

Dr. Brownstein's Blog on Fake COVID-19 Death Numbers

Fake COVID-19 Death Numbers and There Still Is Good News

We are past the worst of COVID-19. I have been following the numbers and, IMHO, we have passed the peak (or soon to pass the peak) of this illness and are on the downside. Unfortunately, there will still be more deaths as we still have many infected.

Last week in the office, I could sense the fear level lowering among my staff and patients. That is a good thing. Our natural fear level was much too high for COVID. This was being driven by the media who refused to share any good news about this epidemic and continually fanned the flames by promoting their doomsday predictions.

Recall that the original models predicted 1-2 million deaths. I told you that would not happen. Later, they lowered their predictions to 100-200,000. At that time, I predicted the numbers would be much lower. And, they are.

The COVID death numbers are, unfortunately, still climbing. But they will not reach 100,000. I don't think the TRUE numbers will reach 50,000. Recall last week, *the CDC stated that COVID can be a valid diagnosis of the death of someone whether there is positive testing or not for COVID. If the doctor suspects COVID is part of the reason why the patient died, COVID can and should be listed as the cause of death. That only serves to inflate the death numbers of COVID.* I have a friend whose 95-year-old mother was hospitalized for COVID. On day two of the hospitalization, the patient died of a massive heart attack. Guess what the primary cause of death was listed on the death certificate? If you guessed COVID-19, you win the prize.

I saw reports from the MSM that COVID death rates will be under-reported due to COVID-suffering patients dying at home and not being given a proper diagnosis. **That is pure FAKE NEWS! Everyone who dies is given a diagnosis—at home or in the hospital.** *The CDC has already given doctors the green light to give COVID diagnoses without proof that COVID was the actual cause of death. Because of this, COVID will be diagnosed as the cause of death far more than it should.*

Why would the CDC tell doctors to diagnose a death as COVID when COVID may have not been the cause of death? **Follow the money.**

Hospitals receive more money—up to \$13,000 from the Government for an admission diagnosis of COVID. If the COVID-diagnosed patient is ventilated, they receive up to \$39,000. This was reported by Minnesota state Senator and physician Scott Jensen. (1) I can guarantee you that hospital administrators are running around telling every physician and resident physician to diagnosis COVID at the first cough or sneeze for every patient.

Furthermore, you can bet the CDC will be asking Congress for more money to research and develop a vaccine for COVID. They have every reason to inflate the death numbers.

And, there is more. The Government has a reason to increase the death numbers for COVID as the final numbers will be much lower than the original projections which were used to lock down our economy. The Government has to justify the policies it has implemented. If the numbers are too low, public outcry will begin.

Italy has been going through similar issues. A report by the Italian National Institute of Health stated, “*The way in which we code deaths in our country is very generous in the sense that all the people who die in hospitals with the coronavirus are deemed to be dying of the coronavirus [...] On re-evaluation by the National Institute of Health, only 12 per cent of death certificates have shown a direct causality from coronavirus, while 88 per cent of patients who have died have at least one pre-morbidity – many had two or three.*” This means that the cause of death for COVID-19 on death certificates in Italy have been artificially inflated by 88%! (2)

COVID is a very serious illness. I have had patients and friends become ill with it, some seriously ill. It is a pandemic. We treat COVID seriously. But, there is no reason to gin the numbers and be inaccurate on a death certificate. I was taught to be meticulous when putting the cause of death on a certificate. Now, the CDC says I don't need accurate testing to diagnose COVID as the cause of death? WHAT NONSENSE!!!! The lack of testing is what got us into this mess in the first place and it looks to keep us in a future mess.

The good news:

John Iannidis, M.D. et al, published an article April 5, 2020 estimating the mortality risk from COVID-19 in non-elderly individuals. As of 4.4.2020, Dr. Iannidis used data from 'COVID hot spots' in Europe as well as in the US. Data from the US came from Michigan, Louisiana, Washington, and New York City. (3)

The study found individuals less than 65 years old accounted for 5-9% of all COVID-19 deaths in 8 European epicenters and approached 30% in US hotbed locations. Compared to those over 65 years old, people less than 65 years old had a 13-15x lower risk in New York City, Louisiana and Michigan. The researchers also found that the COVID-19 death risk in people less than 65 years old is equivalent to the risk of dying from a car accident during a daily commute. The highest risk (in New York City) corresponds to the risk of dying in a traffic accident while travelling daily from Manhattan to Baltimore round trip for 25 days. Those 40 years and younger have almost no risk at all of dying.

Final Thoughts:

Folks, it is time to start winding down the lockdown for the young and healthy. **We need herd immunity so that this virus does not come back in the fall when school starts.** If we do not have herd

immunity—at least 60% of us immune to COVID-19—we will be in trouble again in the fall. A lack of herd immunity may prove that the lockdown was the wrong thing to do. Time will tell.

Strict quarantining of the sick and elderly are still needed. For the rest of us, it is time to get back to work. Keep in mind that for every 1% uptick in the unemployment rate, there are estimates of up to 30,000 deaths from suicide, alcoholism and depression. Other studies have found that for every 1% rise in unemployment rate raises the risk of dying the next year by 6%. *Perhaps the cure is worse than the illness?* Again, time will tell.

We are in for better times—soon. Testing for immunity for COVID should begin this week. Perhaps we can finally get the testing done correctly. I will write to you how important this testing will be a future post.

To All Our Health!

~DrB

David Brownstein, MD is a conventionally trained Board-Certified Family Physician with the additional overlay of holistic principles.

While Dr. Brownstein does not claim to have a cure for any illness, he does believe that we can enhance the individual's immune system by supporting the 'host' & the terrain of the host. The human body is well designed and the immune system, when given the proper support, can optimally function.

Disclaimer: The information in this blog should not be used as medical advice. Any therapies that are discussed should be supervised under the guidance of your physician or licensed healthcare professional.

<https://thespectator.info/2020/04/09/hospitals-get-paid-more-to-list-patients-as-covid-19-and-three-times-as-much-if-the-patient-goes-on-ventilator-video/>

<https://off-guardian.org/2020/03/23/italy-only-12-of-covid19-deaths-list-covid19-as-cause/>

<https://www.medrxiv.org/content/10.1101/2020.04.05.20054361v1>