

The Coronavirus Death Toll Numbers Game

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To the casual observer, there appear to be 'hot' pockets of coronavirus infections in certain areas of the country such as NYC which reportedly has been ravaged by CV infections as well as the State of Michigan which, according to its Democratic Governor Gretchen Witmer, has registered the "third highest number of COVID 19 cases in the country."

Yet those 'hot' pockets do not explain why the number of fatalities would be so dramatically beyond a statistical norm unless the cause of death is more of a judgment i.e. political call as opposed to relying on a medical diagnostic laboratory-confirmed test.

In any case, it appears that the process being used to report those deaths is [seriously flawed](#) with, in some cases, different States with a Democratic Governor who have a looser standard and use a different criteria, for determining what is a COVID 19 related death. The numbers are squirrely, all over the map.

The problem with how coronavirus deaths are being reported in the US without following a consistent standard has been further confused by the CDC which recently issued a [new ruling](#) that deaths do not need to be confirmed by a test in order to be attributed to CV. The effect of that ruling has elevated what may not even be an epidemic into a bona fide pandemic.

As of April 16, the [CDC](#) reported total US coronavirus deaths at 31,071 which included **'probable' CV deaths at 4,141. Therefore, the more accurate and true number of CV related deaths in the US is 26,930 while the true number of laboratory-confirmed deaths may also remain problematic.** The CDC's most current numbers of national CV deaths has not yet reached the average for flu related deaths of 35,000. No matter how that number might increase, it will always contain a significant number of 'probable' CV deaths.

At an [April 7th press conference](#), Dr. Deborah Birx, coordinator of the President's CV Task Force said that in the US, *'we've taken a very liberal approach to mortality ... counting the deaths of people with underlying conditions as covid-19 deaths'* and that if *"someone dies with covid-19, we are counting that as a covid-19 death"* even if it was not the clinical cause of death.

The Council of State and Territorial Epidemiologists* (CSTE) which represent state health officials, also adopted guidelines to include ['probable'](#) CV deaths without a test along with confirmed deaths. Ohio, Delaware and Connecticut all follow the CSTE guidelines with Pennsylvania not distinguishing between the probable and confirmed CV deaths.

NYC is one of those localities that count '[probable](#)' CV infections that have never been tested and add them to their confirmed deaths.

As Michigan's Governor Whitmer extended her state's "StayHome" Order until April 30th, her state's tolerance for increased [citizen restrictions](#) erupted in a noisy [push back](#) demonstration at the State Capitol.

With a statewide population of less than 10 million, Whitmer defended the new restrictions by claiming [29, 263 fatalities](#) which is immediately suspect as that number cites more fatalities than the CDC is reporting for the entire country. The discrepancy may be attributed to the inclusion of 'probable' CV deaths or some other statistical trick to pad the numbers. While Whitmer has responded by accusing the protestors of spreading the virus, qualified protestors would do well to closely scrutinize the State's numbers to confirm how many 'confirmed' cases of CV are to be found.

Whitmer's new Order includes civil fines up to \$1000, the possibility of criminal charges and a \$500 fine or 90 days in jail for any non essential business that remain open. In response, four [County Sheriff's](#) announced they would not enforce the Governor's new Executive Order.

[Colorado](#) with 347 deaths, does not use a test to label a COVID 19 death but relies on a 'highly likely' or a 'probable' determination that may be based on symptoms. In Alabama, a physician reviews the records of anyone who died and who tested positive for CV. as that State makes the distinction between those who died with CV *but not of CV* which is a higher standard than the CDC recommends.

Therein lies another [conundrum](#) of exactly how many deaths in the US are identified as CV since there are anywhere from five to eleven different CV strains have been identified, with at least one [SARS CoV2](#) strain of three estimated to be of the lethal variety.

Important questions remain for the Task Force to address like exactly what strain is being tested for? Are any of the tests making the distinction to identify which strain of CV is found or are all and any strain discovered being counted as CV 'infected?' If so, there is another opportunity to [pad the CV numbers](#). It would also be informative for any of the Task Force to explain the difference between the known strains and especially to explain that if one strain of the Safe CV strain is discovered, it mostly likely could be from a cold or flu attack from some years. Since the Task Force appears to be dominated by Big Pharma lackeys, let's not expect that sort of clarity to be forthcoming.

There is clearly an active campaign on the part of the CDC, the Task Force, some Democratic Governors and the pro Big Pharma crowd to increase the number of fatalities where possible as good for business. The incentive for a federal agency, a locality or state can be attributed to an increase in available funding down the road.

There has been great hue and cry about ventilators. Why aren't there more ventilators available? President Trump has encouraged industry to increase the manufacture of [ventilators](#) amid a great pr effort as they are identified as vitally necessary for treatment. Yet the medical community is not united in that approach citing ventilators as causing oxidative stress which may then lead to organ failure.

While a shocking number of Americans remain behind closed doors, there is no doubt that

the entire CV crisis has been well planned and superbly executed leaving many Americans to confront their own reality about who they are and how they will respond as the crisis escalates with a more authoritarian government forcing mandatory untested vaccinations as Congress rubber stamps the [Bio Patriot Act](#).

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