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~ 11 minutes reading time

The lethal fraud

Because of "millions of deaths" worldwide - the numbers are manipulated and are estimated to be 20 times excessive.

From Rubikons Weltredaktion
Photo: urfin/Shutterstock.com

Bizarre guidelines from health authorities around the world allow thousands of deceased patients to be included who have not even been tested.

from Kit Knightly

A few weeks ago we reported that, according to the Italian Istituto Superiore di Sanità (ISS), only 12 percent of the COVID-19 deaths reported from Italy [were reported](#) to have actually caused COVID-19 as the cause of death.

Assuming that at least 99 percent of them were severely comorbid (and 80 percent of them had two such diseases), this raises serious questions about the reliability of the statistics reported by Italy.

Prof. Walter Ricciardi, advisor to the Italian Minister of Health, explained that this was due to the "generous" handling of death certificates by the Italian government:

„Die Art und Weise, wie wir die Todesfälle in unserem Land kodieren, ist dahingehend sehr großzügig, dass alle Menschen, die in Krankenhäusern mit dem Coronavirus sterben, als an dem Coronavirus Sterbende gelten.“

In essence, the procedure for registering deaths in Italy does not differentiate between those who simply have the virus in their bodies and those who actually kill them.

Given the level of fear and panic that Italy's comparatively alarming numbers have generated around the globe, it should be assumed that other countries are keen to avoid the same mistakes.

Surely all other countries in the world use strict standards to describe who fell victim to the pandemic and who didn't, didn't they?

Not correct!

In fact, other states not only repeat the mistakes instead of drawing lessons from Italy's example, but go even further.

For example, although overall mortality and COVID-19 attributable mortality are much lower in Germany than in Italy, his health agency maintains a similar practice.

On March 20, the President of the German Robert Koch Institute [confirmed](#) that Germany rated everyone who had been infected with the coronavirus as a victim of COVID-19, be it the actual cause of death or not.

This completely ignores what Dr. Sucharit Bhakdi [called](#) the crucial distinction between "infection" and "disease", leading to stories like this one by Dr. Hendrik Streeck [shared](#) leads:

~~Dabei wird vollständig ignoriert, was Dr. Sucharit Bhakdi als die entscheidende Unterscheidung zwischen „Infektion“ und~~

"In Heinsberg, for example, a 78-year-old man with previous medical conditions died of heart failure, and that without Sars-2 involving the lungs. Since he was infected, he naturally appears in the Covid 19 statistics."

How many "COVID 19 deaths" in Germany fall into this category? We don't know, and we probably never will.

But at least Germany is currently limited to the positive cases.

In the United States, the CDC's National Vital Statistics Service briefly read as follows (OffGuardian emphasis):

"It is important to emphasize that coronavirus disease 19 or Covid-19 should be reported for all those who have died or who are believed to have been caused or contributed to by the disease or presumably by the disease."

" believed (?) Caused"? "Contributed"? This is an incredibly stretchy phrase that can easily lead to too many messages.

The detailed “guide” referred to was [published](#) on April 3 (again highlighted by OffGuardian):

"In cases where COVID-19 cannot be diagnosed with certainty, but is suspected or probable (for example, if the accompanying circumstances reasonably force this to be concluded), it is acceptable to have COVID-19 as 'probable' or in the death certificate to note 'accept'. In these cases, exhibitors should use their best clinical judgment to determine whether COVID-19 infection was likely."

Is the distinction between "COVID-19" and "Assume COVID-19" carefully documented? Do the media ensure that this distinction is taken into account in their reporting?

Absolutely not.

Whenever the alleged fatalities come up, we are fed, without context or explanation, with a large, all-inclusive number that - thanks to the lax reporting guidelines - could be completely wrong.

Government agencies across the UK do the same.

Northern Ireland's HSC Public Health Agency publishes weekly surveillance reports on the pandemic; In these reports, a "COVID 19 dead" is [defined as](#):

„Person, die innerhalb von 28 Tagen nach ihrem positiven Testergebnis verstorben ist, unabhängig davon, ob COVID-19 die Todesursache war oder nicht.“

The National Statistics Service of the NHS England publishes weekly reports on overall national mortality. The last [report](#) (week 12 - March 14-20) was published on March 31 and dealt separately with COVID-19 with the declaration that the method of reporting the numbers would be changed in the future.

The ONS (Office of National Statistics) system is based on the registration of deaths. This means that it is not the number of people who die every week that counts, but the number of deaths registered every week. Of course, this leads to certain delays in recording the numbers, since the registration process takes a few days.

However, since the coronavirus deaths are a “national emergency,” they now include “preliminary numbers” that “will be included in the data set in the following weeks”. This opens up the possibility of reporting the same deaths - inadvertently or on purpose - twice. Once "provisionally" and then a week later again "officially".

a whole. To allow time for registration and processing, these figures are published 11 days after the week ends. Because of the rapidly changing situation, in this bulletin we have also given provisional updated totals based on the latest available death registrations, up to 25 March 2020. These deaths will be included in the dataset in a subsequent week.

This is just a special political decision. There are many more.

So far, the ONS has reported those COVID-19 figures that have been compiled by the Department of Health and Social Care (DHSC). The DHSC records only those who died in the hospital and tested positive for the coronavirus as COVID-19 dead.

BUT from now on ONS will also include COVID 19 deaths "in the community" in its statistics. This "includes all those who have not been tested for COVID-19" and for whom "probably COVID-19" (emphasis by OffGuardian) can be assumed as a "contributing factor".

Here are a few screenshots of the relevant [sections](#):

- If we analyse the data by date of death and look at registrations after 20 March, then 181 deaths involving COVID-19 occurred in week 12, which is higher than the figures the DHSC publish as it includes deaths related to COVID-19 that took place outside of hospitals and those not tested for COVID-19.

Because of the coronavirus (COVID-19) pandemic, our regular weekly deaths release now provides a separate breakdown of the numbers of deaths involving COVID-19. That is, where COVID-19 or suspected COVID-19 was mentioned anywhere on the death certificate, including in combination with other health conditions. If a death mentions COVID-19, it will not always be the main cause of death, it will sometimes be a contributory factor. This new bulletin summarises the latest weekly information and will be updated each week during the pandemic.

The official guidelines of the NHS for doctors filling out death certificates remain equally [vague](#) (highlighted by OffGuardian):

"If the patient had symptoms typical of a COVID-19 infection before his death but the test result is not available, it would be satisfactory to indicate 'COVID-19' as the cause of death and to submit the test result as soon as it is available. As long as there is no smear, it is satisfactory to make a clinical judgment."

The government tells doctors it is okay to write down "COVID-19" as the cause of death if there is absolutely no evidence that the deceased was infected. This means that there may be a large number of "COVID 19 deaths" who have never been tested for the disease.

In addition, thanks to the latest law change, all conceivable errors are never noticed or corrected.

Typically, any death attributed to a "notifiable disease" had to be reported to a medical examiner for a jury hearing.

Under British law, COVID-19 is a "reportable disease", but the new Coronavirus Bill amends the [Coroners and Justice Act 2009](#) to [exempt](#) specifically alleged COVID-19 victims from a jury investigation.

Furthermore, [according](#) to the Coronavirus Bill, the chief coroner's office says that these deaths do not have to be reported to a coroner at all, and that physicians can certify a cause of death for a body that they have never seen:

A registered doctor can also sign an MCCD (Medical Certificate for Cause of Death) if he has not visited the deceased during his last illness and has not examined it after his death, provided he is able to determine the cause of death to the best of his ability To establish knowledge and conscience. "

Community deaths can be listed as COVID 19 deaths without being tested for the disease or even seen by a doctor. These deaths will not necessarily be reported to a coroner and will certainly not be heard by any jury.

By enacting this legislation, the UK government has not only made false reports of COVID-19 deaths more likely, it has actively removed the security measures designed to correct them. In this situation, recording exact death numbers borders on the impossible.

That is completely irresponsible at best, incredibly scary in the worst.

Before you roll your eyes because of the crazy alternative media and their insane paranoia - the idea of overestimated deaths is not a marginal idea or "conspiracy theory". Actually, it is addressed a lot in the mainstream, but people seem to miss it because it is drowned out by scary headlines.

Dr. John Lee, a professor of pathology and a consultant pathologist for the retired NHS, wrote in a column for the [Spectator](#):

Why the number of COVID-19 deaths is substantially overestimated

Many UK health care officials have repeatedly pointed out that the numbers quoted in the UK refer to death from the virus, not from the virus - that's what matters.

(...)

This nuance is critical - not just to understand the disease, but to understand the burden it will put on healthcare in the next few days. Unfortunately, the nuance tends to go under in the numbers cited from the database to track the evolution of COVID-19.

(...)

The data are not standardized and therefore probably not comparable, but this important caveat is rarely expressed by the (many) graphs we see. This risk exaggerating the quality of the data we have.”

In fact, Dr. Lee honestly emphasizes this:

"The distinction between dying 'with' COVID-19 and that Dying 'through' COVID-19 is not just hair splitting."

The BBC addressed the same issue in an [Article](#) (again highlighted by OffGuardian) on April 1:

„Die Todeszahlen, die täglich berichtet werden, sind hospitalisierte Fälle, bei denen Menschen mit einer Coronavirusinfektion im Körper sterben — da es eine meldepflichtige Krankheit ist, müssen diese Fälle gemeldet werden.

However, what the numbers do not tell us is to what extent the virus is the cause of death.

It could be the main cause, a contributing factor, or just as they die from something else.”

These absurd rules contributed to the following recent example in a BBC article, which was not widely reported at the time:

An 18-year-old in Coventry was tested positive for the coronavirus one day before his death and reported as the youngest victim at the time. However, the hospital subsequently issued a statement saying that his death was the result of a separate "significant" health impairment and was unrelated to the virus.

This story is absolutely true. The boy was widely [reported](#), as the UK's “youngest coronavirus victim” on March 24 before the hospital released a statement saying:

"(The hospital) had tested for COVID-19 the day before his death, but there was no connection to his cause of death."

Despite the hospital's press review, the case was still [reported](#) in the tabloids a week later, on March 31.

However, the crucial detail goes below: According to the applicable NHS rules, regardless of the hospital's official statement that the boy was not the cause of his death, the boy is still part of the official coronavirus death statistics.

How many people does this pattern fit on? We'll never know.

Italy, Germany, the United States, Northern Ireland and England.

These are five different governments from four countries that essentially say unanimously that it is okay to simply assume that a patient has died of COVID-19 and then add that to the official statistics.

Ist das in Zeiten einer potentiellen Pandemie wirklich eine verantwortungsvolle Praxis?

Do other countries do the same?

To what extent can we trust any official death statistics at this time?

Like Dr. Lee emphasizes that COVID-19 is not a disease with specific - or at least rare - symptoms. The range in terms of severity and appearance corresponds to literally dozens of extremely common respiratory infections.

You cannot detect “fever” and “cough” and then diagnose “probably COVID-19” with only a minimal chance of accuracy.

The following has become one of those information nuggets that we all know very well, but every year between 290,000 and 650,000 people die of flu or a “flu-like illness”. If only 10 percent of these cases are mistakenly considered “probable” coronavirus infections, the deaths are completely worthless.

At a time when good, reliable information is the key to saving lives and preventing mass panic, world governments are pursuing policies that make it almost impossible to collect such data, and at the same time fueling public fear

The simple truth is that because of this policy, we simply have no reliable way of knowing how many people have died from this corona virus. We have no reliable data at all. And governments and international organizations are doing everything they can to keep it that way.

It's time to ask why.



Editor's note: This text first appeared on mintpressnews.com under the title „[Covid19 Death Figures 'A Substantial Over-Estimate'](#)“. It was translated by the [Rubikon-Team of translators](#) and proofread by [Rubikon-Team](#).