

Gunshots, Motorcycle Deaths Count as COVID Casualties

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Since COVID-19 was declared a pandemic, families have been separated, businesses have been shuttered and schools have been closed down. Many people are living their lives shrouded in fear of Sars-CoV-2, the virus that causes COVID-19 — a direct response to media coverage and health officials' claims of its dire associated risks.

Understanding the real risks, and being able to make choices on how to live your life in response to them, is only possible, however, if you have real facts, like how many have died from the virus and what the death rate actually is. Is it a lethal virus that warrants lockdowns and panic, or is it one more akin to influenza, which can indeed be deadly but, in most cases, is not?

Early on during the pandemic, COVID-19 infection mortality rate claims varied from 2.7% to 7%, with most being in the 4% range. But according to some experts, the actual infection mortality rate may be much lower, ranging from 0.05% to 1%, with a median of about 0.25%.¹

The number of COVID-19 deaths may also be skewed, as health officials may count deaths from unrelated causes — even gunshots and motorcycle accidents — as COVID-19 deaths if the person had the virus within the last 30 days.²

Are COVID-19 Deaths Being Inflated?

In Grand County, Colorado, five COVID-19 deaths were reported, but according to coroner Brenda Bock, two of them were actually deaths from gunshot wounds. Speaking to CBS4 News, Bock spoke out against the misleading classifications, as the deaths from gunshot wounds were counted as COVID-19 deaths because the victims had tested positive within 30 days.

The distinction comes down to some tricky working: deaths “among” COVID-19 cases and deaths “due to” COVID-19. Someone who died with COVID-19 may be counted as a death among COVID-19 cases, even if the virus had nothing to do with their death. When a death is said to be “due to” COVID-19, this is intended when COVID-19 caused or significantly contributed to the death.

According to the Colorado Department of Public Health and Environment, even deaths among COVID-19 cases must be reported to the U.S. Centers for Disease Control and Prevention (CDC):

“This information is required by the CDC and is crucial for public health surveillance, as it provides more information about disease transmission and can help identify risk factors among all deaths across populations.”³

But according to Bock, the inflated numbers could hurt the region’s economy, which is largely dependent on tourism:

“It’s absurd that they would even put that on there. Would you want to go to a county that has really high death numbers? Would you want to go visit that county because they are contagious? You know I might get it, and I could die if all of a sudden one county has a high death count. We don’t have it, and we don’t need those numbers inflated.”⁴

Hundreds of ‘COVID-19 Deaths’ Subtracted in Washington

Washington state was also accused of inflating COVID-19 deaths, by up to 13%. According to the Freedom Foundation, the state’s Department of Health was counting every death in a person who had previously tested positive for COVID-19 as related to the virus.

While the governor denied the inflation, internal emails revealed in May 2020 that the Department of Health (DOH) was, in fact, counting deaths in their official COVID death numbers that weren’t directly due to the virus.⁵

By December 2020, Washington’s DOH had responded by subtracting more than 200 deaths from its COVID-19 fatality count after “methodological improvements.” However, a Freedom Foundation analysis suggests their fatality counts are still too high. And if this is going on in Washington, it’s likely happening in other states and countries as well.

According to the analysis, some of the questionable examples of the DOH’s “COVID-19 deaths” include the following:⁶

A 64-year-old male who died of “acute combined fentanyl, heroin, methamphetamine, and methadone intoxication”
A 65-year-old male who died from “alcoholic liver disease”
A 69-year-old male with Parkinson’s disease and vascular dementia who died from malnutrition/dehydration after refusing to eat
A 73-year-old female with underlying health conditions who died after declining treatment for an intestinal abscess
A 75-year-old-male who died following a “pacemaker infection”
A 99-year-old female who died after losing her balance and falling while trying to retrieve an item from the top of her dresser

Motorcycle Death Initially Counted as COVID-19 Death

Another misleading instance occurred in Orlando, Florida, where a man in his 20s who died

in a motorcycle accident was initially counted as a COVID-19 death because he had tested positive. In a significant stretch, Orange County health officer Dr. Raul Pino told FOX 35 News, “[Yo]u could actually argue that it could have been the COVID-19 that caused him to crash.”⁷

That death was reportedly removed from the official count, but how many others weren’t? In April 2020, Dr. Ngozi Ezike, director of the Illinois Department of Public Health, also detailed the loose case definition being used for COVID-19 deaths:

“If you were in hospice and had already been given a few weeks to live, and then you also were found to have COVID, that would be counted as a COVID death. It means technically even if you died of a clear alternate cause, but you had COVID at the same time, it’s still listed as a COVID death.

So, everyone who’s listed as a COVID death doesn’t mean that that was the cause of the death, but they had COVID at the time of the death.”⁸

Are Total Deaths in 2020 Excessive?

Michael Yeadon, Ph.D., a former vice-president and chief scientific adviser of the drug company Pfizer and founder and CEO of the biotech company Ziarco, now owned by Novartis, said in an [interview](#), “You cannot have a lethal pandemic stalking the land and not have excess deaths.” Yet, excess deaths on the level of a lethal pandemic just aren’t occurring.

About 1,700 people die each day in the U.K. in any given year, Yeadon says — but many of these deaths are now falsely attributed to COVID-19. “I’m calling out the statistics, and even the claim that there is an ongoing pandemic, as false,” he said, noting that the definition of a “coronavirus death” in the U.K. is anyone who dies, from any cause, within 28 days of a positive COVID-19 test.

In the U.S., it’s a similar story. As of December 22, 2020, the provisional total death count from all causes, according to the CDC, is 2,835,533.⁹ For comparison, the total number of deaths from all causes in 2018 was 2,839,205¹⁰ while in 2019 it was 2,854,838.¹¹

Some estimates suggested that 2020 deaths may top 3.2 million when all the final figures are added up,¹² but how many of those deaths are directly attributable to COVID-19?

According to Yeadon, some of the slight uptick in deaths being presorted in the U.K. — primarily people aged 45 to 65, with equal distribution between the sexes — are mainly from heart disease, stroke and cancer, which suggests they are excess deaths caused by inaccessibility of routine medical care as people are either afraid of or discouraged from going to the hospital.

These deaths may be characterized as being COVID related, but that’s only because they have been falsely lumped into that category due to a positive test being recorded within 28 days of death. In the U.S., other deaths have also increased, including, according to Robert Anderson of the CDC, “an unexpected number of deaths from certain types of heart and

circulatory diseases, diabetes and dementia.”¹³

Drug overdose deaths are also at record numbers. According to the AP, in late December 2020, “the CDC reported more than 81,000 drug overdose deaths in the 12 months ending in May, making it the highest number ever recorded in a one-year period.”¹⁴

Flu Deaths Disappear

Another curiosity in 2020 is [what happened to the flu](#). The U.S. Centers for Disease Control and Prevention (CDC) tracks influenza (flu) and pneumonia deaths weekly through the National Center for Health Statistics (NCHS) Mortality Reporting System. But, “April 4, 2020 was the last week in-season preliminary burden estimates were provided,” the CDC wrote on its 2019-2020 U.S. flu season webpage.¹⁵

The reason the estimates stopped in April is because flu cases plummeted so low that they’re hardly worth tracking. In an update posted December 3, 2020, the CDC stated:

“The model used to generate influenza in-season preliminary burden estimates uses current season flu hospitalization data. Reported flu hospitalizations are too low at this time to generate an estimate.”¹⁶

They also added, “The number of hospitalizations estimated so far this season is lower than end-of-season total hospitalization estimates for any season since CDC began making these estimates.”¹⁷ Meanwhile, the “COVID” deaths the CDC has been reporting are actually a combination of pneumonia, flu and COVID deaths, under a new category listed as “PIC” (Pneumonia, Influenza, COVID).

Their COVIDView webpage, which provides a weekly surveillance summary of U.S. COVID-19 activity, states that levels of SARS-CoV-2 and “associated illnesses” have been increasing since September 2020, while the percentage of deaths due to pneumonia, flu and COVID-19 has been on the rise since October.¹⁸

As noted by professor William M. Briggs, a statistical consultant and policy advisor at The Heartland Institute, a free-market think tank, “CDC, up until about July 2020, counted flu and pneumonia deaths separately, been doing this forever, then just mysteriously stopped ... It’s become very difficult to tell the difference between these,”¹⁹ referring to the combined tracking of deaths from “PIC.”

Selection Bias and Problems With Testing

Dr. Reid Sheftall has also suggested that COVID-19 fatality rates may be inflated, by about 40 times. In an interview with Ivor Cummins, a biochemical engineer with a background in medical device engineering,²⁰ he said selection bias was being used in the counting of cases, and organizations such as the World Health Organization (WHO) and CDC were drastically undercounting the number of people who were infected, which inflated the mortality rate.

Sheftall looked for data in which every case had been counted, ending up with a cruise ship, in which every person had been tested, and a small town in Germany that had also tested

all residents. “When I crunched the numbers, the infection fatality rate came out to 0.14%, so I knew ... there were some gross errors going on.” Sheftall cited COVID-19 survival rates by age, posted by the CDC September 10, 2020, which are as follows:²¹

- Ages 0 to 19: 99.997%
- Ages 20 to 49: 99.98%
- Ages 50 to 69: 99.5%
- Ages 70 and up: 94.6%

This translates into a 0.1% infection fatality rate, using the CDC’s own numbers. More than 224.5 million [COVID-19 tests](#) have been conducted in the U.S,²² which includes an unknown number of tests conducted on people with no symptoms.

The costs for such testing could be used for a more productive purpose, according to Sheftall, particularly for asymptomatic people. “The whole basis of medicine,” he says, is to test people with symptoms so you can find out what’s wrong and treat them accordingly:

“In 2017 to 2018 ... between 70 and 80 million people in America got the flu ... nobody noticed for the most part and no one was tested. I’m a doctor and I vaguely remember that it was a bad flu season. That was it. And yet with COVID we’re testing so many people you wouldn’t believe it.”²³

What’s more, positive reverse transcription polymerase chain reaction (RT-PCR) tests have proven remarkably unreliable with high false result rates, and a positive test does not mean that an active infection is present.

Fear May Be Causing More Deaths

Taken together, what’s clear about the COVID-19 fatality rates being reported is that there’s a lot of room for error and misinterpretation. Solid analysis of any “excess” deaths being attributed to COVID-19 are needed before policy decisions are made. When this was done in England in October 2020, deaths were only 1% higher than expected, and many of them were due to heart disease, stroke and diabetes.

“Notably” fewer deaths due to respiratory conditions and acute respiratory infections were found, yet deaths occurring in homes due to non-COVID-causes increased. This may be another sad outcome of the fear being propagated in relation to COVID-19. According to the study,

“The data suggest that mortality has shifted from hospital to home, especially for deaths not associated with COVID-19. This ‘displacement’ may be due to the reluctance of individuals to receive treatment in hospital or of clinicians to admit non-covid patients ... Deaths in the home remain persistently high, and yet they receive little attention.”²⁴

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Notes

¹ [Greek Reporter June 27, 2020](#)

² [ZeroHedge December 17, 2020](#)

³ [Colorado Department of Public Health & Environment September 28, 2020](#)

⁴ [CBS Local December 14, 2020](#)

⁵ [Freedom Foundation August 18, 2020](#)

⁶ [Freedom Foundation December 16, 2020](#)

⁷ [FOX 35 Orlando July 16, 2020](#)

⁸ [Week April 20, 2020](#)

⁹ [U.S. CDC, Provisional Death Counts for Coronavirus Disease 2019 \(COVID-19\)](#)

¹⁰ [U.S. CDC, Deaths and Mortality](#)

^{11, 12, 13, 14} [AP December 21, 2020](#)

^{15, 16, 17} [U.S. CDC, 2019-2020 U.S. Flu Season: Preliminary In-Season Burden Estimates](#)

¹⁸ [COVIDView December 11, 2020](#)

¹⁹ [YouTube, Discernable November 24, 2020, The Flu Has Disappeared!](#)

^{20, 21, 23} [The Fat Emperor, Podcast, December 11, 2020](#)

²² [COVIDTracking.com December 17, 2020](#)

²⁴ [The Center for Evidence-Based Medicine October 23, 2020](#)

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