

EXHIBIT 2

Executive Summary – Violations of Federal Law

Accurate and verifiable data is essential to public health policy development. However, our research revealed that the CDC significantly compromised data quality during a time of public crisis.

- Data quality was irreparably compromised by the CDC’s implementation of the National Vital Statistics System (an inter-governmental data sharing system) COVID Alert No. 2 document on March 24, 2020, which significantly altered death certificate reporting. It was also compromised by the CDC’s adoption of the April 15, 2020 Council of State and Territorial Epidemiologists’ position paper, which defined the criteria for COVID cases—but without safeguards in place to ensure the same person could not be counted multiple times. Both practices have significantly affected data aggregation and interpretation, and both adoptions were in violation of the Administrative Procedures Act, the Paperwork Reduction Act, and the Information Quality Act at minimum.
- For the previous 17 years, pre-existing/comorbid conditions were reported in Part I, not Part II, of death certificates. By reporting in Part II rather than Part I, the role of comorbidities as cause of death has been deemphasized. This change impacts statistical aggregation according to Certified Death Reporting Clerks we interviewed. The point of contention with the 2020 change is that it was made without official notification in the Federal Register to initiate federal oversight and invite mandatory public comment.

A 77-year-old male with a 10-year history of hypertension and chronic obstructive pulmonary disease (COPD) presented to a local emergency department complaining of 4 days of fever, cough, and increasing shortness of breath. He reported recent exposure to a neighbor with flu-like symptoms. He stated that his wheezing was not improving with his usual bronchodilator therapy. Upon examination, he was febrile, hypoxic, and in

Comment: In this case, the acute respiratory acidosis was the immediate cause of death, so it was reported on line a. Acute respiratory acidosis was precipitated by the COVID-19 infection, which was reported below it on line b. in Part I. The COPD and hypertension were contributing causes but were not a part of the causal sequence in Part I, so those conditions were reported in Part II.

Scenario I

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. Acute respiratory acidosis Due to (or as a consequence of):	3 days
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST .	b. COVID-19 Due to (or as a consequence of):	1 week
	c. _____ Due to (or as a consequence of):	
	d. _____ Due to (or as a consequence of):	
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I	33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Chronic obstructive pulmonary disease, hypertension	34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No	
35. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	36. IF FEMALE: <input 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

77-Year-old male death certificate for COVID-19 based upon March 24, 2020 COVID Alert No. 2.

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. Cardiac Arrest Resulting From Acute Respiratory Acidosis Due to (or as a consequence of):	3 days
	b. Influenza H1N1 Due to (or as a consequence of):	1 week
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	c. Hypertension Due to (or as a consequence of):	10 years
	d. Chronic Obstructive Pulmonary Disease (COPD) Due to (or as a consequence of):	10 years
PART II. Enter other significant conditions contributing to death, but not resulting in the underlying cause given in PART I		
Fever & Hypoxia		
		33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No
35. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	36. IF FEMALE: <input 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

The 77-year-old male's death certificate for H1N1 flu based upon CDC handbooks used for 17 years.

- To have accurate mortality metrics, we must openly advocate for an independent expert panel of medical examiners, coroners, and physicians with death reporting experience to audit all death certificates associated with COVID-19.
- Each fatality with a confirmed PCR test is required to have a record at the conducting lab for the date of the test and the cycle threshold (Ct) value associated with the positive lab result. If we were able to have the date of the death certificate, the date of the positive PCR, the Ct value at which a signal was detected on the individual's PCR, and a basic knowledge of pre-existing/comorbid conditions from medical records, then the death count could be audited for a better understanding of the number of people who died from COVID, how many died with COVID, and how many died but were previously mis-categorized as COVID fatalities.
- The correction of death counts is anticipated to be significant but may be as large as the graphic below:

