



Written by [Annalisa Pesek](#) on March 22, 2021

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Behind Irrational Fears Fueling the Panic

"We cannot let the cure be worse than the problem itself." — Donald J. Trump

After a year of lockdowns for a treatable virus with a 99-percent survivability rate, America is slowly starting to reopen. Leading the liberation are the red states of Florida, South Dakota, Texas, Mississippi, and Iowa, among others, lifting all COVID-19 regulations as of March 2021.

President Joe Biden has chastised these states' decisions, calling the resolutions "a big mistake" led by "Neanderthal thinking." Agreeing with Biden, many Americans are resolutely following restrictive mask mandates and six feet of social distancing, while millions of others, those relegated to the "primitive" class, question not only the effectiveness of shutdowns but also the real damage done by draconian regulations that have fueled widespread fear of infection and death.

Like Biden, others in the pro-mask and -lockdown crowd resort to mocking taunts to make the opposition cower. Outspoken Hollywood leftist Michael Moore expressed his sentiments about reopening in a diatribe recently posted at the Daily Wire: "I have two words for MAGA Nation: Don't Die. Your love of and loyalty to Trump isn't worth your life. With 73 million of you refusing to wear a mask and to social distance, there'll be no way to eradicate this disease. And a lot of you are going to die."

While such fearmongering may, in fact, successfully reduce open opposition, the hysteria — which is sustained by leftists such as Moore, the biased mainstream media, and left-wing lawmakers — is an indication the panic is not really about controlling the virus at all. Instead, it's about fomenting fears to achieve power and political ends. In this instance, like so many others, fear is being used to fasten increasingly coercive and tyrannical government on us.

Consider the current claim that more than 500,000 Americans died *from* COVID-19, even as the CDC reports the mildest flu season on U.S. record and an average of 2.6 "co-morbidities or other conditions listed on death certificates in 94 percent of all COVID-19 deaths." Then consider early predictions from the now-infamous Imperial College London study that forecast that from March 2020 to October 2020, "2.2. million" Americans would die if governments failed to act decisively. The report also claimed that COVID-19 was the "most serious respiratory virus since the 1918 H1N1 influenza" — also known as the Spanish Flu. However, unlike that disease, or any truly lethal virus, the coronavirus doesn't impact children and middle-age populations severely.



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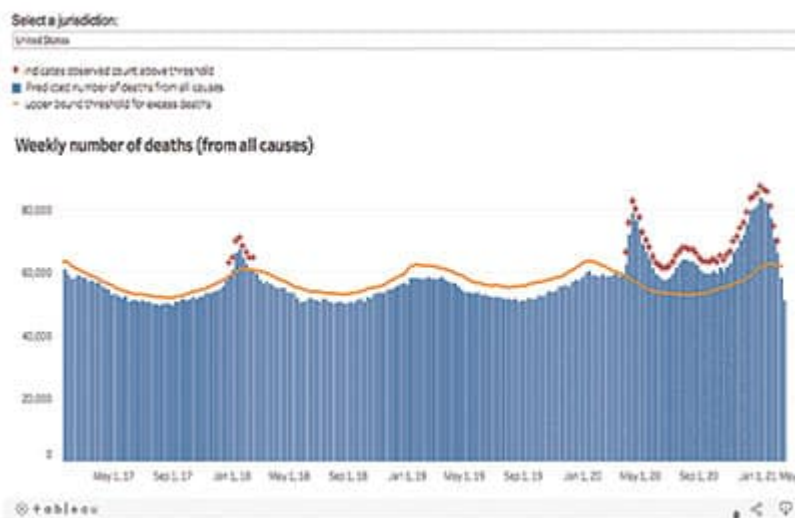


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As former *New York Times* journalist Alex Berenson noted in his series *Unreported Truths About COVID-19 and Lockdowns: Part 1; Introductions and Death Counts and Estimates*, the Imperial College report, which “spurred worldwide lockdowns, extensive social distancing practices, and school closures,” also demonstrated that the coronavirus was “more than 100 times as likely to kill people over 80 than under 50. People under 30 were at very low risk.” Certainly not a minor detail, yet this data seems to have been conveniently withheld from the general public. Instead of reporting on these facts, the mainstream media and government officials have done well to perpetuate doom and gloom, spouting scientifically unproven data. Watching CNN and the COVID-19 “death ticker,” aptly named by Fox News’ Tucker Carlson, viewers may easily give in to the widespread belief that COVID-19 has indeed claimed half a million American lives. And that fear — what writer S.G. Cheah terms a wave of “mass insanity,” a delusional psychosis induced by an irrational fear of the virus — is sparking a real crisis.

Despite the Imperial College study’s hugely disparate claims, it became the catalyst for national policy that led states to take unprecedented measures to quarantine the healthy and, in some areas, issue guidelines that killed the elderly. As of this writing, embattled New York Democratic Governor Andrew Cuomo is still evading responsibility for nursing-home policies that killed more than 14,000 seniors, according to an investigative report by New York Attorney General Letitia James.



Statistically significant: A CDC graph of purported “excess deaths” shows areas experiencing higher-than-normal mortality rates, yet the data remain incomplete, making it impossible to know the “real” COVID death rate. (Photo credit: [cdc.gov](#))

Tragically, death is an effect of the virus, but even as virus deaths have been trumpeted from governmental and media venues, the number of deaths spurred by COVID lockdowns has been left in the shadows. Skyrocketing suicide and depression rates among America’s youth are well documented, but little reported. Undoubtedly, young people have been adversely impacted by isolation caused by yearlong public-school and university closures. According to Selwyn Duke’s article “Ex-Medical Examiner: The ‘500,000 COVID Deaths’ Number Is a Lie,” at [TheNewAmerican.com](#), 2020 saw a rise in “suicides and overdose deaths; in fact, the latter number, 81,000, was our nation’s highest ever.”

Giving a testament to claims of adverse psychological effects of lockdowns on young people is California-based clinical psychologist Mark Baker. In a conversation with Pastor Rob McCoy on the



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podcast Vintage McCoy, Baker explained the exponential growth of new psych patients over the past year. “Children are unable to connect with others.... [They] feel utterly without a way. It was [supposed to be] two weeks to flatten the curve, then two months, now a year. There’s no end in sight; it pushes people over the edge to do things they wouldn’t otherwise do.” Remarkably, irrational behaviors prompted by fear of the coronavirus are commonplace in today’s society — think rampant mask-shaming and entire families being thrown off planes because their noncompliant toddler refuses to don a face covering.

For months Americans have been plagued with blatant fearmongering and panic-mongering from both the activist media and the leftist/globalist government.

The most recent and profound example of that fearmongering is the claim that more than 500,000 Americans have died of COVID. If the United States had really experienced a half-million excess deaths because of COVID-19, data should make this plain, as governments have kept meticulous records of total deaths for decades, and so we should see the country’s death rate substantially rise. But we don’t see this in the numbers.

As of March 2021, data sourced from the United Nations *World Population Prospects* do illustrate a continuous climb in U.S. mortality rates over the past several years, from 2019 (8.782) to 2020 (8.880) to 2021 (8.977), but there’s a catch: The United States has seen consistent increases in the overall mortality rate since 2012. Prior to that time, back to 1950, the country’s death rate either dropped or held fairly level, largely owing to growing numbers of youths and improving hygiene. However, the country’s swelling population and expanding elderly cohort have combined to reverse that trend.

Another source, USA Facts, “a nonpartisan, not-for-profit civic initiative without a political agenda,” makes the half million number even more suspect. In a January 2021 report, the organization stated that “3,187,086 people died from all causes between January 1 and December 26, 2020.” In 2019, “2,852,609” people died, so that’s 334,477 additional deaths in 2020 possibly owing to coronavirus, a number that would rise by the tens of thousands in January-February 2021. Still, that’s far short of a half-million excess deaths. It’s significant, too, that large jumps in the U.S. death total are not only common as the country ages, but expected: In 2015, the United States had 2,712,630 total deaths, and by 2017, the U.S. was already experiencing 2,813,503 deaths per year.

And there’s a further problem. This study did not account for the increased 2020 U.S. population, which would have shown an estimated 0.59 percent growth, or roughly two million people, leading to a higher-than expected death total as compared to the previous year, without COVID’s influence.

Also making the COVID-19 death count problematic is that while fatalities attributed to the virus were increasing throughout the country, caused by a viral respiratory illness, the CDC would have us believe that flu deaths, also caused by a viral respiratory illness, virtually ceased to exist in 2020.

Note in the table below that at the time of this writing in March only an estimated 183 people have died of the flu so far this year, while a whopping 67,222 have succumbed to fatalities involving the coronavirus and pneumonia. In a typical flu season, between 30,000 and 60,000 Americans are believed to die from the flu. A *WebMD* article from 2005 entitled “What Is a Pandemic?” noted that in that year “flu reached epidemic levels in the U.S. for 10 weeks in a row during the 2004-2005 season. CDC records show that during the week ending March 5, 2005, 8.9% of all deaths reported in 122 U.S. cities were due to influenza and pneumonia (a common complication of the flu).”



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Are we really to believe that flu is nearly nonexistent this year, or should we conclude that flu deaths are being added to COVID-19 deaths?

To the latter question, former seasoned medical examiner Dennis McGowan would answer with a resounding “yes.” According to McGowan, as asserted in a recent *American Thinker* article, the coronavirus death tolls are a “big lie.” On death investigations, he writes, “Death certificates are pretty uniform in their structure, and they call for strict accuracy in listing the relevant details.” He goes on to say that “If COVID is on the Immediate Cause line, it is clearly a COVID death. If it is on the first Due To line, it might be a COVID death in a person with a significant comorbidity. If it is on the second or third Due To line, it may or may not have a role in the death, but if it appears in the Other Significant Conditions line, it is not a COVID death, yet it is being counted as one. An example is the fellow who crashed his motorcycle and tested positive for COVID. This is fraud masquerading as science.”

Unquestionably, the COVID death count is greatly exaggerated, but one could hardly tell that by examining government data.

Table 1. Deaths involving coronavirus disease 2019 (COVID-19), pneumonia, and influenza reported to NCHS by time-period and jurisdiction of occurrence. Data as of: 3/9/2021

State							
United States							All
Year in which death occurred	All Deaths involving COVID-19 [1]	Deaths from All Causes	Percent of Expected Deaths [2]	Deaths involving Pneumonia [3]	Deaths involving COVID-19 and Pneumonia [3]	All Deaths involving Influenza [4]	Deaths involving Pneumonia, Influenza, or COVID-19 [5]
2021	126,708	3,203,044	88	87,101	87,222	183	186,692
2020	378,095	3,381,063	118	347,757	176,909	8,773	556,530
Total	504,803	3,881,187		434,858	264,131	8,956	703,262

COVID has killed the common flu: Shockingly, an astronomically low number of people have died of the flu so far this year, while tens of thousands have purportedly succumbed to fatalities involving the coronavirus and pneumonia. *(Photo credit: cdc.gov)*

Attempts to navigate government data on the topic of excess deaths — i.e., “the number of deaths exceeding the normal average total of deaths in recent years” — unfortunately results in only skewed numbers and convoluted medical jargon cascading down page after page of the CDC website. Different definitions and varying estimates of both excess deaths and excess deaths related to COVID-19, presented side-by-side, make it nearly impossible to decipher an accurate correlation between overall year-by-year fatality rates and virus lethality cause and effect.

A CDC graph of purported “excess deaths” shows that from February 2020 to July 2020, there were “areas [in the United States] experiencing statistically significantly higher than normal mortality,” yet the mortality data remains incomplete, with “completeness varying by jurisdiction” (e.g., “Data for New York excludes New York City”). Thus, the “bigger picture” of the statistics for increased overall U.S. deaths over time is, at this stage, unachievable.

Further down the CDC page is this incomprehensible explanation: “The estimates of excess deaths reported here [i.e., the graph above] may not be due to COVID-19, either directly or indirectly. The



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pandemic may have changed mortality patterns for other causes of death.” Yet the CDC only includes examples of “other causes” as “health care shortages due to COVID-19.” No mention of “other causes” owing to lockdowns, school closures, depression and suicides, drug overdoses, fear of being alone in a hospital, etc.

Yes, the virus is real, but, again, there’s almost no chance that more than 500,000 Americans died from this illness. And the CDC and mainstream media are working very hard to keep information about excess deaths and deaths with comorbidities inaccessible, misleading, and confusing.

As posted on the CDC website, the most common conditions present with COVID-19 at the time of death include influenza and pneumonia (44.7 percent; 203,395 deaths); hypertension (19.9 percent; 90,511 deaths); diabetes (15.8 percent; 72,050 deaths); and Alzheimer’s disease and other dementias (14.5 percent; 65,846 deaths). Factoring these figures into the death counts attributed solely to the virus prompts questions of accuracy.

Upon further evaluation of the CDC report, it is questionable whether any deaths can be attributed exclusively to the coronavirus. As the CDC acknowledges, “The six percent of death certificates in which COVID-19 was the only condition listed was likely related to a lack of detail listed about other conditions present at the time of death.” Unfortunately, scant reporting of such critical information only sustains the belief that the coronavirus is a disease that inevitably kills.

Again, this is not to say that the coronavirus is not dangerous or lethal, especially for those with high-risk underlying conditions. However, the media’s substantial failure to draw the distinction between dying *with* COVID, as opposed to dying *from* COVID, continues to shield the public from the truth, effectively keeping many Americans in a perpetual state of fear.

Also a sign of political manipulation is the lack of information available about, and lack of access to, safe and effective treatments for COVID, treatments that would have saved numerous lives. Even as anecdotal and research evidence piled up about effective medications, it remained difficult to get the medications. For instance, the Ford Clinic released data showing that the use of hydroxychloroquine on hospitalized COVID patients reduced deaths by 50 percent, but government refused to sanction the drug’s use by non-hospitalized sufferers. Note, this is a drug that is commonly prescribed for non-life threatening diseases such as arthritis, has a decades-long track record, and is prescribed millions of times a year worldwide. Ivermectin has a similar safety profile and works even better, but it was not accessible either. Meanwhile, multiple doctors’ groups complained that every time they put info about treatments online, they were deplatformed.



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Blood on their hands: Data show that drugs such as hydroxychloroquine and ivermectin have cut COVID deaths in half, yet government and many medical experts continue to deny Americans these vital, life-saving treatments. *(Photo credit: BartekSzewczyk/iStock/Getty Images Plus)*

Referring to hydroxychloroquine and ivermectin, commentator Dennis Prager writes, “These drugs (along with zinc), which are as safe as any medicines humanity has taken in the last half-century, should have been almost universally used to treat COVID-19 patients as soon as those patients showed symptoms or tested positive — and even as a prophylactic to prevent or minimize the effects of the illness in the first place. If they had been, it is likely that tens, maybe hundreds, of thousands of those who died of the virus would have lived.” (From “How Many Americans Has the American Medical Establishment Killed?”)

One day the American medical establishment will have to account for the tens of thousands of lives that could have been saved were it not for Americans being denied vital information and life-saving treatments.

The incessant campaign of fearmongering by government, major media, and social media, despite the evidence that this is a very treatable disease, reveals that Big Government and Big Tech have been pushing the fear buttons for political gains.

Obviously, the gambit has been succeeding. And many Americans remain afraid of the virus because of the panic perpetuated by an all-controlling, coercive government rather than the lethality of the virus itself.

Dr. Joseph Mercola, in his article “The World Is Suffering From Mass Delusional Psychosis,” examines the work of psychiatrist and medical legal expert Dr. Mark McDonald, who argues that many people anxious about the coronavirus “believe that they are going to die — no matter what age, no matter what state of health they’re in.... That’s delusional psychosis. It’s false, it’s wrong, it’s not backed up by evidence. And many, many Americans are living that and believing that.”

To resist such dangerous political machinations, Americans will have to begin to live their lives not necessarily risk-free but courageously. Perhaps we do this by rising above the lies and staying true to the tenets of liberty and freedom upon which this great nation was built. Perhaps by refusing to believe that this pervasive chaos is unending and hopeless, society can turn around and truly be great again.



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