

# De-mystifying the Coronavirus Statistics. Read Carefully: The Risks Are Exceedingly Low!

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Theme: [Media Disinformation](#), [Science and Medicine](#)

*Please pay attention to the following statistical facts that contradict what is being propagandized on every media outlet, including television, radio and national, regional and local print media:*

*As just one example, it must be noted that only a small fraction of one percent of the population of China ever got COVID, despite well-propagandized media reports that successfully made most of us think that the entire population of China was at risk.*

*The assortment of statistics concerning **the risks of actually getting COVID as of mid-April are far less than the 1 out of a 100** (as heralded by the media), which if true might even make me concerned. Hint: **The risks are far, far less.***

1] The reported number of COVID infections (not all lab-confirmed!) in the US (as of today) is 564,000 cases. The US has a population of 330,000,000 (330 million), which, when divided into the 564,000 calculates out (**at 0.0017**) which represents a miniscule percentage chance of **getting infected with COVID (170 infections out of every 100,000 Americans).**

2] The risk of dying of COVID in the US (23,000 deaths so far, again an inflated number, mainly because of the many false positive PCR tests and the actual over-counting “guesswork” involved in filling out the death certificates) is even more unlikely at 0.007% (23,000 divided by 330,000,000 equals 0.0000696, or **7 Americans dying from COVID out of every 100,000 Americans.**

3] Most of this miniscule risk of dying, it must be emphasized, is borne by the frail, the chronically ill, the elderly, the malnourished, the over-medicated, the over-vaccinated, and the terminally ill patients that are vegetating, often bed-ridden, in nursing homes. etc.

4] An important, but rarely mentioned statistic is the number of **presumed COVID-19 deaths per million population** [which does not even prove COVID-19 infection] of any given nation. In the US, that number, as of mid-April is 15 (per million), meaning that only 15 Americans out of every 1,000,000 have died of COVID. That means that 999,985 out of every million Americans HAVE NOT DIED from COVID.

5] To put the US presumed COVID deaths per million into perspective, the number in the Scandinavian countries is in the high teens or twenties per million. Italy’s COVID deaths per million population is 218; Spain’s is 201; Germany’s is 11; Canada’s is 3; Israel’s is 3; China’s is 2 Brazil’s is 1; etc, etc!!)

6] Another important number to understand is the number of **all cause deaths that occur**

**each day in any given country**, a number that has been averaged out over recent decades. As an example, 2,500 Germans die every day and 7,755 Americans die each day. Naturally, the vast majority of deaths occur in the elderly population that are mostly pre-terminally ill for one reason or another, including what happens during every one of the viral influenza pandemics that occur every year.

7] America's **All-cause Daily Death Number is 7,755 (= 2,830,690 deaths per year)**; India's Daily deaths amount to 26,670 deaths; Japan's is 3,630; Italy's is 1,737; France's is 1,647; Russia's is 1,444; Canada's is 780; Brazil's is 920; Australia's is 447; Sweden's is 250; Israel's is 122; etc, etc.

8] And, it is important to realize that the locations of deaths in America occur 60% of the time in a hospital, 20% in nursing homes and the other 20% occur at locations outside of institutions, usually at home.

9] For Minnesota (population 5,600,000), the risk of contracting COVID (total Minnesota cases, as of mid-April = 1621 cases) is a miniscule 0.00289% (1641 divided by 5,600,000 = 0.000289). The vast majority of the cases are in high density metropolitan areas that are in the southern half of the state.

10] My Duluth home is in St Louis County (population = 199,000). As of April 18, there are 52 cases with 8 deaths, which yields an incidence of 0.000026 (or 0.026 % chance of getting a COVID infection; that is, 26 people are infected out of every 100,000 county residents) and a death rate of 0.000042 (or a 0.004% chance of dying from COVID = 4 people dying out of every 100,000 county residents).

11] The risk of contracting COVID for those of us that live in the northern half of Minnesota is even tinier. There were zero cases Up North until mid-March, following which the numbers only gently trickled up from zero by a handful of cases each day.

12] One must keep in mind that the **CDC's Bureau of Statistics is strongly encouraging (actually ordering?) all American physicians to list "COVID" as the cause of death on discharge and death certificates** of every patient that was either test-positive or simply suspected of having COVID during the hospitalization, illness or death at home or on the street. This is true even if the patient was actually a terminally-ill, Do Not Resuscitate (DNR) elderly patient who would be expected to succumb to their pre-existent cardiac, pulmonary, renal, immunologic and/or hepatic diseases that were therefore also being "treated" with large numbers of potentially toxic prescription drugs.

13] Because of **the significant incidence of faulty and unapproved PCR tests**, it is important to be mindful that an unknown, but **significant percentage of coronavirus test-positive cases are actually false positive cases** and therefore patients with common colds (or even no symptoms at all) can easily be erroneously confirmed as COVID-19! There are also known to be a certain percentage of cases of benign coronavirus illnesses, including

- A] cases of the common cold that can be caused by a coronavirus;
- B] cases of MERS or SARS-type coronavirus infections; or
- C] asymptomatic carriers of one of the many other non-COVID-19 strains of benign coronaviruses.

14] In Iceland's extensive screening system, there is a 50% false positive rate in totally

asymptomatic Icelanders that never developed any flu-like illnesses. Were these folks just on the verge of getting a common cold, carriers of a benign, non-COVID-19 coronavirus or was the test flawed?

15] So, I say to those of us who are fortunate enough to live in non-metropolitan areas like northern Minnesota, take a deep breath, take a walk, take a drive, go to the grocery store, exhale when passing someone on your un-masked walk, consider even giving a big hug to a fellow, un-infected, hug-compliant friend that has quarantined him- or herself for the past couple of weeks – and stop worrying so much.

Here are several important articles:

- 1] [Peter Koenig's powerful 3,500 word Global Research article on the COVID "crisis".](#)
- 2] [Spiro Skouras' powerful 45 minute video on the COVID "crisis" and the New World Order;](#) and
- 3] [Scott Tips' powerful 6650 word article on the COVID "crisis".](#)

The text above is an edited version of a longer article sent by email to Dr. Kohl's Readers. We are much indebted to Dr. Kohls

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Note to readers: please click the share buttons above or below. Forward this article to your email lists. Crosspost on your blog site, internet forums. etc.

**Dr Kohls** is a retired rural family physician from Duluth, Minnesota who has written a weekly column for the Reader Weekly, Duluth's alternative newsweekly magazine since his retirement in 2008. His column, titled Duty to Warn, is re-published around the world.

*He practiced holistic mental health care in Duluth for the last decade of his family practice career prior to his retirement in 2008, primarily helping psychiatric patients who had become addicted to their cocktails of psychiatric drugs to safely go through the complex withdrawal process. His Duty to Warn columns often deals with various unappreciated health issues, including those caused by Big Pharma's over-drugging, Big Vaccine's over-vaccinating, Big Medicine's over-screening, over-diagnosing and over-treating agendas and Big Food's malnourishing food industry. Those four entities can combine to even more adversely affect the physical, mental, spiritual and economic health of the recipients of the medical treatments and the eaters of the tasty and ubiquitous "FrankenFoods" – particularly when they are consumed in combinations, doses and potencies that have never been tested for safety or long-term effectiveness.*

Dr Kohls' Duty to Warn columns are archived at:

[http://duluthreader.com/search?search\\_term=Duty+to+Warn&p=2;](http://duluthreader.com/search?search_term=Duty+to+Warn&p=2;)

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