

SUPPLEMENTAL INFORMATION for

A Critical Review of CDC USA Data on Covid-19: PCR/Antigen Tests & Cases Reveal Herd Immunity Only, and Do Not Warrant Public Hysteria or Lockdowns

<https://www.academia.edu/44918309>

<https://www.researchgate.net/publication/348550612>

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To get on Dr. DeMeo's *Occasional Newsletter* mailing list:

<https://lp.constantcontactpages.com/su/hozrK9M>

Last Update on 2 March 2021.
Newer material added at the Top.

Constructive Criticism Received

My thanks to all who have contributed constructive review of my paper. Below are additional points and clarifications, presented with the most recent items first.

Here are additions to the sections on the pathology of lockdowns and forced masking, plus added material on the broader issues, from published research papers and news reports

2 March 2021: Lockdown Delays Led to Surge in Oral Cancer Cases

<https://www.breitbart.com/europe/2021/03/02/lockdown-delays-led-surge-oral-cancer-cases/>

22 Feb 2021: Review of scientific reports of harms caused by face masks, up to February 2021, RG Rancourt

<https://www.researchgate.net/publication/349518677>

21 Feb 2021: Video (54 min.) ASK THE EXPERTS II | Oracle Films | CoviLeaks | We Will Not Be Silenced (see part I below)

<https://unshackledminds.com/ask-the-experts-ii-oracle-films-covileaks-2021-bbc-panorama-response/> (Also review their partner weblink: <http://covileaks.co.uk>)

19 Feb 2021: Harvard Study: An Epidemic of Loneliness Is Spreading Across America: The Lockdowns Sure Haven't Helped, K. McDonald

<https://fee.org/articles/harvard-study-an-epidemic-of-loneliness-is-spreading-across-america/>

36% of Americans suffering from loneliness, 61 percent of young ages 18 to 25 reported feeling lonely “frequently” or “almost all the time or all the time”.

18 Feb. 2021: Vaccination in Israel: Challenging mortality figures

<http://www.medicdebate.org/en/node/1552>

18 Feb 2021: Coronavirus: A hyped-up flu or a fatal pandemic? M. Korach

<https://www.jpost.com/health-science/coronavirus-a-hyped-up-flu-or-a-fatal-pandemic-659400>

18 Feb 2021: CDC: ‘Flu Activity Is Unusually Low’ this Year, 165 Flu-Associated Hospitalizations in Last 4 Months, H. Bleau

<https://www.breitbart.com/politics/2021/02/18/cdc-flu-activity-is-unusually-low-this-year-165-flu-associated-hospitalizations-in-last-4-months/>

17 Feb 2021: Masks Lead To Bacterial Pneumonia, Oral Thrush, Systemic Inflammation & May Be The Cause Of “Long-Haul” COVID, R. Christián

<https://www.thelastamericanvagabond.com/masks-lead-to-bacterial-pneumonia-oral-thrush-systemic-inflammation-may-be-the-cause-of-long-haul-covid>

17 Feb. 2021: BBC admit that anyone who has tested positive for ‘coronavirus’ within 60 days of death is included in the death figures,

R. Willet

<https://davidicke.com/2021/02/17/bbc-admit-that-anyone-who-has-tested-positive-for-coronavirus-within-60-days-of-death-is-included-in-the-death-figures/>

17 Feb. 2021: Data Disaster: A Call for an Investigation Into the CDC’s Conduct During COVID-19.

<https://standforhealthfreedom.com/CDC-investigation>

16 FEB. 2021: As the pandemic ushered in isolation and financial hardship, overdose deaths reached new heights

<https://www.statnews.com/2021/02/16/as-pandemic-ushered-in-isolation-financial-hardship-overdose-deaths-reached-new-heights/>

18 Dec. 2020: OPINION, We have to fight back’: Doctor lays out ‘sensible’ anti-COVID strategy, J. Bhattacharya. See section "3) Deadliness of the Lockdowns". End of the paper states: "To date, the Great Barrington Declaration has been signed by over 43,000 medical and public health scientists and medical practitioners. The Declaration thus does not represent a fringe view within the scientific community. This is a central part of the scientific debate, and it belongs in the debate."

<https://www.lifesitenews.com/opinion/we-have-to-fight-back-doctor-lays-out-sensible-anti-covid-strategy>

<https://www.lifesitenews.com/opinion/we-have-to-fight-back-doctor-lays-out-sensible-anti-covid-strategy>

7 Dec. 2020: Ask The Experts I (Covid-19 Vaccine) - Now Banned on YouTube and Facebook - The Question on Everyone's Mind

https://brandnewtube.com/watch/ask-the-experts-covid-19-vaccine-now-banned-on-youtube-and-facebook_qIsNohSIeSgfz2J.html

19 Oct. 2020: ‘Protect the NHS’ Message that Scared Away Patients Could Contribute to Extra Deaths: Report

<https://www.breitbart.com/europe/2020/10/19/protect-nhs-message-scared-away-patients-contribute-extra-deaths-report/>

18 Oct. 2020: Report: Cancer Patients Decry Deadly Delays and Cancellations Due to Focus on Covid

<https://www.breitbart.com/europe/2020/10/18/report-cancer-patients-decry-deadly-delays-and-cancellations-due-focus-covid/>

15 Oct. 2020: Cost of Lockdown: Heart Charity Claims Hundreds of Excess Deaths Due to Lockdown

<https://www.breitbart.com/europe/2020/10/15/cost-lockdown-heart-charity-claims-hundreds-excess-deaths-lockdown/>

12 Oct. 2020: COVID-19 Data Collection, Comorbidity & Federal Law: A Historical Retrospective, H. Ealy, et al.

https://jdfor2020.com/wpcontent/uploads/2020/11/adf864_165a103206974fdbb14ada6bf8af1541.pdf

1 Oct. 2020: COVID-19 (excess) mortalities: viral cause impossible—drugs with key role in about 200,000 extra deaths in Europe and the US alone,

T. Engelbrecht & C. Köhnlein

<https://realnewsaustralia.com/2020/10/01/covid-19-excess-mortalities-viral-cause-impossible-drugs-with-key-role-in-about-200000-extra-deaths-in-europe-and-the-us-alone/>

30 Sept. 2020: Excess all-cause mortality during COVID-19 outbreak: potential role of untreated cardiovascular disease, A. Saglietto, et al.

<https://www.minervamedica.it/en/journals/minerva-cardiology-angiology/article.php?cod=R05Y9999N00A20093009>

15 August 2020: CDC: A Quarter of Young Adults Say They Contemplated Suicide This Summer During Pandemic: The collateral damage of lockdowns must not be ignored, J. Miltimore

<https://fee.org/articles/cdc-a-quarter-of-young-adults-say-they-contemplated-suicide-this-summer-during-pandemic/> ... the CDC reported that one in four young adults in this age range had contemplated suicide during the month of June.

12 August 2020: Still No Conclusive Evidence Justifying Mandatory Masks,

T. McGreevy

<https://www.rcreader.com/commentary/still-no-conclusive-evidence-justifying-mandatory-masks>

August 2020: Evaluation of the virulence of SARS-CoV-2 in France, from all-cause mortality 1946-2020, D.G. Rancourt, et al.

<https://www.researchgate.net/publication/343775235>

1 July 2020: Study: 35% of excess deaths in pandemic's early months tied to causes other than COVID-19, MK Brogan

<https://medicalxpress.com/news/2020-07-excess-deaths-pandemic-early-months.html>

27 June 2020: Study: Dems COVID19 Lockdown Measures Causing Most Deaths, J.

Smalley <https://principia-scientific.org/study-covid19-lockdown-measures-causing-most-deaths/>

Mid-2020: Research summary and debunk regarding the existence of "SARS-CoV-2" and "COVID-19" - a list of research papers

<https://steemit.com/health/@johnblaid/research-summary-and-debunk-regarding-the-existence-of-sars-cov-2-and-covid-19>

5 June 2020: Masks Don't Work: a Review of Science Relevant to Covid-19 Social Policy, D. G. Rancourt <https://vixra.org/abs/2006.0044>

2 June 2020: All-cause mortality during COVID-19: No plague and a likely signature of mass homicide by government response, D.G. Rancourt
<https://www.researchgate.net/publication/341832637>

23 May 2020: Questions for lockdown apologists, J. Pospichal
<https://medium.com/@JohnPospichal/questions-for-lockdown-apologists-32a9bbf2e247>

16 March 2020: Does the 2019 Coronavirus Exist? D. Crowe
<http://theinfectiousmyth.com/book/CoronavirusPanic.pdf>

May 2015: Unmasking the surgeons: the evidence base behind the use of facemasks in surgery, D. Zhou, et al.
<https://www.researchgate.net/publication/278791186>

June 1997: Social ties and susceptibility to the common cold, S Cohen, et al.
<https://pubmed.ncbi.nlm.nih.gov/9200634/>

May 1991: Postoperative wound infections and surgical face masks: A controlled study, G. Tunevall

<https://link.springer.com/article/10.1007/BF01658736>

"It has never been shown that wearing surgical face masks decreases postoperative wound infections."

Here is an open access Dropbox Archive of downloadable items on the subject "Masks Don't Work".

[https://www.dropbox.com/sh/zlkprzcblt5eh1f/AADeOWpNIva-go8QvIVEx6Hda/Masks/Masks Do Not Work?dl=0&subfolder_nav_tracking=1](https://www.dropbox.com/sh/zlkprzcblt5eh1f/AADeOWpNIva-go8QvIVEx6Hda/Masks/Masks%20Do%20Not%20Work?dl=0&subfolder_nav_tracking=1)

13 Feb. 2021: Deliberate Conflation of Influenza with Covid-19?

Two figures below come from the CDC "Flu-View" website, week 6, 13 Feb.2021.

<https://www.cdc.gov/flu/weekly/index.htm> - S6

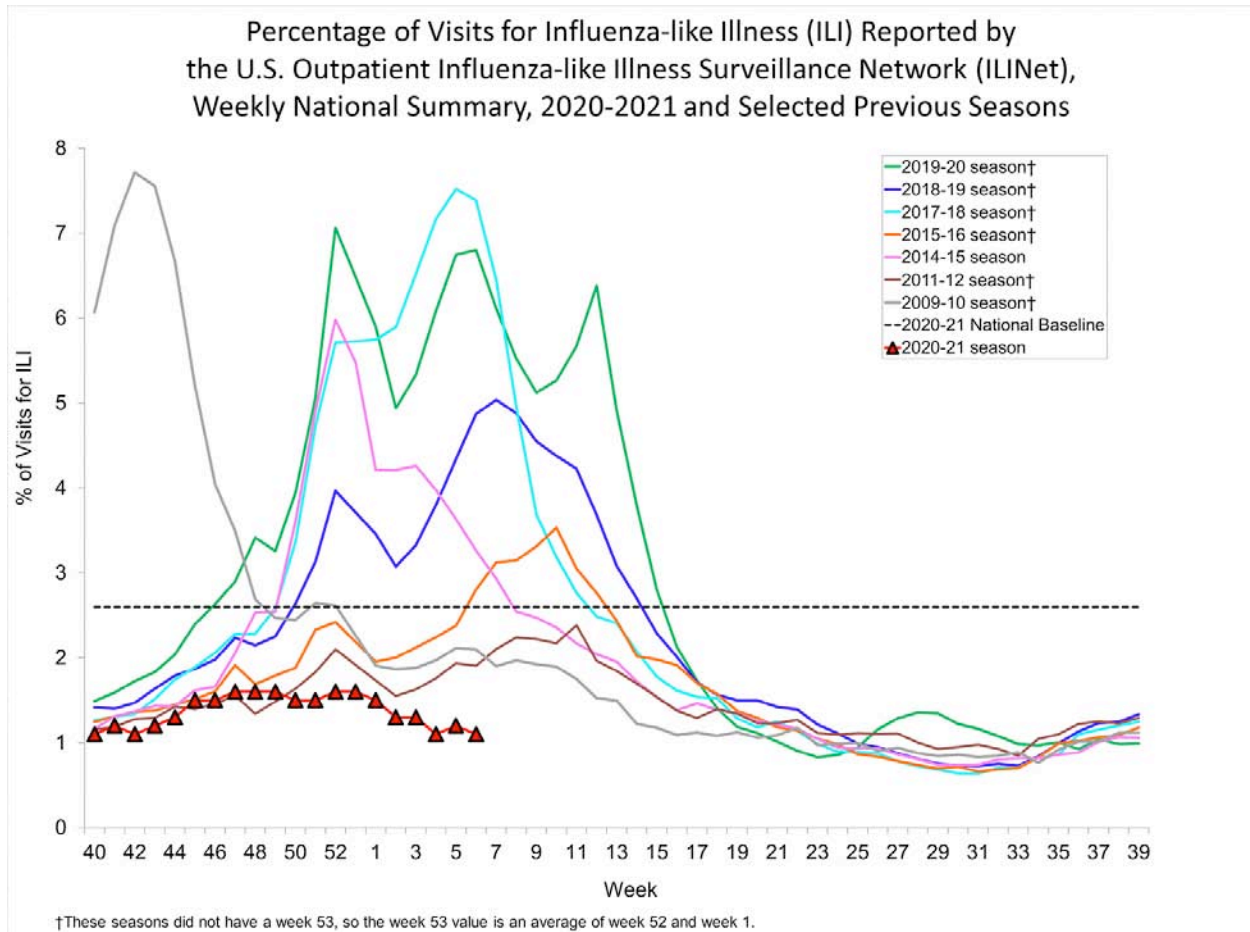
This statement comes from the same CDC website:

Influenza-Associated Hospitalizations:

The Influenza Hospitalization Surveillance Network (FluSurv-NET) conducts population-based surveillance for laboratory-confirmed influenza-related hospitalizations in select counties in 14 states and represents approximately 9% of the U.S. population.

Between October 1, 2020, and February 13, 2021, FluSurv-Net sites in 14 states reported 173 laboratory confirmed influenza hospitalizations for an overall cumulative hospitalization rate of 0.6 per 100,000 population. This is much lower than average for this point in the season and lower than rates for any season since routine data collection began in 2005, including the low severity 2011-12 season. During the 2011-12 season, the rate was 1.6 times higher at this time in the season. Hospitalization rates stratified by age will be presented once case counts increase to a level that produces stable rates by age.

Now look at the graphic below, comparing influenza numbers for the 2020-2019 winter season, compared to prior winter influenza seasons.



The red triangles are influenza for 2020-2021. Where did the influenza go, if not by re-definition into Covid-19? And how many other diseases and disorders were also magically transformed into Covid-19?

Related: 19 Feb 2020: Calling BS on the alleged drop in flu cases from 400,000 last season to 165 this season

<https://noqreport.com/2021/02/19/calling-bs-on-the-alleged-drop-in-flu-cases-from-400000-last-season-to-165-this-season/>

6 Feb. 2021: Regarding the Raw Data used in my Tables

I used two main sources of data, the American CDC via its website reports, and the Our World in Data (OWID) website reports, which got their data from the European CDC, who in turn got theirs from the American CDC. There always was a divergence between the CDC data and what was found in the OWID data. CDC's numbers on "cases" and "deaths" include determinations

from both clinical diagnoses and laboratory PCR/Antigen testing. This is clear by their statement near the bottom of the CDC's "Weekly Updates" website:

"COVID-19 deaths are identified using a new ICD–10 code. When COVID-19 is reported as a cause of death – or when it is listed as a “probable” or “presumed” cause — the death is coded as **U07.1**. This can include cases with or without laboratory confirmation"

https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm

The OWID data as I accessed it starting around August 2020, with an eye towards serious investigation, indicated at their data page for the USA, a reliance upon laboratory confirmed cases and deaths only. That information was contained on a critical OWID USA tracking webpage, with a banner at the top stating:

"Daily confirmed COVID-19 cases and deaths, United States

The confirmed counts shown here are lower than the total counts. The main reason for this is limited testing and challenges in the attribution of the cause of death."

<https://ourworldindata.org/grapher/daily-covid-cases-deaths?time=2020-01-01..latest&country=~USA>

On another OWID webpage is the statement:

"No country knows the total number of people infected with COVID-19. All we know is the infection status of those who have been *tested*. All those who have a lab-confirmed infection are counted as *confirmed cases*. This means that the counts of confirmed cases depend on how much a country actually tests. Without testing there is no data."

<https://ourworldindata.org/coronavirus-testing-different-types-of-tests-for-covid-19>

The italic emphasis in the above quote is in the original, suggesting a frustration at the OWID organization with a somewhat chaotic and subjectivity in CDC reporting

It is also clear that the CDC only began to make public reports on Covid-19 and all-cause deaths after May 1, 2020. And it has always been the case, to my knowledge, that the CDC, European CDC, John Hopkins and OWID data were identified as "provisional", as I do in my use of those data. This is made very clear on the most commonly-used CDC website for data tracking:

" Weekly Updates by Select Demographic and Geographic Characteristics

Provisional Death Counts for Coronavirus Disease 2019 (COVID-19)

... Note: Provisional death counts are based on death certificate data received and coded by the National Center for Health Statistics as of December 30, 2020. Death counts are delayed and may differ from other published sources (see Technical

Notes)."https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm

In my opinion, while the OWID data is also "provisional", it is more consistent having used, as best they could, lab-confirmed case/death data only. The CDC chose to mix up the more subjective clinical diagnoses with lab-tested determinations for Covid-19. While lab-testing gives the impression of a more "solid" and firm determination, as discussed in my paper, the PCR and antigen tests are in fact riddled with errors. Nevertheless, this is a reason why the OWID data for the USA is generally lower in counts than the CDC's USA data.

An additional problem is, the OWID data I accessed, mostly in graphical form, is updated on a daily basis, while CDC aggregates and reports their data on a weekly basis, an issue which caused puzzling complications for tracking their data, about which I shall discuss momentarily.

On November 30, the OWID changed their American data source to the John Hopkin's University Daily Dataset. This was because the European CDC, mirroring the American CDC, switched to weekly reporting. <https://ourworldindata.org/covid-data-switch-jhu>

Regarding my Data Tables

The Covid-19 and All-Cause deaths data sources for my tables were almost entirely from the CDC's various websites. My original article was written over Nov/Dec. 2020, using the CDC's *provisional* data reports for 19 Dec. and 26, Dec. of 2020, and 2 January 2021. The two CDC December data counts excluded January of 2020, as that was prior to the reports of claimed Covid-19 infections and deaths. It was appropriate for the CDC to exclude the January 2020 from the all-cause deaths of 2020, so long as a comparative analysis was being made to Covid-19 deaths. The CDC also should have excluded February as well, given how only around 20 questionable and possibly retroactively-diagnosed Covid-19 deaths occurred over both January and February of 2020. Covid-19 deaths registered in higher numbers only in March 2020.

However, in the context of evaluations for the virulence and deaths attributed to Covid-19, it was doubly inappropriate for those same January 2020 all-cause deaths to be added back in to their comparative Covid-19 calculations at the end of the year, for the same reason they were originally excluded. A proper analysis required both data streams, for Covid-19 and all-cause deaths, to be recorded in a parallel manner along the same time-line, without adding in data prior to the presumed onset of the pandemic.

Another problem was how a large number of all-cause deaths were questionably included in the CDC's year-end data, around 269,000 deaths, with an additional questionable number of Covid-19 deaths, around 89,000, raising the death tolls from the CDC's reported number of 313,171 for 2020 in total, to an inexplicable and "too neat" round number of 400,000 – a sum which was screamed from newspaper headlines and other media, all around the world.

Additional data irregularities were further exposed in my tables which segregated the 2020 Covid-19 and all-cause deaths into age-group subdivisions, using CDC "Weekly Index" data as reported for the periods ending on 26 Dec.2020 and 2 Jan. 2021. A statement on that same CDC webpage was added later in January, after my original paper had been informally circulating for a couple of weeks, and perhaps in response to it.

"As of January 4, 2021, the tables and datasets on this page include data from January 2020 through the present data period. Cumulative death totals will be higher than previous reports which were restricted to include data from the week ending February 1, 2020."

https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm

Unfortunately I should have made screen-shots of those earlier data reports, but did not do so, wrongly believing they could be accessed later on by use of a CDC weekly reports archive (which actually does not exist), or by the Wayback Machine at archive.org. Neither source could provide the missing information. The Wayback Machine could reconstruct those older CDC

webpage displays showing text and headers, but the numerical data was lost apparently due to how the CDC's website used scripted access to other parts of the CDC's computer system. When those data were updated, the older numbers were erased and replaced. The CDC's Covid-19 data base appears to be under on-going corrections and adjustments, including for 2020, making it difficult to compare them to the earlier CDC numbers I used for my Tables.

<https://data.cdc.gov/NCHS/Conditions-contributing-to-deaths-involving-corona/hk9y-quqm>

However, from what I learned it appears to me that a renewed analysis along the same lines, using any CDC data set, would not significantly change the outcomes or my conclusions. In the revised paper released on 9 Feb. 2021, I revised the original Table 1 to match the CDC's own figures, and produced three Tables 8A, B and C, which compared Covid-19 deaths by age group for 2020, alongside All-Cause deaths within the same age groups. The percentages of deaths in each age group, evaluated independently, showed very little difference overall between the Covid-19 deaths and All-Cause deaths. Other problems with conventional Covid-19 theory were exposed.

For example, one can look forever for anyone - American CDC, John Hopkins, European CDC, OWID website - to provide a calculation of Covid-19 deaths *without* comorbidities. Also, there is nearly zero attention given by the CDC, WHO or any governmental entity, about the deaths directly due to lockdowns, forced masking, and economic ruin associated with Covid-19. And by my preliminary calculations, more people die from those causes than by claimed SARS-CoV-2. Instead, "official science" offers calculations of "excess deaths" by comparing overall 2020 all cause deaths to a baseline of average all-cause deaths covering 2015 through 2019, when deaths were generally lower. The unconcealed and wrong assumption being, all deaths above the average are Covid-19 deaths. <https://ourworldindata.org/grapher/excess-mortality-raw-death-count?tab=chart&country=~United States>

That is not a very accurate or scientifically meaningful way to handle such data, and I do feel my own method of comparing deaths attributed to Covid-19 against All-Cause deaths, in separate age-groups, is a more scientifically valid method.

From such data, I concluded there is no specific new virus pandemic of deaths among the elderly, only the normal numbers and percentages reaching the natural end-of-life, or succumbing to diseases and conditions that primarily affect the elderly age groups. The same causes strike them down most severely during the cold-wet months of wintertime. My paper covers all these and other factors.

For such reasons, and also due to the confusions between the CDC's "P&I" (pneumonia, and Influenza) and "PIC" (pneumonia, influenza and Covid-19) calculations, I have concluded the CDC might be double-counting those deaths, into both the Covid-19 and all-cause death categories. Already they deceptively claim that PCR/antigen "cases", which overwhelmingly catch healthy asymptomatic people into their net, can somehow predict who gets sick or who stays healthy, or who lives and who dies. Surely that is not the case, and constitutes a Big Lie as hysterically promoted into the public. They claim PCR is detecting only living virus, and that "cases" are identifying those who transmit Covid-19 to others, which are additional Big Lies. My calculations of the death/case ratios is a clear refutation, as are the figures showing soaring tests and cases which do not match the death numbers.

Indeed, the manner in which the CDC and their partners in medicine and government have been hyping up the death numbers – as with loud blaring trumpets and drums beating so as to scare the

public into panic, hysteria and serf-like obedience into total lockdowns, and to treat their friends and neighbors as if everyone was carrying the Black Plague or leprosy – is the reason why I engaged to review their own data, which do not support any of the major claims being made.

The CDC is not some proud organization of laboring scientists dedicated to the truth, although some surely are in their employ. Neither are they Holy Saints who are free from political, economic or conformist pressures. Their top people, as in other parts of the politicized "health" bureaucracy, are absolutely totalitarian and power-drunk, some making millions on the side as they partner in ugly ways with Chinese Communist laboratories and Globalist profiteering pharmaceutical firms, often holding patent-rights on entire viral strains used to make expensive vaccines. And from that high perch, they maliciously promote sadistic punishments upon the world, as if it gives them pleasure and happiness. That is a psychiatric condition, however, similar to the better-known psychopath who invades into businesses, politics or personal relationships with an agenda of crushing other people down. To say that scientists or physicians are immune from such behavior is to misinterpret the human condition as being far healthier than it truly is, or to assume that an advanced degree from universities somehow weeds out the psychopaths. It does not.

Further Update 6 Feb. 2021

After investigating further the issue of mortality and morbidity due to the direct effects of lockdowns, forced masking and isolation tactics, I became convinced, by weight of evidence, that most or all of the deaths being attributed to Covid-19 are in fact the direct consequences of the lockdowns and other so-called "virus preventive measures". My paper has therefore been expanded and reorganized somewhat. Not only has the 2 February update information been added into the text of the research paper, but several additional pages have been added to document the very high death-counts as direct consequences of the lockdowns, and which are being mis-attributed to Covid-19. Also the information contained in the "Postscript" section in the prior version of the research paper has been blended into the newer version. Please download the research paper again, to get the revised version. Little has been removed from the prior version, most of the chapter sections are unchanged, but new and essential material and additional data calculations regarding the pathology of lockdowns has been added.

Update 2 Feb. 2021

As of this date, most of the materials originally posted in this Supplement section have since been moved into the body of the full research article.

Observation: The shadow of severe censorship has descended upon the USA since the start of 2021. This includes censoring and demonizing of political dissenters, as well as of anyone daring to question the scientific validity of the "C19 pandemic". They are also brutally censored, personally attacked and punished at their work. All "in the name of science". And that alone suggests some kind of cover-up. Why else would they demonize and censor those who dares speak "the C19 Emperor has no clothes"? I have already been shadow-banned on Twitter and

Facebook for other controversial science opinions, and was excommunicated from the academy years ago for similar "going against the tide" of academic fads which, due to censorship and oppression of dissent, persisted far longer than they should have, creating havoc and no benefits to society. That tide can become a tidal wave when rivers of big money flow into universities or medical research to support totally false suppositions, which are then put at risk by fact-based dissent.

More information will be added to this page as required.

To get on Dr. DeMeo's *Occasional Newsletter* mailing list:
<https://lp.constantcontactpages.com/su/hozrK9M>

For further information on protecting your health during this crisis of hysteria, lockdowns and medical arrogance, and for organizing social action against Covid lockdowns:

America's Front-Line Doctors
<https://www.americasfrontlinedoctors.com>

Robert F. Kennedy Jr's: *Children's Health Defense*.
<http://childrenshealthdefense.org>

The Great Barrington Declaration <https://gbdeclaration.org>

World Doctors Alliance <https://worlddoctorsalliance.com/>

CoviLeaks <https://covileaks.co.uk>

Association of American Physicians and Surgeons
<http://www.aapsonline.org>