Rise in deaths attributed to pneumonia suggests official US coronavirus death toll is grossly undercounted

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Data collected by the US Centers for Disease Control and Prevention (CDC) suggests that tens of thousands of deaths attributed to pneumonia were more likely caused by the coronavirus pandemic, and that the real death toll from COVID-19 is nearly 50 percent higher than the officially reported number of about 103,000.

According to provisional data from the CDC's National Center for Health Statistics (NCHS), there were at least 63,752 deaths caused by the pandemic from the week ending April 4 through the week ending May 2, reflecting the sharp rise in cases in the United States beginning in mid-March. During that same period, there were 47,812 pneumonia deaths, which is 65 percent higher than normal, based on seasonal averages.

Assuming that these excess deaths were actually caused by the pandemic, either directly by the virus or by those who fell sick and were afraid to get treated at a hospital. This would bring the COVID-related mortality in April to 92,524. Extrapolating through May, this would bring the actual number of dead as a result of the coronavirus to just under 150,000.

And even these numbers are likely an underestimate. The CDC itself notes that mortality reporting is often behind by two months. Connecticut has not submitted its tally for pneumonia and influenza deaths since April 25, and North Carolina has not submitted such data since April 18. The most recent data collected, from the week ending on May 16, is at most 30.6 percent complete.

The likely higher numbers are corroborated by data from the website statista.com, which shows that from February to May 16, the number of COVID-19 deaths was 73,639, and that the number of pneumonia deaths was 89,555. Subtracting the seasonal average for pneumonia leaves 32,555 fatalities unaccounted for. Assuming again that these excess deaths were all caused by the pandemic, this brings the COVID-19 total during that period up to 106,194, an increase of 44 percent.

A review of this data also makes clear that the deadliness of the coronavirus dwarfs that of influenza. The data from statista shows 6,253 deaths from the flu, barely eight percent of the deaths from COVID-19. And even those, the site notes, also include "deaths with pneumonia or COVID-19 also listed as a cause of death."

The unexplained sharp increase in pneumonia deaths is notable in many of the states that rushed to reopen as early as possible. In Colorado, which let its stay-at-home order expire on April 26, there are 919 coronavirus deaths recorded for April in the CDC's provisional database and 762 fatalities from pneumonia, more than three times the seasonal average. If the excess deaths are counted as COVID-19, the state's coronavirus mortality rate jumps by nearly 60 percent. Similarly for Mississippi, which loosened restrictions starting April 27, the real mortality rate is likely at least 49 percent higher.

The undercounting of COVID-19 deaths is being obfuscated by the CDC. There is a notable discrepancy between the pneumonia death count cited by the CDC and that cited by its NCHS unit, which is three times as high. The WSWS contacted the CDC to inquire about this discrepancy. The nurse responding on the phone admitted she was new and was unable to render much assistance, though she did agree there was a discrepancy. The call was then transferred to a manager

who was also not able to explain the data. The call was transferred to the NCHS, then further transferred to the office of the director and a message was left on their answering machine requesting a callback. No callback came.

Even the 150,000 deaths calculated here could well be an undercount. Pneumonia may not be the only cause of death concealing the lethality of COVID-19, which is not just a respiratory disease, but attacks the lungs, heart, liver and brain. While the CDC does not have national data on heart disease for this year, state public health offices have published data which suggest that some cases of heart disease are ultimately derived from the pandemic.

In Michigan, for example, deaths from heart disease were up 20 percent in April from the total the previous year. Strokes, another potentially fatal symptom of the coronavirus, were up 18 percent from the previous year.

These issues are going to become more pronounced as the White House and state governors press for an even more rapid return to work. From the beginning, the chief concern of President Donald Trump and his cohorts in Washington has been to not spook the markets. The dangers of the pandemic have been downplayed since January, with Trump refusing to implement mass testing until well after the disease had achieved a beachhead in New York City and other areas of the country.

At the same time, the actual collection and reporting of the data itself has been muddled and suppressed. Last week, the employee in charge of Florida's coronavirus database was fired after refusing to manipulate the data to justify Governor Ron DeSantis' back-to-work order, an incident which has gone largely unreported in the national news. The CDC itself has come under fire for conflating nasal swab tests for the virus and antibody tests as both confirming the presence of coronavirus in a person, when the agency itself knows that these tests measure two different things, and that the latter test gives inaccurate results about half the time.

These are not coincidences. While no doubt some deaths caused by the coronavirus were mistakenly labeled as pneumonia or some other disease by an overworked coroner or medical examiner, workers should be suspicious that there is a concerted effort by the entire political establishment to manipulate data on the pandemic in order to facilitate its campaign to force the re-opening of factories, offices and plants while thousands are still dying of the coronavirus.