

# Whistleblower: How CDC Is Manipulating The COVID-19 Death-Toll

[zerohedge.com/health/whistleblower-how-cdc-manipulating-covid-19-death-toll](https://zerohedge.com/health/whistleblower-how-cdc-manipulating-covid-19-death-toll)

*Via GreatGameIndia.com.*

**A Montana based physician has blown the whistle on how the Centers for Disease Control and Prevention (CDC) is exaggerating the COVID-19 death toll by manipulating Coronavirus death certificates.** Dr. Annie Bukacek, MD, is a longtime Montana physician with over 30 years of experience practicing medicine. Signing death certificates is a routine part of her job.



*Whistleblower (Dr. Annie Bukacek)*

In a brief video presentation, Dr. Bukacek blows the whistle on the way the CDC is instructing physicians to exaggerate COVID 19 deaths on death certificates:

**Few people know how much individual power and leeway is given to the physician, coroner, or medical examiner, signing the death certificate. How do I know this? I've been filling out death certificates for over 30 years.**

More often than we want to admit, we don't know with certainty the cause of death when we fill out death certificates. That is just life. We are doctors, not God. Autopsies are rarely performed and even when an autopsy is done the actual cause of death is not always clear. Physicians make their best guesstimate and fill out the form. Then that listed cause of death... is entered into a vital records data bank to use for statistical analysis, which then gives out inaccurate numbers, as you can imagine. Those inaccurate numbers then become accepted as factual information even though much of it is false.

So even before we heard of COVID-19, death certificates were based on assumptions and educated guesses that go unquestioned. When it comes to COVID-19 there is the additional data skewer, that is —get this— there is no universal definition of COVID-19 death. The Centers for Disease Control, updated from yesterday, April 4th, still states that mortality, quote unquote, data includes both confirmed and presumptive positive cases of COVID-19. That's from their website.

Translation? The CDC counts both true COVID-19 cases and speculative guesses of COVID-19 the same. They call it death by COVID-19. They automatically overestimate the real death numbers, by their own admission. Prior to COVID-19, people were more likely to get an accurate cause of death written on their death certificate if they died in the hospital. Why more accurate when a patient dies in the hospital? Because hospital staff has physical examination findings labs, radiologic studies, et cetera, to make a good educated guess. It is estimated that 60 percent of people die in the hospital. But even [with] those in-hospital deaths, the cause of death is not always clear, especially in someone with multiple health conditions, each of which could cause the death.

Bukacek refers to a [March 24 CDC memo](#) from Steven Schwartz, director of the Division of Vital Statistics for the National Center for Health Statistics, titled "COVID-19 Alert No. 2."



COVID-19 Alert No. 2  
March 24, 2020

**New ICD code introduced for COVID-19 deaths**

This email is to alert you that a newly-introduced ICD code has been implemented to accurately capture mortality data for Coronavirus Disease 2019 (COVID-19) on death certificates.

Please read carefully and forward this email to the state statistical staff in your office who are involved in the preparation of mortality data, as well as others who may receive questions when the data are released.

What is the new code?

The new ICD code for Coronavirus Disease 2019 (COVID-19) is U07.1, and below is how it will appear in formal tabular list format.

**U07.1** COVID-19

**Excludes:** Coronavirus infection, unspecified site (B34.2)  
Severe acute respiratory syndrome [SARS], unspecified (U04.9)

The WHO has provided a second code, **U07.2**, for clinical or epidemiological diagnosis of COVID-19 where a laboratory confirmation is inconclusive or not available. Because laboratory test results are not typically reported on death certificates in the U.S., NCHS is not planning to implement U07.2 for mortality statistics.

When will it be implemented?

Immediately.

Will COVID-19 be the underlying cause?

The underlying cause depends upon what and where conditions are reported on the death certificate. However, the rules for coding and selection of the underlying cause of death are expected to result in COVID-19 being the underlying cause more often than not.

What happens if certifiers report terms other than the suggested terms?

If a death certificate reports coronavirus without identifying a specific strain or explicitly specifying that it is not COVID-19, NCHS will ask the states to follow up to verify whether or not the coronavirus was COVID-19. As long as the phrase used indicates the 2019 coronavirus strain, NCHS expects to assign the new code. However, it is preferable and more straightforward for certifiers to use the standard terminology (COVID-19).

What happens if the terms reported on the death certificate indicate uncertainty?

If the death certificate reports terms such as “probable COVID-19” or “likely COVID-19,” these terms would be assigned the new ICD code. It is not likely that NCHS will follow up on these cases. If “pending COVID-19 testing” is reported on the death certificate, this would be considered a pending record. In this scenario, NCHS would expect to receive an updated record, since the code will likely result in R99. In this case, NCHS will ask the states to follow up to verify if test results confirmed that the decedent had COVID-19.

Do I need to make any changes at the jurisdictional level to accommodate the new ICD code?

Not necessarily, but you will want to confirm that your systems and programs do not behave as if U07.1 is an unknown code.

Should “COVID-19” be reported on the death certificate only with a confirmed test?

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. Certifiers should include as much detail as possible based on their knowledge of the case, medical records, laboratory testing, etc. If the decedent had other chronic conditions such as COPD or asthma that may have also contributed, these conditions can be reported in Part II. (See attached Guidance for Certifying COVID-19 Deaths)

**Steven Schwartz, PhD**  
Director – Division of Vital Statistics  
National Center for Health Statistics  
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**“The assumption of COVID-19 death,” she says, “can be made even without testing. Based on assumption alone the death can be reported to the public as another COVID-19 casualty.”**

There is a question-and-answer section on the memo.

One question is, **“Will COVID-19 be the underlying cause?”**

The answer is:

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Another question is, **“Should ‘COVID-19’ be reported on the death certificate only with a confirmed test?”**

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“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.**”

“You could see how these statistics have been made to look really scary when it is so easy to add false numbers to the official database,” Bukacek says. “Those false numbers are sanctioned by the CDC.”

“The real number of COVID-19 deaths are not what most people are told and what they then think,” she says.

**“How many people have actually died from COVID-19 is anyone’s guess... but based on how death certificates are being filled out, you can be certain the number is substantially lower than what we are being told. Based on inaccurate, incomplete data people are being terrorized by fear-mongers into relinquishing cherished freedoms.”**

**The CDC’s role in the way it is handling the Coronavirus crisis has come under a lot of suspicion.** Earlier the CDC was caught covering-up a contamination of its lab when Health officials who paid a flying visit were blocked entry into the lab. The matter is now under investigation.

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## COVID-19 Death Certificates Are Being Manipulated



Watch Video At: <https://youtu.be/V0IIWZpiRU0>

As [GreatGameIndia](#) reported earlier, currently the world finds itself in the state of a deadlock. Entire nations have been brought under lockdown with no exit strategy. Constant fear-mongering by the media and vested organisations ensure the lockdowns are extended as long as possible. This serves the [interest of the vaccine lobby](#) who want the lockdowns to continue until their vaccines have been developed.

**Although, an emerging body of evidence suggest shutting down an entire nation may not be a good idea after all to combat such a virus.** As Ariel Pablos-Mendez, M.D., MPH a professor of Medicine at Columbia University Medical Center, New York and former head of global health at the U.S. Agency for International Development (USAID) [explains](#):

At the end of the day, super-spreader COVID-19 is likely to infect a majority of the population, no matter how far apart we stay from one another in the coming weeks. The good news is that once immune, most people can go back to work. Our containment efforts must focus on the most vulnerable: the elderly and patients with underlying cardiopulmonary diseases.

We need to flatten the curve for the elderly but accelerate herd immunity for the healthy so that we don't kill the economy trying to outrun the pandemic in lockdown. **While home isolation for one month might stop an outbreak, it merely sets the clock back as the virus may return if it is not globally defeated.**