

## **Questioning the Number of Cases and the Death Rate**

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In 2009-2010, the Centers for Disease Control (CDC) and the World Health Organization (WHO) reported that H1N1 flu was going to be a pandemic of epic proportions. When it became clear that this was not going to be the case, what did these supposedly public health organizations do? They created a plan to hide the real data so that they could continue to promote the idea that massive numbers of people were going to die and that flu vaccines were necessary and a means for protection. This later turned out to be false, as a CBS News Investigation and an investigation in Europe showed. (see articles in the Health Briefs Library on this topic).

What should these organizations have done? It would be reasonable to assume, if they had the best interest of the public in mind, that they would joyfully have notified everyone that there was not going to be a pandemic, and that people could relax and go on with their lives without being panicked. But these organizations do not have the best interests of people in mind. They are interested in social engineering, promoting mandatory vaccines, and doing the bidding of their business partners, the drug companies.

Here we go again – they are doing the same thing with the coronavirus.

### **Inaccurate Testing**

Most of the people being tested in the U.S. have symptoms, or have been in contact with someone known to test positive for COVID-19. Because most people exposed to COVID-19 are asymptomatic, a wider population sample would likely show a high infection rate (health authorities would certainly use this to induce more panic) but also would likely show that the incidence of severe symptoms and the death rate are very low.

We have a model for this – in Iceland. Volunteer samples were tested, which is as close to random as possible. It was determined that the infection rate was 0.9%. Indeed, in a population of 364,260 there were 3500 infections, and seven deaths. The government of Iceland determined that seasonal flu was actually more deadly than COVID-19.

Here in the U.S., we did not do this type of testing, but it may not have mattered since the tests are highly inaccurate.

From the beginning, COVID-19 testing in the U.S. has been flawed. While the World Health Organization had developed testing specifications for COVID-19 by January 2020, the CDC decided to develop its own test, which was ready by early February. The test was manufactured and distributed by CDC to health centers throughout the U.S.,

and within a few days, the tests were found to be inaccurate. The FDA response – the agency insisted that hospitals, academic centers and private companies ***should not develop their own tests***. When FDA finally lifted the ban on test development at the end of February, there was a rush to get tests ready for market, and the feds provided no standards for the how COVID-19 was supposed to be detected. This meant all test makers could basically use any standard they wanted to.

The tests were approved by the FDA under emergency use authorization, which means that they were only required to perform well in test tubes and no real world demonstration of clinical viability was required, according to David Pride MD, associate director of microbiology at the University of California San Diego.<sup>1</sup>

Several issues were never addressed. One is the risk of cross-reactivity with other viruses. Another is that the presence of coronavirus is likely to remain for several months after the infectious period has passed, which means the tests are useless for determining who should be quarantined. Yet another is the risk of cross contamination, particularly when testing large numbers of people in crowded settings. Even the tiniest amount of cross contamination can lead to a false positive result, which means people who are have never been exposed to COVID19 could be subjected to unwarranted quarantines.

The tests are produced by several vendors, and each has established its own and as-yet-unmeasured accuracy. The variations are myriad, according to Dr. Pride. He says that some tests can detect as few as 100 copies of a viral gene while others require 400 copies for detection.<sup>2</sup> Additionally, most will show positive results for as long as 6 months, while the actual time the person is contagious is only a few days.

### **Killing Patients With Treatment**

We have heard a lot about the shortage of ventilators, with ongoing debate about who is to blame, and whether or not the claim is true. But an issue that should be getting more attention is that it appears that ventilators may be overused. According to some doctors, 40-50% of patients in respiratory distress die while on ventilators. But 80% or more of coronavirus patients in New York City placed on ventilators have died. Dr. Albert Rizzo, chief medical officer for the American Lung Association, says this is happening in other parts of the U.S., in the U.K. and in China, where 86% of patients in Wuhan placed on ventilators died.

Some experts say that the reason is that ventilators are being used too soon, before other less invasive strategies are used. These include having patients lie in different positions in order to aerate the lungs better; administering oxygen through nose tubes; and adding nitric oxide in order to improve blood flow and oxygen delivery to the lungs.

Dr. Eddy Fan, an expert on respiratory treatment at Toronto General Hospital says "One of the most important findings in the last few decades is that medical ventilation can worsen lung injury — so we have to be careful how we use it."<sup>3</sup>

I think medical staff are trying to do their best to take care of patients, but with so many people in panic mode, some decisions are bound to be made in haste and will be incorrect. Based on the data we now have, it appears that part of the shortage of ventilators may be based on over-treatment and overuse, and that this may be contributing to the death rate too..

### **Cause of Death**

#### **According to the CDC's document titled "Guidance for Certifying Deaths Due to Coronavirus Disease 2019 (COVID-19)":<sup>4</sup>**

"In cases where a definite diagnosis of COVID cannot be made but is suspected or likely (e.g. the circumstances are compelling with a reasonable degree of certainty) it is acceptable to report COVID-19 on a death certificate as 'probable' or 'presumed.'"

In other words, when in doubt, classify any death possible as COVID-19, which will serve to inflate the numbers to make it look like the projections are right and keep the hoax alive.

#### **The National Vital Statistics System issued an alert on March 24 regarding a new ICD code for COVID-19 deaths. According to this document:**

The WHO has provided a second code, **U07.2**, for clinical or epidemiological diagnosis of COVID-19 where a laboratory confirmation is inconclusive or not available.

Will COVID-19 be the underlying cause?

The underlying cause depends upon what and where conditions are reported on the death certificate. However, the rules for coding and selection of the underlying cause of death are expected to result in COVID-19 being the underlying cause more often than not.

Should "COVID-19" be reported on the death certificate only with a confirmed test?

COVID-19 should be reported on the death certificate for all decedents where the disease caused **or is assumed to have caused or contributed to death.**<sup>5</sup>

Again, specific instructions to list the cause of death as COVID-19 as much as possible.

Dr. Deborah Birx serves on the White House task force. She announced during a press briefing on Tuesday April 7 that the deaths of all patients who died with coronavirus, even if the cause of death was not due to COVID-19, should list COVID-19 as cause of death on the death certificate. She acknowledged that other countries do not do this. "There are other countries that if you had a pre-existing condition, and let's say the virus caused you to go to the ICU [intensive care unit] and then have a heart or kidney problem...Some countries are recording that as a heart issue or a kidney issue and not a COVID-19 death. The intent is ... if someone dies with COVID-19 we are counting that."<sup>6</sup>

Dr. Scott Jensen, a Minnesota Family practice doctor and state Senator, says that this means that a patient who died after being hit by a bus and tested positive for coronavirus would be listed as having presumed to have died from the virus regardless of whatever damage was caused by the bus.

Dr. Jensen reports receiving a 7-page document from CDC instructing him to do this. As for the motivation? "Fear is a great way to control people," he told a television station.<sup>7</sup>

When Dr. Anthony Fauci was asked about the number of coronavirus deaths being "padded," he cited the prevalence of "conspiracy theories" during "challenging" times in public health.

But this is not a conspiracy theory – misrepresentations about cause of death are made almost daily. For example, during a press conference, Connecticut Governor Ned Lamont announced that a 6-week-old baby had died and tested positive for coronavirus, and that this was likely one of the youngest deaths from the disease anywhere.<sup>8</sup> His tweet read: "It is with heartbreaking sadness today that we can confirm the first pediatric fatality in Connecticut linked to COVID-19. A 6-week-old newborn from the Hartford area was brought unresponsive to a hospital late last week and could not be revived." He went on to say, "This is a virus that attacks our most fragile without mercy. This also stresses the importance of staying home and limiting exposure to other people. Your life and the lives of others could literally depend on it. Our prayers are with the family at this difficult time."<sup>9</sup>

The problem is that this is not what happened at all. In fact the state's medical examiner refused to certify death from coronavirus. Toxicology tests are pending and the medical examiner indicated the possibility that the child had an underlying condition or might have died of sudden infant death syndrome or positional asphyxiation.<sup>10</sup>

But the damage was done. Lamont told the public that "...no one is safe from this virus," and issued this warning, "For those young people who think maybe they're a little more invincible, think again."<sup>11</sup> The public became more frightened, more likely to do as they were told – stay home, do not congregate, continue to follow directions. He succeeded in scaring people with a false story.

This is not the only episode in which a young person was said to have died from COVID-19 when that is not what happened at all. Chloe Middleton, age 21, died from coronavirus, according to her family. She was taken to the hospital after having a heart attack, and died shortly after. A coroner said the cause of death was related to COVID19 because the family reported she had a cough. The hospital had not recorded it as a COVID death because she did not test positive for the disease.

The family took down a facebook post claiming that Chloe had no underlying health issues, and has refused to respond to reporters calling for information. Subsequently the coroner's office issued this statement: "Chloe died at Wexham Park Hospital on the 19 March 2020. The case was reported to the Berkshire coroner's office. Her death was very sad but as she had a natural cause of death, involvement by the coroner was not required and the hospital issued a death certificate. There was no postmortem examination or inquest. We must now respect the privacy of her family and cannot provide any further information."<sup>12</sup>

## Conclusions

At this time we do not know the incidence of COVID-19 in the U.S. Sample populations have not been tested, as has been done in some other countries.

The tests are inaccurate and unreliable, so we cannot be sure about the results of those who have been tested.

The CDC and the National Vital Statistics System have issued instructions that will essentially result in the fraudulent reporting of thousands of deaths due to coronavirus.

In order to make sure that the public remains docile and panicked, public officials like Governor Ned Lamont are falsely attributing deaths to coronavirus.

In addition to the immediate harm that this deception is inflicting on the public, the long-term consequences of these actions will be distrust of public health officials. Someday, there will be a real threat, and a real need to take drastic action. No one will listen after this travesty.

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<sup>1</sup> Pride D. "Hundreds of different coronavirus tests are being used – which is best?" *The Conversation* April 4 2020

<sup>2</sup> IBID

<sup>3</sup> Stobbe M. "Why Some Doctors Are Now Moving Away From Ventilator Treatments for Coronavirus Patients." *Time* April 9 2020

<sup>4</sup> <https://www.cdc.gov/nchs/data/nvss/vsrg/vsrg03-508.pdf>

<sup>5</sup> <https://d33wjekvz3zs1a.cloudfront.net/wp-content/uploads/2020/04/Alert-2-New-ICD-code-introduced-for-COVID-19-deaths.pdf>

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<sup>6</sup> <https://www.foxnews.com/politics/birx-says-government-is-classifying-all-deaths-of-patients-with-coronavirus-as-covid-19-deaths-regardless-of-cause>

<sup>7</sup> <https://www.youtube.com/watch?v=Pfa4b7T0ZHY>

<sup>8</sup> <https://www.cbsnews.com/news/six-week-old-baby-dies-coronavirus-believed-to-be-youngest-fatality/>

<sup>9</sup> Zilber A. "Coroner refuses to rule COVID-19 as cause of death of six-week-old baby after Connecticut governor claimed toddler was 'youngest coronavirus victim in the world.'" *Daily Mail* April 6 2020  
<https://www.dailymail.co.uk/news/article-8193487/Coroner-refuses-rule-COVID-19-cause-death-six-week-old-Connecticut-baby.html>

<sup>10</sup> Zilber A. "Coroner refuses to rule COVID-19 as cause of death of six-week-old baby after Connecticut governor claimed toddler was 'youngest coronavirus victim in the world.'" *Daily Mail* April 6 2020  
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<https://www.dailymail.co.uk/news/article-8193487/Coroner-refuses-rule-COVID-19-cause-death-six-week-old-Connecticut-baby.html>

<sup>12</sup> Weaver M. "Chloe Middleton; death of 21-year-old not recorded as Covid-19." *The Guardian* March 27 2020