



## Washington Doctor Demands “a Recount” — “of COVID Deaths”

At Social Security’s birth, it was promised that workers would never be taxed for the program at more than six percent of their income. Today SS takes [12.4 percent](#). The government had long said there were “only” 11 million illegal aliens in our nation, but academic studies place the actual number at [two](#) to [three](#) times higher. The Centers for Disease Control had maintained that the risk of contracting the coronavirus outdoors was “less than 10 percent,” but it turns out the agency made a bush-league mistake: The [actual number](#) may be less than 0.1 percent.



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Even though the above well reflects the government’s track record, there could certainly be an exception to the apparent rule that government numbers are as accurate as a blind archer with vertigo. I’m not aware of one, though. This brings us to the claim that “500,000 Americans have died of COVID.” Is this really a possible first, that elusive exception to the state errancy norm?

Dr. Thomas T. Siler sure doesn’t think so, and he’s consequently demanding a recount of SARS-CoV-2 deaths.

Siler, a Washington state physician with an internal medicine degree (the *same* qualification Dr. Anthony Fauci has) and 37 years’ experience, asserts that “America’s COVID-19 counts are almost certainly inaccurate.” Elaborating yesterday at American Thinker, he [wrote](#):

America counts COVID-19 deaths differently from other countries. According to [Dr. Deborah Birx](#), speaking at the start of the pandemic, “if someone dies with COVID-19, we are counting that as a COVID-19 death.”

However, we must acknowledge that there is a difference between dying **from** COVID-19 and dying **with** COVID-19. This is a familiar uncertainty for doctors during the winter flu season.

In most states, 40-60% of the people dying of SARS-COV-2, the virus that causes COVID-19, are elderly persons with multiple medical problems who live in nursing homes. A portion of this same cohort dies every year from the seasonal influenza virus. When that happens, did the flu kill them or their cancer, heart failure, strokes, or liver problems? Doctors use their best judgment to fill out the death certificate correctly, but they do not categorize all of them as “flu” deaths.



Written by [Selwyn Duke](#) on May 13, 2021

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[According to the CDC](#), only 6% of those who died with the COVID-19 infection had no other pre-existing health conditions. The other 94% had an average of four medical conditions already affecting their health.

This does not mean that only 6% of these deaths resulted from COVID-19. But it also does not mean that 100% of the deaths among people with other medical conditions should be counted as death **from** COVID-19 either. If we counted each death that tested positive for flu or had symptoms of flu as an “influenza death,” we would also have hundreds of thousands of flu deaths each year.

When it comes to the flu, though, we don’t tally either the 6% or the 100%. The real answer is in the middle. Applying that same logic to COVID-19 means that conservatively 25-50% of the deaths labeled **from** COVID-19 more likely died **with** COVID-19.

Citing a study, Siler also states that in possible violation of federal law, the CDC changed the way it tabulated deaths — but only COVID deaths — in a way that greatly inflated the numbers. In fact, the CDC’s August 2020 new-system projection of 161,392 deaths would have been only 9,684 under the old system, he asserts.

The difference is that the new method dictates that the China virus must always be deemed the first cause of death no matter the ultimate cause.

Siler also states that

- the CARES act incentivizes the listing of COVID as cause of death by giving hospitals more money for coronavirus patients;
- some states have China virus mortality count irregularities. Washington health authorities, for example, admitted that they over-estimated their COVID mortality. Minnesota also apparently exaggerated such deaths;
- even some gunshot and suicide deaths have been attributed to the China virus; and
- the COVID pandemic appears less severe than many others. One Johns Hopkins physician puts the coronavirus infection fatality rate at 0.23 percent — akin to a bad flu season.

Once again, if the 500,000 China virus mortality number is correct, it could possibly be a government first. And why this track record of errancy?

For starters, while there are some good people in government, it doesn’t always attract the best and brightest. Second, political self-interest does unfortunately influence government reporting. If politicians want to create a program, for instance, there can be pressure on bureaucrats to underestimate its costs. But if the state wants to justify a war against a boogeyman *du jour* (e.g., a foreign power or disease), there can be pressure to overestimate the threat.

But the COVID number fudging isn’t surprising. After all, the White House now [officially considers](#) the biological quality called “sex” non-biological, reflecting its “transgender” passions. And compared to believing a boy can become a girl, transitioning a flu or heart disease death into a COVID demise is small potatoes.



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