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Is the COVID-19 Death Toll Being Padded?

From the print edition of **The New American:**

It is not difficult to imagine the scene inside the conference rooms hosting the internal discussions of the White House coronavirus task force. Within those walls the highest stakes are in play as the nation's public-health authorities, top administration bureaucrats, and politicians — including the president and vice president — debate the issues and policies that are having a direct and dire impact on the lives, fortunes, and freedoms of the American people. There is likely to be dismay and distress. It seems unavoidable that there would be heated arguments.



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The vapors of one of those arguments seem to have slipped past the mask of unity worn by the members of the task force since the onset of pandemic in the United States. During one such meeting on May 6, according to the *Washington Post*, Dr. Deborah Birx — one of the two high-profile leaders of the administration's response to the virus, along with Dr. Anthony Fauci — got into an argument with Robert Redfield, director of the Centers for Disease Control and Prevention (CDC).

"During a task force meeting ... a heated discussion broke out between Deborah Birx, the physician who oversees the administration's coronavirus response, and Robert Redfield," the *Post* reported. "Birx and others were frustrated with the CDC's antiquated system for tracking virus data, which they worried was inflating some statistics — such as mortality rate and case count — by as much as 25 percent, according to four people present for the discussion or later briefed on it."

Said Birx during the argument, according to the *Post's* sources: "There is nothing from the CDC that I can trust."

That's a sentiment, when it comes to the risk posed by the coronavirus, that many American citizens must feel. For weeks now the mainstream media have produced a steady stream of scare stories about the virus. Watching or reading the news in any mainstream source for too long, one begins to forgive frightened Americans who think that they are now living some simulacrum in real life of the popular pandemic zombie drama *The Walking Dead*. Contrary to the mainstream fearmongering, however, statistics for the pandemic's infection and death rates seem to indicate that the disease is not as apocalyptic as Democrats, other statisticians, and their mainstream media allies have endlessly reported.

Widespread Infection — Low Death Rates

In April, a team of researchers, including Stanford's John Ioannidis — described by *Wired* magazine as "a fixture in medical-school curricula for years, achieving something akin to hero status" — released



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results of a study of COVID-19 infections in Santa Clara County, California. Based on testing for antibodies to the virus, they found that the disease was more widespread than previously believed.

"The most important implication of these findings is that the number of infections is much greater than the reported number of cases," Ioannidis and his collaborators concluded. They continue, noting that "the extent of infection under-ascertainment is a central input for estimation of infection fatality rates from COVID-19."

Based on their findings, the researchers concluded that by April 1 as many as 54,000 people had been infected in Santa Clara County. Comparing this finding with the number of deaths in the county from COVID-19 would allow for an estimation of the actual infection fatality rate from the disease.

"Through April 22, 2020, 94 people died from COVID-19 in the County," the researchers wrote. If our estimates of 54,000 infections represent the cumulative total on April 1, and we assume a 3 week lag from time of infection to death, up to April 22, then 94 deaths out of 54,000 infections correspond to an infection fatality rate of 0.17% in Santa Clara County."

This death rate is considerably lower than the eye-wateringly high numbers bandied about in the early days of the pandemic by the World Health Organization (WHO). In remarks delivered on March 3, WHO Director-General Tedros Ghebreyesus said, "Globally, about 3.4% of reported COVID-19 cases have died. By comparison, seasonal flu generally kills far fewer than 1% of those infected."

Padding the Numbers?

In April the Centers for Disease Control issued guidance to healthcare workers when deciding cause of death in COVID-19 patients. The document, which was revealed in short order by concerned doctors, gained notoriety for suggesting that even when "a definite diagnosis of COVID-19 cannot be made," it could still be listed as the cause of death if it were suspected or likely, noting that "it is acceptable to report COVID-19 on a death certificate as 'probable' or 'presumed'" in such cases.

Minnesota State Senator Scott Jensen, a family doctor and a clinical associate professor at the University of Minnesota Medical School, was quick to criticize the CDC COVID-19 cause-of-death guidance.

"The idea that we are going to allow people to massage and sort of game the numbers is a real issue because we are going to undermine the [public] trust," he told Fox News' Laura Ingraham. "And right now as we see politicians doing things that aren't necessarily motivated on fact and science, their trust in politicians is already wearing thin."

He also pointed out the way government funding might be contributing to distortions in how hospitals provide care. "Right now Medicare has determined that if you have a COVID-19 admission to the hospital, you'll get paid \$13,000. If that COVID-19 patient goes on a ventilator, you get \$39,000, three times as much. Nobody can tell me after 35 years in the world of medicine that sometimes those kinds of things impact on what we do." So hospitals get more money to put COVID patients on ventilators than if they do not put them on ventilators, suggesting that prospect of monetary gain is driving patient care, rather than patient need and doctor evaluation.

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As for coding deaths for COVID-19, Dr. Jensen pointed to an extreme example of how the statistics might be manipulated under current CDC guidance.

“Let’s just take someone getting hit by a bus and they collapse a lung and they go into the emergency room and they are there for 18-20 minutes. Blood work comes back. COVID test comes back positive and they die 20 minutes later because of their collapsed lung. We’re going to put that down as COVID-19? That doesn’t make any sense.”

Underscoring this point, Fox News’ Laura Ingraham reported that the health director for the state of Illinois, Dr. Ngozi Ezike, admitted, while governor J.B. Pritzker looked on, that “If you were in hospice and had already been given, you know, a few weeks to live and then you also were found to have COVID that would be counted as a COVID death.... 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.”

Dr. Ezike has since tried to walk this back. “We are reporting those deaths that have laboratory confirmation, meaning that they have been tested and a laboratory test indicates that they were COVID positive,” she said on May 12, according to Chicago NBC television affiliate WMAQ.

Mainstream media critics contend that concern over the CDC guidance causing an overestimation of deaths from COVID-19 is a “conspiracy theory.” But the practice was admitted by Dr. Birx in early April. “The intent is ... if someone dies with COVID-19 we are counting that,” she said, according to Fox News.

Perspective

Understanding is always dependent upon context and perspective. Segmented from its context and environment, a fact may appear striking, frightening, or impressive, and its measure is dependent upon only the bias of the observer. Put that item back into proper context, back into its environment, and a better understanding becomes possible. A wide-angle photo of a single redwood tree, standing on a rock, surrounded by ocean may appear to be simply a tree, unremarkable and indistinguishable from other trees. Put a person next to that same tree in the photo, and the true scale of the majestic redwood becomes immediately obvious. The tree and the person are not the same species, but the comparison of one to the other provides immediate clarification of scale.

The same is true of the current pandemic. Viewed alone, it seems a horror, justifying nearly every tyranny to stop it. But in the context of other risks, COVID-19, though terrible, becomes no more terrible than the many other risks humans face as a consequence of being alive.

It’s not fashionable to compare COVID-19 to the flu, but Lisa Lockerd Maragakis, M.D., of Johns Hopkins Medicine, has done it, so it is worth considering her numbers. For COVID-19, she reports: “Approximately 4,194,326 cases have been confirmed worldwide. There have been 1,347,936 cases in the U.S. as of May 12, 2020.”

For the flu she writes: “The World Health Organization estimates that 1 billion people worldwide get the flu every year.”

As for deaths, Dr. Lockerd Maragakis says of COVID-19: “There have been approximately 286,669 deaths reported worldwide. In the U.S., 80,684 people have died of COVID-19, as of May 12, 2020.”

For the flu, she reports: “The World Health Organization estimates that 290,000 to 650,000 people die of flu-related causes every year worldwide.”



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If we take these numbers even at face value, we see in COVID-19 a disease that may be somewhat deadlier than the flu but sickens far fewer people. Consider also that the number of flu infections may be overstated based on how flu is traced and that COVID-19 prevalence is likely understated with the number of infections detected likely to rise considerably as testing increases, suggesting many cases in the first months of the pandemic have gone unnoticed. In such a case, we are left seemingly to agree with Dr. Anthony Fauci, who in a February 28 online article for the *New England Journal of Medicine* said of COVID-19 that “the case fatality rate may be considerably less than 1%. This suggests that the overall clinical consequences of Covid-19 may ultimately be more akin to those of a severe seasonal influenza.”

For additional perspective we should also keep in mind other causes of mortality. According to the CDC, for example, “In 2016, the latest year for which incidence data are available, 1,658,716 new cases of cancer were reported, and 598,031 people died of cancer in the United States.” For heart disease, another leading killer, the CDC reports that “One person dies every 37 seconds in the United States from cardiovascular disease.” In total, the CDC reports that 647,000 Americans die from the disease every year. Other leading causes of death are chronic lower respiratory diseases (160,201 deaths), stroke (146,383 deaths), Alzheimer’s disease (121,404 deaths) and diabetes (83,564 deaths), according to the CDC.

COVID-19 is indeed a dangerous disease. The virus that causes it is quite infectious, and is potentially deadly, especially for those with underlying health problems or who are more advanced in age. The harm it causes, and the danger it represents, should not be minimized.

But neither should the similar harms and dangers represented by the flu and other diseases be minimized. Yet, for one disease we have seen the end of freedom, the invigoration of the tyrannical surveillance state, the acceptance of rule by decree, the impoverishment of many millions of people, and the wholesale firebombing of the Main Street economy. This wanton destruction is not merely economic, but is having real and damaging effects on people’s health by driving high levels of stress and despair, and reducing the availability of other badly needed healthcare services. Causes of death other than COVID-19 are almost certain to spike as a result.

It is high time to end this manufactured catastrophe and restore freedom to the Republic and its people.

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