

Catholic Candle

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The Importance and Need for *Stay-At-Home* Moms

... to ensure happy families on earth and in heaven.

The importance of having mothers at home was recognized for thousands of years. It was just common sense. The fathers earned a living, while the mothers were home tending the home fires.

This was not seriously challenged until World War II, and in a major way, later, by feminism. (More on this later.)

It was not easy to pry the American woman out of her home. Her contributions (as nurse, teacher, cook, baker, cleaner, nurturer, *etc.*) had always been recognized as essential to the well-being and happiness of the family. However, the push for women to get the vote in the 1920s was used as a push to get women out of the home. If it wasn't very successful then, its time arrived in the '40s when World War II called millions of American men to fight for their country. This must have been the moment the Left had been waiting for: a logical call for American women to replace their husbands in the factories for patriotic reasons.

“Rosie the Riveter” was the symbol. In posters and billboards everywhere, curls stuck out of her red kerchief while she took her husband's place on the production line, making it clear she was a female “doing her part.” And the media loved it. Even when the war ended, they encouraged women to “seek fulfillment” in their lives, not so subtly suggesting that, of course, they couldn't expect to find fulfillment as housewives. Thus, when the men came home from the war, some women weren't in any hurry to return to the domestic scene, and many were persuaded that it was more exciting to work outside the home. It was only later that the women were bombarded with the idea that being a housewife was just a job – and that what she wanted was a CAREER. You had to have a career or you were a dull, boring person who didn't have this exciting other dimension to you.

But overlooked in the scramble to get a job was the question of who would take her place at home? Who would take care of the children? In the beginning, grandma. However,

the advent of the commercial daycare centers greatly reduced having to ask grandma to care for her grandchildren so mom could work outside the home.

(The other side of the coin was the devil's other solution: to use birth control and have fewer children. This contributed to the birth rate being way down across the world.)

Even so, daycare was not the perfect solution, of course. Not only does daycare cost so much that it takes a serious bite out of the extra income that mom brings in, but it is notorious for passing on sickness from one child to another. The problems of the daycare centers have been widely documented. Some are sub-standard, unsanitary, poorly regulated, and run by incompetents, as well as those that are ably and reasonably proficient. There was (and is) a huge disparity between them.

But if the daycare centers provided the illusion that the little ones were adequately cared for, then that seemed to solve the major impediment to mom getting an outside job.

A second major reason that some women left their homes for the job market was the lure of a second paycheck. Where their parents' and grandparents' generations had been willing to wait for those extras like new carpeting, nicer homes, and new cars, most of today's families were persuaded that they didn't have to wait to have a boat or fancier vacations if the mother of the family was bringing in a paycheck too.

And as to this paycheck, women were told they should expect to earn the same as men. This brought things like the ERA (Equal Rights Amendment) into being, opening the door for multiple other items on the liberal/feminist agenda. (Side note for younger readers, perhaps: The ERA might have sounded like a fair and just amendment, but in reality, it would have caused great havoc with our society, negatively impacting American life in general, and the well-being of women in particular.)

Here are just a few of the ERA's harmful consequences:

1. The ERA would be used to overturn all restrictions on abortion;
2. The ERA would be used to mandate taxpayer funding of elective Medicaid abortions;
3. The ERA would remove gender designations from bathrooms, locker rooms, jails, and hospital rooms;
4. The ERA would not give women any more rights than they currently have; and
5. The ERA would overturn laws and practices that benefit women because they would be viewed as showing preferential treatment to women.

For example:

- Workplace laws that provide special accommodations for expectant mothers;
- State labor laws and guidelines which benefit women who do heavy, manual labor;
- Social Security benefits for stay-at-home mothers based on their spouse's income; and
- Exemption of women from the military draft and front-line combat.

Here is the ERA's history in a nutshell:

The U.S. House of Representatives passed the ERA in 1972, but by law, it had to be ratified by $\frac{3}{4}$ of the states within seven years in order to be a part of the Constitution of our country. After untold Conservative efforts to educate people on the dangers of this amendment, the ERA failed to be ratified.

Unfortunately, the Left was able to get a three-year extension, which (thankfully) ended in 1982 without the required number of states ratifying it. (Also, five states that had approved it, rescinded their ratification after better understanding the dangers of the proposed amendment.)

Currently, there is a new push to entice additional states to ratify, with Nevada succumbing in 2017, Illinois in 2018, and Virginia in 2020.)

End of this brief history lesson.

Let's get back to our look at women and how they were enticed out of their homes. What had been (disastrously) overlooked was how important the mother was to the family and how the family would suffer in her absence.

Yes, this article focuses on the absence of mothers in the home, but for just a moment let us digress and talk briefly about the absence of fathers in the home. This move was facilitated by a huge change that was thrust on the American ethos with the idea of "single mothers." This was a new term that was introduced and repeated to legitimize the idea of women "voluntarily" raising their children by themselves. The gradual acceptance of the idea of "single mothers" contributed to the assault on marriage by the huge increase of couples temporarily living together without the benefit of marriage. The removal of the stigma attached to this sinful way of life accomplished the disastrous objective of making it so common that it spread far and wide.

What greatly contributed to the rise of "single mothers" was the destructive welfare system, which increased the monthly check for every baby she bore out of wedlock. It was a money-maker for some. (What does that teach the next generation?)

Another evil result of the absence of fathers in the home was that boys lacked a male role model, and thus, many tended to become feminized, (which may contribute to the confusion in so many young minds as to whether they should use the boys' or the girls' bathrooms, for example.)

Returning to our subject of women being absent from the home. Women moved from factory jobs into offices, stores, industries, *etc.* Home life suffered. Many tried to “do it all” but found it impossible, merely a step along the path toward frustration, exhaustion, and ulcers. Seemingly, common sense would tell you that working at an outside job for 40 hours a week is hardly compatible with a smoothly-running home where laundry is done in a timely manner, beds are changed regularly, nutritious meals are the norm; where children can be listened to, instructed, guided, monitored, *etc.*

(Note to widows or mothers involuntarily in circumstances where they are doing the job by themselves: You are not included in this disparagement. The valiant job you find yourselves required to do needs no explanation or justification.)

However, it might be instructive to consider some of the possible consequences of women taking jobs outside the home:

1. As mentioned above, the cost of hiring a sitter or paying for daycare is formidable. It swallows a big chunk of that extra paycheck;
2. There is little or no supervision of the children after school. This can't be a good thing. The children become part of that sad world of *Latchkey Children* coming home to an empty house;
3. Second car expenses must be figured into any financial cost;
4. More money spent on more clothes for the women;
5. Rushed meals, in many cases more expensive meals, thrown-together with increased fastfood elements and convenience foods; not particularly healthy meals;
6. The time crunch leaves little or no time for problem-solving family discussions around the dinner table (where problems often are first recognized and resolved);
7. Guilt at spending less and less time with the children. (There's always so much to do she doesn't have time to sit and find out how things are going in their lives, at school, in the neighborhood, *etc.*) This is also where some strange idea that the student picked up might come to light and be explored, explained, and debunked, if necessary.

8. It often precipitates arguments about whose job it is to (fill in the blank here, *e.g.*, empty the dishwasher, throw the next load in, make the lunches);
9. Frequently can't scrutinize the children's friends;
10. Often hasn't the time to follow up on whether homework is finished or chores completed;
11. Discipline usually suffers;
12. No time for a kneel-down family rosary; and
13. Impossible to monitor children's time with entertainment, as well as a tendency toward laxity in using entertainment such as TV, video games, social media, or electronic devices.

Now, if you are a traditional Catholic home-schooling family, you may be way ahead of the game because you may not have to worry about most, if not all, of those 13 problem areas listed above. For example, you may not have a TV. And the home-schooling family tends to have a closer eye on who their children are playing with.

And the children don't need latchkeys, and a rosary always begins the class day, *etc.* But let's get real, right? Can being a stay-at-home mother guarantee life will be a bed of roses? Frankly, no. But learning what works (and what doesn't) goes a long way toward making your load easier. And having the mother in the home is a huge step toward successfully raising and educating your family.

Now it is not pandering to women to point out how indispensable they are in the family. When I hear someone speak condescendingly about women wasting their time (and talents) changing diapers, and making snarky remarks about the "little woman" baking her chocolate chip cookies, I want to sit her down and explain the facts of domestic life to her. (Because it's almost always "working women" – often guilt-filled – who attempt to disparage the stay-at-home mom.) I want to point out to her that it isn't vacuuming the house, shopping for groceries, doing the laundry, *etc.* that make that mother's job important, essential as those things are. It's being there:

- to comfort a child with a skinned knee;
- holding her daughter's hand when she gets her first shot;
- listening to her son's grievance against the neighbor kid;
- taking him to the orthodontist;

- instructing her daughter how to write a thank you note to her grandmother;
- listening to her spelling-words,
- teaching her son his Mass server's *Confiteor*;
- helping her daughter on her first sewing project;
- guiding her son's preparation for the SAT (Scholastic Aptitude Test);
- *etc., etc.*

And that doesn't even include the obvious things like: making a child's special birthday dinner, taking the dog to the vet; and two of the most important things: – recognizing that that kid from the end of the block is up to no good, and guiding her son away from him; and also, welcoming home at the end of the day the father of the family.

To sum up, the mother's job is one of the most important jobs in the world: to create a happy, God-centered family, to make a home that is a good place to be.

Words to Live by – from Catholic Tradition

The Holy Rosary, indicating our future salvation or damnation

St. Louis Marie Grignion de Montfort writes:

Here is what our Blessed Lady revealed to Blessed Alan de la Roche as recorded in his book, *The Dignity of the Rosary*: “Know, my son, and make it known to all, that ***lukewarmness or negligence in saying the Hail Mary, or a distaste for it, is a probable and proximate sign of eternal damnation***, for by this prayer the whole world was restored.” ...

On the other hand, we know from experience that those who show positive signs of being among the elect, appreciate and love the Hail Mary and are always glad to say it. The closer they are to God, the more they love this prayer, as our Blessed Lady went on to tell Blessed Alan.

I do not know how this should be, but it is perfectly true; and I know ***no surer way of discovering whether a person belongs to God than by finding out if he loves the Hail Mary and the Rosary.***

Quoted from *True Devotion to Mary*, by St. Louis Marie Grignion de Montfort, ¶¶ 250-251.

Catholic Candle Note: The following article is a ready reference for *end of life* issues. We recommend you keep it handy.

Before and After Death, Without an Uncompromising Priest

The following is a short summary of final arrangements to be made before and after death in our current circumstances where there is no uncompromising priest available (at least in most places in the world).

This article (with links) is divided into eight sections. It condenses into four pages, material which has been gleaned from 63 pages of more detailed information. Except for Section 4, where there is a source footnote, other sections have links for information from earlier *Catholic Candle* articles.

Section 1: Medical information to be given prior to death¹

If I should have an incurable and irreversible injury, disease, or illness judged to be a terminal condition by my attending physician who has personally examined me and who considers that even with maximum medical treatment, I have less than three months probable, foreseeable life expectancy, I direct that I not be kept alive artificially through major surgery, chemotherapy, and cardiopulmonary resuscitation. However, in no case do I wish to be deprived of food, fluids, oxygen, and common medications such as any antibiotics.

Section 2: Our duty to use ordinary care to preserve life even as a person is dying²

We are free to choose (or not choose) to make extraordinary efforts to preserve our life. However, there is a minimum, ordinary effort we must make, in order to avoid the sin against the Fifth Commandment, of failing to protect our life. As St. Thomas teaches:

¹ <http://www.catholiccandle.org/2020/07/01/use-of-ordinary-care-even-as-we-are-dying/>

² <http://www.catholiccandle.org/2020/07/01/use-of-ordinary-care-even-as-we-are-dying/#>

God commands man to sustain his body. Otherwise he would be his own killer...By this commandment man is bound to nourish his body and do those other things without which his body cannot live.³

Father John Slater, in his *Moral Theology*, describes this minimum effort to preserve our life:

We are obliged to take ordinary means to preserve our lives, for to do otherwise would be virtually to commit suicide. There is no obligation to take extraordinary, unusual, or very painful or expensive means to preserve our lives. And so, one in feeble health, who will probably die if he spends the winter in England, is not bound to expatriate himself and go and live in a milder climate. Nor am I bound to undergo a painful and costly operation in order to save my life; I may if I like choose rather to die, unless my life is of great importance for the common good, for then the public good must be considered first. Except in such a case as this, a superior could not oblige a subject to undergo a very painful operation or to submit to the amputation of a leg; obedience to human authority does not seem to extend to such matters as these.⁴

Section 3: How to assist a person in dying a holy death⁵

Dying persons are often aware even when they are non-responsive and apparently unconscious. Because a dying person needs our help in his final spiritual battle, we should persevere helping until we are as certain as we can be, that he is dead and no longer needs our help.

We cannot know with certainty when this separation of soul and body (death) occurs, so we should “err” on the side of remaining longer to assist the person in dying a holy death. A person might be non-responsive to stimuli and apparently not breathing, yet fully aware and undergoing a final spiritual battle for his soul.

Do your best to give the dying person strength, encouragement, and human moral support. Remember that love “divides” sorrows, including the sorrows of death. Human

³ Words of St. Thomas Aquinas, quoted from his *Commentary on II Thessalonians*, 3:10, ch.3, lecture 2.

⁴ *A Manual of Moral Theology*, Rev. Thomas Slater, S.J., Vol I., Fifth and Revised Edition, Burns Oates & Washbourne Ltd., London, ©1925, Part 5, The Fifth Commandment, Ch.1, *On Suicide*.

⁵ <http://www.catholiccandle.org/2020/06/01/how-to-assist-a-person-in-dying-a-holy-death/>

contact with a dying person is very important. Hold his hand. Reduce (divide) his sorrows of death, as much as you can. Give him frequent strokes/touches so he knows we are still there. (Without movement, we easily lose awareness that something/someone is touching us.)

Section 4: Perfect Act of Contrition without a priest

The prospect of dying without (an uncompromising priest for) confession would be horrifying were it not for the knowledge that a merciful God has provided for this with a perfect *Act of Contrition*. This prayer, said sincerely and with God's help, is literally a God-send. United with a pledge to go to (an uncompromising priest for) confession when available, this heartfelt prayer restores the dying person to grace at once.⁶

Section 5: The Catholic Church permits a dying person to confess to a compromising or bad priest⁷

In the 1917 Code of Canon Law, Canon #882 states, "In danger of death, any priest, even one not otherwise approved for hearing confessions, may validly and licitly absolve any penitent from whatever sins".

The Council of Trent is the origin of this permission (*viz.*, quoted immediately above) for a dying person to confess to a compromising or bad priest.

Section 6: A traditional Catholic funeral and burial when there is no uncompromising priest available⁸

Part A: We must avoid a compromise wake, funeral, and burial. But God lovingly placed us in this time of Great Apostasy, for His greater glory and for our good. He does not want us to have a Requiem Mass for our funeral when no uncompromising priest is available to offer one. Such a compromise funeral (*viz.*, with a compromising priest) is a sin.

⁶ *Catholic Encyclopedia*, 1908, Vol. 4, article on *Contrition*, page 339.

⁷ <http://www.catholiccandle.org/2020/01/01/using-a-compromised-priest-when-dying/>

⁸ <http://www.catholiccandle.org/2020/04/02/a-traditional-catholic-funeral-and-burial-when-there-is-no-uncompromising-priest-available/>

Part B: How do we conduct a wake, funeral, and burial of our loved one without a priest? After our loved one's death, we plan the schedule and invite/announce the schedule in a manner similar to the customary way for any funeral and burial. Everyone is welcome! Praying together is an occasion to benefit from our Lord's promise: "Where there are two or three gathered together in My name, there am I in the midst of them."

Section 7: Our duty not to "donate" our vital bodily organs or accept one donated⁹

"Harvesting" a person's vital organs is premeditated murder. Your organ donor card might be your death warrant. Catholics should be careful to opt out of organ "donation" in those countries such as England, where permission to "donate" organs is assumed unless a person opts out.

Section 8: Guidance concerning a Medical Power of Attorney¹⁰

Granting a "power of attorney" simply means giving a person the legal authority to act for you in certain matters. In other words, granting a "power of attorney" merely makes that person your agent. It does not refer to the person being a licensed attorney for the practice of law. A *Power of Attorney for Healthcare* (also known as a *Medical Power of Attorney*) is a document through which you grant to your agent the legal authority to make medical decisions for you, when you cannot do so yourself.

As you know, God will not allow you to be tempted to sin beyond your ability to resist, and He also will not allow you to lose your soul without the Sacraments, beyond your ability to secure a happy death. God will give you the necessary grace for that happy death.

St. Francis de Sales says that to wish to do the will of God is of unspeakable merit. He states that if a Christian learns of his impending death and accepts it because it is God's will, he may go straight to heaven.

Pope St. Pius X seems to have had this doctrine in mind when he granted a plenary indulgence at the hour of death when this prayer is said:

⁹ <http://www.catholiccandle.org/2020/08/01/our-duty-not-to-donate-or-accept-donated-vital-bodily-organs/>

¹⁰ <http://www.catholiccandle.org/2020/09/01/guidance-concerning-a-medical-power-of-attorney/>

O my God, from this moment forward I accept with a joyful and resigned heart the death Thou will be pleased to send me, with all its pains, sufferings, and anguish.¹¹

Is it not wonderful that you love God and accept His will completely, and all that happens is for the best? God knows what you need. He will not abandon you in this time of crisis in the Catholic Church.

Catholic Candle note: *Catholic Candle* normally examines particular issues thoroughly, at length, using the teachings of St. Thomas Aquinas and the other Doctors of the Church. By contrast, our feature **CC in brief**, gives an extremely short answer to a reader's question. We invite readers to submit their own questions.

CC in brief

Q: In the *Our Father*, it says “lead us not into temptation”. Why would God lead us into temptation? (And if these words do not actually mean “lead us”, why does the *Our Father* say “lead us”?)

A: Sacred Scripture sometimes speaks of God doing what He **permits** to be done. For example, in the Book of *Exodus*, God says He will harden Pharaoh's heart, whereas God permitted Pharaoh to harden his own heart. *Exodus*, 4:21. In these words of the *Our Father*, we are asking God to not *permit* us to be conquered by temptation and so to commit sin.

The Exquisite Blessings of Possessing the Truth

Objective truth series Reflection #15

Our reason is such a wonderful faculty given to us by God. By our reason we come to the knowledge of truth as we discussed in the last Reflection. In this Reflection we intend to consider the moral obligation we have to **use** our reason, and to see how by using our reason and the light of our Faith, God directs **and** protects our souls.

One way we can learn about our moral obligation to use our reason is by looking at the *Principal and Foundation* from the *Spiritual Exercises of St. Ignatius of Loyola*.

¹¹ From the book *How to Be Happy, How to Be Holy*, by Father Paul O'Sullivan, O.P.

Man is created to praise, reverence, and serve God, Our Lord, and by this means to save his soul. All other things on the face of the earth are created for man to help him fulfill the end for which he is created. From this it follows that man is to use these things to the extent that they will help him to attain his end. Likewise, he must rid himself of them in so far as they prevent him from attaining it [*viz.*, his end].

Our Lady teaches us through St. Ignatius how crucial it is for man to use his reason to make the proper distinctions between what creatures are good for man – which help him attain his end – and what creatures are harmful to man in attaining his end.

God *expects* us to use our reason *because* He created us rational. For Our Lord says, “... some fell upon good ground; and being sprung up, yielded fruit a hundred-fold. Saying these things, He cried out: He that hath ears to hear, let him hear.” *St. Luke’s Gospel*, 8:8.

We know we are obliged in conscience to use our reason. In fact, when we use our reason, we can know God’s Will for us. One example of this is that the errors of our times become self-evident.

It is almost as if God rewards us for using our reason. Nevertheless, it is His Will that we use our reason. We should value the fact that God made us with the use of reason. God intends that we perfect our intellects by learning more and more about Him and His wonderful creation.

Consequently, we are properly humbled when we learn more because we see how very small we are compared to God, His creation, and particularly His holy angels. We begin to count knowledge as a blessing which we are *so unworthy* to have. How great God is! We know that we are *so* blessed to have the truth!

In our times of great apostasy, seeing reality is a precious blessing. Many souls do not see the obvious. As Our Lady of Fatima said, “Many souls are going to hell because they have no one to pray for them.” Hence, we can see that truth is a gift from God and He is not obliged to give it to us.

As we said in the previous Reflection, “Truth is the mind’s conformity to reality.” What is the highest reality man can know? It is in the realm of theology and knowing about God Himself. Where can we discover this knowledge about God? Of course, the answer is from our Holy Catholic Faith. In our Baptism we received this priceless treasure – our Faith. With our Faith, we must be vessels of truth. We must be apostles of truth in this pagan world. We would not want to trade the Faith or *any* of the truth we hold, for anything in the world! We cannot thank God enough for the Faith and the truth!

The following words of Our Lord are so consoling, “And you shall know the truth: and the truth shall make you free.” *St. John’s Gospel*, 8:32. “I am the Way, the Truth, and the Life. No man cometh to the Father, but by Me.” *St. John’s Gospel*, 14:6.

And as we know from what Our Lord told us, “For many are called, but few are chosen”,¹² and “How narrow is the gate, and strait is the way that leadeth to life: and few there are that find it!”¹³ that Our Lord is telling us strongly how few is the number of the elect. Therefore, to save our souls is a tremendous blessing and gift of God. We know we must pray fervently to God to beg Him to allow us to be in the number of the Elect.

We cannot presume that we will be in the number of the Elect. Yet, God wants us to remember through the virtue of hope, that He will not abandon us if we do not abandon Him. Hence, we must pray earnestly to Him to help us never give up through proud despair.

We can easily conclude that when we simply ponder the fact that we do not deserve the gift of Faith, we see that God is lovingly protecting us in these times of dark apostasy. All the more should we want to use our reason to the best of our abilities, cling to our God-given Faith, and pray for the gift of final perseverance. But in addition to these, we should desire to stand up for the Faith and spread the Faith, remembering also Our Lord’s words, “And the unprofitable servant cast ye out into the exterior darkness. There shall be weeping and gnashing of teeth”. *St. Matthew’s Gospel*. 25:30. Remembering also that Our Lord says, “Unto whomsoever much is given, of him much shall be required”¹⁴, we would certainly want to show God our sincerest gratitude for the blessing of the use of our reason, and the tremendous gift of the Faith. We really cannot thank God enough for these exquisite blessings. Knowing that words cannot go far enough to express our gratitude, we might try, with something like the following:

Our use of reason, oh what joy!
God wants us, this tool, to employ.
Deeper and richer truths to know,
Can our intellect perfect grow.

Created our we, our souls to save,
For this end, our reason God gave.
Countless benefits by good use,
And evil snares, we can deduce.

¹² *St. Matthew’s Gospel*, 22:14.

¹³ *St. Matthew’s Gospel*, 7:14.

¹⁴ *St. Luke’s Gospel*, 12:48.

In these dark times, in which we live,
Grateful to God, that He doth give,
A way to see, more what He wills,
Thinking clearly, this improves skills.

Sadly, so few, try to inspect,
Deeply into, any subject,
They, at the surface, content stay,
With the flow of the breeze, they sway.

Thanks be to God, we know not to
Do the things that, the worldlings do,
Much farther we search and can see,
How God does *not*, want us to be.

Caught up in, the world's silly mess,
Making little things, our distress,
But to have, an eternal view,
Our souls are of the most value!

With reason, by Faith, perfected,
And praying to be elected,
We can know that our gifts are rare,
Of God, others seem, not to care.

We cannot give God enough thanks,
To be counted in the Faith's ranks,
Undeserved are these, many gifts,
By which our soul, up to God, lifts.

Let us pour out our hearts and souls,
Praise God for giving us *true* goals,
Thankful for all the benefits,
Of our Catholic Faith and wits.

Catholic Candle note: *Catholic Candle* usually focuses directly on Faith and morals. However, sometimes issues in society have a severe indirect impact on Faith and morals and should be addressed. Below, we examine one of those issues which has a severe indirect impact on Faith and morals, *viz.*, the overblown corona-scare. We put COVID-19 in perspective, to help readers face this challenge in which Providence placed us, for the glory of God and for our good.

In our current corona-crazy world, people are acting strangely because they are frightened by (supposed) imminent death from COVID-19, or they are intimidated by abusive governmental lockdown orders.

People have been coerced into failing to gather to sanctify the Sunday together (which is important, even in the present Great Apostasy, when we have no Masses and no uncompromising priests, at least in most places in the world). People have been bludgeoned into letting go of their humanity and are fearfully acting as if their fellow man was a threatening virus-culture rather than a fellow child of God and fellow soldier in the Church Militant.

Lastly, another reason to examine the exaggerated corona death toll is because it is a prominent example showing (for anyone who needs further proof) that the mainstream media is unreliable as a source of the truth concerning what is going on in the world. It is *Catholic Candle's* hope that this present article is a helpful reminder to our readers that they should distrust the mainstream media because it lies and “spins” the truth.

This article uses the statistics which were current when the article was written in August and September, 2020. The article mostly uses data from the U.S. because there is so much of this data available. For the most part, we do not include the data from the rest of the world because that information is less available to us and also in order to avoid this article becoming too cumbersome.

However, the data we have from other countries supports the theses of this article. That support makes sense because human nature is the same in all countries, COVID-19 is (apparently) the same everywhere, and the lockdowns are broadly similar, although more severe and abusive in some places than in others.

The Overblown Corona-Scare

There are three aspects to the COVID-19 (so-called) “pandemic”, which help us to put the “COVID-19 death” totals in perspective:

1. COVID-19 is in the same “ballpark” with (and has the same fatality profile) as the annual flu;
2. The collateral deaths caused by the government lockdowns likely greatly exceed the deaths caused by COVID-19, even if the inflated COVID-19 death tolls were the true ones; and
3. The COVID-19 death numbers are unreliable and inflated.

Below, we examine each of these points.

1. COVID-19 is in the same “ballpark” with (and has the same fatality profile) as the annual flu

There are almost no deaths of younger and healthier people. For example, the latest CDC numbers (from August 15, 2020) show 309 deaths of persons 24 years of age and younger.¹⁵ More than 90% of COVID cases are asymptomatic and people usually don't know they ever had the virus.¹⁶

Almost all persons who were listed as “COVID-19 deaths” were retirement age (65 or older), especially over 85 years old.¹⁷ Almost all of them (94%) had co-morbidities, meaning they were being treated for something else which was a known lethal condition.¹⁸

In fact, the persons who were counted as “COVID deaths” had an average of **2.6 co-morbidities** – meaning that more than half of them had **three co-morbidities** (compared to the number who had 2 co-morbidities).¹⁹

A person who receives only the slanted, deceptive news of the mainstream media would not be aware of the truth concerning the relative lack of danger for most people. Instead, people are given the impression that everyone is in great danger of dying at any time from COVID-19. A recent Gallup poll reveals how ignorant and scared the American people are (because of the mainstream media's and Democrats' fear-mongering). Look at these two graphs of Gallup Poll results, comparing reality and misperception:

¹⁵ https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm#Comorbidities

¹⁶ See, e.g., <https://www.wxyz.com/news/over-90-of-covid-19-cases-in-michigan-treatment-center-are-asymptomatic>

¹⁷ https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm#Comorbidities

¹⁸ https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm#Comorbidities

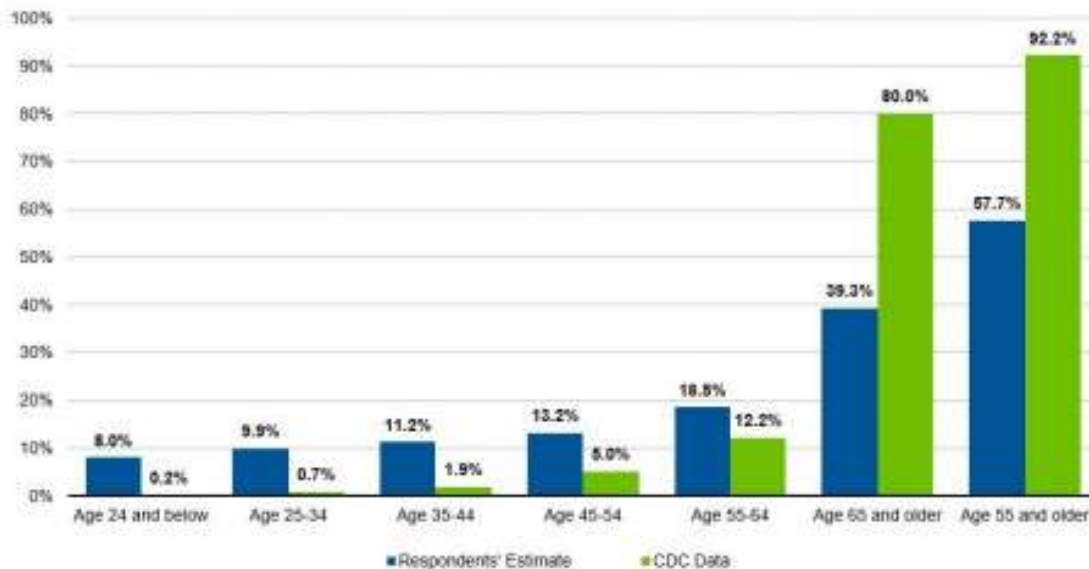
¹⁹ https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm#Comorbidities

Share of COVID-19 Deaths by Age: Beliefs vs. Data



Estimates of the distribution of COVID-19 deaths reported by the Centers for Disease Control and Prevention (CDC)

As of July 22, 2020



Sources: US Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), as of July 22, 2020; Franklin Templeton-Gallup Economics of Recovery Study. Results from this study are based on self-administered web surveys from an opt-in sample provided by Dynata of 10,014 US adults, aged 18 or older. For details about how Dynata recruits respondents in the United States, please see http://info.dynata.com/rs/105-ZDT-791/images/Dynata_Panel%20Book_2_19.pdf. The survey was conducted between July 2 and July 14, 2020.

This graph is found here:

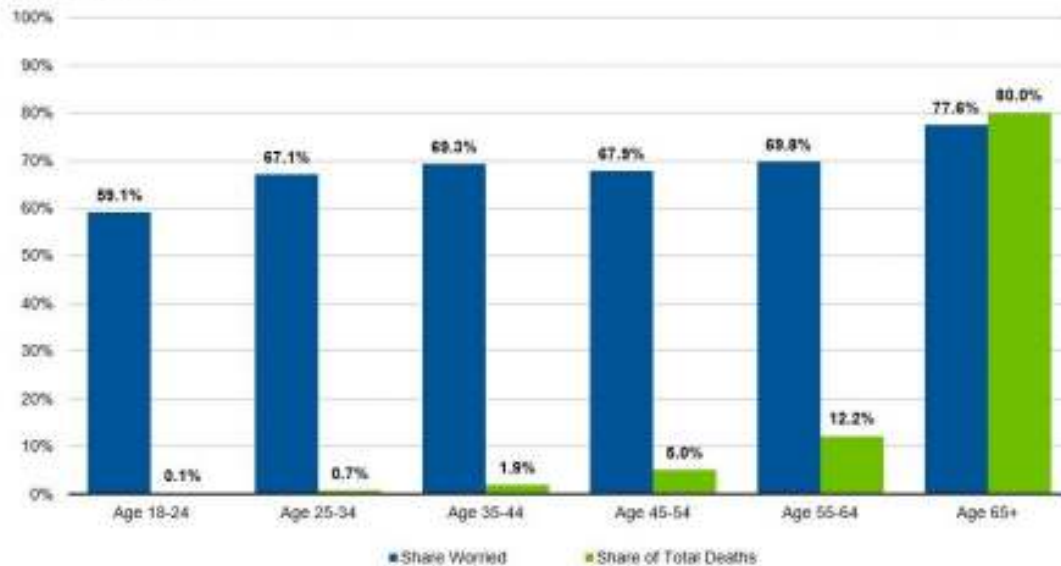
<https://www.franklintempleton.com/investor/article?contentPath=html%2Fftthinks%2Fen-us-retail%2Fcio-views%2Fon-my-mind-they-blinded-us-from-science.html>

Fear of Health Consequences from COVID-19 vs. Actual Mortality Data, by Age Bracket



Share of respondents worried for serious health effects from coronavirus compared to deaths reported by the Centers for Disease Control and Prevention (CDC)

As of July 22, 2020



Sources: US Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), as of July 22, 2020, Franklin Templeton-Gallup Economics of Recovery Study. Results from this study are based on self-administered web surveys from an opt-in sample provided by Dynata of 10,014 US adults, aged 18 or older. For details about how Dynata recruits respondents in the United States, please see http://info.dynata.com/rs/105-ZDT-791/images/Dynata_Pane%20Book_2.19.pdf. The survey was conducted between July 2 and July 14, 2020.

This graph is found here:

<https://www.franklintempleton.com/investor/article?contentPath=html%2Fftthinks%2Fen-us-retail%2Fcio-views%2Fon-my-mind-they-blinded-us-from-science.html>

Despite the false perception promoted by the mainstream media and the Democrats, the reality is that COVID-19 is in the same “ballpark” with, and has the same fatality profile as the annual flu, *viz.*, it is usually something that does not affect most people and, if it does affect us, it is usually a little “blip” in our month. (See, the two graphs above.) However, older people in poor health have to take extra precautions for COVID-19, just like they should regarding the annual flu.

To put this in perspective, there were 80,000 U.S. fatalities in the 2017-2018 annual flu season, and this number was so unremarkable that *this death toll passed virtually unnoticed at the time.*²⁰

No one was locked down in 2017-2018 because of 80,000 flu deaths. The economy was not destroyed because of that annual flu. There were no masking orders, no churches closed,

²⁰ <https://www.cnn.com/2018/09/26/health/flu-deaths-2017--2018-cdc-bn/index.html>

and no other oppressive government orders. In a country the size of the U.S., with over 330 million people, a lot of people die every day and every year.

Not only is the current COVID-19 scare overblown, but even now, some years of the annual flu, *e.g.*, 1968, have killed more people per capita than COVID-19.

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31201-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31201-0/fulltext) (We do not even mention the far-worse 1918 flu season.)

It goes without saying that in none of those years – which were worse than the current year – was there a lockdown or other over-reaction, such as we see in the current year.

2. The collateral deaths caused by the government lockdowns likely greatly exceed the deaths caused by COVID-19, even if the inflated COVID-19 death toll were the true one

In the section above, we saw that COVID-19 is in the same “ballpark” with (and has the same fatality profile as) the annual flu, *viz.*, it is usually something that does not affect us and if it does affect us, it is usually a little “blip” in our month. However, older people in poor health (especially with multiple co-morbidities) have to take extra precautions for COVID-19, just like they should regarding the annual flu.

That older, sicker persons are in a different situation than the general population, is underscored by the fact that 42% of all U.S. “COVID-19 deaths” occur in nursing homes, although those facilities contain only 0.62% of the U.S. population.²¹

In the U.S., the states controlled by the (more liberal) Democratic party locked down more severely their general populations of younger and healthier people (compared to Republican states). However, the Democratic governors of four of these states killed thousands of their most vulnerable people (who were in nursing homes) by forcing those nursing homes to receive other persons who tested positive for COVID-19.²²

This is exactly the opposite of what should have happened! Younger, healthier people should have been allowed to go on with their lives, while the government should have allowed nursing homes to protect the most vulnerable people, like those nursing homes protect their residents every year from the annual flu.

²¹ <https://www.forbes.com/sites/theapothecary/2020/05/26/nursing-homes-assisted-living-facilities-0-6-of-the-u-s-population-43-of-u-s-covid-19-deaths/#2da582ee74cd>

²² <https://www.justice.gov/opa/pr/department-justice-requesting-data-governors-states-issued-covid-19-orders-may-have-resulted> & <https://nypost.com/2020/05/16/blame-governors-for-coronavirus-deaths-in-nursing-homes-goodwin/>

Self-inflicted harm and the deaths from delayed medical care, during the corona-isolation

Among the many severe tolls taken by the corona-scare is the increases of suicides, drug overdoses, and deaths from delayed care for other serious illness because of the draconian corona-lockdowns.

It is obvious to any person of common sense that the severe lockdowns would cause great collateral harm. Here are how more than 500 doctors described this harm in their public letter to President Trump:

It is impossible to overstate the short, medium, and long-term harm to people's health with a continued shutdown. ... Losing a job is one of life's most stressful events, and the effect on a person's health is not lessened because it also has happened to 30 million other people. Keeping schools and universities closed is incalculably detrimental for children, teenagers, and young adults for decades to come.

The *millions of casualties* of a continued shutdown will be hiding in plain sight, but they will be called alcoholism, homelessness, suicide, heart attack, stroke, or kidney failure. ... In youths it will be called financial instability, unemployment, despair, drug addiction, unplanned pregnancies, poverty, and abuse.²³

Johns Hopkins Center for Health Security examined the idea of "Large-Scale Quarantine Measures" in its November 4, 2006 study entitled: *Disease Mitigation Measures in the Control of Pandemic Influenza*. Here is what that university study concluded:

The *negative consequences of large-scale quarantine are so extreme* (forced confinement of sick people with the well; complete restriction of movement of large populations; difficulty in getting critical supplies, medicines, and food to people inside the quarantine zone) *that this mitigation measure should be eliminated from serious consideration*.²⁴

Although many people gullibly accept the false narratives of the mainstream media, we see now – by looking at the results of the lockdowns around us – why rational studies and doctors (like those quoted above) have rejected/opposed such lockdowns.

²³ https://www.scribd.com/document/462339632/ADAD-Letter-Signed#from_embed (emphasis added).

²⁴ <http://www.upmc-biosecurity.org/website/resources/publications/2006/2006-09-15-diseasemitigationcontrolpandemicflu.html> (emphasis added).

Before discussing the dramatic increase in suicides during the corona-scare, we note that this suicide increase was paralleled by a dramatic increase in help calls to suicide hotlines. Here are some examples of different suicide hotlines with different increases:

- Two national hotlines had increases of **47%** and **300%** respectively.²⁵
- Another national suicide hotline had a **40%** increase.²⁶
- Another national suicide hotline had an increase of **891%** in March 2020, compared to March 2019.²⁷
- Two other suicide hotlines had an **800%** increase in call volume.²⁸

These increased suicide “help” calls are attributed by those hotline organizations to “social distancing” and “social isolation” suffered because of the lockdowns.²⁹

Indeed, common sense makes predictable the severely negative effects of the lockdowns, because we are *human*. These lockdowns are inhuman and have never been tried before in the history of mankind: *viz.*, isolate everyone in a nation from all his friends and fellow humans – and isolate each nation throughout almost the entire world. This is rash and foolish in the extreme!

It is no wonder that one of the epidemiologists who advises the British government called the lockdowns a panic response. Here are his words:

Lockdown was a panic measure and I believe history will say trying to control Covid-19 through lockdown was a **monumental mistake on a global scale**, the

²⁵ <https://wwmt.com/news/local/calls-to-suicide-hotlines-rise-during-covid-19-pandemic>

²⁶ <https://www.npr.org/sections/health-shots/2020/05/04/847841791/flood-of-calls-and-texts-to-crisis-hotlines-reflects-americans-rising-anxiety>

²⁷ <https://www.cnn.com/2020/04/10/us/disaster-hotline-call-increase-wellness-trnd/index.html>

²⁸ These two hotlines were regional:

- In L.A. <https://abc7.com/suicide-hotline-calls-coronavirus-covid19-los-angeles/6117099/>
- In Nashville: <https://fox17.com/news/local/feeling-the-pressures-of-the-pandemic-suicide-hotlines-see-800-percent-spike-in-calls>

²⁹ See, e.g., <https://medicalxpress.com/news/2020-04-impact-loss-human-suicide-hotlines.html>

cure was worse than the disease. ... It was always a temporary measure that simply delayed the stage of the epidemic we see now. It was never going to change anything fundamentally; however low we drove down the number of cases

We absolutely should never return to a position where children cannot play or go to school. ... I suspect right now more people are being harmed by the collateral effects of lockdown than by Covid-19. ...

Any restrictions imposed should be *considered measures* and should protect those who needed it while letting everyone live more freely. ... Instead of concentrating on schools, we should have been concentrating on care homes. We were not really thinking about where the risk lies, just on suppressing the virus.³⁰

Regarding the suicide death toll, obviously, the 2020 suicide death toll will not be certain until after the end of 2020. However, the current projection for suicide/drug overdoses deaths is about 150,000 in the U.S.³¹ To estimate how many of these deaths are due to the extreme corona-isolation, we subtract the total for the latest year for which there is data: 2018. In 2018, there were 48,344 self-inflicted deaths (suicides and drug overdoses) in the U.S.³²

Let's round that 2018 number up to 50,000 deaths. Thus, according to the best projections we have, suicides and drug overdoses in our times of extreme corona-isolation are estimated to be about 100,000 greater this year than before this corona-scare. In other words, self-inflicted deaths are 300% of the 2018 number!

The death toll from COVID-19 is extremely inflated, as we see in section three of this article. However, this death toll is supposedly estimated to be about 183,000. One way to put this supposed death toll in perspective, is that if we take this number and subtract the increase in self-inflicted deaths because of the corona-isolation, we get 83,000 (*i.e.*, $183,000 - 100,000 = 83,000$). This is approximately the fatality total from the 2017-2018 annual flu which was so unremarkable that this flu death toll went almost unreported then. Yet, politicians over-react in 2020 and ruin the country's life.

³⁰ Assessment by Professor Mark Woolhouse OBE, University of Edinburgh professor of infectious disease epidemiology and member of the Scientific Pandemic Influenza Group on Behaviours that advises the British Government. <https://www.express.co.uk/life-style/health/1320428/Coronavirus-news-lockdown-mistake-second-wave-Boris-Johnson>

³¹ <https://www.usatoday.com/story/news/health/2020/05/08/coronavirus-pandemic-boosts-suicide-alcohol-drug-death-predictions/3081706001/>

³² https://www.cdc.gov/nchs/data/databriefs/db355_tables-508.pdf

But there is more: What is not evident in the above comparison of the numbers (*viz.*, “COVID deaths” vs. collateral deaths), is that the deaths blamed on COVID-19 are almost entirely of older, retired people with multiple co-morbidities, most of whom are given only a relatively short time to live even without COVID-19. By contrast, the suicide and drug overdose deaths occur in the younger and otherwise healthier people who have a far longer life expectancy. In other words, each “COVID death” represents a far smaller number of years of life lost compared to the suicide/drug overdose deaths.

Of course, we don’t want anyone to die, but we recognize that a sick, older person losing the last year of his life – as tragic as that is – is not the same as a high schooler losing that last **60 years** of his life.

Below, we quote how the *U.S. Center for Disease Control* (“CDC”) sounded the alarm about the current suicide/drug overdose rate for high schoolers during our corona-isolation. These COVID-19 lockdown death tolls are far greater than the corresponding “COVID-19 death” toll:

But there has been another cost that we’ve seen, particularly in high schools. We’re seeing, sadly, ***far greater suicides now than we are deaths from COVID***. We’re seeing ***far greater deaths from drug overdose*** that are above that we had as background than we are *seeing the deaths from COVID*.³³

Similar spikes in suicide are occurring elsewhere in the world, *e.g.*, in Australia.³⁴

Another of the many great harms inflicted by the lockdowns (which are especially extreme in Democratic states) is deaths that occurred because of postponing medical treatment for other diseases, due to the COVID-19 lockdowns. Those lockdown deaths – which would not have otherwise occurred – are from a variety of causes, *e.g.*, heart attacks, strokes, and cancer.

We don’t know of a comprehensive estimated total of non-COVID-19 deaths which would have been prevented, in the absence of the corona-scare and lockdowns. However, here are some datapoints:

- Looking at only two of the many types of cancer (breast cancer and colorectal cancer) the National Cancer Institute predicts there will be 10,000 excess deaths in the U.S. over the next 10 years because of pandemic-related delays in diagnosing

³³ Robert Redfield, MD, Director, Centers for Disease Control and Prevention, <https://www.buckinstitute.org/covid-webinar-series-transcript-robert-redfield-md/>

³⁴ <https://www.rt.com/news/488070-australia-us-coronavirus-suicide-spike/>

and treating these tumors.³⁵

- Looking at only the drop in cancer referrals, admissions, and diagnoses, compared to pre-COVID levels, one study (using what it called “conservative assumptions”) estimated that there will be 33,890 additional (*i.e.*, excess) cancer deaths **during the next year**, in the U.S. because of that delayed treatment.³⁶
- Although we do not have non-COVID *increased-fatality* numbers for the entire country for heart attacks, strokes, diabetes, and Alzheimer's disease, we did find statistics of percentage increases in deaths (of persons who did not have COVID-19) from these four diseases, in five Democratic states (Massachusetts, Michigan, New Jersey, New York, and Pennsylvania). These five states were among the most extremely locked down. In these states, in March and April 2020, compared to January and February 2020, there was a:
 - 96% increase in diabetes deaths;
 - 89% increase in heart disease deaths;
 - 64% increase in Alzheimer's disease deaths; and
 - 35% increase in stroke deaths.³⁷

Also, in New York City (which suffered a more severe lockdown than almost anywhere), there was a 398% increase in heart disease deaths and a 356% increase in diabetes deaths.³⁸

With this data, let's do our best to estimate, in a rough way, how many deaths these percentages (of additional deaths) would mean throughout the United States. Let us use the latest national numbers (from 2018) for these four causes of death and let us suppose those percentage increases in deaths from *lockdown-delay-in-treatment* were the same nationwide. In other words, let's use the 2018 national total deaths from each of those

³⁵ <https://www.statnews.com/2020/06/19/ignoring-cancer-care-covid-19-nci-sharpless/>

³⁶ https://www.researchgate.net/publication/340984562_Estimating_excess_mortality_in_people_with_cancer_and_multimorbidity_in_the_COVID-19_emergency/link/5ea8b957a6fdcc7050976a3e/download

³⁷ All of this data was taken from: <https://www.usnews.com/news/health-news/articles/2020-07-01/numbers-of-non-covid-19-deaths-up-during-pandemic>

³⁸ <https://www.usnews.com/news/health-news/articles/2020-07-01/numbers-of-non-covid-19-deaths-up-during-pandemic>

four causes, multiplied by the percentage increases given above, to calculate the excess lockdown deaths from each of those four causes.

This formula means that the *lockdown-delays-in-treatment* caused:

- ❖ 81,548 additional diabetes deaths (84,946 deaths x 96% = 81,948)
- ❖ 583,289 additional heart disease deaths (655,381 x 89% = 583,289)
- ❖ 78,092 additional Alzheimer’s disease deaths (122,019 x 64% = 78,092)
- ❖ 51,734 additional stroke deaths (147,810 x 35% = 51,734)³⁹

Thus, we see, as a “ballpark” number, that the ***total of these lockdown-delay-in-treatment deaths is 794,663 additional deaths*** in the United States. Let’s be clear about these numbers. They are only rough. On the one hand, they would seem to be **overstated** because they use the data of five *Democratic* states, whereas other (Republican) states exercised a much “lighter touch” in their lockdowns. So, we would expect that the percentages (of increased deaths) in these Democratic strongholds would be higher than in other parts of the country. This would mean that the national percentages for these *lockdown-delay-in-treatment deaths* would be lower than in those five Democratic states.

On the other hand, these numbers **undercount** the *lockdown-delay-in-treatment deaths* in another way: *viz.*, those percentages only pertain to the increased death from four causes. Since there are roughly 100,000 self-inflicted deaths, plus cancer *lockdown-delay deaths*, and *delay-deaths* from other causes too, all those numbers should be **added** to the total of the *lockdown-delay* deaths from these four causes (794,663) to approximate the additional U.S. deaths. We see similar collateral deaths from corona-isolation in other countries too.⁴⁰

For the present purpose, we are not trying to get an exact number of the collateral, *lockdown-isolation* deaths. Nor are we saying that we know there are 800,000 additional deaths. Rather, we are pointing out that these collateral deaths from the corona-lockdowns provide a valuable context to our assessment of the current corona-scare.

It is easy to see how the collateral deaths caused by the government lockdowns could easily exceed – even very greatly exceed – that inflated 183,000 COVID death number

³⁹ All of the above death total data was taken from: https://www.cdc.gov/nchs/data/data-briefs/db355_tables-508.pdf

⁴⁰ See, e.g., <https://www.lifesitenews.com/news/13-australian-doctors-tell-govt-to-end-lockdowns-theyre-causing-unprecedented-negative-outcomes-1>

which is claimed. Moreover, when comparing those collateral “lockdown deaths” with supposed “COVID-19 deaths”, the comparison is even more dramatic when we consider the **number of years lost** by people, compared to the **number of lives lost** (as shown above).

Perhaps someone might suppose that the “COVID-19 deaths” would be far more numerous if the governments did not order the harsh lockdowns which caused the huge numbers of collateral deaths. That supposition is false, as will be shown in a future *Catholic Candle* article. In fact, those **lockdowns were unnecessary and did not help**.

3. The COVID-19 death numbers are unreliable and inflated

Above, we saw that the collateral deaths caused by the government lockdowns could easily exceed – even very greatly exceed – that inflated 183,000 “COVID-19 death” number which is claimed.

Now, we examine that “COVID-19 death” total and see if it is reliable.

The overcount of “COVID-19 deaths”

There is a huge difference between dying **with** COVID-19 and dying **from** (*i.e.*, because of) COVID-19. Let’s illustrate the difference: the CDC estimates that adults will come down with 2-3 common colds every year.⁴¹ With colds being so common, it is common to die **with** a common cold, even though not **because of** a common cold. If someone died while he had a common cold, we would not say he “died **from** the common cold”.

Well, “COVID-19 deaths” are counted to include anyone who dies **with** COVID-19 even though not **because of** (from) COVID-19. This is similar to counting a person as a “common cold death” if the person died while he had a common cold.

Here is how Dr. Deborah Birx (coordinator of the coronavirus taskforce) explained this U.S. method of counting COVID-19 deaths:

“There are other countries that if you had a preexisting condition and let’s say the virus caused you to go to the ICU and then have a heart or kidney problem some countries are recording [this] as a heart issue or a kidney issue and not a COVID-19 death. ... [In the US] if someone dies **with** COVID-19 we are counting that as a COVID-19 death.”⁴²

⁴¹ <https://www.cdc.gov/features/rhinoviruses/index.html>

⁴² <https://www.youtube.com/watch?v=blZpgra3XbU> (emphasis added).

With this foolishly broad overcounting, which no one ever uses for other sicknesses, there is a greatly exaggerated COVID-19 death toll. There is not only the everyday overcount we would expect, of sick, frail, elderly people who have multiple co-morbidities, who die of something else (like a heart attack, a stroke, cancer, *etc.*) but who are counted as a “COVID-19 death” because they died *with* COVID-19.

But there are also striking absurdities which are *consistent with this official policy* of counting every death as a “COVID-19 death” as long as the person had COVID-19 when he died, *e.g.*,

- A person who died in a motorcycle accident was listed as a COVID-19 death.⁴³
- A person who died of suicide was listed as a COVID-19 death.⁴⁴

But the COVID-19 overcount is even more exaggerated because a person need not even be *known* to have COVID-19. Rather, current CDC protocols allow a person to be reported as a “COVID-19 death” as long as there is an *assumption* that COVID-19 somehow *contributed* to the death. Here is the CDC’s instruction:

COVID-19 should be reported on the death certificate for all decedents where the disease caused or is assumed to have caused or contributed to death.⁴⁵

Thus, when the death certificate lists COVID-19 on it, the CDC and the mainstream media report the person as if COVID-19 *caused* that person’s death. For example, here is one instance of this type of falsification (this one from National Public Radio):

Today, more than 6 million Americans have been infected with the coronavirus and some **183,000 have died from it**⁴⁶

Here is another example of this type of falsification (this one from the Washington Post):

At least **191,000 people have died of the coronavirus** in the United States

⁴³ <https://www.fox35orlando.com/news/fox-35-investigates-questions-raised-after-fatal-motorcycle-crash-listed-as-covid-19-death>

⁴⁴ <https://www.mlive.com/public-interest/2020/04/medical-experts-say-michigans-coronavirus-death-count-isnt-accurate-but-is-it-too-high-or-too-low.html>

⁴⁵ <https://www.cdc.gov/nchs/data/nvss/coronavirus/Alert-1-Guidance-for-Certifying-COVID-19-Deaths.pdf>

⁴⁶ <https://www.npr.org/sections/coronavirus-live-updates/2020/08/31/907847934/6-million-coronavirus-infections-now-confirmed-in-u-s-a-country-in-limbo> (emphasis added).

....⁴⁷

The truth is that the COVID-19 death total is really of people who died in some way connected *with* COVID-19, but not *because of* COVID-19. These people did not all have pneumonia-type COVID-19 symptoms, nor were they all even known to have ever had COVID-19.

In fact, the “COVID-19 death” toll includes many people based on statistical suppositions. For example, early on, New York adopted the policy of counting as “COVID-19 deaths” the number of people who died in excess of a statistically average year, even though those people never tested positive for COVID-19 or had any symptoms suggesting COVID-19.⁴⁸ The unreasonableness and inaccuracy of this policy is obvious, since “half the time” (even without COVID-19) the fatalities will be above average – maybe even far above average – to offset the other “half” of the years when the death toll is below average.

Perverse financial incentives to count persons as “COVID-19 deaths”

We see (above) that the CDC authorizes hospitals to count as “COVID-19 deaths” all people whom they “assume” had COVID-19 which somehow contributed to the deaths. These assumptions are made more common by the perverse financial incentives pressuring cash-strapped hospitals to “assume” that COVID-19 had some role contributing to patients’ deaths. For example, the U.S. government pays hospitals a 20% premium in Medicare payments if the hospital “assumes” that a patient was a “COVID-19 death”.⁴⁹

Any reasonable person would know that under these circumstances, there will be lots of “assuming” that COVID-19 had some connection to the death. In fact, some whistleblower doctors have publicly complained that their hospitals pressure them to add COVID-19 as an assumed “contributing cause” on their patients’ death certificates.⁵⁰

⁴⁷ *Washington Post* Evening Edition, September 15, 2020, article entitled: *Trump health appointee apologizes to HHS staff after accusing scientists of ‘sedition’* (emphasis added).

⁴⁸ <https://www.nytimes.com/2020/04/14/nyregion/new-york-coronavirus-deaths.html>

⁴⁹ <https://www.aha.org/advisory/2020-04-16-coronavirus-update-cms-releases-guidance-implementing-cares-act-provisions>

⁵⁰ See, e.g., one doctor telling a major new outlet this:
https://www.youtube.com/watch?v=jB0OYp0S0yo&feature=emb_logo

Summary of this section so far, of the reasons “COVID-19 death” numbers are inflated

The “COVID-19 death” totals are inflated because a person can be counted if:

- The person had COVID-19 when he died (regardless of what actually *caused* his death); or
- The person was *assumed* to have had COVID-19 when he died; or
- There was a statistical increase in deaths above the expected average, regardless of how the persons died.

Further, we see (above) that there is a large perverse incentive for hospitals to lie and to say that a person was a “COVID-19 death” so the hospital would get more money.

Let’s try to estimate the true number of persons whose deaths were *caused* by COVID-19

How do we figure out how many so-called “COVID-19 deaths” were *really* caused by COVID-19? One way to roughly approximate this number is to consider what COVID-19 is and then look at the CDC numbers.

COVID-19 is a respiratory disease caused by the virus named SARS-CoV-2. The “SARS” in “SARS-CoV-2” stands for “severe acute respiratory syndrome” (which is sometimes also referred to as acute respiratory distress syndrome or adult respiratory distress syndrome).⁵¹

The CDC explains that sometimes COVID-19 is severe enough that it leads to death by progressing to pneumonia and acute respiratory distress syndrome (ARDS).⁵²

Here is another way this causation is stated:

The virus that causes COVID-19 is designated severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The major morbidity and mortality from COVID-19 is

⁵¹ <https://www.cdc.gov/nchs/data/nvss/vsrg/vsrg03-508.pdf>

⁵² <https://www.cdc.gov/nchs/data/nvss/vsrg/vsrg03-508.pdf>

largely due to acute viral pneumonitis that evolves to acute respiratory distress syndrome (ARDS).⁵³

This is why, last spring, the CDC directors used a “case definition of COVID-19 **requiring a diagnosis of pneumonia**” in an article they wrote for the *New England Journal of Medicine*.⁵⁴

Thus, let’s look at the death toll of persons whose death certificates at least *mentioned* pneumonia (regardless of what they died of). In the CDC chart below⁵⁵, you see that there are 71,700 persons who died between February 1, 2020 and August 31, 2020, who at least had influenza or pneumonia when they died (regardless of the actual cause of their death).

Data a...	Start ...	End W...	State	Condition G...	Condition	ICD10_...	Age Gr...	Numb...
08/30/2020	02/01/2020	08/29/2020	US	Respiratory dise...	Influenza and pneumonia	J09-J18	0-24	122
08/30/2020	02/01/2020	08/29/2020	US	Respiratory dise...	Influenza and pneumonia	J09-J18	25-34	596
08/30/2020	02/01/2020	08/29/2020	US	Respiratory dise...	Influenza and pneumonia	J09-J18	35-44	1,521
08/30/2020	02/01/2020	08/29/2020	US	Respiratory dise...	Influenza and pneumonia	J09-J18	45-54	4,186
08/30/2020	02/01/2020	08/29/2020	US	Respiratory dise...	Influenza and pneumonia	J09-J18	55-64	10,014
08/30/2020	02/01/2020	08/29/2020	US	Respiratory dise...	Influenza and pneumonia	J09-J18	65-74	16,301
08/30/2020	02/01/2020	08/29/2020	US	Respiratory dise...	Influenza and pneumonia	J09-J18	75-84	19,091
08/30/2020	02/01/2020	08/29/2020	US	Respiratory dise...	Influenza and pneumonia	J09-J18	85+	19,867
08/30/2020	02/01/2020	08/29/2020	US	Respiratory dise...	Influenza and pneumonia	J09-J18	Not stated	2
08/30/2020	02/01/2020	08/29/2020	US	Respiratory dise...	Influenza and pneumonia	J09-J18	All ages	71,700

Again, this total is 71,700 deaths. Let’s count that as a rough proxy for how many people with COVID-19 actually died from it, since these people at least had influenza or had the pneumonia which accompanies COVID-19 when people actually die from the disease.

This data is the best we have although, obviously, to the extent that persons had COVID-19 and pneumonia but died of something else, such as a heart attack, these persons would be included in this total and would overcount COVID-19 deaths. Further, to the

⁵³ <https://www.uptodate.com/contents/coronavirus-disease-2019-covid-19-critical-care-and-airway-management-issues>

⁵⁴ *Covid-19 — Navigating the Uncharted*, by Anthony S. Fauci, M.D., H. Clifford Lane, M.D., and Robert R. Redfield, M.D., *New England Journal of Medicine*, <https://www.nejm.org/doi/full/10.1056/NEJMe2002387> (emphasis added).

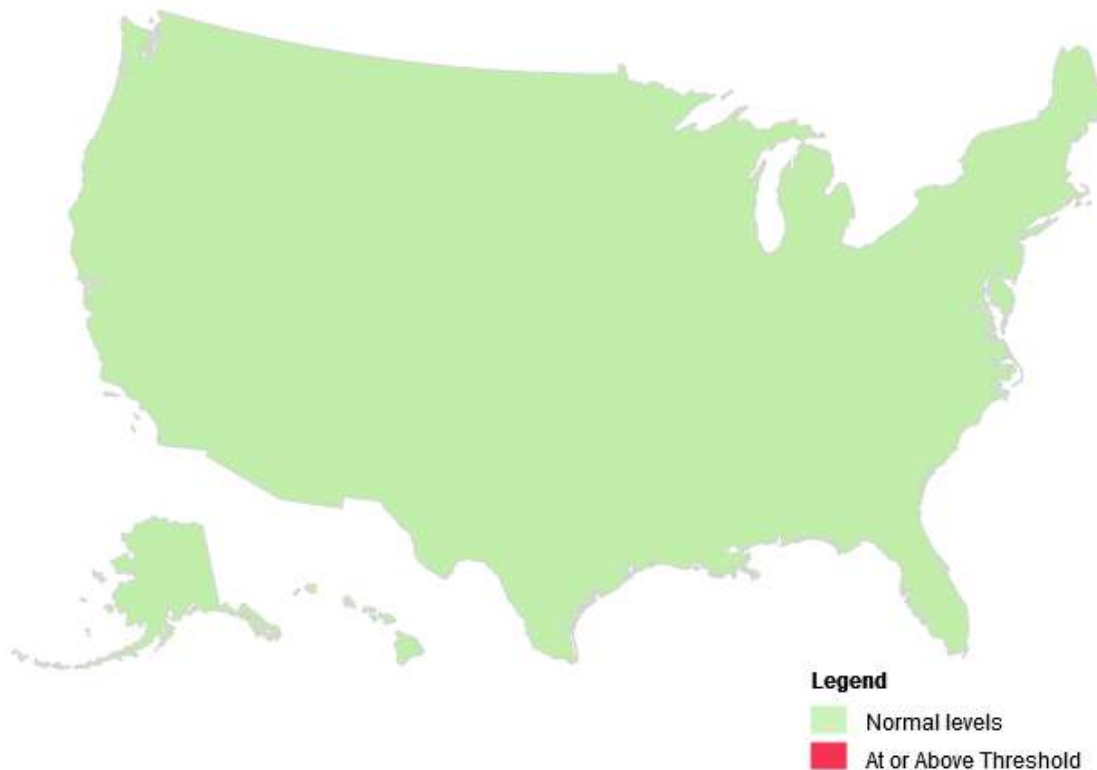
⁵⁵ The chart is found here: <https://data.cdc.gov/NCHS/Conditions-contributing-to-deaths-involving-corona/hk9y-quqm>

extent that these persons had influenza and not pneumonia, they also would be an overcount. But let's "be generous" and count them all, to approximate a real COVID-19 death toll. That number (71,700) is still only 40% of the claimed total of COVID-19 deaths (183,000).

It might seem that 71,700 is a big number. However, the U.S. is a country of 330 million people. In fact, about 2.8 million people die in the U.S. during a typical year.⁵⁶

So, although we don't want anyone to die, nonetheless pneumonia (and influenza) deaths are currently average for the entire country, not above average. See the current CDC map below.

Percentage of all deaths due to pneumonia and influenza, National Summary



Map taken from: <https://gis.cdc.gov/grasp/fluview/mortality.html>

⁵⁶ <https://www.cdc.gov/nchs/fastats/deaths.htm>

Italy

We could talk about other countries too. However, we will only briefly talk about one other country, Italy, because it has been mentioned so often in the mainstream media's corona-scare. Italy has the second-oldest population in the world.⁵⁷ Just as the annual flu strikes more severely in elderly people with co-morbidities, so does COVID-19 too, as we saw in section one of this article.

However, there is a dishonesty in the reporting of Italy's COVID-19 fatalities, just as is true in the statistics for the U.S. and other countries. Like for the U.S., the mainstream media attributes to COVID-19 all deaths in which the persons had some connection to the virus. In other words, Italy's COVID-19 fatality statistics include all the people who died *with* COVID-19, even when they die of something else and their deaths are *not caused by* COVID-19.

Here is how this is explained by Prof. Walter Ricciardi, scientific adviser to Italy's minister of health:

The way in which we code deaths in our country is very generous in the sense that all the people who die in hospitals with the coronavirus are deemed to be dying of the coronavirus. On re-evaluation by the National Institute of Health, only 12 per cent of death certificates have shown a direct causality from coronavirus, while 88 per cent of patients who have died have at least one pre-morbidity - many had two or three⁵⁸

Thus, looking at how many people – even among Italy's more elderly population – have died from COVID-19 as the cause, only 12% of those attributed in Italy as “COVID-19 deaths” showed a “direct causality from coronavirus”. In other words, Italy's “COVID-19 death” toll is inflated by 800%!

Summary of this article

There are many reasons that it is plain that the corona-scare is overblown. The reality is that:

⁵⁷ <https://www.telegraph.co.uk/global-health/science-and-disease/have-many-coronavirus-patients-died-italy/>

⁵⁸ <https://www.telegraph.co.uk/global-health/science-and-disease/have-many-coronavirus-patients-died-italy/>

- ❖ COVID-19 is in the same “ballpark” with (and has the same fatality profile as) the annual flu;
- ❖ The collateral deaths caused by the government lockdowns likely greatly exceed the deaths caused by COVID-19, even if the inflated “COVID-19 death” toll were the true one; and
- ❖ The “COVID-19 death” numbers are unreliable and inflated.

Lastly, beware of the lies and “spin” in the reports of the mainstream media!

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