

# Coronavirus and Dodgy Death Numbers

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*Not only are the coronavirus models being used by WHO and the most national health agencies based on highly dubious methodologies, and not only are the tests being used of wildly different quality, **that only indirectly confirm antibodies of a possible COVID-19 illness.** Now the actual designations of deaths related to coronavirus are being revealed to be equally problematic for a variety of reasons. It gives alarming food for thought as to the wisdom of deliberately putting most of the world's people—and with it the world economy—into **Gulag-style lockdown on the argument it is necessary to contain deaths and prevent overloading of hospital emergency services.***

When we take a closer look at the definitions used in various countries for “death related to COVID-19” we get a far different picture of what is claimed to be the deadliest plague to threaten mankind since the 1918 “Spanish Flu.”

## The USA and CDC definitions

Right now the USA is said to be the nation with far the largest number of COVID-19 deaths, as of this writing, with media reporting some 68,000 “Covid-19” deaths. Here is where it gets very dodgy. The Government agency responsible for making the cause of death tally for the country, the CDC, is making huge changes in how they count so-called novel coronavirus deaths.

As of May 5, the National Center for Health Statistics (NCHS) of the Centers for Disease Control and Prevention in Atlanta, the central agency recording cause of death nationwide, reported 39,910 COVID-19 deaths. A footnote defines this as **“Deaths with confirmed or presumed COVID-19.”** How a doctor makes the “presumed” judgment leaves huge latitude to the hospital and health professionals. Although the coronavirus tests are known to be subject to false results, CDC states that even where no tests have been made a doctor can “presume” COVID-19. Useful to note for perspective is the number of USA deaths [recorded](#) from all causes in the same period of February 1 through May 2, that was 751,953.

Now it gets more murky. The CDC posted this notice: “As of April 14, 2020, **CDC case counts and death counts include both confirmed and probable cases and deaths.**” From that time the number of so-called COVID-19 deaths in USA has exploded in an alarming manner it would appear. On that day, April 14, New York City’s coronavirus death toll was revised with a major 3,700 fatalities added, with the provision that **the count now included “people who had never [tested positive for the virus but were presumed to have it.](#)”** The CDC now defines confirmed as “confirmatory laboratory evidence for COVID-19,” which as we noted elsewhere included tests of dubious precision, but at least tests. Then they [define](#) “probable” as “with no confirmatory laboratory testing performed for COVID-19.” Just a guess of the doctor in charge.

Now leaving aside the major discrepancy between the CDC headline COVID-19 deaths as of May 5 of 68,279 and their detailed total of 39,910 deaths for the same period, we find another problem. **Hospitals and doctors are being told to list COVID-19 as cause of death** even if, say, a patient age 83 with pre-existing diabetes or cardiac issues or pneumonia dies with or without COVID-19 tests. The CDC advises, "In cases where a definite diagnosis of COVID cannot be made but is suspected or likely (e.g. the circumstances are compelling with a reasonable degree of certainty) it is acceptable to report COVID-19 on a death certificate as 'probable' or 'presumed.'" This opens the door ridiculously wide for abuse of coronavirus death numbers in the United States.

### **A Big Money Incentive**

A provision in the March 2020 Coronavirus Aid, Relief, and Economic Security Act, known as the CARES Act, gives a major incentive for hospitals in the US, most all of them private for-profit concerns, to deem newly-admitted patients as "presumed COVID-19." By this simple method the hospital then qualifies for a substantially larger payment from the government Medicare insurance, the national insurance for those over 65. The word "presumed" is not scientific, not at all precise but very tempting for hospitals concerned about their income in this crisis.

**Dr Summer McGhee**, Dean of the School of Health Sciences at the University of New Haven, notes that,

"The CARES Act authorized a temporary 20 percent increase in reimbursements from Medicare for COVID-19 patients..." He added that, as a result, "hospitals that get a lot of COVID-19 patients also get extra money from the government."

Then, according to a Minnesota medical doctor, **Scott Jensen**, also a State Senator, if that COVID-19 designated patient is put on a ventilator, even if only presumed to have COVID-19, the hospital can get reimbursed three times the sum from the Medicare. Dr Jensen told a national TV interviewer,

"Right now Medicare is determining that if you have a COVID-19 admission to the hospital you get \$13,000. If that COVID-19 patient goes on a ventilator you get \$39,000, three [times as much](#)."

Little wonder that states such as Massachusetts suddenly began backdating cause of death totals back to March 30, significantly inflating COVID death numbers, or that New York Governor Andrew Cuomo began demanding 30,000 ventilators and emergency equipment around the same early April time, equipment that was not [needed](#).

In short, the COVID-19 death statistics in the USA are highly dubious for a variety of reasons, not least huge financial incentives to hospital administrators who had been told to cancel all other operations to make extra room for a predicted flood of coronavirus ill. That rising death toll said to be "COVID-19 or presumed" impacts the decisions to lock down the economy and in effect create an economic pandemic of unparalleled dimension.

### **Italy COVID deaths?**

Not only are USA COVID-19 death numbers open to serious question. If we look closely most major countries have equally dubious data. Until recently one of the highest COVID-19 death rates in the EU was Italy where outbreaks have been concentrated in the Lombardy and adjacent regions of the industrial north. Here again the definition of cause of death has been fuzzy. A report in the Journal of the American Medical Association by a group of Italian doctors who analyzed the alarming high covid-19 figures pointed out that when state medical authorities made detailed case examination of a sample of 355 covid-19 “presumed” deaths, they found that the mean age was 79.5 years. “In this sample, 117 patients (30%) had ischemic heart disease, 126 (35.5%) had diabetes, 72 (20.3%) had active cancer, 87 (24.5%) had atrial fibrillation, 24 (6.8%) had dementia, and 34 (9.6%) had a history of stroke. The mean number of preexisting diseases was 2.7. Overall, only 3 patients (0.8%) had no [diseases](#).” That means that of the sample 99.2% had other serious illnesses.

In Italy, the persons who tested positive for COVID-19, regardless of preexisting serious illness, were listed as COVID-19 fatalities. Italy has the EU’S oldest population on average and the worst air pollution in the EU, especially in the Lombardy region. From the first case in early February until 6 May Italy has declared 29,315 COVID-19 deaths. This is more than the total of deaths in 2017 attributed to influenza and/or pneumonia which was reported 25,000.

The reason for the apparent spike should be seriously investigated, but reports of panic among hospital workers over the shutdown declaration by the Conte government, with thousands reportedly fleeing Italy for their home countries in Poland or elsewhere, might have also played a role. On March 31 a report from northern Italy stated, “In recent weeks, most of the Eastern European nurses who worked 24 hours a day, 7 days a week supporting people in need of care in Italy have left the country in a hurry. This is not least because of the panic-mongering and the curfews and border closures threatened by the [‘emergency governments](#).’”

In many countries the picture is one of a predominately mild influenza-like infection with comparable death rates. The lack of uniformly agreed tests and the inaccuracies of many tests used, as well as the extremely doubtful criteria for declaring a cause of death as being “from” COVID-19 suggest that it is well past time to reexamine the unprecedented lockdown measures, social distancing, possible mandatory vaccines of unproven effect, all of which are creating what is becoming the worst economic depression since the 1930’s.

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## Seeds of Destruction: Hidden Agenda of Genetic Manipulation

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