

Did COVID cause "excess deaths?"

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Background Information:

COVID-19 is a recently-labeled illness presumably caused by a virus named SARS-CoV-2. The illness is considered contagious, i.e., assuming that the virus spreads from person to person directly or indirectly. It is believed that COVID-19 caused the pandemic resulting in a large number of deaths.

This article reflects an exercise in summarizing the data in seeking a potential trend from COVID-19 deaths to guide addressing the pandemic issue.

Data and results:

The CDC (Centers for Disease Control and Prevention, USA) provides annual mortality statistics for the USA. The provisional data for 2020 is available now as well - links to the data sources are provided in the reference section below.

As seen in Table 1, there is an increase of 451,679 (16.1%) deaths for 2020 over the annual average number of the past four years. In absolute terms, these death counts represent an increase of 0.14%, i.e., from 0.86% normal death or attrition rate (based on average of previous years) to 1.0% for the year 2020.

In another tabulation, the CDC also provides the number of COVID-19 deaths by age group, shown in Table 2. The total number of deaths for COVID-19 is reported as 347,131. The three highest cohorts are in the elderly population, e.g., 111,475 (age 85 and above), 95,848 (age 75-84), and 73,856 (age 65-74) with a combined total of

281,179 for aged 65 and above (i.e., 81% of the total COVID-19 deaths).

Discussion:

In general, the excess deaths are considered as COVID-19 deaths. As COVID-19 deaths do not reflect a defined and specific diagnosis or disease, it would be safe to assume that excess deaths are most likely reflections of a positive PCR test. There is a strong possibility that death counts for the year 2020 will similarly be distributed among the ten leading causes of death (comorbidity) in the USA.

It is important to note that, as stated above, an increase of 0.14% in death numbers is being labeled a pandemic. Perhaps, a reconsideration of the pandemic definition is warranted.

It appears almost certain that illness or pandemic is not caused by the virus (SARS-CoV-2) as commonly presumed. The reasons being: (1) the test (PCR) often used to monitor the disease/pandemic has no relevance or scientific credibility to detect this virus or its associated illness [1], (2) there has been no evidence provided to establish the existence of the virus [2].

So then, how would one explain the higher number of deaths during the last year? Possibly, they result from the poorly thought-out advice by the scientists and experts to the political leadership. In particular, the lockdowns with stay-at-home advisories or orders and suggested unhealthy lifestyle choices may have caused the higher number of deaths. For example:



Isolation and lockdowns:

Logic dictates that isolation and its associated stress (fear and scare of virus infection) would push people over the edge to fall into the sickness/death group, particularly vulnerable people in the higher age group with or without pre-existing illnesses. This may explain the significantly higher deaths in the aged population. As noted above, 80% of the excess deaths are in this group of seniors.

Stay-at-home advisories or orders:

Assuming, as per scientists' and experts' opinions, that pandemic is a virus-based illness, by default, advisory should be for boosting the immunity. The stay-at-home advisories and curfews should be considered counter-intuitive, unproductive, and restrictive for developing immunity to fight the virus. It is quite possible that the negative impact of the stay-at-home policy, with lower immunity, may have led to overall higher general infection rates and possibly a larger number of deaths.

Cancellation of elective surgeries and diagnoses:

There is always a possibility that delays in such "elective" diagnoses and treatments can lead to disastrous results, including deaths if not taken care of in time. With the expectation of a higher number of "pandemic patients," most hospitals restricted their services to the bare minimum. Think about it: would it not push patients toward deaths, particularly the elderly with pre-existing conditions, who could not convince hospitals to schedule necessary emergencies and other medical attention?

Misdiagnosis and/or mistreatment:

It is a well-known fact that once the PCR test results come back as positive, the treatment becomes almost no-treatment (i.e., quarantine or isolation). Even prophylactic treatments with well-known drugs (with high safety and efficacy profiles) are practically prohibited or banned. Many medical practitioners are forbidden to use their professional expertise and judgments in prescribing appropriate medications for their patients. Apparently, at the advice of certain scientists and "experts," state authorities banned the use of potentially relevant drugs [3]. Such policy decisions may have caused an increase in deaths, at least to some degree.

Technical/scientific weaknesses and confusion:

It is not clear how certain scientists and experts concluded that a pandemic exists and is caused by the virus (SARS-CoV-2). No one has isolated the virus, characterized it, or seen it [4,5]. Claims were made initially that this novel coronavirus is potentially 5 to 10 times more contagious and lethal than the common flu virus, without the availability of any supporting experimental data. Even the test used, at the time, to detect the virus reportedly had serious technical issues [6]. What caused a presumption that people are falling sick at pandemic levels because of the virus remains an open question.

It certainly appears to be a colossal failure of medical science and the corresponding regulatory management of the situation. There is a strong possibility of misdiagnosis, which obviously can lead to numerous unwarranted deaths. It is hoped that someone will take responsibility for this medical mishap to avoid such a repeat in the future.

Conclusion:

As per the CDC database, 451,679 (16.1%) excess deaths are observed for 2020, representing a 0.14% increase in the expected annual death numbers. Out of these excess deaths, 347,131 are marked as COVID-19 deaths. Higher death numbers may not have been due to the virus's presence (SARS-CoV-2). They may be because of poorly thought-out advice by the scientists and experts to the political leaders, based on invalid test methods leading to misdiagnosis and mistreatments. It is recommended that scientifically invalid PCR testing be stopped immediately for chasing the non-existent virus and, by extension, the pandemic-associated death numbers.

Table 1: Death counts for 2016 – 2020 (source, CDC/USA)

		Number of Deaths							
Year		2020	2019	2,018	2,017	2,016	Average population (2016-19)		
Population (USA)			328,239,523	326,687,501	324,985,539	322,941,311	325,713,469		
							Average of 4 years (2016 - 19)	increase in 2020 (%)	increase in 2020 (numbers)
Total Deaths		3,264,627	2,854,838	2,839,205	2,813,503	2,744,248	2,812,949	16.1	451,679
Deaths (%)		1.00					0.86	0.14	

Table 2: COVID-19 death counts with distribution among the different age-group population (the year 2020, source, CDC/USA)

Age group	COVID-19 Deaths	Total Deaths
All Ages	347,131	3329907*
Under 1 year	39	18,436
0-17 years	165	32,453
1-4 years	21	3,388
5-14 years	58	5,440
15-24 years	525	34,922
18-29 years	1,275	61,648
25-34 years	2,278	71,710
30-49 years	13,770	216,539
35-44 years	5,991	102,128
45-54 years	16,282	186,691
50-64 years	50,742	543,690
55-64 years	40,758	431,615
65-74 years	73,856	661,771
75-84 years	95,848	809,670
85 years and over	111,475	1,004,136

*Total death counts are slightly higher than reported in Table 1, as these numbers include counts for the first two weeks of January 2021.



Data Source and References:

Total Death Counts:

2020

<https://www.cdc.gov/nchs/nvss/vsrr/covid19/index.htm>

2019

[https://www.cdc.gov/nchs/products/databriefs/db395.htm#:~:text=In%202019%2C%20the%2010%20leading,exchanged%20ranks%20\(Figure%204\).](https://www.cdc.gov/nchs/products/databriefs/db395.htm#:~:text=In%202019%2C%20the%2010%20leading,exchanged%20ranks%20(Figure%204).)

2018

<https://www.cdc.gov/nchs/products/databriefs/db355.htm>

2017

<https://www.cdc.gov/nchs/products/databriefs/db328.htm#:~:text=In%202017%2C%20a%20total%20of,at%20birth%20decreased%200.1%20year.>

2016

<https://www.cdc.gov/nchs/products/databriefs/db293.htm#:~:text=In%202016%2C%20a%20total%20of,at%20birth%20decreased%200.1%20year.>

COVID-19 Death Counts by Sex, Age, and State
(<https://data.cdc.gov/NCHS/Provisional-COVID-19-Death-Counts-by-Sex-Age-and-S/9bhq-hcku>)

Population Counts (USA)

<https://www2.census.gov/programs-surveys/popest/tables/2010-2019/state/totals/nst-est2019-01.xlsx>

Other Reference:

[1] <http://www.drug-dissolution-testing.com/?p=3557>

[2] <http://www.drug-dissolution-testing.com/?p=3613>

[3] <https://www.cdc.gov/mmwr/volumes/69/wr/mm6935a4.htm>

[4] <http://www.drug-dissolution-testing.com/?p=3548>

[5] <http://www.drug-dissolution-testing.com/?p=3533>

[6] <https://www.technologyreview.com/2020/03/05/905484/why-the-cdc-botched-its-coronavirus-testing/>

