

CDC Changed The Way COVID-19 Deaths are Reported: “Inflation” of Fatalities. 16.7 Times Too High

By [GreenMedInfo Research Group](#)

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In March 2020, the CDC changed the way COVID-19 deaths are reported on death certificates, resulting in a dramatic — and possibly illegal — inflation of fatalities that drove restrictive public health policies threatening health freedom

Only 6% of COVID-19 deaths include only [COVID-19](#) as the cause on the death certificate, according to the U.S. Centers for Disease Control and Prevention. This means for the other 94%, additional causes are listed, with an average of 2.9 additional conditions or causes of death included.^[i]

“This is the most important statistical revelation of this crisis,” according to a study by the Institute for Pure and Applied Knowledge (IPAK), as it reveals that many “COVID-19 deaths” may have been due to other causes. In fact, the CDC published new guidelines on March 24, 2020, which alter the way deaths are recorded exclusively in cases of COVID-19.

The guidelines were published without peer-review or opportunity for public comment, and resulted in a dramatic and misleading inflation in “COVID-19” deaths, which would have been deemed due to other causes using the CDC’s longstanding system of data collection and reporting established in 2003. As IPAK’s report questioned:^[ii]

“Why would the CDC decide against using a system of data collection & reporting they authored, and which has been in use nationwide for 17 years without incident, in favor of an untested & unproven system exclusively for COVID-19 without discussion and peer-review?”

CDC Changed Death Certificate Recording Rules for COVID-19 Only

IPAK’s report reveals a historical timeline of events showing how a number of incidents conspired to inflate COVID-19 fatality data and, in turn, justify restrictive public health policies like lockdowns, quarantines, business closures and social distancing. One key issue has to do with the way cause of death is recorded in the case of comorbidities.

In 2003, the CDC published the “Medical Examiners’ and Coroners’ Handbook on Death Registration and Fetal Death Reporting” and “Physicians’ Handbook on Medical Certification of Death.” Part I of a death certificate includes the immediate cause of death, listed in order from the official cause of death (a) down to underlying causes that contributed to death (in descending order of importance, as b, c, d).

Part II of the death certificate includes other significant conditions that are not related to the underlying causes in Part I. According to the report:^[iii]

“Comorbid conditions have been listed on Part I of death certificates as causes of death per the CDC Handbook since 2003 to ensure accurate reporting can be developed. Comorbidities are seldom placed in Part II. Part II is typically the section where coroners and medical examiners can list recent infections as underlying, initiating factors.

Prior to the CDC’s March 24th decision, any co-morbidities would have been listed in Part I rather than Part II and initiating factors such as infections including the SARS-COV-2 virus, would have been listed on the last line in Part I or more commonly in Part II.”

After the March 2020 guideline change, however, comorbidities were to be listed in Part II, which meant COVID-19 could be listed exclusively in Part I:^[iv]

“This has had a significant impact on data collection accuracy and integrity. It has resulted in the potential false inflation of COVID-19 fatality data and is a potential breach of federal laws governing information quality.”

New CDC Guidelines Inflate COVID-19 Deaths by at Least 16.7-Fold

The report examined COVID-19 fatalities through August 23, 2020 and compared them using the CDC’s guidelines that had been in place since 2003 and those put into place in March 2020 for COVID-19. You can see the results in their figure below, which shows, “Had the CDC used the 2003 guidelines, the total COVID-19 [fatalities would] be approximately 16.7 times lower than is currently being reported.”^[v]

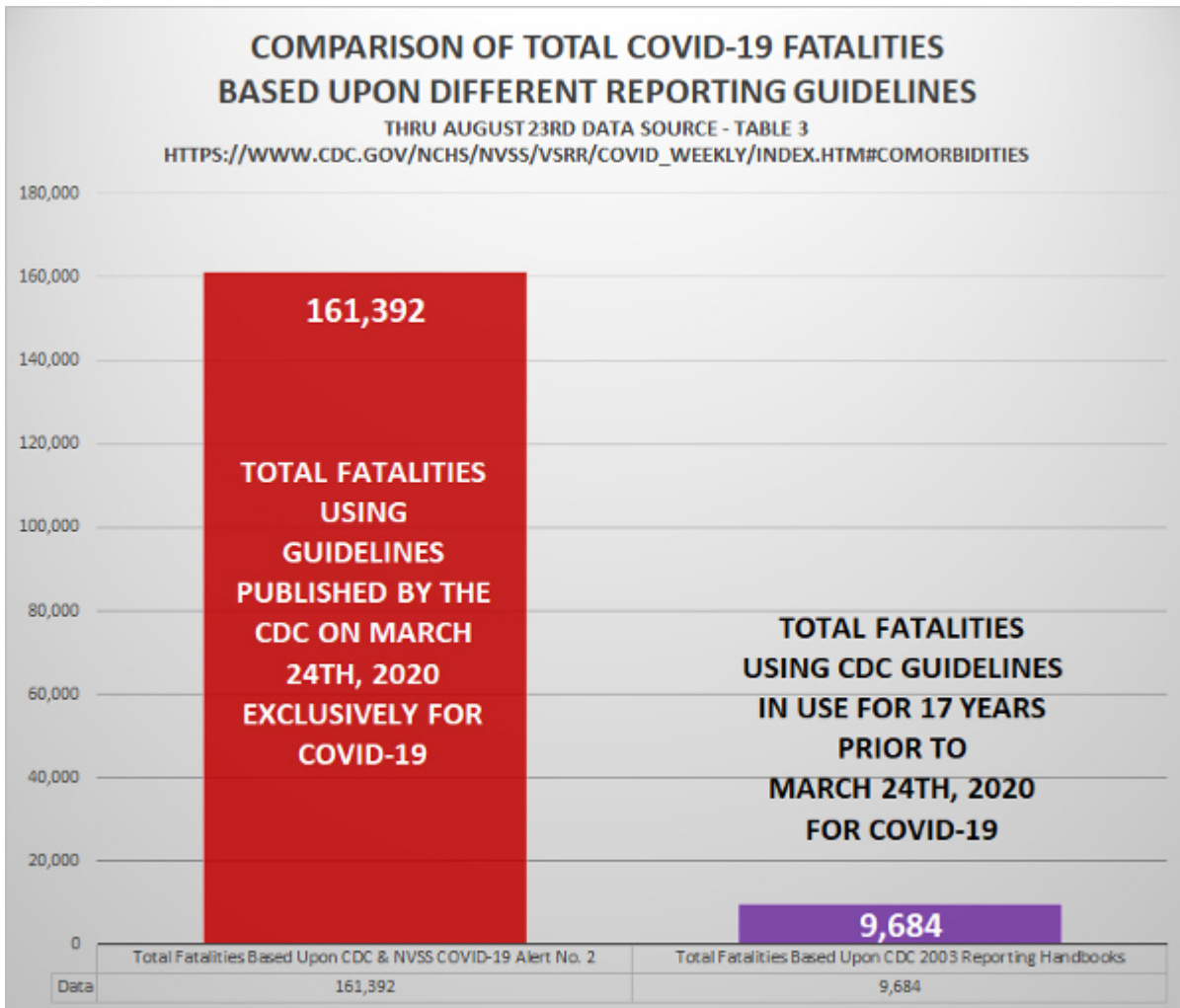


Image source: IPAK PHPI, COVID-19 Data Collection, Comorbidity & Federal Law: A Historical Perspective October 12, 2020, Figure 9

‘This Leaves Me Speechless’

On Twitter, investigative health journalist Nicolas Pineault wrote, “If this is accurate, this leaves me speechless.”^[vi] Indeed, not only did the CDC leave no records as to how it made the decision to change how deaths are reported, but some estimates suggest they may have resulted in an inflation of COVID-19 fatalities of over 90%, while violating U.S. law:^[vii]

“Previous reports detailed the substantial changes on how causes of death were forcibly modified by the CDC through the NVSS, and how together, both federal agencies inflated the actual number of COVID-19 fatalities by approximately 90.2% through July 12th, 2020.

We believe this deliberate decision by the CDC and NVSS [National Vital Statistics System] to deemphasize pre-existing comorbidities, in favor of emphasizing COVID-19 as a cause of death, is in violation of 44 U.S. Code 3504 (e)(1)(b), which states the activities of the Federal statistical system shall ensure ‘the integrity, objectivity, impartiality, utility, and confidentiality of information collected for statistical purposes.’”

The public health implications of an artificial inflation of COVID-19 deaths are immense, as

rates of **anxiety, depression**^[viii] and suicidal thoughts^[ix] are on the rise — a direct result of restrictive COVID-19 health policies.

Only with accurate data can individuals and health officials make decisions to truly protect health, and as the report noted, “It is concerning that the CDC may have willfully failed to collect, analyze, and publish accurate data used by elected officials to develop public health policy for a nation in crisis.”^[x] It’s also one more reason why now is more important than ever to **take a stand for health freedom**.

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Notes

[i] U.S. CDC January 27, 2021 https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm#ExcessDeaths

[ii] IPAK PHPI, COVID-19 Data Collection, Comorbidity & Federal Law: A Historical Perspective October 12, 2020 <https://t.co/nRoW2TGdK7?amp=1>

[iii] IPAK PHPI, COVID-19 Data Collection, Comorbidity & Federal Law: A Historical Perspective October 12, 2020 <https://t.co/nRoW2TGdK7?amp=1>

[iv] IPAK PHPI, COVID-19 Data Collection, Comorbidity & Federal Law: A Historical Perspective October 12, 2020 <https://t.co/nRoW2TGdK7?amp=1>

[v] IPAK PHPI, COVID-19 Data Collection, Comorbidity & Federal Law: A Historical Perspective October 12, 2020 <https://t.co/nRoW2TGdK7?amp=1>

[vi] Twitter, Nick Pineault October 15, 2020 <https://twitter.com/nickpineault1/status/1316744440917250049>

[vii] IPAK PHPI, COVID-19 Data Collection, Comorbidity & Federal Law: A Historical Perspective October 12, 2020 <https://t.co/nRoW2TGdK7?amp=1>

[viii] University of Wisconsin, The Impact of School Closures and Sport Cancellations on the Health of Wisconsin Adolescent Athletes https://cdn1.sportngin.com/attachments/document/33fe-2195426/McGuine_study.pdf#_ga=2.138358896.1736658140.1612045938-245521230.1612045938

[ix] BMJ 2020;371:m4095 <https://www.bmj.com/content/371/bmj.m4095>

[x] IPAK PHPI, COVID-19 Data Collection, Comorbidity & Federal Law: A Historical Perspective October 12, 2020 <https://t.co/nRoW2TGdK7?amp=1>

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