pa.) "have a bill to help nursing homes protect their residents and workers from Covid-19."

According to Whitehouse, "It's time to pass it."

Maybe we should ask an expert in Eugenics?



Cause of Death: A Primer

by Kip Hansen – 27 November 2020

There has been massive media attention on Covid-19 deaths – and there have been a lot of them. The CDC as of noon on 26 November 2020 was reporting that there have been 259,005 total Covid-19 deaths in the United States.

Yet anyone who reads widely is aware that there have been reports of a motorcycle accident victim being reported as a Covid death. There are many who correctly report that all people dying from or with Covid and even suspected of dying from-or-with Covid-19 are all being counted as certified reportable must-make-the-headlines **Covid-19 Deaths**.

[**Note:** This is a long and rather detailed explanation of what leads to the situation in which we find ourselves regarding Covid-19 Deaths reporting. Those who want a better understanding of the issue should continue reading. Readers with no or little interest can just accept this brief synopsis: **"It's Complicated"** and move on to other posts**.**]

Various experts, journalists, bloggers, and pundits tell us that "Covid Deaths" are being **over-counted**, **mis-counted** and **even under-counted**. Other pundits and media-reported experts desperately try to reassure us that Covid Death counts are correct and real – and that we should all stay concerned and follow all government mandates – which vary from "reasonable" to "obviously based on magical thinking" (closing bars and restaurants at 10 PM because that's when the Corona Virus Zombies attack) — all this despite various governments having different and contradictory mandates (or even an absence of mandates) and the various States in the United States following differing rules and policies on Covid Deaths reporting. Those reporting "facts" like "US Covid-19 Deaths overestimated by 17 times" (based on this CDC comorbitity data) are sadly mistaken and misinform the general public, just adding to the general confusion on the subject.

Doctors, Coroners and Medical Examiners will calmly explain that "Cause of Death" is complicated and **not simple**. And they are right. Most of us think that when a person dies, it is **obvious** what killed him/her. But that is just not the case. In fact, everyone dies of a combination of "heart stoppage" [cardiac arrest] and "cessation of breathing" which eventually leads to "brain death". But these are not usually listed as the Cause of Death on a death certificate.

Covid Deaths are being counted and reported based on advice from the CDC, who has based its advice on advice from the Council of State and Territorial Epidemiologists (.pdf). More on what that means later.

The Primer: What is meant by Cause of Death?
When a person dies in a hospital or other setting, there is some doctor, coroner or medical examiner that fills out a *death certificate* – officially certifying that *John/Jane Doe* has died and reports the date, time, place, Social Security number and other personal details along with the circumstances and sequence of events that led to that death. [NOTE: Documents were too small to include with this article.]

"Part I
This section on the death certificate is for reporting the sequence of conditions that led directly to death. The immediate cause of death, which is the disease or condition that directly preceded death and is not necessarily the underlying cause of death (UCOD), should be reported on line a. The conditions that led to the immediate cause of death should be reported in a logical sequence in terms of time and etiology below it.

The UCOD, which is "(a) the disease or injury which initiated the train of morbid events leading directly to death or (b) the circumstances of the accident or violence which produced the fatal injury" (7), should be reported on the lowest line used in Part I."

[source: CDC here – .pdf]
Let's look at a CDC example:
This patient had Coronary Artery Disease for seven years — which led to Coronary artery thrombosis from which the patient suffered for 5 years — which led to Acute

myocardial infarction (heart attack) after which he survived for 6 days until — his heart ruptured resulting in death within minutes. Conditions contributing to his/her death were diabetes, COPD, and smoking. Each of these "significant conditions ***contributing to death***, but not resulting in the underlying cause" is themselves known to cause a wide range of other serious conditions. For instance, smoking is believed to cause COPD and heart disease. Diabetes can cause cardiovascular diseases "including coronary artery disease with chest pain (angina), heart attack, and stroke and narrowing of arteries (atherosclerosis)." Notice that there is a dedicated section "35" asking "Did tobacco use contribute to death?" For this patient, the doctor chose "Yes" – thus the CDC will count this death as one of the 480,000 annual tobacco deaths.

Let's look at another example (from the same document):

This person suffered from noninsulin dependent Diabetes mellitus, often called Type 2 Diabetes, **for 15 years**. As sometimes happens, this diabetes sufferer eventually went into a Hyperosmolar nonketotic coma in which she/he remained for 8 weeks before finally succumbing to Acute renal failure (kidney failure). The family of the patient would have told friends and neighbors that their loved one died of kidney failure. They may have mentioned this was probably the end-of-line result of his/her long-term diabetes. Type 2 Diabetes is known to cause the following conditions: **Heart and blood vessel diseases, Nerve damage (neuropathy), Kidney damage (as in this patient), Eye damage, Slow healing, Hearing impairment, and even Alzheimer's disease.**

It is clear that this second patient died of acute kidney failure – "Acute kidney failure is most common in people who are already hospitalized, particularly in critically ill people who need intensive care" — and is *not necessarily* a direct result of diabetes – but assumed in this case as kidney damage can be caused by diabetes. The death certificate Part I sequence is *reasonable* and represents the *doctor's professional opinion*.

"In certifying the cause of death, any disease, abnormality, injury, or poisoning, if believed to have adversely affected the decedent, should be reported. If the use of alcohol and/or other substance, a smoking history, or a recent pregnancy, injury, or surgery was believed to have contributed to death, then this condition should be reported. The conditions present at the time of death may be completely unrelated, arising independently of each other; or they may be causally related to each other, that is, one condition may lead to another which in turn leads to a third condition, and so forth. Death may also result from the combined effect of two or more conditions."

Source CDC Medical Examiners' and Coroners' Handbook on Death Registration (.pdf)
So, **you** call the Cause of Death of these two patients. What was the **Cause of Death** of each? Did diabetes kill them both? The first patient via atherosclerosis which kicked off the sequence in Part I? The second from the diabetes induced coma or was the coma from simply caused by being in intensive care? Or was it the first patient's life-long cigarette smoking causing the coronary artery disease? Or would you, as this

doctor did, start the death sequence with his/her *seven years* of Atherosclerotic coronary artery disease? In each case, there are several sequences that would be reasonable and could have been correctly entered by the attending physician, a coroner, or later by a medical examiner.

The above are pretty common examples – long-term conditions which lead to the next condition that finally leads to death. We don't see the personal information part of the Death Certificate so we don't know the **age** of these patients. The age of the patient is often key to Cause of Death – but is not to be *used as* a cause itself.

"Common problems in death certification
The **elderly decedent** should have a clear and distinct etiological sequence for cause of death, **if possible**. Terms such as senescence, infirmity, old age, and advanced age **have little value for public health or medical research**. Age is recorded elsewhere on the certificate. When a number of conditions resulted in death, the physician should choose the single sequence that**, in his or her opinion**, best describes **the process leading to death**, and place any **other pertinent conditions in Part II**."
[source: CDC my bolds – kh]

And then this:
"**For statistical and research purposes,** it is important that the causes of death and, in particular, the underlying cause of death, be reported as specifically and as precisely as possible. Careful reporting results in statistics for both underlying and multiple causes of death (i.e., **all conditions mentioned on a death certificate**) reflecting the best medical opinion.

Every cause-of-death statement is coded and tabulated in the statistical offices according to the latest revision of the *International Classification of Diseases*. "
Source CDC Medical Examiners' and Coroners' Handbook on Death Registration (.pdf) – my bold — kh

There are over 69,000 ICD-10 diagnostic codes. Someone goes through every death certificate filed and translates the diseases and conditions the doctors, coroners and medical examiners enter in Parts I and II into ICD-10 codes (soon to be ICD-11 codes). There are so many codes that there are many online look-up tools and apps to help medical staff code up office visits and others to code up Cause of Death certificates. The first Death Certificate above might be coded: " E08.01 Diabetes mellitus due to underlying condition with hyperosmolarity with coma" – which would cover Part I lines "c" and "b". This diagnosis is billable. This app helpfully informs the staff if the ICD-10 code they select is "billable" – if not billable, we can safely suspect that office assistants coding office visits can search for a true but alternate diagnostic code that *is* billable. "All conditions mentioned on a death certificate" are translated to ICD-10 codes and eventually tabulated "for statistical and research purposes". In our two sample Death Certificates, there are ten different diseases and conditions mentioned. Thus each of the ten condition codes eventually, at the CDC and WHO

level, gets a little "tick-mark" – a plus one – added to the number of deaths ***involving*** that ICD-10 code.

Thus the huge number of deaths reported for which smoking is claimed to be the cause, as we see in this next quote from the CDC:

"Smoking is the leading cause of preventable death. Worldwide, tobacco use causes more than 7 million deaths per year. If the pattern of smoking all over the globe doesn't change, more than 8 million people a year will die from diseases related to tobacco use by 2030.

Cigarette smoking is responsible for more than 480,000 deaths per year in the United States, including more than 41,000 deaths resulting from secondhand smoke exposure. This is about one in five deaths annually, or 1,300 deaths every day."
[source: CDC here]

Most people simply accept those statements as fact, though they know of no one who put a cigarette in their mouth, lit up, and died as a direct result. Through many years of public health anti-smoking/anti-tobacco education we have been taught that smoking or otherwise using tobacco can lead to a long list of health problems, many of which *cause or contribute* to the *eventual* death of the smoker. In this case, a life-time of tobacco use is referred to, by public health officials, as a "cause" of death – though it probably would *not be listed as a cause on a death certificate*. Despite not being listed as a cause on the Death Certificate, the CDC and WHO unequivocally tells us that smoking is "the leading **cause of** preventable **death**".

As in many complicated subjects, there are varying definitions in use for the same terms – in this case "cause of death". There is the general everyday use – like "something that directly causes the death of a person, if it hadn't happened, they wouldn't have died". So, a person gets lung cancer, probably or presumably *because* they had been a life-long smoker, and dies from the lung cancer. We know they died of lung cancer but accept that smoking led to that death. It is this definition that the WHO uses above. But it is **not** the official definition that is to be used on a Death Certificate as Cause of Death, which is in the quote far above, labelled Part I.

Those readers who watch any of the popular crime and police television series know that Cause of Death in trauma deaths is **even more complicated** — "homicide, accident or suicide?" — though those TV Medical Examiners are always portrayed as having almost paranormal insight – "blunt trauma to the head…but that's not what killed him."

One last quote from the handbook for medical examiners:
"Precision of knowledge required to complete death certificate items
The cause-of-death section in the medical examiner's or coroner's certification is always a medical **opinion**. This opinion is, of course, a synthesis of all information derived from both the investigation into the circumstances surrounding the death …. It represents the

best effort of the medical examiner or coroner to reduce to a few words his or her entire synthesis of the cause of death."
[emphasis in the original – kh]

Bottom Line: Cause of Death determination and reporting is complicated and highly dependent on the training and opinion of the person making the report.
# # # # #
Reporting of Covid-19 Deaths
Here's the pivot point on Covid-19 Deaths:

This is from the CDC's weekly Covid report. See the Column 2 heading? It says "All Deaths Involving Covid-19 (U07.1)[1]". The keyword is **INVOLVING.** To be perfectly clear, what is being reported by the CDC, as collected by the National Center for Health Statistics, are All (every one) Deaths (people dying) that **Involved** Covid-19**.** See the little footnote indicator "1"?

Footnote 1 says: "**COVID-19 deaths are identified using a new ICD–10 code.** When COVID-19 is reported as a cause of death – *or when it is listed as a "probable" or "presumed" cause* — the death is coded as **U07.1**. This can include cases with or without laboratory confirmation."

Not just verified cases in which Covid-19 was the immediate cause of death. At least, to be even clearer, not necessarily what you, the average reader, would consider **THE** cause of death.

So, what exactly are they counting when the CDC and WHO report Covid-10 Covid-19 Deaths? The World Health Organization's official guidelines are:

2. DEFINITION FOR DEATHS DUE TO COVID-19
A death due to COVID-19 is defined for surveillance purposes as a death resulting from **a clinically compatible illness,** in a **probable or confirmed** COVID-19 **case**, **unless** there is a clear **alternative cause of death that cannot be related to COVID disease** (e.g. trauma). ….

A- RECORDING COVID-19 ON THE MEDICAL CERTIFICATE OF CAUSE OF DEATH
COVID-19 should be recorded on the medical certificate of cause of death for **ALL decedents** where the disease **caused,** or is **assumed to have caused,** or **contributed** to death.
[my emphasis – kh source: WHO here .pdf]

Note that the Death Certificate — Cause of Death Part II is "*Other significant conditions contributing to…*". So, there is where Covid-19 (ICD code U07.1) would be written for any death in which Covid wasn't "**caused,** or is **assumed to have caused"** but **only contributed** to the death. If the decedent was a "Covid case" then he/she becomes a "Covid Death" if they die. Read on . . .

For the general public, who want to know "How many people are being killed by the SARS-CoV-2 Pandemic?", this definition does not supply the answer to their question. The vagueness and breadth of these definitions is exacerbated, in this "possibly-too-broad" sense, by the definitions being used to define "What is a Covid-19 case?". We see that the WHO definition of a *Covid death* includes "a probable or confirmedCOVID-19 **case".**

So, how do WHO and the CDC define or advise doctors how to define/determine **a Covid-19 case**?

Clinical Criteria
At least two of the following symptoms: fever (measured or subjective), chills, rigors, myalgia, headache, sore throat, new olfactory and taste disorder(s)

OR

At least one of the following symptoms: cough, shortness of breath, or difficulty breathing

OR

Severe respiratory illness with at least one of the following:
Clinical or radiographic evidence of pneumonia, OR
Acute respiratory distress syndrome (ARDS).

AND

No alternative more likely diagnosis
[source: CDC here]

So, by this definition, I could at this very moment be declared to be a Covid-19 case. I have muscle pain (myalgia) and a headache — two symptoms – — and yesterday, I had a cough — and, if I have reported to the ER and doctors are both rushed and spooked by the pandemic, there might be "no alternative *more likely* diagnosis", in their minds at least. (Of course, I have these symptoms for reasons well known to me and my personal physician but this might not save me in the ER.) Especially if they also ask me a bunch of **epidemiological questions**:

"Epidemiologic Linkage

One or more of the following exposures in the 14 days before onset of symptoms:

Close contact** with a confirmed or probable case of COVID-19 disease;

OR

Close contact** with a person with:

clinically compatible illness

AND

linkage to a confirmed case of COVID-19 disease.

Travel to or residence in an area with sustained, ongoing community transmission of SARS-CoV-2.

Member of a risk cohort as defined by public health authorities during an outbreak.
**Close contact is defined as being within 6 feet for at least a period of 10 minutes to 30 minutes or more depending upon the exposure. In healthcare settings, this may be defined as exposures of greater than a few minutes or more. Data are insufficient to precisely define the duration of exposure that constitutes prolonged exposure and thus a close contact."
[source: see previous quote]

So, if I were in the Emergency Room, the ER doctor might ask me these questions: Do you know anyone who isn't feeling well? Have you been in close contact with them for more than 10 minutes? Have you attended any meeting with more than 10 people in the last 14 days? Have you been to church or a party? Have you visited a restaurant or a bar? Any YES epidemiologically qualifies me as a Covid case. More questions: Do you wear a face mask whenever you are out of your own home? in your car? in WalMart? at the park? while mountain biking? Any NO qualifies me as a Covid case epidemiologically.

You can see how easy it is to be classified as a Covid-19 **case**. And they haven't even tested me yet. (Read the link to see why even testing wouldn't save me.) They would report me as a Covid case even if I tested negative – I might not be positive "yet".

And while I describe my pending Covid-19 Case classification jokingly, it is a very real scenario. And, heaven forbid, were I to die of almost anything (except obvious trauma) in the next 14 days, I would become another Covid-19 Death statistic.
As most of us know by now, **advanced age** is a key factor in the vast majority of Covid-19 deaths:

Eighty percent (80%) of Covid-19 deaths are of those **65 years of age of or older** – and a full **one-third** of the deaths occur in those **over 85 years**. If you are an adult today, then you were born between 1925 and 2000. At your birth, you could expect to live (life expectancy at birth) between 58 to 72 years, depending on your birth year. Those who are dying at 85 or older had a life expectancy at birth of **less than 61 years.** [My life expectancy at birth was about 66 years – so I have beaten the odds and hope to continue to do so for many years more.]

If this does not seem significant to you, I'll repeat the CDC quote on reporting cause of death for the **elderly – those 65 year of age or older.**

"Common problems in death certification: The **elderly decedent** should have a clear and distinct etiological sequence for cause of death, **if possible**. Terms such as senescence, infirmity, old age, and advanced age **have little value for public health or medical research**. Age is recorded elsewhere on the certificate. When a number of conditions resulted in death, the physician should choose the single sequence that**, in his or her opinion**, best describes **the process leading to death**, and place any **other pertinent conditions in Part II**." [source: CDC my bolds – kh]

For the elderly, the aged, the older citizen, which comprise the majority (80%) of Covid-19 deaths, any illness or condition that leads to breathing problems is prone to being classified as a Covid case, and thus a Covid-19 death in "**a clinically compatible illness,** in a **probable or confirmed** COVID-19 **case".**

Bottom Lines:

- **It is complicated.**
- Make no mistake, there are lots of people dying deaths that involve confirmed, assumed, or suspected Covid-19.
- Somewhere between "Most" and "Almost All" of those deaths involved other conditions that were already killing the patients – sometimes slowly, sometimes rapidly.
- The official health organizations have their own reasons for what they are counting and **they are counting exactly what they say they are counting** – but it is not what you or I would expect them to count. They are counting, as the CDC does, "All Deaths Involving Covid-19".
- The Covid-19 Death statistics represent the counts of the WHO, the CDC and other National and State public health agencies. The general public often mistakenly thinks those counts mean deaths in which Covid-19 was the **immediate cause of death** – deaths in which the person was killed by Covid-19. That is not the case – it is far more complicated than that.
- The common citizen would have grave doubts about including **each and every one of those dead people** in the count of "Deaths Caused by Covid-19" if they were tasked with the job of reviewing all of the details of each death. Our citizen might make up our own sensible classifications: such as: "Old Age complicated by Pneumonia initiated by a viral respiratory infection: maybe Covid-19 or influenza or the common cold".
- Doctors (and here), Coroners and Medical Examiners are not immune to taking easy shortcuts. The **official definitions for Covid-19 cases** (in the essay) make it an easy choice for hurried doctors, and official guidance **requires** at least Covid-19's mention on Death Certificates, under a vast array of normal circumstances during this pandemic. This is exacerbated by RT-PCR tests returning "positive" test results for very small amounts of viral RNA fragments in asymptomatic people.

# # # # #

Addendum:

There has erupted a flap concerning Genevieve Briand's research at John Hopkins on U.S. Covid-19 Deaths: I supply these links on the controversy:

Covid-19 Deaths: A Look at U.S. Data

pdf file: https://drive.google.com/file/d/1iO0K75EZAF8dkNDkDmM3L4zNNY0X-Xw5/view

William Briggs: https://wmbriggs.com/post/33680/

Twitter Thread on the Paper:
https://mobile.twitter.com/jhunewsletter/status/1332100136152035330

YouTube: https://www.youtube.com/watch?v=3TKJN61afII

WayBack:
https://web.archive.org/web/20201126163323/https://www.jhunewsletter.com/article/2020/11/a-closer-look-at-u-s-deaths-due-to-covid-19

John Hopkins News-Letter retraction notice:
https://www.jhunewsletter.com/article/2020/11/a-closer-look-at-u-s-deaths-due-to-covid-19

Author's Comment:

I have mentioned previously that I come from a medical family and studied the prerequisites for medical school in university, before changing majors for personal reasons. Our home was filled with the joys of new life and the sorrow of babies' and children's deaths. My generation fought and died by the thousands in the misguided military intervention in Viet Nam – some of these were my cousins and high school and college friends.

We are all sad when lives are cut short.

Covid-19, the illness caused by the SARS-CoV-2 virus, is shortening the lives of thousands in the United States and around the world. One blessing is that it is mostly shortening the lives of those who have already had a life – as opposed to stealing the entire lives of our children and young people.

Public health organizations have valid reasons for counting "All Deaths Involving Covid-19" using their own internal definitions, which are suitable for epidemiological studies and research when combined with all the other information being collected to produce that statistic. That statistic, created with their surveillance and epidemiological definitions, is **not suitable** for release to the general public without a long and complicated explanation – releasing just the number, and labeling it as **Covid-19 Deaths** is a form of misinformation.

The media, politicians, health agencies and governments have utterly failed to effectively communicate the reality of Covid deaths, failed to illuminate the caveats and complexities of Cause of Death reporting and instead of have repeatedly just reported this "Big Number" in a usage that is seems to be intentionally misleading.

Related

Is the Official Covid-19 Death Toll Accurate?

Roughly two-thirds of U.S. residents don't believe the CDC's official tally for the number of Covid-19 deaths. This distrust, however, flows in opposing directions. A nationally representative survey conducted by Axios/Ipsos in late July 2020 found that 37% of adults think the real number of C-19 fatalities in the U.S.…

September 17, 2020

In "Coronavirus"

OPEN UP THE $%^*&*^% SCHOOLS!

Despite the best efforts of Journalists from Another Galaxy (The New York Times) to convince the general public otherwise, almost no U.S. children are dying from (or even with) Covid-19.

September 3, 2020

In "Coronavirus"

Survey Results: Where Are All the Sick People?

The "Where Are All the Sick People?" survey has had nearly 3000 participants since its inception at 10 a.m. EST. Three questions were posed to illuminate the issue of the effects of the SARS-CoV-2, which is causing the current Covid-19 Pandemic, on the readers of this blog, WUWT.

November 21, 2020

In "Covid News"

November 28, 2020 in Coronavirus

Study: 89% Of Patients Who "Died Of COVID-19" Already Had Do-Not-Resuscitate Orders

The study is based on data collected from two New Jersey Hospitals between March 15 and May 15, 2020. The data reveals, out of 1,270 patients, **640 patients (89.1%) "died of COVID-19" which had "a DNR *(Do-Not-Resuscitate)* order at the time of admission"**, while 70 patients (10.9%) "died of COVID-19" without a DNR order.

A DNR is a "Do-Not-Resuscitate" order that indicates should something happen to the patient, there should be no attempt to revive them.

Per the study and for your own understanding.

Do-not-resuscitate (DNR) orders are designed to allow for withholding cardiopulmonary resuscitation (CPR) in the event of cardiac arrest. DNR status is often linked to patients with severe illness, advanced age, poor disease prognosis, and deteriorating health status with impending death.

I want you to understand, for 89.1% of the deaths that were blamed on COVID-19, the patients already had Do Not Resuscitate orders in place before their admission to the hospital.

That means, the health of these patients was already compromised, they were already very close to death to begin with.

Even more interesting is the fact that,
*Among the 120 patients **without** COVID-19 who died during this interval, 110 **(91.7 percent) had a DNR order when admitted**.*

This study also identifies the patients who died **without** COVID. They discovered that in 91.7% of those cases, the patients had a DNR order when they were admitted to the hospital.

So if you look at the numbers, we see the patients who did not die of COVID-19 with a DNR actually had a higher percentage of death than those who did die of COVID-19 with a DNR.

Yet, we are told that SARS-CoV-2 is the ultimate killer.

In reality, the data does not back up that claim.

In fact, according to the CDC *(see: CDC Is Fudging Coronavirus Death Toll)*,
***In cases where a definite diagnosis of COVID–19 cannot be made, but it is suspected or likely** (e.g., the circumstances are compelling within a reasonable degree of certainty), **it is acceptable to report COVID–19 on a death certificate** as "probable" or "presumed."*

Guidance for Certifying Deaths Due to Coronavirus Disease 2019 (COVID–19)
That is not sound health or scientific work my friends. That is playing guessing games and a deliberate attempt to inflate the COVID-19 death numbers.

How then can we be certain the 89.1% group even died of COVID at all?

This ties right into the video we just produced titled, Johns Hopkins: "No Evidence That COVID-19 Created Any Excess Deaths"

The narrative continues on…

- COVID-19United States
- Edited: November 30, 2020

PrevPreviousSCOTUS Rules NY Gov. Cuomo's Restrictions On Church Attendance

Jon Rappoport Commentary on this Fiasco

Johns Hopkins study explodes COVID death hoax; it's re-labeling on a grand scale

"This patient who died had an ordinary heart attack."

"Not anymore. We're repackaging it as COVID."

Don't blink. Johns Hopkins may delete or retract their analysis at any

moment. Their author's study is devastating. Too hot to handle.

UPDATE: Yes, I wrote that opener a few hours before Johns Hopkins stepped in and DID retract the article. Boom.

Hopkins claims the article has been used to spread misinformation about the pandemic, and contains factual errors. CDC is cited as one correct source of facts. Hmm.

Regardless, here is my article, finished before the Johns Hopkins retraction. Since then, I've only polished it a bit in several places, for clarity:

Months ago, I told you this, in a number of articles: The overwhelming percentage of people who are "dying from the virus" are actually dying from traditional diseases.

These people have been relabeled and repackaged as "COVID-19."

It has nothing to do with "the virus."

A new analysis from Johns Hopkins confirms this in spades.

The Johns Hopkins News-Letter article, in a student publication, is headlined, "A closer look at US deaths due to COVID-19." It lays out the case made by "Genevieve Briand, assistant program director of the Applied Economics master's degree program at Hopkins."

As you keep reading, keep this in mind: If the so-called increase in mortality from COVID is offset, almost exactly, by a decrease in deaths from all other major diseases…

Indicating that the so-called COVID deaths are nothing more than an exercise in re-labeling, then…

You can say there is a new coronavirus, but it's even less harmful than flu, because virtually everybody recovers…

Or you can say the whole story of a new coronavirus is a fake narrative. There is no new virus.

My readers know I've been offering much evidence for the latter conclusion.

Here are key quotes from the Johns Hopkins News-Letter article:

"These data analyses suggest that in contrast to most people's assumptions, the

number of deaths by COVID-19 is not alarming. In fact, it has relatively no effect on deaths in the United States."

"This comes as a shock to many people. How is it that the data lie so far from our perception?"

"When Briand looked at the 2020 data during that seasonal period, COVID-19-related deaths exceeded deaths from heart diseases. This was highly unusual since heart disease has always prevailed as the leading cause of deaths. However, when taking a closer look at the death numbers, she noted something strange. As Briand compared the number of deaths per cause during that period in 2020 to [deaths per cause in] 2018, she noticed that instead of the expected drastic increase across all causes, there was a significant decrease in deaths due to heart disease. Even more surprising, as seen in the graph below, this sudden decline in deaths is observed for all other causes."

"This trend is completely contrary to the pattern observed in all previous years. Interestingly, as depicted in the table below, the total decrease in deaths by other causes almost exactly equals the increase in deaths by COVID-19. This suggests, according to Briand, that the COVID-19 death toll is misleading. Briand believes that deaths due to heart diseases, respiratory diseases, influenza and pneumonia may instead be [may have been] recategorized as being due to COVID-19."

"The CDC classified all deaths that are related to COVID-19 simply as COVID-19 deaths. Even patients dying from other underlying diseases but are infected with COVID-19 count as COVID-19 deaths. This is likely the main explanation as to why COVID-19 deaths drastically increased while deaths by all other diseases experienced a significant decrease."

"'All of this points to no evidence that COVID-19 created any excess deaths. Total death numbers are not above normal death numbers. We found no evidence to the contrary,' Briand concluded."

"'If [the COVID-19 death toll] was not misleading at all, what we should have observed is an increased number of heart attacks and increased COVID-19 numbers. But a decreased number of heart attacks and all the other death causes doesn't give us a choice but to point to some misclassification [re-labeling],' Briand replied."

"In other words, the effect of COVID-19 on deaths in the U.S. is considered problematic only when it increases the total number of deaths or the true death burden by a significant amount in addition to the expected deaths by other causes. Since the crude number of total deaths by all causes before and after COVID-19 [was first announced] has stayed the same, one can hardly say, in Briand's view, that COVID-19 deaths are concerning."

Of course, there is some mealy-mouthed backtracking in the article. The virus is deadly and the pandemic is real, etc. But the data are the data.

The whole COVID operation is a hoax.

If I thought other honest researchers would investigate and re-calculate the Hopkins analysis, I would say, let's see what they come up with. But based on my experience, there will be, at best, a brief flurry of articles in the press about this extraordinary finding, and then the scientific and press denizens will move on, as if nothing happened. That is their way. They briefly expose a scandal and then they slither off to cover up the scandal.

The other possibility is: Hopkins will retract the analysis, claiming it was flawed. That is the other strategy the low-crawling creatures sometimes deploy.

So there you have it.

Hoax. Con. Fake.

As I keep reporting, the virus (never proven to exist) is the cover story for the true phase-one goal: destruction of the economy.

If the virus were real, if it were attacking people left and right, the all-cause mortality numbers would be through the roof.

But they aren't.

"I have a great idea, Bill. Let's declare a fake pandemic. We'll report all sorts of high death numbers. But really, we'll just be subtracting numbers from other traditional diseases that cause deaths, and we'll add those numbers to our fake pandemic."

"Sounds great, Tony. Can you pull it off? I mean, it's pretty obvious."

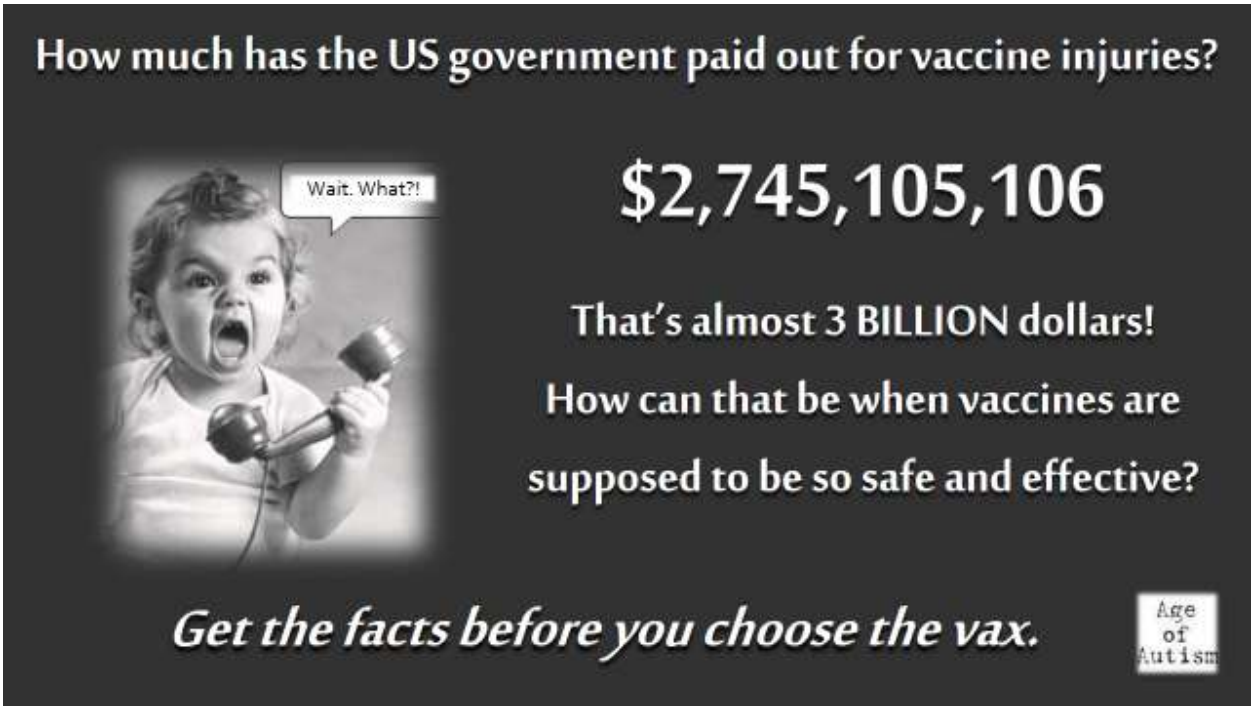
"Sure, we can pull it off. And if some journalist with a mainstream reputation or an institution suddenly develops a brief infection of ETHICS, we'll call their work a mistake or a lapse in judgment."

"You mean an institution like the World Health Organization or Johns Hopkins?"

"Right. We'll say the institution didn't issue the study, it was just one of their people, a lone researcher. And if necessary, the institution, under pressure, will back off. But that's assuming anyone noticed the study in the first place. Normally, these 'revelations' surface for a moment and then sink like a stone. No one

cares. A pandemic is a money waterfall. The beneficiaries won't sacrifice their bottom lines, or their reputations…"

Of course, people can rise up and raise holy hell.



The content of this article comes from reputable medically trained sources, not me. It is so important that the public understand and recognize the CDC is a, for-profit corporation, and it has a vested interest in the narrative they choose to push on the public. The television networks are bought and paid for by Big Pharma. The medical world is owned by the Big Pharma. Many people that we all know are living in a state of fear from hearing of this word 'Covid-19' when there is absolutely no need to be afraid of the alleged Covid-19. Hospitals are compensated by Medicare in such a way that they are motivated to label any patient with a cough, or a headache, or a sore throat, at a time of the year when people come down with colds and the flu.

To borrow a phrase from President Franklin D. Roosevelt, "We have nothing to fear but fear itself."

Blessings,

Pastor Bob, EvanTeachr@aol.com
www.pastorbobreid.com
http://jesusisthewaythetruththelife.com/node/22