

Why New CDC Report Does Not Mean Only 6% of COVID Deaths Were Genuine

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Posing as a “trusted health authority” comedian JP Sear’s said in a [recent skit](#): “We just published research on the [CDC website](#) that shows only 6% of COVID deaths that we’ve been reporting to you were caused by COVID alone. 94% of COVID deaths had an average of 2.6 co-morbidities. That means of the 161,392 COVID deaths that we’ve been shoving in your face only 9,210 were legitimate COVID deaths.”

While I’d be the last to defend the CDC, I disagree with JP in his comical calculations.

If we look at table 3 in [the CDC report](#) we see that of 154,000 COVID deaths listed, there are 158,000 cases of respiratory co-morbidities. Respiratory problems would be expected with COVID-19, being that its definition could be summarized as a severe respiratory distress caused by SAR-COV-2. Of course, it does seem redundant and suspicious to list respiratory illnesses as a co-morbidity of a respiratory disease. Sort of like double-dipping.

We also need to consider, as I’ve [written about before](#), that the only way to die of COVID-19 is to die from pneumonia. Indeed, as stated in [Cellular & Molecular Immunology](#), Chinese scientists had named the disease “novel coronavirus-infected pneumonia (NCIP)” before it was called COVID-19. Therefore, is one to assume from the CDC’s data that all 154,000 cases died of pneumonia?

It’s also interesting to see how 64,000 had “influenza and pneumonia.” Why didn’t they just say “influenza?” Should not all of the deaths have been from pneumonia? Or did they have two pneumonias at the same time? Or are these 64,000 deaths the only ones who died of pneumonia? And how do we know the coronavirus and not the influenza virus caused the pneumonia?

In the end, the data isn’t labelled and organized clearly. What we really need is a very clear count of how many of these SARS-COV-2 patients died of pneumonia.

Now, back to JP’s 6% with no co-morbidities: Did they not have pneumonia or did they? If not, then what did they die from? These would be perfectly healthy people who then somehow died for no known reason? This seems very suspect and reminds me of [reports](#) of minorities in New York who found themselves on a ventilator with eight IV drugs because they were having an anxiety attack. In such cases it seems the treatment killed them.

The data does show, however, that having cancer, diabetes, kidney failure, high blood pressure and heart problems puts people at risk of dying. If SAR-COV-2 is in their blood stream at the time of death that seems rather incidental, since the virus usually does not result in death (for more than 99% of cases).

And it would be no surprise that Americans have such a higher death count, since they are leaders in [renal failure](#), [diabetes](#) and [obesity](#). While a small percentage of these diseases may be caused from injuries, genes or poorly aligned stars, the vast majority are related to diet, lifestyle and lack of sleep. Which begs the question: Why are we focusing on [masks](#), [sanitizers](#) and [social distancing](#)?

So I respectfully disagree with JP Sears and others saying that [the CDC report](#) shows only 6% died from COVID-19. All this report seems to do is confirm the lack of clear and accurate reporting of COVID-19 deaths. The actual mortality numbers remains a mystery.

It seems Dr. Zubin Damania would agree. He makes a similar argument in a recent [video](#):

“[The report] has led to a storm of misunderstandings about what this data means, and worse yet, we’re really getting to a point where we’re just absolutely becoming scientifically illiterate.”

Nonetheless, he also points out that even if every single one of the official COVID-19 deaths are true, it still wouldn’t justify the destructive measures taken to contain the disease. Here’s a brief excerpt from his video:

“You don’t need to believe that [we’re over counting deaths] to still feel that the response is worse than the disease, that the number of deaths did not justify what we’ve done to the country – in terms of [lockdowns](#), changing our [freedoms](#), destroying our cultural fabric, increasing substance abuse, alcoholism, a lost generation who’s not [getting educated](#) (mostly poor people), the economic destruction that’s [destroying businesses](#) that’ll never be back.

“You can still argue those things based on those principles without lying and distorting data. You don’t need to. You have enough of a leg to stand on to have a civil debate; but we don’t do that, we politicize everything...

“If it’s an iceberg and the tip of it is the deaths, you can argue that the rest of the iceberg is important too. That’s fine, make that argument. Don’t misrepresent data and make yourself and your opinions look stupid, because that’s what it does. It really riles me up because this is simple, simple, simple science; it’s not that complicated. And we’re slave to social media, what they’re feeding us, all of this, we need to start to think critically using the skillsets that we can easily develop with a little bit of training....”

According to his [about page](#), Dr. Damania is “a UCSF/Stanford trained internist and founder of [Turntable Health](#), an innovative [primary care clinic](#) and model for [Health 3.0](#).” You can watch his [entire video](#) or read the [transcript](#).

In the end, I think there is enough evidence to show that the COVID-19 death rate is inflated. But by how much? We may never know. And it probably doesn’t matter; because even the official death count does not justify the greater number of deaths and damage that [lockdowns](#), [masking](#) and other such [new normal nonsense](#) have caused.

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