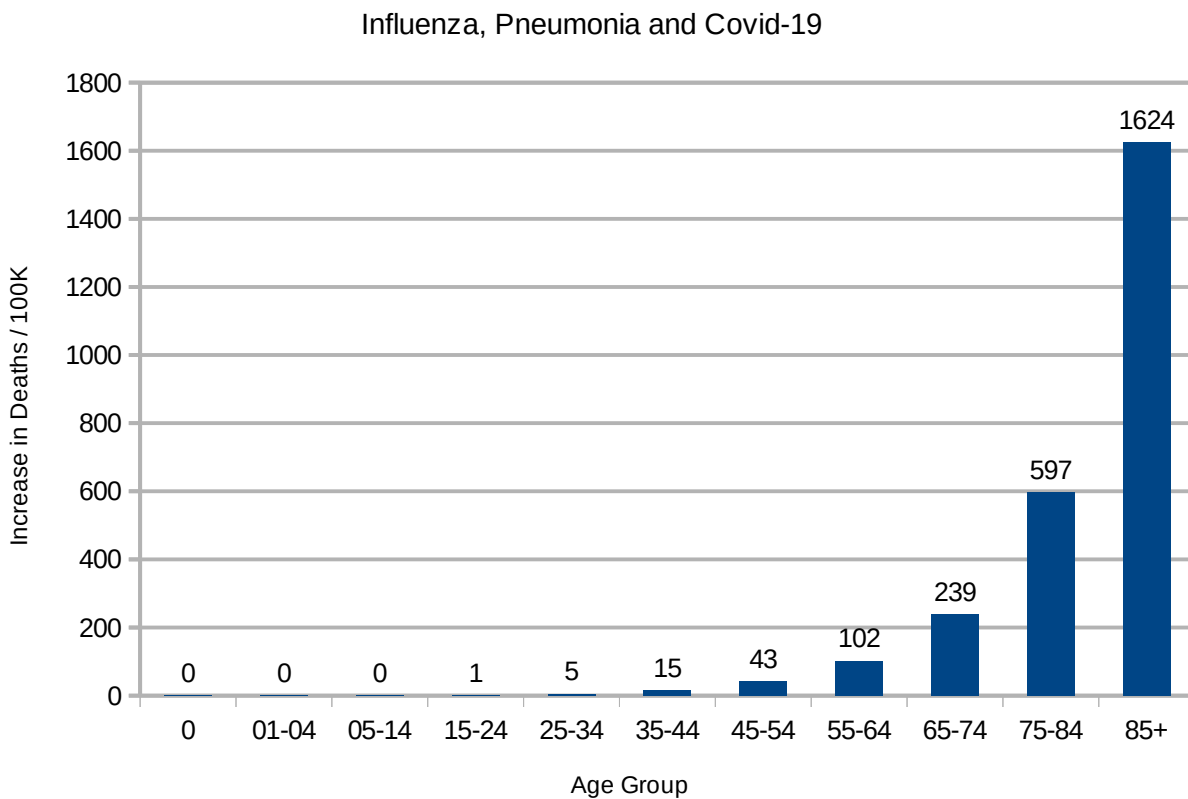


# Perspectives on Covid-19

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Edited by Lisa Vera Moore  
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For many the Covid-19 pandemic has been an emotionally charged and highly politicized event, but examining data from the CDC and other sources may provide a different perspective.

Figure 1 - Increase in Death Rate, 2019 to 2020, by Age Group



## Notes on Covid-19

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# Perspectives on Covid-19

## Introduction

The purpose of this letter is to examine Covid-19 facts and statistics with an eye to how those relate to public perception and government policy.

This topic deserves a much more nuanced approach than what the public narrative typically presents. We tend to see the world through sources that largely provide us with what we prefer to hear, information and opinions that typically coincide with our own world view. This is understandable as most of us are too occupied with the trials of daily life to look beyond our immediate situation. Rather than doing research and analyzing data on our own, time presses us to defer to familiar faces and affiliations. In such a limited information environment it is best to be mindful that there are forces which, without consideration of fact or consequence, promote and benefit from particular public narratives.

Drilling down into the underlying data behind claims made by differing sides frequently reveals that facts have been cherry picked or have been presented in a manner that leans in one direction or the other. As an example, scanning though headlines from the time of transition between the Delta and Omicron variants yielded these two different messages: "Omicron Less Deadly than Delta" and "Omicron Kills More People than Delta". These appear contradictory, but both were true. The former is a fact, the latter was true because at the time of its writing the number of Delta infections had fallen far below those of Omicron.

The data used in this document were downloaded from the CDC death certificate database (1999-2020) and from a separate CDC Covid-19 deaths database (2019-2021). As of this writing 2021 death certificate information was not yet available.

The spreadsheets and procedures for generating the tables and charts in this letter, as well as the internet links for the raw data, are included in a separate appendix available on request.

Note: In the following tables and charts the *Accident* figures include accidental drug overdoses, while the *Drugs* category refers to other types of drug related deaths.

## Notes on Covid-19

### The Age Factor

Early in the spread of Covid-19 it was evident that the disease was primarily a threat to the elderly and to others with compromised immune systems. The first notable occurrence in the United States was a cluster of deaths of residents in a nursing home in Washington state. As the disease spread, nothing ever credibly suggested otherwise. Data from the first two years of the pandemic show how dramatic the age factor has been.

**Table 1 – Covid-19 Death Statistics, 2020-2021**

Age Group	Group Population	Covid Deaths	Non Covid Deaths	Covid to Population	Non Covid To Pop.
0	3,649,752	210	39,195	1: 17,380	1: 93
1-4	15,414,564	89	7,237	1:173,197	1:2,130
5-14	41,365,733	246	11,373	1:168,153	1:3,637
15-24	42,822,174	2,263	72,227	1: 18,923	1: 593
25-34	45,782,376	9,636	146,733	1: 4,751	1: 312
35-44	42,770,023	24,161	206,095	1: 1,770	1: 208
45-54	40,527,285	57,679	350,753	1: 703	1: 116
55-64	42,603,371	124,760	795,929	1: 341	1: 54
65-74	33,107,760	193,722	1,206,829	1: 171	1: 27
75-84	16,328,811	216,821	1,435,846	1: 75	1: 11
85+	6,317,088	217,910	1,735,806	1: 29	1: 4

Note: The population figures are the average of 2020 and 2021, while the death counts are the sum of both years.

Comparing the total deaths of those 65 and above to the similarly sized population group aged 0 to 14, the older group was over 1000 times more likely to die from Covid-19 than the younger.

It is also worth noting that even in the hardest hit age group (85+), during the *two year* span where 1 out of every 4 people died from other causes, only 1 in 29 died of Covid-19.

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### Children Under One Year of Age

Referring to Table 1, age 0 is an outlier in the general trend of decreasing deaths with decreasing age. However, this group has a relatively high death rate for many reasons, among which Covid-19 ranks 27<sup>th</sup>.

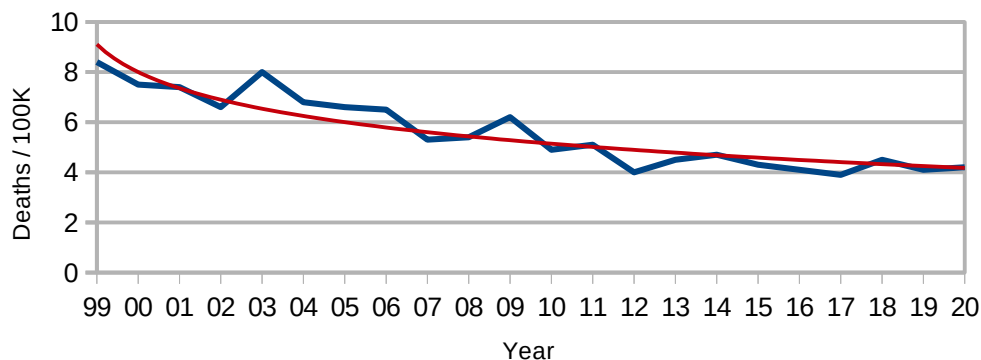
Table 2 lists the total age 0 Covid-19 deaths over two years compared with other causes. Note that the Covid-19 figure is from 2020-2021 while the other figures are from 2018-2019. Different two year periods were used for two reasons: first, as of this writing, the corresponding 2021 death certificate data were not yet available; second, as will be seen later, pandemic years show significant differences from historic death rates for causes other than Covid-19.

**Table 2 – Ranked Causes of Death for Age Group 0**

Rank	Cause	Deaths
1	Disorders related to length of gestation and fetal growth	7,350
2	Ill-defined and unknown causes of mortality	5,039
5	Other external causes of accidental injury	2,277
17	Assault	532
22	Influenza and pneumonia	332
24	Other viral diseases	254
27	Covid-19	210

When Covid-19 deaths are added to the related Influenza and Pneumonia category, 2020 shows no significant increase in deaths for age 0.

**Figure 2 – Age 0 – Influenza, Pneumonia and Covid-19 Deaths**



## Notes on Covid-19

### Youth and Other Causes of Death

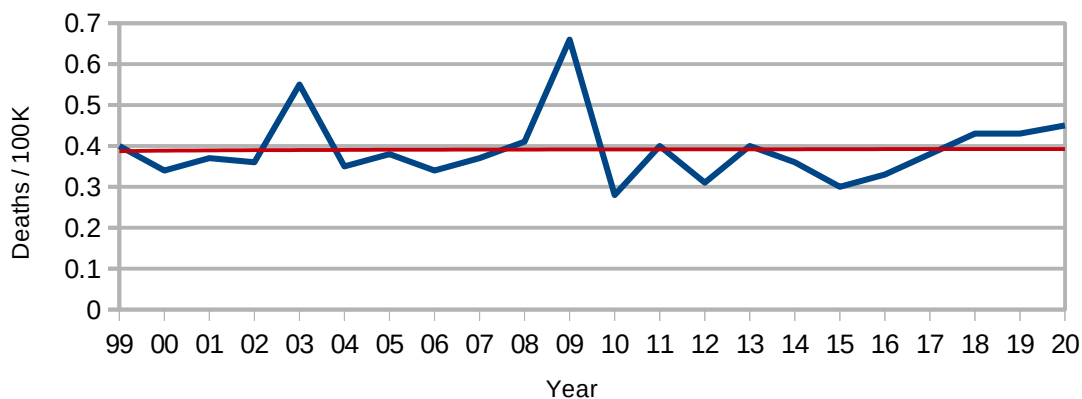
Looking at the relative risk of Covid-19 to those between the ages of 1 and 14, Table 3 lists total Covid-19 deaths for two years, 2020 and 2021, as compared to deaths for other causes over the previous two year period, 2018 and 2019. As with Table 2, different two year periods were used.

**Table 3 – Covid-19 and Other Deaths, Ages 1-14**

Years	Cause	Deaths
2020-2021	Covid-19	335
2018-2019	Accident	2,780
	Transport	2,477
	Cancer	2,229
	Assault	1,245
	Self-harm	1,151

As with Age 0, when Covid-19 deaths are combined with influenza and pneumonia deaths, 2020 shows no significant increase.

**Figure 3 - Age 1-14 - Influenza, Pneumonia and Covid-19 Deaths**

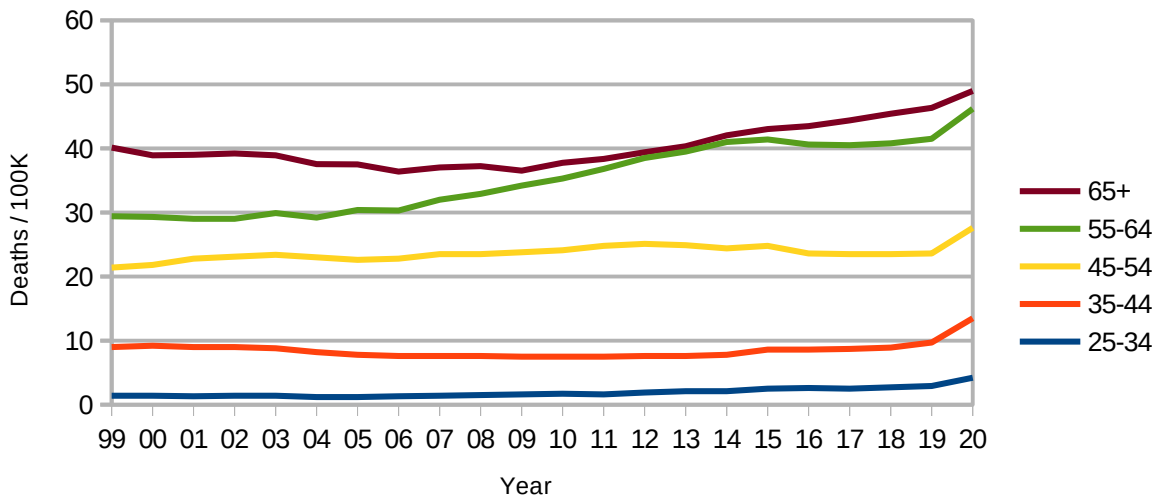


## Perspectives on Covid-19

### Excess Non Covid-19 Deaths in 2020

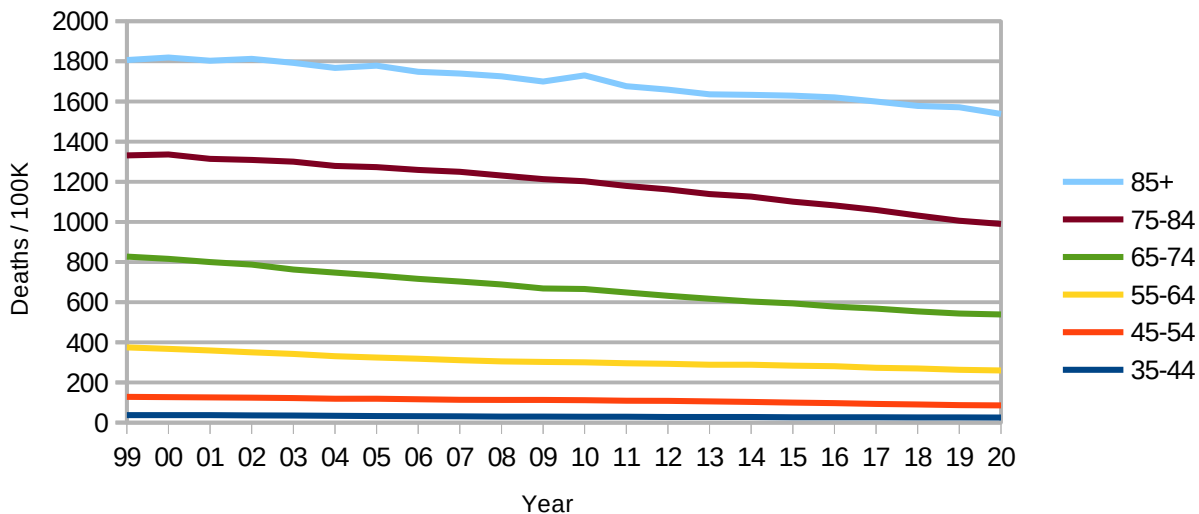
Looking through two decades of death statistics, many features stand out, but the most unusual is a spike in year 2020 deaths for causes other than Covid-19. Consider deaths from liver disease.

**Figure 4: Deaths from Liver Disease, 1999-2020**



Based on media narratives, one might draw the conclusion that the uptick in deaths was due to people being unable or unwilling to obtain medical treatment during the pandemic, but a graph of cancer deaths shows only a slight deviation at year 2020 and no uptick.

**Figure 5: Cancer Deaths, 1999-2020**



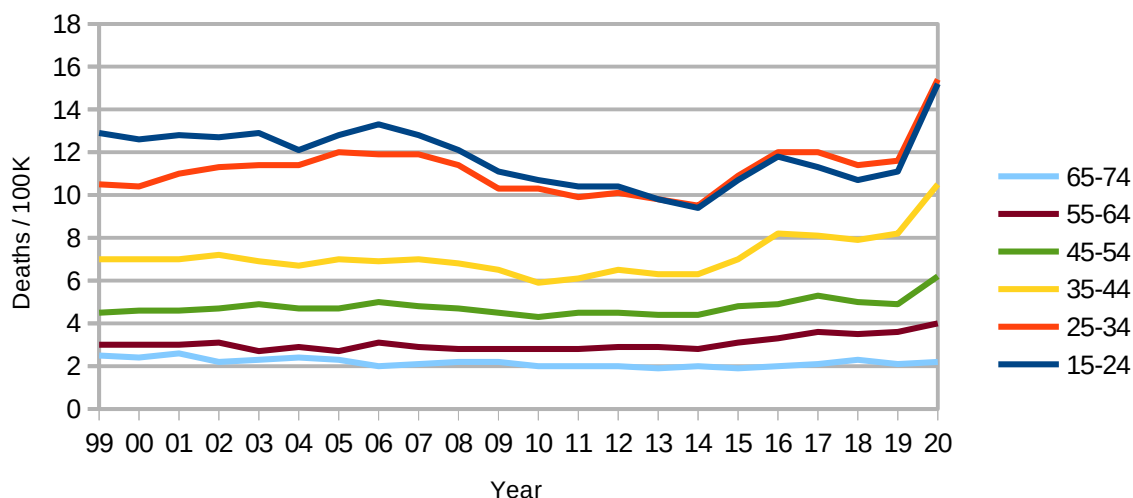
## Notes on Covid-19

One significant difference between cancer and liver disease deaths is the effect that short term behavior can have on the latter. For those already suffering from severe liver disease, increased consumption of harmful substances (drugs, alcohol, etc.) could hasten their death.

There could be other reasons for the upswing in 2020 liver disease deaths, but the spike correlates with that of other more directly behavior-related causes.

Consider assault. While there have been fluctuations over the years, the 2020 rate of increase is greater than that of any other time over the previous two decades.

**Figure 6:** Deaths Due to Assault, 1999-2020

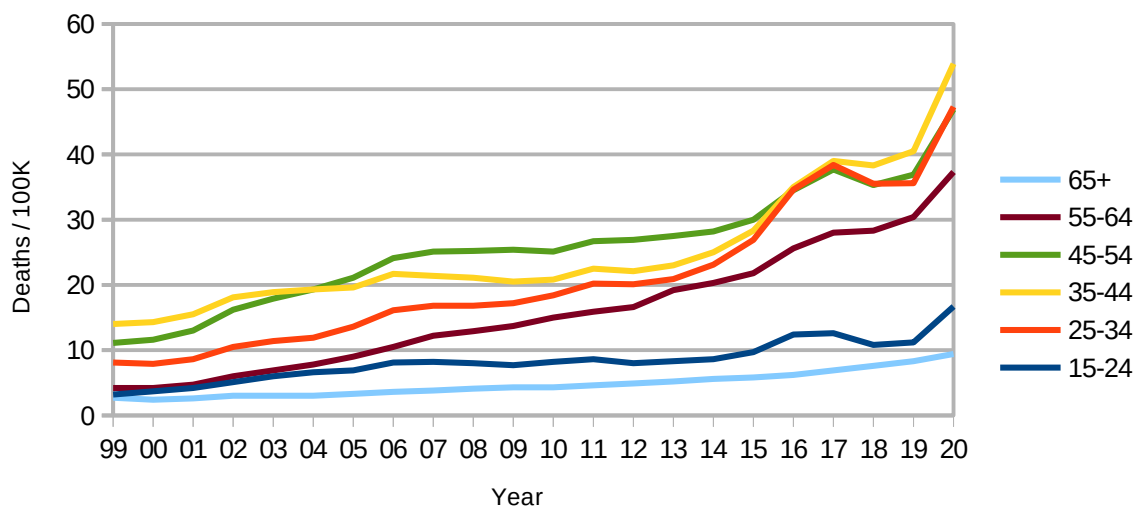


Likewise, drug overdose deaths (Figure 7, next page) spiked in 2020.



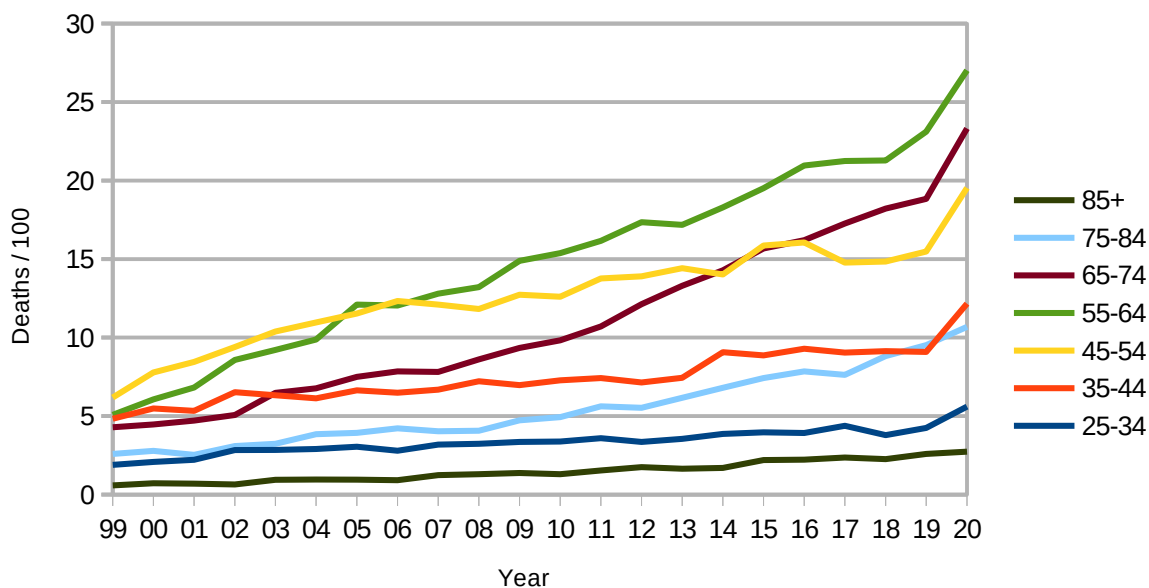
## Perspectives on Covid-19

**Figure 7: Overdose Deaths, 1999-2020**



While the number of deaths due to obesity are relatively low, as with liver disease the numbers have been gradually increasing year to year, and 2020 saw the steepest rate of increase over the past 20 years.

**Figure 8 – Deaths from Obesity, 1999-2020**



## Notes on Covid-19

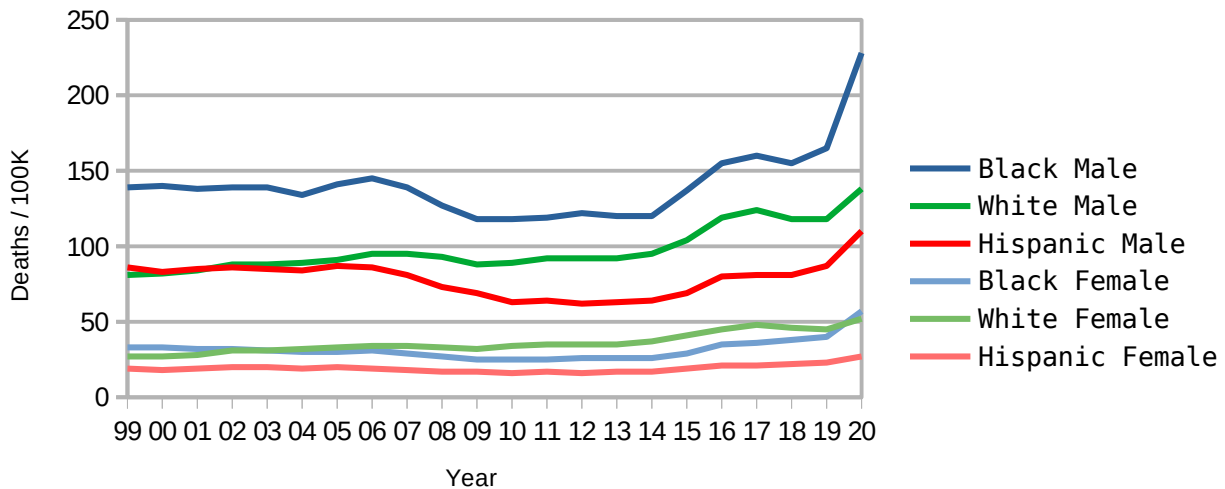
For older age groups, Covid-19 related deaths swamped any uptick in death from other causes, but this was not the case for those under age 45. Table 4 provides a comparison between Covid-19 deaths and excess deaths due to behavior related causes.

**Table 4 – 2020 Excess Deaths Other than Covid-19, Ages 1-44**

Age	Covid	Excess	Accident	Assault	Transport	Drugs	Self Harm
1-4	25	30	23	26	-19	0	0
5-14	69	246	34	110	47	1	54
15-24	617	5,177	2,443	1,695	907	28	104
25-34	2,623	9,414	5,543	1,777	1,271	432	391
35-44	6,789	8,514	6,135	1,019	865	700	-205
Total	10,123	23,381	14,178	4,627	3,071	1,161	344

The excess death counts in Table 4 were derived by subtracting 2020 numbers from those of 2019. While such year to year differences will vary, Figure 9 shows how dramatic the change was for 2020 as compared to the previous two decades.

**Figure 9 – Death Rate by Gender, Race and Ethnicity, Ages 15-44**  
Accident, Assault, Transport, Drugs, Self Harm



# Perspectives on Covid-19

## Comorbidities and Immune Health

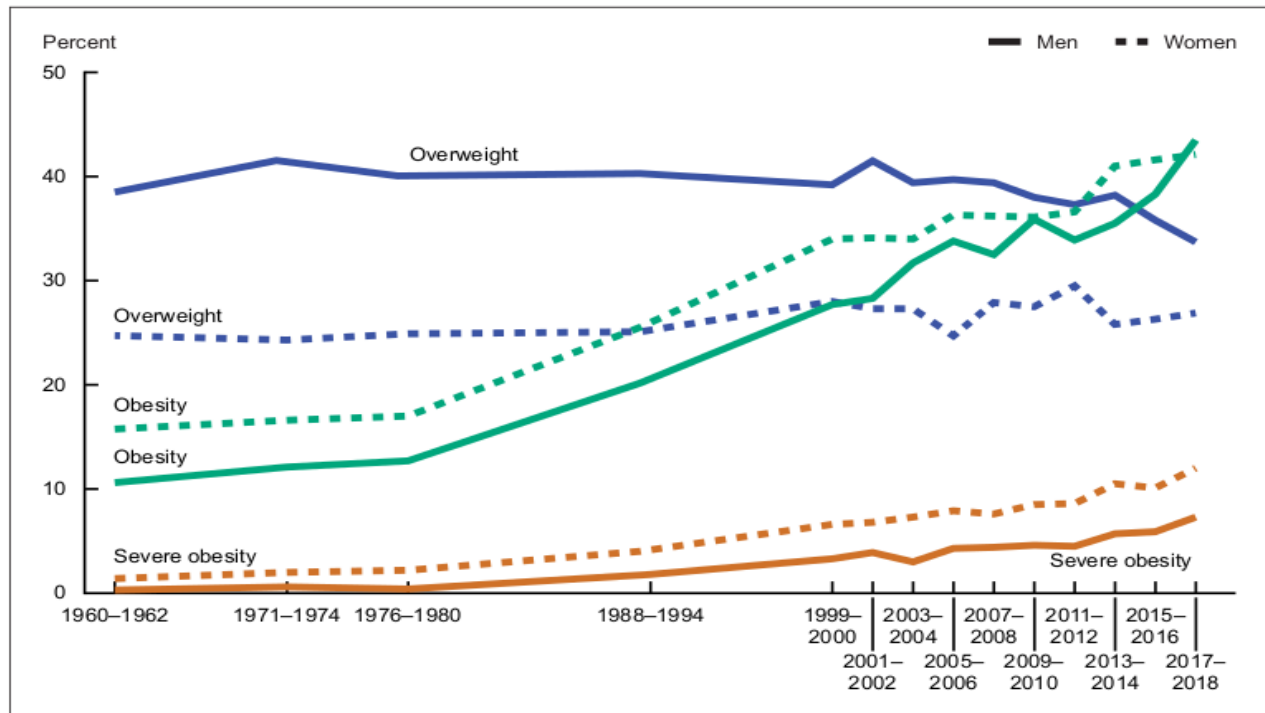
One reason for an increased Covid-19 death rate relative to age is the gradual decrease in immune system capacity that statistically accompanies advancing years. Additional factors affecting the immune system's effectiveness against Covid-19 are the presence of other diseases (comorbidities) and the accumulated effects of certain lifestyle choices.

To date, only about 5% of Covid-19 related death certificates list Covid-19 as the sole cause while on average 95% have at least one additional comorbidity and about half have 4 or more.<sup>1</sup>

Among common Covid-19 comorbidities are: other respiratory diseases, obesity, diabetes, and circulatory diseases. Figure 10 diagrams a half century of increasing obesity in the US. It is reasonable to wonder if this trend is indicative of an overall decrease in public health, which in turn leads to the question: If Covid-19 had struck 50 years earlier, would the death rate have been as high?

**Figure 10 – Body Weight Trends, 1960-2016** <sup>2</sup>

**Figure. Age-adjusted trends in overweight, obesity, and severe obesity among men and women aged 20–74: United States, 1960–1962 through 2017–2018**



NOTES: Data are age adjusted by the direct method to U.S. Census 2000 estimates using age groups 20–39, 40–59, and 60–74. Overweight is body mass index (BMI) of 25.0–29.9 kg/m<sup>2</sup>. Obesity is BMI at or above 30.0 kg/m<sup>2</sup>. Severe obesity is BMI at or above 40.0 kg/m<sup>2</sup>. Pregnant women are excluded from the analysis. SOURCES: National Center for Health Statistics, National Health Examination Survey and National Health and Nutrition Examination Surveys.

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### Hydroxychlorquine, Ivermectin and Hair on Fire

Leafing through an early Sears and Roebuck catalog will reveal some of the various forms of questionable and even dangerous remedies that people have used. Paregoric (an opium concoction to calm fretful children), vacuum pumps for breast enhancement, arsenic complexion wafers, and electric belts for 'nervous diseases' are just a few.

SEARS, ROEBUCK & CO. (Inc.), Cheapest Supply House on Earth, Chicago. CATALOGUE No. 110. 89

No. 6485  
Order by Number

**....OUR \$8.00 HEIDELBERG ELECTRIC BELT....**

**THIS ELECTRIC BELT PRODUCING A 40-GAUGE CURRENT OF ELECTRICITY**

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**OUR \$8.00 BELT** with its 40-gauge alternating current of electricity is recommended for the electric treatment of all diseases. If you are ever worked, nervous and weak, poor circulation and generally run down,

**ORDER OUR \$8.00 BELT ON 10 DAYS' FREE TRIAL**

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**OUR..... \$12.00 Heidelberg Electric Belt.....**

**NEXT TO OUR 80-GAUGE, \$18.00 GIANT POWER, THE MOST POWERFUL BELT MADE.**

**THIS 60-GAUGE HEIDELBERG ELECTRIC BELT** is one of the best electric belts possible to produce. Has all the advantages of all other belts made, with the defects of none. **EVERY KNOWN IMPROVEMENT** is embodied in this \$12.00 belt, and next to our

**\$18.00 GIANT BELT IS THE BEST ELECTRIC BELT MADE.**

**For Nervous Diseases of all kinds.**

Weakness of any kind..... through the alternating electric current produced by this belt you will find immediate relief, when all others have failed.

**OUR FREE 10 DAYS' TRIAL OFFER** GIVES YOU A CHANCE TO TRY THIS BELT WITHOUT PAYING US ONE CENT, and if it doesn't help you, if it does not prove to be just what you have been looking for, you can return it to us at our expense. No money out.

No. 6487 Our price.....\$12.00

**Free 10 Days Trial.**

But, while some people make ignorant and unwise decisions about their own health care, it appears that the professional and highly regulated medical industry likely kills far more people each year than does foolishness and quackery. A study conducted at Johns Hopkins University and published May 2016 in the BMJ (British Medical Journal) concluded that medical errors are the third leading cause of death in the United States, behind heart disease and cancer.<sup>3</sup> Also, Danish physician and researcher, Peter C. Gøtzsche, argues that prescription drugs alone constitute a third leading cause of death.<sup>4</sup>

It would be comforting to believe that the guidance we receive from professionals, government and the medical industry is largely free

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from negative influences and bad consequences, but the track record does not say as much:

\* The present opioid crisis in the US began in the 1990s with a shift in medical practice that greatly increased the number of opioid prescriptions. The effect was worsened by pharmaceutical company promotion and by the irresponsible distribution practices of some pharmacies.<sup>5,6,7</sup>

\* In what is a potential source of conflict, the FDA, which is in charge of approving new drugs, increasingly receives funding from the businesses it oversees. As of September 2022 business fees amounted to 46% of its overall income and 65% of the funding that goes into evaluating new medications.<sup>8</sup>

\* Pharmaceutical companies, the FDA and private employers are indemnified from liability for injury or death resulting from vaccines.<sup>9,10</sup> This feeds the current situation in which there is no statistical indication that those under 15 would benefit from vaccination (See Figures 2 & 3) and yet the industry has heavily promoted vaccine use for youths, and the FDA has approved the still experimental Covid-19 vaccines for those under 5 years old.<sup>11</sup> Companies and the FDA have every financial reason to do so, and will suffer no legal repercussions for any bad outcome.

\* Big Pharma has been fined billions of dollars for recent violations of criminal and civil law.<sup>12</sup> The top five fines are:

\$3.0 billion	GlaxoSmithKline	2012
\$2.3 billion	Pfizer	2009
\$2.2 billion	Johnson & Johnson	2013
\$1.5 billion	Abbott Laboratories	2012
\$1.4 billion	Eli Lilly	2009

A sampling of the reasons for these fines includes: failure to disclose safety data, paying kickbacks, making false and misleading statements concerning safety, off-label promotion and training their sales force to disregard the law.<sup>12</sup>

None of these or many other such facts support the idea that an overriding top down approach reliant on government, industry and experts is safe and does not carry the risk of far reaching damage

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and corruption as seen in the opioid issue and as predicted by some for Covid-19 policies.

It would be naive to think that government officials and those involved in the 'healing arts' are not also subject to the same influences, temptations, mistakes, inflated egos and corruption as seen in the private sector.

Early in the pandemic a brief walk through a Covid-19 ward would have yielded the same information conveyed by Figure 1, that deaths were largely among the elderly and the comorbid. From that observation a reasonable person could have easily drawn the conclusion that an approach tailored to the reality of who was most at risk would make sense. However, when this was suggested in The Great Barrington Declaration<sup>13</sup>, a campaign was mounted by Dr. Anthony Fauci (NIAID) and Dr. Francis Collins (NIH) to discredit both the idea and the reputation of the authors<sup>14</sup>. Yet, the 2020 spike in behavior related deaths shown in Table 4 and Figure 9 appears to validate some of the concerns raised in Great Barrington.

A counter example of the effectiveness of bottom up innovation occurred at the beginning of the pandemic. Standard procedure indicated early use of ventilators and there was a great national hubbub over their availability. However, doctors on the front lines realized that contrary to conventional practice there was far greater survivability when other treatments were used as long as possible and mechanical ventilation was employed only when absolutely required. This method became the standard without advice from the top.<sup>15,16</sup>

From another angle, the CDC now lists Ivermectin as suitable for study as a possible treatment for Covid-19. When investigating this issue the question arose: *cui bono*, who benefits? Ivermectin is a generic drug produced as human medication by over 50 companies.<sup>17</sup> On the other hand, in November of 2021 Pfizer, the largest producer of Covid-19 vaccines, predicted their product would generate \$65 billion in sales for 2021 and 2022 combined.<sup>18</sup>

Whether or not various treatments and protocols are effective is of little importance compared with the ability of doctors and patients to make their own informed choices and for there to be unhindered public debate. Further, a medical system which by two different measures results in the third leading cause of death does not demonstrate the competence or moral authority to deny anyone their choice of treatments.

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### The Origin of the Covid-19 Pandemic

The suggestion that the Covid-19 pandemic was the result of a lab leak in Wuhan has been a contentious topic, but in at least one fashion the virus did escape from a lab. Two years into the pandemic, in November 2021, a worker in Taiwan came down with Covid-19. This would not have been unusual except that through genetic testing it was determined that the strain with which he was infected only existed in the lab where he worked, and did not occur in the strains present in the public at that time.<sup>19</sup>

Lab leaks are a common occurrence. From 1903 to the present there have been at least 51 serious biosecurity incidents at laboratories around the world.<sup>19</sup> The majority of those were leaks that resulted in illnesses, and almost half in deaths. The causes of these incidents include: accidents, human error, equipment failure, and one individual's intentional use of a pathogen for murder.

Concurrent with the Covid-19 pandemic and little known to the public, in November of 2019, a sterilization process failure at China's Lanzhou Veterinary Research Institute caused a leak of brucellosis which sickened 65 workers at the lab and went on to infect more than 10,000 local residents over the following year.<sup>19</sup>

While not a disease, another lab leak has spread damage across two continents. In 1957 an error at facility in Brazil released swarms of Africanized bees into the wild. The offspring of those aggressive so called 'Killer' bees reached the southern United States in 1990 and can now be found from Argentina to Florida and California.

Between 2003 and 2004 there were three known and well documented laboratory leaks of the SARS-CoV-1 virus, a coronavirus like the one that causes Covid-19 disease (SARS-CoV-2). The leaks occurred in Singapore, Taiwan and China. One lab was a biosafety level 4 lab with military ties, as is the Wuhan Institute of Virology. These leaks involved a variety of procedural failures as well as personnel trying to cover up their errors.<sup>20</sup>

There is also precedent for government cover ups. On April 4, 1979 at Sverdlovsk, Russia, anthrax spores were accidentally released into the air from a bioweapons laboratory. The incident resulted in about 100 deaths which were originally explained away as food

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contamination. There was even an international investigation which concluded that the lab was not to blame. It was not until the fall of the Soviet Union a decade later when scientists from the lab could safely speak out that the truth was revealed.<sup>21</sup>

Given the CCP's standard practice of suppressing and distorting facts unfavorable to the party and their ongoing refusal to cooperate fully with the Covid-19 origin investigation, we may never know the true origin of the virus. However, we do know that China amplified its spread throughout the world. When the problem in Wuhan was undeniably obvious, Xi Jinping stopped all domestic flights in and out of that region, but left international travel from there open.<sup>22</sup>

An additional complication in the search for the origin of Covid-19 is the reluctance of influential figures outside China to pursue the truth if it might damage their own interests. When it was first speculated that the virus might have leaked from a lab, Anthony Fauci (NIAID), Peter Daszak (EcoHealth Alliance), and Francis Collins (NIH), despite being aware of factors that indicated a lab origin was possible, conspired to suppress the idea. Uncovered emails reveal that their motivation was to protect "science" and "China".<sup>23,24</sup>

In 2018 EcoHealth Alliance applied to DARPA for a grant to work with the Wuhan lab on bat corona viruses. The planned research included examining the virus DNA database in Wuhan for "potential furin cleavage sites",<sup>25,26</sup> the very thing that makes Sars-Cov-2 highly infectious. Although DARPA did not approve that proposal, there are indications that this type of work was conducted in Wuhan, with the cooperation of EcoHealth.

The ancient Greeks gave us the concept of "hubris resulting in nemesis", excessive pride leading to destruction. In a paper written in 2012, Dr. Anthony Fauci (NIAID) argued that regarding "gain-of-function research with serious pandemic potential ... the benefits of such experiments and the resulting knowledge outweigh the risks."<sup>27</sup>

We now have a taste of what those risks might be.



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### Conclusion

In 430 BC the Plague of Athens caused a complete breakdown of Athenian society, from which they never recovered. While Covid-19 deaths are tragic, the disease itself has caused little direct damage to the United States. Our greatest injuries may have been self inflicted, the result of unwise policy.



When there is a sudden onset of a threat or disaster such as a tornado, an earthquake or the rapid spread of a new and deadly disease, that is the time to follow authority virtually without question. In that moment there is essentially no room for argument and the best that can be hoped for is that the authority has been wisely selected. But as the danger begins to be understood and circumstances provide breathing space, that is when discussion and innovation are needed.

The 'two weeks to slow the spread' lockdown made sense. In the heat of the moment it was a best guess course of action. However, that period should have been followed with policy that increasingly took into account a wide spectrum of issues. Not just medical but social, economic, psychological, educational and other factors should have been evaluated with a long term perspective that weighed the holistic impact of government action. This did not happen. A recent meta analysis by Johns Hopkins University concluded that lockdowns reduced Covid-19 deaths by a mere 0.2 percent.<sup>28</sup>

Had the naysayers, many of whose predictions have come true, been the typical oddball conspiracy types, one could argue that it was just

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coincidence that they were right. But many of the people offering alternative views were respected professionals in their field.

It is reasonable to assume that in corporate boardrooms around the world there is never any talk of yielding a market to a competitor solely because the competitor's product would better meet the interests of consumers. Politicians and agency heads are no better motivated: they live off of taxes, achieve power through popularity contests and are lacking the immediate practical feedback that would come from lost income due to bad decisions. In my late sister's words, the politicians we elect are not the best at governing, they are the best at getting elected. Few make their mark by their genuine benefit to society.

It is unusual for public figures to step away from power, especially when that power is great. Those who do are so few that they are virtually mythical figures in history. George Washington could have been king of the United States just for the asking, but instead chose what was best for the country. Cincinnatus, a Roman who lived 2,500 years ago, was reputed to have been plowing his field when he was chosen to be absolute dictator of Rome during an invasion. The moment his army was victorious he immediately gave up power and went back to farming. The actions of these men stand out both for virtue and rarity.

Politicians are subject to ego, temptation and ignorance just like everyone else. However, the tendency toward perfidy in high places should not be a cause for abandoning the hope of good government. Instead it should educate us as to the need to hold power in check. It should inform us when we analyze the structures of government. It should also temper our expectations as to what we think government can or should do.

Today there is much talk about many political issues affecting the individual, but little about whether the federal government should wield the power it currently has. As well, few ever discuss the historically ominous intertwining of government, business and media.

If there has been one good thing that has come out of the Covid-19 pandemic, it is the exposure of younger generations to the fallibility of experts and the harm that can be done by too much government power. The vital question is, how will they react to that inoculation?

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