

CDC Made COVID Look More Lethal by Manipulating Death Certificates



Imagine that almost anyone reading this is by now familiar with the propensity for coroners, doctors, and other medical professionals up and down the medical community to [document covid](#) as a clinical condition in patients where it was medically unjustified. This led to a massive number of 'fake' covid cases or deaths.

We are trying to highlight here an entirely distinct phenomenon that occurred within a subset of deaths where covid was documented as a Cause of Death (CoD), which we are calling 'UCoD swapping.'

The significance of the UCoD

It is critical to understand the following specific definitions to follow this article:

UCoD (Underlying Cause of Death) refers to “the disease or injury that initiated the train of events leading directly to death, or the circumstances of the accident or violence which produced the fatal injury”

MCoD (Multiple Causes of Death) refers to “the immediate cause of death and all other intermediate and contributory conditions listed on the death” – (i.e. all of the other conditions listed as a CoD)

This is what it looks like on an actual death certificate (*read the instructions*):

The cause-of-death section consists of two parts. **Part I** is for reporting a chain of events leading directly to death, with the **immediate cause** of death (the final disease, injury, or complication directly causing death) on Line a and the **underlying cause** of death (the disease or injury that initiated the chain of morbid events that led directly and inevitably to death) on the lowest used line. **Part II** is for reporting all other significant diseases, conditions, or injuries that contributed to death but which did not result in the underlying cause of death given in **Part I**. **The cause-of-death information should be YOUR best medical OPINION.** A condition can be listed as “probable” even if it has not been definitively diagnosed.

Examples of properly completed medical certifications

CAUSE OF DEATH (See instructions and examples)		Approximate interval: Onset to death	
32. PART I. Enter the <u>chain of events</u> —diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Rupture of myocardium Due to (or as a consequence of): b. Acute myocardial infarction Due to (or as a consequence of): c. Coronary artery thrombosis Due to (or as a consequence of): d. Atherosclerotic coronary artery disease		Minutes	
			6 days
			5 years
			7 years
33. PART II. Enter <u>other significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I. Diabetes, Chronic obstructive pulmonary disease, smoking		33. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
35. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	36. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year	37. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined	

Source: https://www.cdc.gov/nchs/data/dvs/blue_form.pdf

The UCoD designation is to highlight the condition or injury that was the primary catalyst or cause of the death or the chain of events precipitating the death.

The CDC's role in assigning the diagnostic codes from the ICD-10 database

There is one other factor necessary to understand 'UCoD swapping.'

In epidemiological databases such as the CDC's Wonder datasets, medical conditions are recorded using diagnostic codes, not the text description of the medical care provider documenting the condition.

For death certificates, diagnostic codes from the ICD-10 database are applied by the CDC to all of the conditions stipulated on a death certificate as a CoD. (Well, [maybe not always](#).)

Critically, the CDC designates one of the ICD codes it applied to the death certificate as the UCoD. In theory, the ICD code designated by the CDC as the UCoD should match the condition listed as the UCoD on the death certificate. However, in reality, there are numerous instances where the CDC assigns the UCoD designation to a condition other than the one stipulated by the death certificate as the UCoD.

Is this fraud per se? Not necessarily. Most medical professionals have no idea how to properly fill out a death certificate, something documented by numerous studies showing a high rate of significant inaccuracies or errors in death certificates, including the CoD's.

UCoD swapping to designate covid as the UCoD on death certificates

where covid wasn't documented as the UCoD

The principal significance of UCoD for us is that it provides an additional method or pathway for increasing the number of "covid deaths." By falsely designating covid as the UCoD on death certificates where a different condition is listed as the UCoD, the CDC could make covid look far more lethal. This could also conceal a substantial portion of deaths in mortality datasets that might otherwise be more readily identified as cases of "died with covid" where covid was unlikely to have been a clinically significant factor in the death.

Methodology

I previously [published a list](#) of the conditions that were documented as the UCoD on a death certificate where the CDC nevertheless designated covid (ICD code U07.1) as the UCoD when it applied the ICD codes – the 'UCoD swap.'

I, along with John Beaudoin (Coquin de Chien on Substack) and a few others, have possession of the death certificates covering all deaths from the states of Massachusetts and Minnesota going back to 2015.

Since these death certificates have the ICD codes applied by the CDC, we can compare the ICD codes to the text descriptions of the CoD's on the death certificates. This enabled us to search for death certificates where the UCoD condition assigned by the CDC didn't match the UCoD condition listed on the death certificate, specifically where the mismatched UCoD assigned by the CDC was U07.1 (covid).

Our search methodology was as follows:

1. I added a column to the spreadsheets containing the

death certificates for 'UCoD Text.' This was done by an Excel formula consisting of 4 nested 'if' conditions starting from Cause D using the following parameters: If Cause D \neq blank, UCoD = Cause D; else, if Cause C \neq blank, UCoD = Cause C; else, if Cause B \neq blank, UCoD = Cause B; else, UCoD = Cause A.

2. I isolated all deaths with a UCoD of U07.1 using Excel (the spreadsheets already contained a field identifying which ICD code was designated by the CDC as the UCoD).
3. I eliminated all deaths that contained any sort of reference to covid in the text description of the UCoD condition. This was accomplished by sorting the UCoD text fields in alphabetical order and manually removing all deaths where the UCoD text referenced or described covid. Anything that could be in any way construed as somehow describing covid as a CoD was eliminated.
4. Using Excel, I eliminated duplicates of identical text descriptions of non-covid conditions to create the final lists of non-covid UCoD conditions that were [published on Brownstone](#). The number of these UCoD deaths for each unique text description was calculated using the Excel Countif function applied to the set of death certificates containing a UCoD of U07.1

Important Caveat

This list is not meant as a final product showing all deaths where the CDC fraudulently applied a UCoD of U07.1. Applying a UCoD other than the one stipulated by the death certificate could be justified where the death certificate was clearly filled out erroneously, and it is obvious, based on the totality of information presented in the death certificate, which of the other conditions identified as a CoD should have been identified as the UCoD would the coroner have filled out the death certificate properly.

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