

NEWS & POLITICS

New Data From the CDC Shows 6% of Deaths Are Due to COVID-19 Alone

BY **STACEY LENNOX** AUG 31, 2020 4:34 PM EST

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Once again, the CDC provides the best case for ending ongoing lockdowns and restrictions. Over the weekend, the mortality data was updated to show that only 6% of deaths related to COVID-19

occurred without other preexisting conditions. In 94% of cases, those who have died with COVID-19 had between two and three preexisting conditions on average.

It has become policy in many hospitals to test for COVID-19 on admission. Patients coming in with severe chest pain are tested, even if they have no symptoms of the virus. Because of the CARES Act, there are plenty of [financial incentives](#) for them to list COVID-19 on a patient's chart—doing so results in higher levels of reimbursement at a time when hospitals are seeing less traffic due to fear of the virus. Early in the pandemic, some COVID-19 diagnoses were not even confirmed by tests. This led to a large-scale [reclassification of deaths](#) in places like New York.

Hopefully, some diligent researcher will do what has been done for testing generally, as reported by *The New York Times*. Testing the samples from deaths listed as COVID-19 since the pandemic began for the ability to replicate and cause an infection would give us a much better idea of when COVID-19 actually contributed to a death. In an interview this morning, [Dr. Scott Barbour](#) indicated from his observations at hospitals where he practices that the death count for COVID-19 could be as low as 50% of the current numbers.

Using the [raw data from the CDC](#) on total mortality and deaths related to COVID-19, and the agency's estimate on the number of people who die from COVID-19 alone, the numbers are a tiny portion of total deaths. In the week that deaths related to COVID-19 peaked in the United States, there were fewer than 200 deaths from COVID-19 alone for those under the age of 65.

One measure of the pandemic's impact is called excess deaths. This metric is the number of people who died over a period of time that is greater than would be expected based on historical

Week of 4/18/2020		
Age	Percent of Total Deaths from COVID-19	6% Estimate with COVID-19 Only
Under 1 year	0%	0
1-4 years	0%	0
5-14 years	0%	0
15-24 years	3%	1
25-34 years	9%	7
35-44 years	14%	17
45-54 years	20%	48
55-64 years	21%	120
65-74 years	24%	213
75-84 years	24%	276
85 years and over	23%	339

(Source: Centers for Disease Control)

data. An individual on Twitter who goes by @EthicalSkeptic has been scraping data from the CDC website. [The user's website](#) clearly defines the parameters the individual uses to evaluate data about the pandemic and provides links to the original sources in the health agencies.

Using data from the National Center for Health Statistics (NCHS), the user estimated the following regarding deaths from COVID-19, deaths related to the lockdown, and what they refer to as pull-forward deaths. The phrase "pull forward" refers to patients with fourteen specific and common preexisting conditions who would have died in the near term without COVID-19. They take note of the fact that in recent weeks we have had fewer deaths than average, indicating this may well be the case:



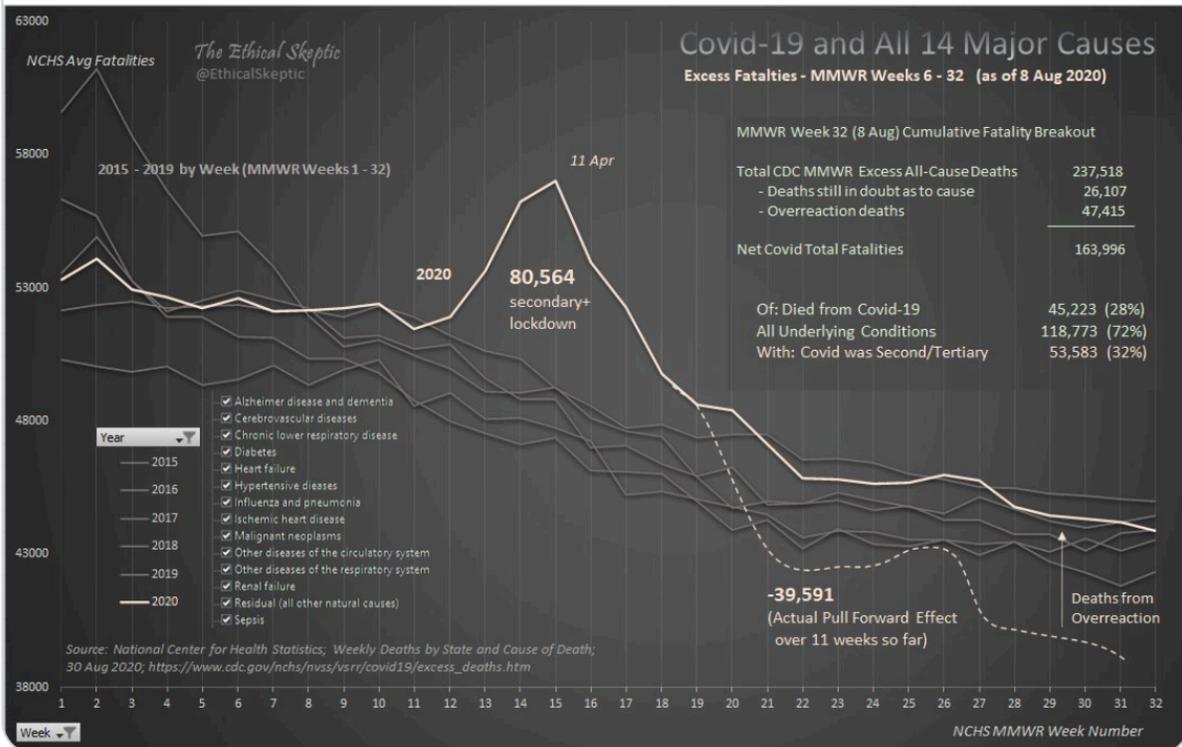
Put another way

Novel Covid Deaths 45,223
 Would Have Died Later in Year 118,773
 Died Because we Panicked 47,415

This is why class & human rights litigation must be pursued. More people died from the lockdown, than did solely from Covid.



By my estimate of Big 14 Comorbidity, drawn from NCHS database scrape for 8 Aug, I am projecting that 72% of Covid Fatalities were a 'pull forward' of those who would have died later in the year. Our 11 week shortfall in deaths of -39,591 confirms this track. 20 weeks remain.



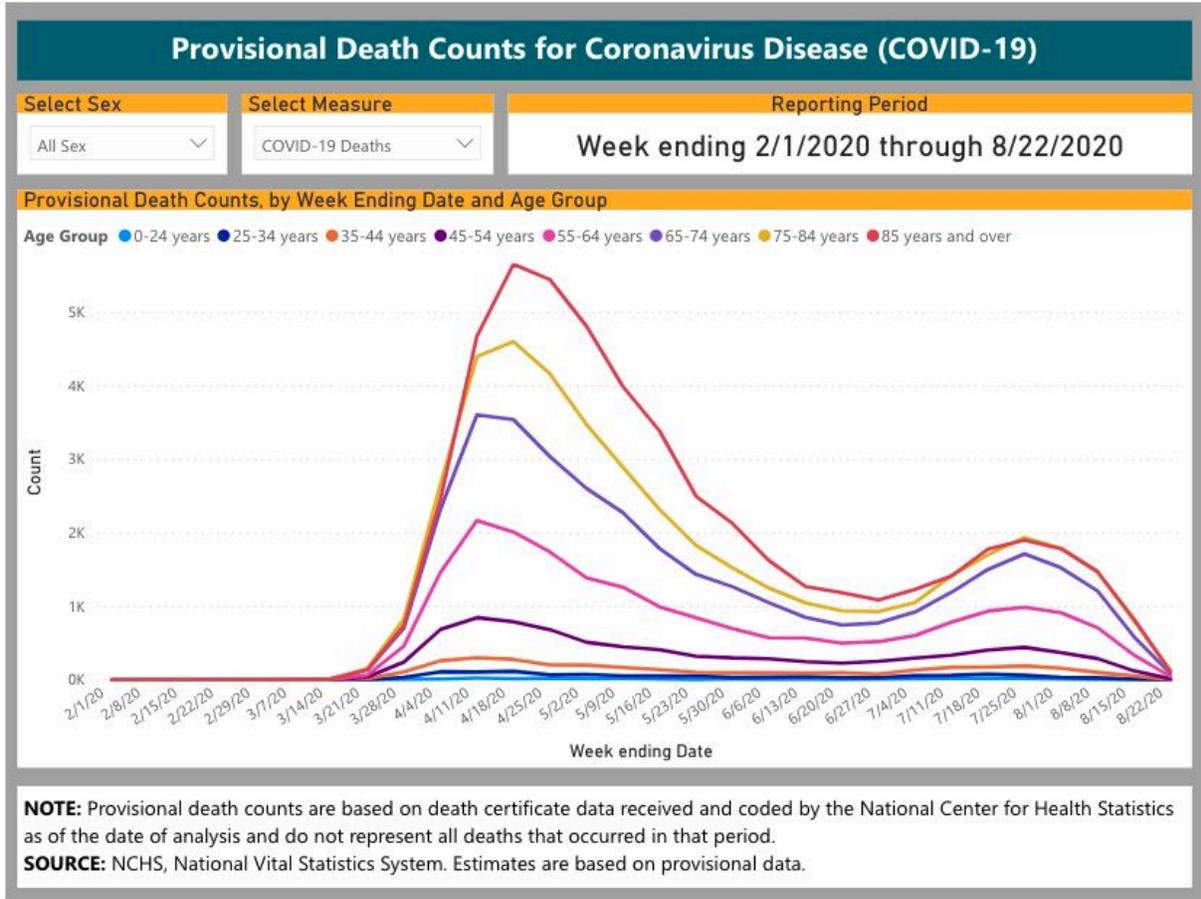
This analysis is not the first time that the concept of pull-forward deaths has been considered. While Neil Ferguson from the Imperial College got his model completely wrong, when he testified in front of the British Parliament, [he said the following](#) (*emphasis mine*):

“We don’t know what the level of excess deaths will be in this epidemic,” Ferguson said. In other words, we don’t know the extent to which COVID-19 will increase annual deaths above the level that otherwise would have been expected. **“By the end of the year, what proportion of those people who’ve died from COVID-19 would have died anyhow?”** Ferguson asked. **“It might be as much as half to two-thirds of the deaths we’re seeing from COVID-19, because it’s affecting people who are either at the end of their lives or in poor health conditions. So I think these considerations are very valid.”**

Although a cost-benefit analysis that considers not just deaths but years of life lost “sounds very utilitarian,” Ferguson said, the issue is obviously relevant. An epidemic that primarily kills healthy children, teenagers, young adults, and middle-aged people will result in a much bigger loss than an epidemic that primarily affects the elderly and people with serious pre-existing medical conditions.

While Ethical Skeptic’s analysis is an estimate, it is the type of calculation our health agencies should be doing to inform public policy. We have known for months that the highest risk patients

are the elderly with preexisting conditions. Just how prevalent these deaths are is clear from the CDC's website:



According to the CDC and the above analysis, we are most likely seeing pull-forward deaths of the very ill. President Trump was ridiculed when he said the cure shouldn't be worse than the disease. Deaths attributed to lockdowns are by no means over and will include undiagnosed cancers and undetected progression of other deadly diseases. In the end, the president may have been absolutely correct.

[FINALLY: The CDC Publishes COVID-19 Testing Guidance That Makes Sense](#)

The CDC seems to be slowly modifying its guidance. However, the combination of oversensitive tests that pick up levels of virus incapable of transmission or causing illness, significant levels of [T-cell immunity to the virus](#) being discovered, and the fact that very few patients seem to die of COVID-19 alone shows the agency is not moving fast enough. Clear and detailed information about the types of policies that are *not* required need to be provided and broadly communicated.

Children need to go back to school. People have a right to practice their religion freely and associate freely with others. It is time for citizens to have the information they need to protect the vulnerable and pressure overzealous state and local governments to lift unneeded restrictions on everyone else.