It’s Long Past Time For CDC To Clean-Up The COVID-19 Death Counts

Description

Authored by Stacey Lennox via PJMedia.com,

Some of us have been **questioning the COVID-19 death counts reported by the CDC through the National Center for Health Statistics (NCHS) for some time.**

Of course, CNN and the corporate media love the likely elevated counts to push their narrative. **Lockdown Inc. loves them to justify their destruction of lives and livelihoods.** A report from the Freedom Foundation, a Washington State think tank, explains why. The foundation’s original analysis of deaths in the state found the number may have been inflated by as much as 13%:

> In May, a report released by the Freedom Foundation, an Olympia-based free-market think tank, revealed the DOH was attributing to COVID-19 every death in which the deceased previously tested positive for the virus. However, it’s clear that catching the disease and dying of it are two very different matters.
>
> **Washington’s data was riddled with cases – as much as 13 percent of the total – in which the death certificate made no reference to COVID-19 as a cause of death. In several cases, even gunshot deaths were chalked up to the virus.**

While the Department of Health did remove 200 deaths from the count, the Freedom Foundation did another analysis. Combining data sources from the Department of Health for nearly 2,000 deaths as of early September, the new analysis found that 170 death certificates did not mention COVID-19.Another 171 deaths had no causal connection to the virus. According to the Post Millennial,**the group estimates Washington's death counts could be inflated by as much as 20%.**

New data from the CDC regarding the conditions contributing to deaths where COVID-19 is also involved clearly demonstrates deaths from the virus are overestimated nationwide. This is not surprising given the loose guidelines for attributing a death to COVID-19 and the financial incentives through public and private insurance to put COVID-19 on a patient's chart.

First, as I have written several times, many COVID-19-positive people who were terminally ill died a few months before they otherwise would have. These "pull-forward deaths" often happen with influenza and pneumonia when a person is elderly or severely compromised. For example, the data shows 3,622 people over the age of 75 died of hypertensive renal disease with kidney failure. Kidney failure is a progressive and terminal condition, even with kidney dialysis. An additional 939 in the same age group died with lung cancer as well as COVID-19.

Second, the report demonstrates most younger patients were also suffering from a different severe illness if they died from COVID-19. On the same line for kidney failure, a total of 18 people under the age of 35 passed away with this condition and COVID-19. Ten people under the age of 35 died with acute lymphoblastic lymphoma (ALL) in addition to the virus. The average five-year survival rate in this age group is between 68.1% and 85%, leaving the distinct possibility that these were the sickest ALL patients.

These are just a few examples of terminal conditions that could have been examples of a pull-forward death. Since there is nothing in the NCHS guidance to require symptoms or evidence of active COVID-19, it is impossible to tell whether or not these were pull-forward deaths. As Washington demonstrates, some of this error will come from state-level practices. New York, for example, backdated 3,700 "presumed COVID-19 deaths" early in the pandemic.

The above does not even include the broad class of ICD-9 Codes referred to as "Intentional and unintentional injury, poisoning, and other adverse events." This report contains 9,343 deaths associated with everything from drug overdoses to traumatic accidents and suicide. These deaths alone equal 3% of the current number of total deaths.

It is long past time for the CDC and NCHS to require some evidence of a severe illness from COVID-19 rather than simply a positive test. There are significant numbers of lab values and imaging changes that, taken together, can reasonably be assumed to paint a clinical course that includes active illness from COVID-19. The best test would be a viral culture. If the virus or viral debris in a patient's system cannot replicate in a culture, it can't be a cause of death.

A positive PCR test within 28 days, the current standard Washington is now using, is also unacceptable, especially with the number of asymptomatic cases. A virus that never makes you sick or only makes you mildly ill will not kill you or likely contribute to your death. Rather, you are likely one of the 30-60% of people with reactive immunity from other coronavirus exposure. Likewise, if someone already suffers from a terminal illness, unless the end-stage events include symptoms of

severe COVID-19, it should not be counted among the causes of death.

A scroll through the spreadsheet and a bit of clinical knowledge supports the estimate of the Freedom Foundation as a minimum number. **Americans deserve transparency and accuracy at this point. It is a dereliction of duty for the CDC and NCHS not to tailor their guidelines to the disease progression of a COVID-19 infection capable of contributing to a person's death.**