



Investigation: Died 'From' or Died 'With' COVID?

Analysis by [Dr. Joseph Mercola](#)

✓ Fact Checked

STORY AT-A-GLANCE

- › A recent investigative piece by Full Measure revealed a serious death rate miscount in Colorado, including two people out of five who were not dead
- › Analysis of the number of people who died in Santa Clara and Alameda counties in California found there was a 22% and roughly 25% overcount in the death rate
- › Former CDC director Dr. Robert Redfield admitted financial policies may have artificially inflated hospitalization rates and death toll statistics
- › The CDC is now counting people who die within 14 days of their shot as an unvaccinated death, further skewing the death toll results and hiding deaths that result from the COVID jab
- › New guidelines from the AMA are teaching doctors how to participate in misinformation campaigns using “language swaps” and approved social media posts to ensure the public doesn’t look closely at vaccine injuries

In this short news report from Full Measure, Sharyl Attkisson interviews the coroner from Grand County, Colorado, where a murder-suicide during Thanksgiving 2020 were recorded as two COVID-19 deaths. While outlandish, it has appeared from other reports around the country¹ and statements from the Colorado governor, this practice is not uncommon.²

In the early months of 2020, many in the mainstream news media laughingly called

concerns that there were more deaths reported from COVID-19 than could be attributed to the disease a “death toll conspiracy.”³ Rolling Stone reported this was led by conservative Republicans and “anti-vaxxers” who believe the numbers were inflated.⁴

Yet, it was only several short months later that data confirmed what many already knew: The number of people who died “from” COVID-19 we're not the same as those who died “with” COVID-19. The differentiation is not subtle. In the first case, individuals died from the disease.

However, in the second case, an individual may have tested positive for COVID-19 within the last 28 days but died from other health conditions, such as heart disease, diabetes or end stage cancer.

Inaccurate and high false positive rates from PCR tests likely contributed to the number of individuals who died “with” COVID-19. PCR tests use something called “cycle thresholds” to look for positive cases. The higher the threshold, the greater the risk a healthy person is labeled as a COVID-19 “case.”⁵ In reality, PCR testing is not a proper diagnostic tool.⁶ Yet, it has supported the promoted narrative that the U.S. is suffering from a rising number of deaths.

Inflated COVID Death Numbers Recorded in Multiple Counties

In July 2021, Santa Clara and Alameda counties in California did an analysis of the number of people who died from COVID-19. Santa Clara found a significant discrepancy.⁷ The data did not change. The number of actual deaths did not change. But the authorities found 22% of the deaths recorded from COVID-19 could not be attributed to the virus.

The new numbers were generated by counting only those people whose cause of death was ‘from’ the virus. They left off the people who had tested positive at the time of death, but whose cause of death was not the result of an infection from SARS-

CoV-2. In the month before, Alameda County recounted their deaths and registered a drop of roughly 25%.⁸

Dr. Monica Gandy is an infectious disease expert at the University of California San Francisco. She believes that it's important to have an accurate accounting of the cause of death. She spoke with a reporter from CBS KPIX San Francisco and rather optimistically believed the CDC “may soon ask all counties to do the same as Alameda and Santa Clara Counties and that the nation could also see a drop in its COVID-19 death toll.”⁹

In the Full Measure video above, Attkisson recounts the story from 2020 of the two deaths from gunshot wounds in Grand County, Colorado, that were recorded as COVID-19 deaths.

The video also reveals that what was happening in Grand County was happening across the state. Dr. James Caruso, chief medical examiner and coroner for Denver, recounted hearing similar stories from coroners in rural counties where it was easier to quickly assess whether a death was from COVID. He told Attkisson:¹⁰

“I was told by some of my fellow coroners in the more rural counties in Colorado that it was happening to them, that they knew of issues where they had signed out a death certificate with perhaps trauma involved. And they were being advised that it was being counted as a COVID-related death.”

Caruso believes that early in the process at the local level, death certificates are probably completed accurately. But then, potentially at the state or federal level, there is a possibility that agencies are cross-referencing COVID tests against death certificates. Anyone who had tested positive is listed as a COVID-related death, regardless of how they died.

When Attkisson checked the tally of deaths in Grand County in July 2021, she found The New York Times had over reported the deaths, including the two gunshot wounds, one who had died outside of the county and two people who were recorded

as dead but were alive.¹¹

Merrit Linke is the chair of the Grand County Board of Commissioners. He and the other commissioners drafted and signed a letter that was sent to the governor of Colorado. Essentially, the letter said, "Hey, these numbers are not correct. It's not right. We should report these correctly, and please fix this."¹²

The response was appalling. Brenda Bock is the corner for Grand County, and she also signed the letter with the commissioners. She recounted her conversation with the governor of Colorado to Attkisson, saying, "He told me he didn't believe it was right, but he wasn't going to have them remove it from the count because all the other states were doing it that way so we were going to also."¹³

Financial Incentives Likely Contributed to Inflated Numbers

The reason other states were over reporting COVID deaths, and maybe the reason the governor of Colorado wanted to continue, were the financial incentives offered to hospitals. As early as April 2020, some health authorities were suspicious that the COVID-19 death counts were padded.

However, Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases (NIAID) and the chief medical adviser to the president, brushed off those questions, even after the CDC numbers were called into question later in the year.¹⁴ A host of mainstream media also reported these suspicions were a conspiracy theory.^{15,16}

Yet, in June 2020, nurse Erin Olszewski gave first-hand testimony, sharing how financial incentives were at the heart of diagnosis and mistreatment at a public hospital in Queens, New York.¹⁷ Olszewski was interviewed by The Press and the Public Project as part of the series "Perspectives on the Pandemic." Olszewski has a long history of honorable service in the army.

She was deployed during Operation Iraqi Freedom in 2003. "Part of her duties

involved overseeing aid disbursement and improvements to hospital facilities. While in the country she received the Army Commendation Medal for meritorious service and was wounded in combat.”¹⁸ She retired in 2012 to work as a civilian nurse and continued work as a medical freedom and informed consent advocate.

According to Olszewski, patients who tested negative were routinely listed as positive and quickly placed on ventilators, a largely inappropriate treatment that ended up killing nearly all of them. By August 2020,¹⁹ then-CDC director Dr. Robert Redfield admitted financial policies may have artificially inflated hospitalization rates and death toll statistics.

In response to a question before a House panel committee asked by Rep. Blaine Luetkemeyer, R-Mo., about potential “perverse incentives” that hospitals might have to alter death certificates, Redfield said:²⁰

“I think you’re correct in that we’ve seen this in other disease processes, too. Really, in the HIV epidemic, somebody may have a heart attack but also have HIV – the hospital would prefer the [classification] for HIV because there’s greater reimbursement.”

The Washington Examiner²¹ also reported that in August 2020 more than 3,000 people were removed from the death count in Texas after it was revealed they did not test positive but were only considered a probable case.

CDC Now Counting Vaccination Deaths as Unvaccinated Illness

The issue of inaccurately counting COVID-related deaths is continuing. Based on statements made by Dr. Rochelle Walensky, director of the Centers for Disease Control and Prevention, it appears the CDC is manipulating statistics to create a false and inaccurate impression.

In a July 16, 2021, White House Press briefing, she claimed “over 97% of people who are entering the hospital right now are unvaccinated.”²² Just a few weeks later, she

inadvertently revealed how the CDC came by that statistic.²³

The CDC took hospitalization and mortality data from January through June 2021 to come to this conclusion. However, during this time frame, most of the people in the U.S. were not vaccinated,²⁴ so the majority of people in the hospital or who had died would not have received the vaccine.

The newest way that the CDC is playing with statistics is to count anyone who has died within the first 14 days post-injection as unvaccinated.²⁵ This not only artificially inflates the unvaccinated death toll, but also artificially deflates the number of people who die as a result of the genetic therapy shot.

The vast majority of deaths from the COVID jabs are happening within the first 2 weeks.²⁶ These deaths are now being recorded as an unvaccinated death from COVID, rather than being counted as a death related to a breakthrough infection or vaccine injury.

This may be related to the fact that public health agencies were fully aware of the expected side effects from the shot and that they may have determined these were acceptable losses. According to Slide 16 in an October 22, 2020, presentation to the FDA by the director of Biostatistics and Epidemiology on some of the expected effects included:²⁷

Death	Convulsions	Stroke
Acute myocardial infarction (heart attack)	Multisystem Inflammatory Syndrome in children	Vaccine enhanced disease
Myocarditis/pericarditis	Autoimmune disease	Thrombocytopenia
Kawasaki disease	Anaphylaxis	Guillain-Barre syndrome

As you'll note, many of these effects from the shot are reported in growing numbers to the Vaccine Adverse Event Reporting System (VAERS).²⁸ Additionally, the FDA added a warning to the Pfizer and Moderna shots about the risk of heart inflammation and myocarditis.²⁹

Just days before, the CDC announced the benefits of the shot outweigh the risk of a "likely association" between the shots and myocarditis in otherwise healthy young people.³⁰ In June 2021, CNN³¹ reported the CDC had received 1,226 preliminary reports of children with myocarditis or pericarditis through VAERS.

Interestingly, the CDC found these numbers enough to issue a warning but have completely ignored the number who have died from the shots. By October 22, 2021, VAERS had recorded 10,956 cases of "rare"³² myocarditis and 17,619 deaths from the shot.³³

AMA Teaches Doctors the Power of Misinformation

Before turning to your health care professional for accurate information, it's important to note that the American Medical Association is strongly advising doctors to follow the company line. And the company line is full of "language swaps," samples of acceptable social media posts and information on how to deflect or redirect questions to push AMA acceptable content.³⁴

Deception has been the name of the game since long before the vaccine was released. As the push toward the "Great Reset" continues on multiple fronts, it is imperative that the medical establishment remain on board with the same rhetoric and unsubstantiated messages to drive fear and impair American's critical decision making.

The language swaps and sample social media posts take advantage of a powerful tool – words. Language is a powerful way to shape reality,^{35,36,37} because it shapes how we think about what we're experiencing. As noted by storyteller and filmmaker

Jason Silva:³⁸

“The use of language, the words you use to describe reality, can in fact engender reality, can disclose reality. Words are generative... We create and perceive our reality through language. We think reality into existence through linguistic construction in real-time.”

For example, “lockdown” sounds like involuntary imprisonment imposed by a totalitarian regime, which is what it is, whereas “stay-at-home order” sounds far less draconian. After all, “home” is typically associated with comfort and safety. The AMA goes on to provide instructions on how to block, deflect and stall in the face of tough questions where an honest answer might break the official narrative.

I encourage you to read through Page 8 of the guide and pay attention to how these psychological tricks are used when listening to interviews or reading the news.

The AMA’s guidance isn’t all bad. Some of its advice makes perfect sense. But the inclusion of language swaps that result in false statements being made, and tools for steering, blocking, deflecting, redirecting and stalling to avoid direct answers do nothing but erode credibility and thus trust in the medical community.

After having gathered data during the pandemic for roughly 19 months (March 2020 to October 2021) it is imperative that the American people begin to question the number of reported “cases” and deaths in a country where medical care is reportedly better and more advanced than many other countries.

In other words, why does the U.S. lead the world in number of deaths from an infection?³⁹ Might it be for the same reason that Australia is in a tyrannical lockdown when their infection rate is .6% and just 1% of those infected have died? Could there be a different agenda than what you’ve been led to believe?

Sources and References

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