

Inflated Numbers of COVID-19

Deaths: Senator Scott Jensen

July 7, 2020 by Morgan Reece

[Senator Scott Jensen](#) shares his experience with COVID-19 harassment after exposing CDC guidelines that inflate the COVID-19 death toll.

Could this happen to you? Most important video I've done...gut wrenching. Could this happen to you? Share the message...no one's immune to attacks.

[Facebook post by Senator Scott Jensen](#)



Could this happen to you?

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<https://www.smarterjoy.com/covid-deaths-jensen/>

Most important video I've done...gut wrenching.
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44K	18K	168K
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Also see: [Chris Berg interview with Senator Scott Jensen](#)

Star Tribune editorial: [More thoughtful lockdown rules could spare us loss and suffering](#)

Here are my notes from the Facebook video above (may not be verbatim, but it's close!) I also added links to supporting articles and inserted an excerpt from the CDC guidelines he mentions.

Transcript Of Facebook Video With

Supporting Links

Hi, Senator Scott Jensen, I represent ___ County (Minnesota Senate District 47)

This is one of the most important videos I've made, and one of the hardest. Frankly it's been a very hard decision to make whether I even wanted to do it.

Less than a week ago I was notified by the Board of Medical Practice in Minnesota that I was being investigated because of public statements I'd made. They listed two allegations:

1. They said I've been spreading misinformation in regards to the completion of death certificates on a news program which happened to take place on April 7th (and you could find that one, it was with Chris Berg if you wanted to). [Link

here: <https://www.facebook.com/POVnow/videos/251341969243888/>]

2. And the other allegation was that I was providing reckless advice in my willingness to compare COVID-19 and the flu. When I got this letter I was ticked and quite frankly I leaned into the comfort and wisdom of my family to help them, let them walk me talk me off the cliff.

Doggone it if this can happen to me, my view is if this can happen to me it could happen to anybody.

I mean, I've been a family doc for 40 years. I work hard. I love my patients. I do house calls. I've been medical director. I've held staff positions in hospitals to help make things work better.

I've been in the Senate for four years and I've learned a lot.

I've never had anything like this happen.

Five years ago named Family Doctor of the Year in Minnesota. (2016: <https://mafp.org/page/awards-family-physician-past>)

And I get this because a couple people complained, and I don't get to know who those people are.

I don't know if they're routinely in a political camp, if they're activists.

I've gone online and looked at what it takes to complete a complaint that the Board of Medical Practice has to follow up on.

It's a one page deal. You can say what you want. You could be a huge donor for the other party and I wouldn't get to know it, I wouldn't know if you lived in my district. I don't get to know anything. I checked.

So, here I am.

I've spent the better part of the last six days preparing a response. I understand how important the work is that the Board of Medical Practice does. I mean, physicians do screw up.

Two of the big areas where physicians screw up is inappropriate sexual behavior, inappropriate self-medicating, certainly with opiates.

But this is an odd position for me to be in. And I am just stunned.

But I should have seen it coming. Because I saw the threats on social media. I've seen them for the last two or three months. I've seen them come from physicians. I've seen them come from people in all walks of life.

They didn't agree with me. They didn't like it that I was trying to provide some context for the flu, for COVID-19.

We've had some 35-40,000 cases of COVID-19 in Minnesota thus far. According to the Department of Health people that might translate into ten times that many. And if it does translate into ten times that many, that's 350,000 cases. But in 2018 we had more than half a million Minnesotans with the flu.

When I say that, am I recklessly giving you advice regarding COVID-19 and the flu?

Dr. Anthony Fauci has come out and compared them all the time. Dr. Mike Osterholm has.

03:37

In terms of the death certificates, on April 3rd, I got an email from the Department of Health that said very clearly that we should report COVID-19 on death certificates if it is assumed to have caused or contributed. (See: <https://www.cdc.gov/nchs/data/nvss/vsrg/vsrg03-508.pdf>)

In cases where a definite diagnosis of COVID–19 cannot be made, but it is suspected or likely (e.g., the circumstances are compelling within a reasonable degree of certainty), it is acceptable to report COVID–19 on a death certificate as “probable” or “presumed.” In these instances, certifiers should use their best clinical judgement in determining if a COVID–19 infection was likely. However, please note that testing for COVID–19 should be conducted whenever possible.”

[CDC Vital Statistics Reporting Guidance](#)

Well, that’s not how we do death certificates.

The official ICD-10 coding, for April 1st, 2020 through September 30, 2020, during the time frame in question, says this:

“If the provider documents suspected, possible, probable, or inconclusive, COVID-19, do not assign U07.1” (which is COVID-19 disease).

It says assign a code explaining the reason for the encounter such as fever or cough or shortness of breath.

That’s what the official instructions say.

So I get this [email] on April 3rd. I end up inadvertently, sort of accidentally, running it up the flagpole with Chris Berg on April 7, and what happens?

The Department of Health a few days later comes out with a clarification and then a few weeks later they came out with another clarification and I appreciate it.

The fact of the matter is I'm proud of the Department of Health in Minnesota for saying "We are not going to list non-confirmed cases as deaths in Minnesota. We are going to put an asterisk by them and we'll follow up on them later."

08:36

But that's not what Pennsylvania was doing. That's why they had to subtract 200 patients from their COVID-19 death count.

(<https://www.wtae.com/article/pennsylvania-reduces-coronavirus-death-toll-probable-cases/32255964#>)

Colorado did the same thing. (<https://www.foxnews.com/us/colorado-lowers-coronavirus-death-count>)

New York went the other direction. (<https://www.nytimes.com/2020/04/14/nyregion/new-york-coronavirus-deaths.html>)

New York said "We're having more deaths in a certain period, so those deaths must be COVID-19. We just didn't pick them up. So never mind the testing, we're adding 3700 to our total and, oh, well, that does increase our total by 50%..."

So I'm in the position where I have to explain that I wasn't spreading misinformation and I'm not being reckless when I talk about COVID-19 and influenza both being

- single-stranded RNA viruses
- that are respiratory in nature
- with similar symptoms and
- can be spread through particulate matter and aerosol transmission.

I've got an eight-page document that I put together for the Board of Medical Practice. And let me be clear they do important work and I'm gonna fully cooperate with them.

I also have some 70 pages of attachments and in the attachments I've got the Pennsylvania Department of Health slashing their numbers by 201. I've got the Department of Health in Illinois where one of the Directors says that "Just because we put COVID-19 down on the death certificate as cause of death that doesn't mean the person died of COVID-19."

She said that. (<https://fox6now.com/2020/05/16/questions-raised-over-accuracy-of-us-coronavirus-death-toll/>)

Dr. Fauci when he talks about influenza, he was the lead article in this New England Journal article and he said this,

If one assumes that the number of asymptomatic or minimally symptomatic cases for COVID-19 is several times as high as the number of reported cases, the case fatality rate may be considerably less than 1%. This suggests that the overall clinical consequences of COVID-19 may ultimately be more akin to those of a severe seasonal influenza...

New England Journal of Medicine: [Covid-19 — Navigating the Uncharted](#) by Anthony S. Fauci, M.D., H. Clifford Lane, M.D., and Robert R. Redfield, M.D.

That's Dr. Fauci. And oh by the way one of the contributing authors was Dr. Robert Redfield, the head of the CDC.

Dr. Osterholm is a well-regarded epidemiologist and he was saying this in the middle of March:

He said,

The flu has become a pandemic more than once and it's killed millions of people. It still exists today... Unfortunately we now have on our hands something else, but it's caused by a coronavirus which is acting very much like influenza...

[KTTC: National infectious disease expert talks COVID-19 in Duluth](#)

Folks, do I feel targeted? Yeah, I do.

Do I know who my accusers are? No, I don't get to know.

08:00

Could I be disciplined by the Board of Medical Practice? Well, sure I can. There's two allegations they're investigating.

If I have been spreading misinformation then what about Governor Walz and the Department of Health?

Right around March 1st, we had a Department of Health memo that talked about the purpose of, if you will, some of the measures that we'd be taking to dampen, delay, and decrease the peak to allow accumulation of PPE and make sure that our hospital capacities weren't being overwhelmed.

In that memo they say what the effective measures are:

- cover your mouth
- don't go out if you have cough or fever
- avoid touching your face, your eyes, your mouth
- cover your mouth if you cough
- wash your hands frequently
- minimize outings
- socially distance

But what did they say were not effective measures? They said

- Wearing masks is not effective
- Taking antibiotics is not effective

A month later Governor Walz comes out and talks about 74,000 Minnesotans dying... (<https://www.startribune.com/4th-minnesotan-dies-from-covid-19-as-cases-rise-to-398/569161662/> and <https://www.minnpost.com/health/2020/05/minnesota-has-updated-its-covid-19-model-heres-what-it-tells-us/>).

Later on he went back to 29,000 and right around then I put a different video out saying, "Just The Facts" and said, I'm not buying 74,000 Minnesotans dying and I'm not buying 29,000.

And then this one came out a month later, right around May 1st.

(<https://mn.gov/covid19/data/modeling/index.jsp>)

This is the model they are using and it says right here:

Minnesotans model projects nearly 1000 deaths a day in mid July.

Well folks that's next week. So far we have less than right around 1500.

[Note: Actual total is 1477 as of 7/7/2020 – <https://www.health.state.mn.us/diseases/coronavirus/situation.html>]

Of which all but 300 of them have occurred in people in long-term care facilities in large part because the Department of Health participated in decisions that put people with active COVID-19 disease in the nursing homes.

(5/20/2020 – Keloland – Minnesota nursing homes accept COVID-19 patients, even as deaths climb – <https://www.keloland.com/news/local-news/nursing-homes-accept-covid-19-patients-even-as-deaths-climb/>)

And I’m “spreading misinformation”?

Of course I am.

10:00

I don’t know what to tell you.

I just know this is wrong.

We’re in a bad place. My wife asked me the other day, “Scott, why did 911 pull us together as Americans so much and why is COVID-19 breaking us apart?”

I think physicians are part to blame, scientists are. We’ve become so darn political. Physicians and scientists in the past are supposed to be above the fray, and they’re not.

I have this odd set of hats I’m wearing because I’m the vice chair of the Health and Human Services in the Senate and I am involved in policy discussions and involved in bills and deal with providing relief for COVID-19 and on the other hand I’ve been a physician in the trenches for 35 years. So I try to connect the

dots. I don't try to present myself to be something I'm not. I'm not an epidemiologist. But yes I've taken epidemiology classes. I'm not an infectious disease doctor. But I take care of infectious disease every day.

I just want to leave you with a couple of questions you could maybe ask yourself.

Do we think It's OK for physicians to certify on death certificates that someone died of COVID-19 even if there was never a COVID-19 positive test obtained?

Even if there was never a COVID-19 test done?

Even if a COVID-19 test hadn't even been considered?

And maybe even the worst "even if"...

Even if the family had no clue that the death certificate they received for their loved one was going to say COVID-19?

What do we wanna be doing there?

In Minnesota I think the Department of Health is taking care of business.

Those are important questions.

I'm sure there are naysayers out there that think I'm getting exactly what I deserve.

Fine.

If it can happen to me, I think frankly that it could happen to anybody.

It feels ugly.

It feels like some of the people that disagree with me don't want to have a conversation. I've asked many of you to have conversations and you've not been interested.

So.

“Reckless advice regarding comparisons between COVID-19 and the flu.”

“Spreading misinformation” because I cried foul when I received a memorandum from the Department of Health on April 3 which directed me to a CDC link which says clearly that you could have a patient suffering from other medical problems — wheelchair-bound, severe stroke within the preceding year or two, no COVID-19 test ever done or ordered — and when that patient dies of pneumonia it's a COVID-19 death.

I cried foul.

And I'm grateful that the Department of Health a week later tried to clarify things and a month later clarified it further.

But I'll say it again the official people who wrote the coding Bible in this country said, “If the provider documents suspected, possible, probable, or inconclusive, **do not** assign COVID-19.”

Thanks for listening.

We better all stay engaged.

Thank you.