Vaccines Caused 17 Million Deaths During Pandemic Plus 4 More Takeaways From Largest Excess Mortality Study to Date

A years-long investigation by Canadian researchers into excess mortality during the COVID-19 pandemic found that patterns of excess death globally could not be explained by a pandemic respiratory virus. Here are the data and logic behind some of the key findings.

by Brenda Baletti, Ph.D. July 23, 2024

> By comparison: World War One was one of the deadliest conflicts in the history of the human race, in which over **16 million people died**. **The total number of both civilian and military casualties during World War One is estimated at around 37 million people**. Using the excess all-cause mortality rate for the 93 countries that had sufficient data, the researchers calculated the **global COVID excess deaths to be between 30.7 and 31.1 million people**.
>
> **Follow the money:**
>
> 500 New Billionaires were created during the COVID period of 500 days. One per day. The U.S. Treasury Department's final report for fiscal year 2020 showed a record $3.1 trillion deficit for the year, with debt held by bondholders totaling $21 trillion. The Congressional Budget Office (CBO) estimated that federal debt this year, 2020 will total 102% of Gross Domestic Product (GDP)—the value of all goods and services produced in a year. Preliminary figures peg this year's federal debt at about 136% of GDP.
>
> Even with spending cuts or higher taxes, debt is projected to rise (inflation) as a share of the nation's economy, increasing to debt 109% of GDP by 2030 and 195% by 2050. After the emergency spending and borrowing during the COVID-19 pandemic ends, the **federal debt will likely continue to grow**, and may be nearly twice as large as the nation's economy due to existing laws, programs and promises. Paid for by ordinary citizens. Not the Billionaires, their corporations or politicians.

Genocide is very profitable.
It is being reported that if Trump wins, he will name BlackRock CEO Larry Fink to lead the Treasury and JBMorgan Chase CEO Jamie Dimon to lead the Fed. RFKjr.

A major investigation by Canadian researchers into excess mortality during the COVID-19 pandemic found that patterns of excess death globally could not be explained by a pandemic respiratory virus, The Defender reported last week.

Instead, the authors concluded the major causes of death globally stemmed from the public health establishment's response, including lockdowns, harmful medical interventions and the COVID-19 vaccines.

The study by researchers from the nonprofit Correlation Research in the Public Interest analyzed excess mortality in 125 countries — about 35% of the global population — during the COVID-19 pandemic, beginning with the March 11, 2020, World Health Organization (WHO) pandemic declaration and ending on May 5, 2023, when the WHO declared the pandemic over.

The investigation concluded that "nothing special would have occurred in terms of mortality had a pandemic not been declared and had the declaration not been acted upon."

The 521-page analysis — by Denis Rancourt, Ph.D., former physics professor and lead scientist for 23 years at the University of Ottawa, Correlation's president Joseph Hickey, Ph.D., and Christian Linard, Ph.D., from the University of Quebec at Trois-Rivières — was published July 19.

The paper builds on work Rancourt and his colleagues have been doing since the start of the pandemic tracking and analyzing all-cause mortality to understand the underlying dynamics of mortality during the pandemic.

Their findings led them to challenge dominant scientific models and public health claims used to inform pandemic response policies.

They have published a series of papers on COVID-19 and vaccination in places like India, Australia and Israel, the U.S., Canada and a larger study of 17 countries over the last several years, with this study bringing together that work and adding to it.

In addition to the overarching conclusions that deaths during the COVID-19 period were caused by public health interventions rather than by the SARS-CoV-2 virus, the authors provided a detailed contextualization of the data, explaining how such a large dataset could provide substantial insight into how these interventions led to excess mortality across the world.

Some of those key insights are detailed here.

Five takeaways from largest pandemic excess mortality study to date

1. Vaccines caused approximately 17 million deaths and vaccine toxicity increased with age and number of doses.

Based on their calculations and extrapolated to the world, the researchers estimated the vaccines caused approximately 17 million deaths, confirming the results of their previous research on a smaller data set.

That means vaccines were a primary cause of death, and they found that the vaccine dose fatality rate — the chances of dying from the vaccine — increased with age and with the number of doses.

Consistently, they found, that the more vaccine doses given, the greater the number of excess deaths. There are outliers, Rancourt said, but their graphs consistently showed this proportionality, even for countries that also had all-cause mortality peaks unrelated to the vaccines.

Rancourt told The Defender that they were able to essentially graph vaccine toxicity and that generally speaking, the boosters tended to be more associated with mortality. "They're more toxic, they're more dangerous," he said.

He added:

"That is a general trend that we see in all the data is that as you have higher and higher doses, the correlation with mortality is stronger and stronger and the peaks are more and more visibly associated. So as the assaults and all the reasons for dying at the beginning [lockdowns, medical interventions] taper off, then it becomes the vaccines that are more the killing agent."

The researchers wrote that the mechanisms through which the vaccines caused death were complex.

One mechanism for lethality may be death by direct vaccine toxicity from, for example, cationic lipids. Alternatively, the injections could cause death by inducing an immune overreaction to the spike proteins.

Rancourt said they didn't think those were the primary causes of vaccine-induced death, particularly given that excess deaths were so highly correlated to the boosters. Instead, he said, **the initial and repeated injections likely weakened people's immune systems.**

Extensive scientific research has shown how such stressors weaken the immune system, causing a generalized immunosuppression that makes a person less able to fight existing or new infections of any kind, which can lead to death when it wouldn't have occurred under normal circumstances, he said.

They also noted that such frail people — made frailer by repeated injections — are also more likely to be sick and therefore more infectious, spreading disease.

That meant a lot more people were getting illnesses like lung infections, Rancourt said. And people who were getting lung infections or other illnesses because of their vaccine-induced immunosuppression could also transmit those to unvaccinated people who may also become part of the excess mortality associated with the vaccines, even though they are not vaccinated.

2. Pandemic interventions led to about 30.9 million deaths globally and vaccines didn't prevent any deaths.

Using the excess all-cause mortality rate for the 93 countries that had sufficient data, the researchers calculated the global excess deaths to be between 30.7 and 31.1 million people, which is significantly higher than the 7.03 million total number of COVID-19 deaths reported by the WHO through Feb. 11, 2024.

They created a figure, showing excess deaths as a percentage of the world population by country, with darker colors indicating a higher percentage of the population and gray indicating places for which they had no data.

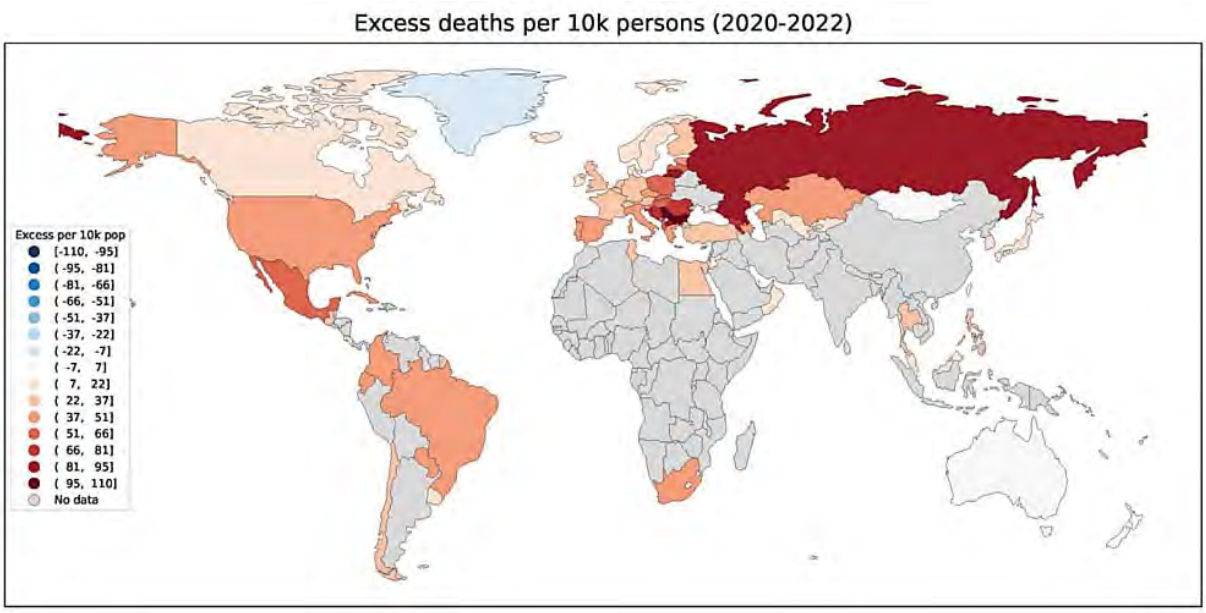


Figure 18. World map of excess all-cause mortality during the Covid period (X202122), by country, expressed as a percentage of the national population in 2019, for the 93 countries with sufficient data.

Credit: Denis G. Rancourt, Joseph Hickey and Christian Linard.

There was no single pattern of excess deaths, but there were some strong commonalities across different groups of countries. Only one country analyzed, Greenland, had no excess mortality.

For example, 26 countries had a strong peak at the beginning of the pandemic in March to April 2020, including places like the U.S., Spain, the United Kingdom, Italy, Mexico, Brazil, Kuwait and the United Arab Emirates, and other countries showed a similar pattern but with less intensity.

Eighty-eight countries showed no excess mortality at the start of the pandemic in spring 2020, but some of those countries had excess mortality spikes before the vaccine rollout.

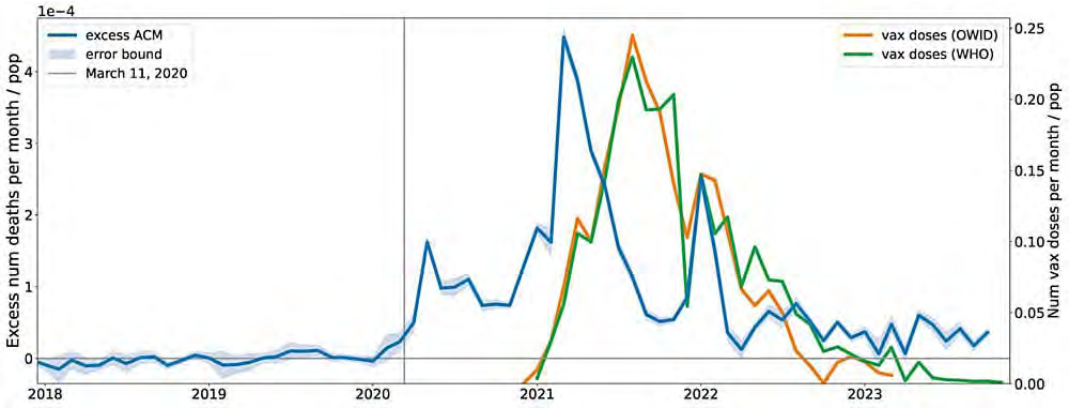
However, there was no evidence of the vaccine rollouts being associated with a reduction in excess deaths in any country.

Instead, in 113 of the 121 countries with sufficient data, the researchers found a significant excess mortality peak within a month of Jan. 1, 2022, which was temporally associated with the rollout of the boosters, and which happened nearly simultaneously across the world.

In some countries, Rancourt said, that was more clear than in others. And sometimes there is a lot of complexity to the data because it's not, for example, age-discriminated.

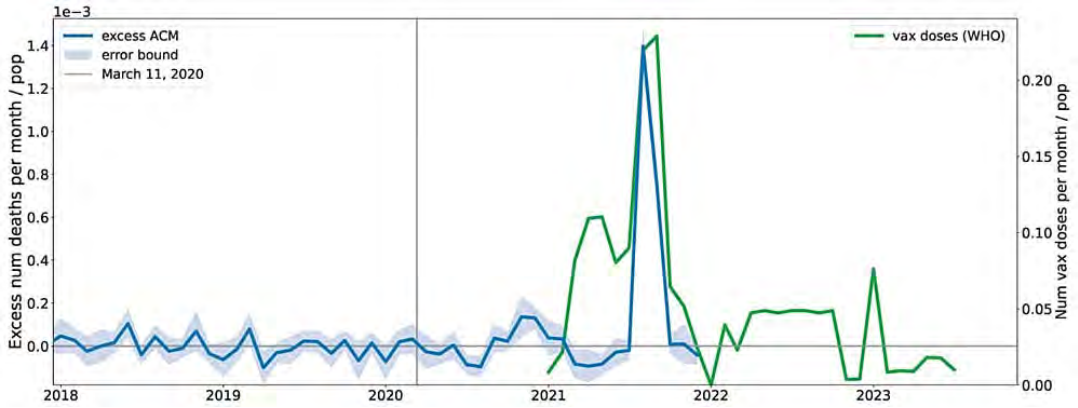
To deal with some of that complexity, Rancourt's team analyzed the data through several filters. For example, they examined age-discriminated data and also correlations between excess mortality and a variety of socioeconomic factors like sex, population-wide income and life expectancy.

Even with the non-discriminated data, there is a clear link between vaccine rollouts and excess mortality in many countries. For example, the graph for Brazil shows there is some excess mortality leading up to the vaccine rollouts that began at the end of 2020. Immediately following the rollouts there was a large spike in mortality.



Brazil excess deaths. Credit: Denis G. Rancourt, Joseph Hickey and Christian Linard.

In French Polynesia, one can see the excess mortality spike correlates to the start of the booster rollouts in mid-2021, whereas the first rollout didn't affect mortality.



French Polynesia excess deaths. Credit: Denis G. Rancourt, Joseph Hickey and Christian Linard.

Rancourt also emphasized that excess mortality isn't something that happens on average across a society — it usually happens among those who are frail enough to die, people who have compromised health — "the vulnerable," often the elderly — tended to be prioritized in the initial rollouts and the booster campaigns.

3. Many deaths were linked to respiratory viruses that could have been treated, but treatment was withheld.

One key issue Rancourt's team tried to address in the paper is how to sort out the primary cause of death from the clinical cause of death, which was often identified as a respiratory virus.

Rancourt said they did find that there was excess mortality quantitatively associated with respiratory conditions at death, which he also noted is generally common outside of the pandemic period as well.

One likely cause behind the high number of respiratory viruses could be immune suppression from the vaccines.

Also, he said, people with respiratory infections are typically treated with antibiotics or other appropriate interventions, but during the COVID-19 pandemic period, such treatment was restricted or completely withheld.

For example, they wrote, more than half of the deaths assigned as COVID-19 in the U.S. "could include life-threatening co-occurring bacterial pneumonia, according to CDC [Centers for Disease Control and Prevention] tabulations of death certificates."

Other respiratory causes of death pervasive throughout the world, like tuberculosis or fungal infections, Rancourt said, couldn't simply disappear. Instead, they went untreated and likely led to excess deaths.

"Normally in a modern country, we try to identify what the main pathogens are and we treat them in a targeted way with specific antibiotics," Rancourt said. "We stopped doing all of that and we stopped even recognizing that there was this complexity and that there was this natural fragility and susceptibility to lung infections in the human body."

Instead, he added, "We just wiped all that out and thought purely in terms of this new virus and that could be the only cause."

There were respiratory problems associated with excess mortality, they concluded, "but we believe that you had to have suppressed the immune systems of people in order to get them into that state," and leave those people untreated with interventions that would have saved them.

4. There was essentially no excess mortality before the WHO declared a pandemic.

Overall, they found that there was "essentially no excess mortality" in any of the countries analyzed before March 11, 2020, when the WHO declared a pandemic.

This supports their conclusion that deaths were not related to a pandemic virus, Rancourt told The Defender, because all-cause mortality from a virus would not manifest suddenly and in many places once a pandemic was declared.

Despite flawed epidemiological models claiming otherwise, the timing of deaths from a virus spread doesn't happen simultaneously in different societies, he said. That's the case even if a pathogen is "popped down in all the cities in the world," because how mortality occurs is "extraordinarily sensitive" to different society's social habits and health structures.

For example, a society with an older and frailer population would have people who were infectious for longer and who die more easily would have a different effect on mortality than in a society that was younger and healthier. Their excess death curves would change on different timelines and with different magnitudes, Rancourt said.

Excess mortality in different places would also be affected by the size of the initial virus introduction.

He added that many researchers claim from genomic measurements that the virus was present for months before it was announced, but there is no evidence of excess deaths during that time.

"So there should have been these rises that were just all over the place in time, but instead the virus waited for the political announcement by the World Health Organization," he said.

5. An 'elegant' methodology for analyzing all-cause and excess mortality.

All-cause mortality — a measure of the total number of deaths from all causes in a given time frame for a given population — is the most reliable data used by epidemiologists for detecting and characterizing events that cause death and for evaluating the population-level impact of deaths from any cause.

Unlike other measures, all-cause mortality data are not susceptible to reporting bias or biases that may exist in subjective assessments of the cause of death. Any event, from a natural disaster like an earthquake to a wave of seasonal or pandemic illness, appears in all-cause mortality data.

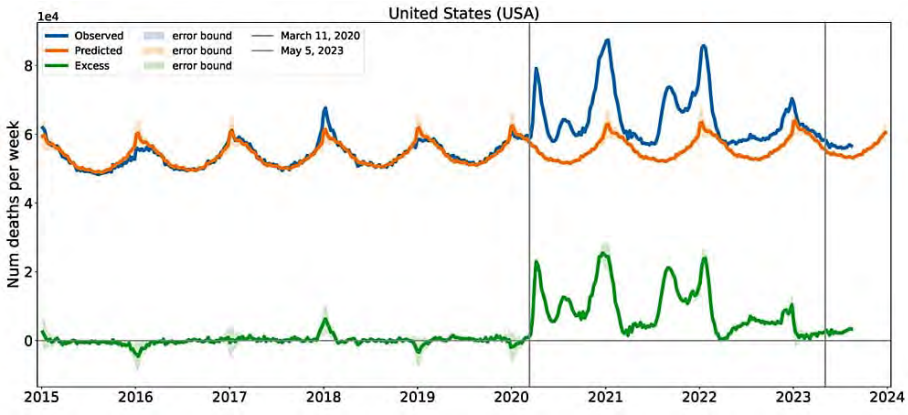
For this study, the authors identified baseline all-cause mortality rates by tracking all-cause mortality, where data were available, from 2015 and 2019 to estimate forward what the expected all-cause mortality would have been absent the pandemic conditions for 2020 to 2023.

They compared the baseline data to the actual all-cause mortality data reported in those years to track how mortality changed during that time and identify excess mortality.

Excess mortality refers to the number of deaths from all causes during a crisis above and beyond what we would have expected to see under "normal" conditions.

In an extensive series of graphs for each country, the researchers tracked and statistically analyzed the temporal relationship between spikes in national all-cause mortality rates, stratified by age where data were available, and the COVID-19 pandemic period and the vaccine and booster rollouts.

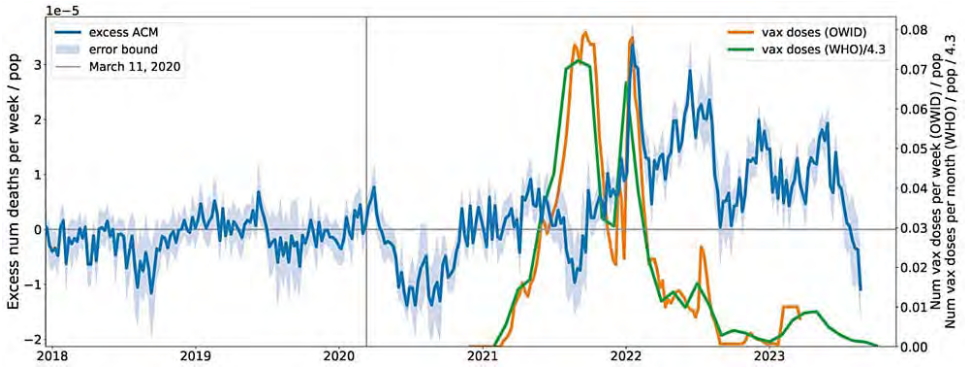
For example, one graph shows excess mortality for the U.S. during the pandemic period. Gray vertical lines indicate the announced start and end of the pandemic. The blue curve is raw all-cause mortality data by week. The orange curve is the average from Rancourt et al.'s analysis prediction of expected all-cause mortality. The green curve shows total excess mortality, which is the difference between the historic trend and the actual mortality during the pandemic period.



Credit: Denis G. Rancourt, Joseph Hickey and Christian Linard.

After they established excess mortality in each country, Rancourt and his team analyzed how that excess mortality related to the COVID-19 vaccine doses, graphing how all-cause mortality related to the vaccine and booster rollouts and the cumulative excess mortality over time with increased vaccine doses in hundreds of graphs.

For example, the graph below shows excess mortality in Australia. The graph shows all-cause mortality in blue and the vaccine rollouts in green and orange (from two different data sources). The excess mortality begins to climb just after the start of the booster rollout in fall 2021.



Australia excess deaths. Credit: Denis G. Rancourt, Joseph Hickey and Christian Linard.

“We really found an elegant way to do this that we think is eventually going to be adopted by virtually all epidemiologists because it’s just so robust and straightforward and easy to interpret and understand and it minimizes the chance of any errors in the extrapolation or the methodology itself,” Rancourt said.

Brenda Baletti, Ph.D.

Brenda Baletti, Ph.D., is a senior reporter for The Defender. She wrote and taught about capitalism and politics for 10 years in the writing program at Duke University. She holds a Ph.D. in human geography from the University of North Carolina at Chapel Hill and a master's from the University of Texas at Austin.