Exhibit 569

Inflated Reporting of COVID Deaths Is A Real Conspiracy

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Inflated Reporting Of COVID Deaths Is A Real Conspiracy

Analysis by Dr. Joseph Mercola

In the early months of 2020, many mainstream news media laughingly called concerns that there were more deaths reported from COVID than could be attributed to the disease a "death toll conspiracy"[1] they said was led by conservative Republicans and "anti-vaxxers."[2] Yet, a few short months later, data confirm what many already knew: The number of people who died "from" COVID-19 were not the same as those who died "with" COVID-19.

In late 2020, I reported on several deaths[3] that were originally counted as COVID-19, but were later retracted, for example, two deaths from gunshot wounds in Grand County, Colorado, and a motorcycle accident in Orlando, Florida. At the same time, the Freedom Foundation[4] accused Washington State's Department of Health of inflating the number of COVID deaths by up to 13%.

Although the governor denied the allegation, internal emails revealed in May 2020 that the Department of Health was counting deaths in their official COVID numbers that were not directly due to the virus.[5] The high death count with COVID-19 was supported by the shameless way in which experts manipulated the PCR test they used to confirm the presence of the virus.

As I reported in 2020 and 2021, the high false positive rate with PCR test was due in considerable part to the recommended exorbitant cycle threshold. The cycle threshold refers to the maximum number of times doubling is allowed during the test. The higher the threshold, the greater the risk that a false positive will label healthy people as a "COVID-19 case."

In reality, PCR testing is not a proper diagnostic tool even though it has been promoted as such. A rising number of COVID-19 cases from inaccurate PCR testing helped to support the death toll recorded from the virus. Recently, two counties in California have revised their numbers based on a reevaluation of the data.

Two California Counties Recount COVID Deaths

After an analysis of the data, Santa Clara and Alameda counties in California discovered there was a significant discrepancy in the number of people who died from COVID-19. The data didn't change. The number of actual deaths didn't change. But what authorities found was that 22% of the deaths recorded from COVID could not be attributed to the virus.[6]

Santa Clara County reported July 2, 2021, that the new numbers were generated by counting only those whose cause of death was from the virus and not counting people who had tested positive at the time of death. The county officials used this approach to determine the true impact COVID-19 had on their community.

The month before, in June 2021, Alameda County had also recounted deaths attributed to COVID-19 and registered a death toll drop by about 25%. University of California San Francisco professor of medicine and infectious disease expert Dr. Monica Gandhi believes that the CDC may soon ask all counties to recount their deaths from COVID-19 and the entire nation could see a drop in the death toll.[7]

Initially, California recorded anyone who died and who had tested positive for COVID-19 as having died from COVID-19. The newest count lists only those who have the virus as cause of death on the death certificate, as determined by the medical examiner.

Yet, despite this recount, based on the financial incentives to alter the death certificates and PCR testing that inaccurately labeled people as infected with the virus, the numbers may still not be an accurate representation of the number of people who died from the virus.

Financial Incentives Likely Inflated COVID Death Numbers

In April 2020, Dr. Anthony Fauci brushed off questions that COVID-19 death counts were padded, claiming it was another "conspiracy theory" and should be ignored. A host of mainstream media also reported that suspicions that hospitals were over reporting in order to charge more money were pure conspiracy theories lacking a basis in reality.

Yet, firsthand testimony, including that of nurse Erin Olszewski, showed financial incentives were at the heart of over diagnosis and mistreatment at a public Hospital in Queens, New York. I reported her shocking story in "Nurse on the Frontlines of COVID-19 Shares Her Experience."

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 virtually all of them. By August 2020,[8] CDC director Dr. Robert Redfield admitted financial policies may have artificially inflated hospitalization rates and death toll statistics.

As reported in the Washington Examiner,[9] hospitals have had a financial incentive to inflate coronavirus death, just as they do with deaths in other diseases. 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:[10]

"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 Examiner[11] 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.

Are Experts Counting Actual Deaths Due to COVID?

The media also participated in a misrepresentation of reality, by equating a positive test result with being infected with the disease. The fact that a person tests positive does not equate to having COVID-19. The clinical diagnosis of COVID-19 is for someone who exhibits severe respiratory illness that is characterized by fever, coughing and shortness of breath.

If you are asymptomatic, you do not have COVID-19. The worst that can be said is that you're infected with the SARS-CoV-2 virus. If you're not actually ill, you don't have the disease. This is one factor that differentiates a person who died from the illness compared to someone who died with a positive test result, meaning the cause of death was completely different, such as heart disease, automobile accident or a gunshot wound.

Past studies have also demonstrated a similar event in people who test positive for influenza but do not present with symptoms. One study published in The Lancet Respiratory Medicine[12] in 2014 evaluated five successive cohort years in England using strain-specific serology. The researchers found the influenza virus infected 18% of persons who were not vaccinated each winter.

They concluded the 2009 pandemic strain of influenza and seasonal influenza had a similarly high rate of asymptomatic infection. The author of an accompanying editorial wrote:[13]

"THE FINDINGS REAFFIRM EARLIER REPORTS THAT THERE ARE HIGH RATES OF SEROLOGICAL EVIDENCE OF INFLUENZA INFECTION WITHOUT CORRESPONDING DISEASE.

HAYWARD AND COLLEAGUES REPORT THAT ROUGHLY 20% OF THE COMMUNITY SHOWS SEROLOGICAL EVIDENCE OF INFLUENZA INFECTION EACH SEASON, BUT THAT MOST INFECTIONS (ABOUT 75%) ARE ASYMPTOMATIC OR AT LEAST SO MILD THAT THEY ARE NOT IDENTIFIED THROUGH WEEKLY ACTIVE SURVEILLANCE FOR RESPIRATORY ILLNESS."

Michael Yeadon, Ph.D., is a past vice president and chief scientific adviser of Pfizer. In an interview he talked about the number of deaths falsely attributed to COVID-19 in the U.K., saying "I'm calling out the statistics, and even the claim that there is an ongoing pandemic, as false," noting that the definition of a "coronavirus death" in the U.K. is anyone who dies, from any cause, within 28 days of a positive COVID-19 test.

Were Total Deaths in 2020 Excessive?

In the U.S., it's a similar story. December 30, 2020, I reported that as of December 22, 2020, the provisional total death count from all causes, according to the CDC, was 2,835,533. For comparison, the total number of deaths from all causes in 2018 was 2,839,205[14] while in 2019 it was 2,854,838.[15]

By mid-2021, the total number of deaths recorded in 2020 was 3,389,991.[16] While the number of deaths in 2020 was 535,133 more than the year before, they likely cannot all be attributed to COVID. For example, drug overdose deaths rose dramatically during 2020, and if those were erroneously counted as COVID like the motorcycle accidents and gunshot wounds, then they would inflate the COVID numbers dramatically.

While the rates have not yet been tabulated, the estimated percent of increase in drug deaths in the first eight months of 2020 as compared to the same period in 2019 ranged from less than 10% to greater than 60% depending on the state.[17] Additionally, according to Yeadon and an article in The Guardian,[18] some of the increased number of deaths in the U.K. in people aged 45 to 65 were mainly from heart disease, stroke and cancer.

These types of deaths suggest there was the higher number could be due to inaccessibility to routine medical care when people were either afraid of or discouraged from going to the hospital.

Conversely, COVID Vaccine Adverse Events Likely Underreported

As I wrote in "COVID Vaccine Deaths and Injuries Are Secretly Buried," the reports of death and serious injuries from the COVID-19 shot have been mounting with breakneck rapidity. Those familiar with the historical vaccine injury rate agree we've never seen anything like it, anywhere in the world.

In the linked article, I reported that as of June 11, 2021, the U.S. Vaccine Adverse Event Reporting System (VAERS), had posted 358,379 adverse events. That number jumped to 438,440 events through July 7, 2021.[19] This includes 9,048 deaths, 985 miscarriages, 3,324 heart attacks and 7,463 people disabled.

In the European Union's database of adverse drug reactions from COVID shots, called EudraVigilance, there were 1,509,266 reported injuries, including 15,472 deaths as of June 19, 2021.[20] EudraVigilance only accepts reports from EU members, so it covers only 27 of the 50 European countries.

Reports have poured in from around the world of people who died shortly after receiving the COVID-19 shot. In January 2021, Norway had already recorded 29 senior citizen deaths in the wake of their vaccine program[21] and in Australia, two people died from blood clots after taking AstraZeneca's COVID shot while only one has died from the disease this year.[22]

As I discussed in "CDC Caught Cooking the Books on COVID Vaccines," the rising number of vaccine adverse events aren't the only things being manipulated. To boost the appearance that the vaccine is effective, the CDC is using several strategies.

First, the cycle threshold has been significantly lowered from 40[23] to 28,[24,25] which will hide any breakthrough cases in those who have had the COVID shot. Next, the CDC no longer records a mild or asymptomatic infection in any person who has been vaccinated as a COVID case.

Now, the only cases that count in people who have had the shot are those that result in hospitalization or death.[26] However, if you're not vaccinated and have a mild case or test positive at a higher cycle threshold, you still count as a COVID case.[27] As an example of how changing the analysis affects the statistics, as of April 30, 2021, the CDC had received a total of 10,262 reports of vaccine breakthrough infections.[28]

At the time they called this a "substantial undercount" since they were using a passive surveillance system that relies on voluntary reporting. However, 67 days later on July 6, 2021, the number of breakthrough cases was slashed to 5,186.[29] This was done under the new guidelines that take only hospitalizations and deaths into account for vaccine breakthrough.

Do Your Own Risk-Benefit Analysis Before Deciding

In my most recent interview with Dr. Vladimir Zelenko, we discuss the acute, subacute and long-term risks for those who have accepted the COVID shot. Additionally, he outlines a strategic plan you can use to help protect your health if you or someone you know got the COVID shot and now have serious regrets.

You can see the interview and the strategies to help protect your health in "Might COVID Injections Reduce Lifespan?" For those who are still deciding, it's important to do your own risk-benefit analysis based on your individual situation before making up your mind.

You can track the rate at which the total number of vaccine adverse events are being reported to the VAERS system on their website.[30] They also publish the number of deaths, hospitalizations, Bell's Palsy, heart attacks and life-threatening side effects being reported in the system in an easy-to-read graphic.

Additionally, it's important to remember that the lethality of COVID-19 is actually surprisingly low. Data analysis has shown that for community-based people younger than 60, it is lower than the lethality of flu for those over 65.[31]

And, if you're under the age of 40 your risk of dying is 0.01%. This means you have a 99.99 percent chance of surviving the infection. Since the mRNA vaccines are not designed to prevent infection and only reduce the severity of the symptoms, it begs the question — what is being protected?

I won't tell anyone what to do, but I do urge you to take the time to review the science and weigh the potential risks and benefits before making a decision that may have permanent repercussions for the rest of your life.

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