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Did the C19 vaccine kill 17 million? Yes, but how? Not what you think!

Clinical data proves lethality but not of this magnitude

DENIS RANCOURT
DEC 07, 2024

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17 million?

My co-authors and I first calculated the now iconic **17 million vaccine-deaths number** (with uncertainties) in two large papers:

1. using Southern Hemisphere countries (2023)
2. using 125 countries worldwide (2024)

The accepted test for a causal relation in epidemiology was satisfied.

We had previously found the temporal associations to be quite striking in: India (2022), Australia (2022), and Israel (2023). The vaccine dose fatality rate was exponential with age.

Vaccine-associated features had also been seen in the mortality data of the USA (2022).

Excess mortality prior to all C19 vaccine rollouts

In 2020, I showed that large excess mortality occurring prior to all vaccine rollouts had to be due to the aggressive extraordinary measures, not a spreading pathogen, in my 2 June 2020 paper: "All-cause mortality during COVID-19: No plague and a likely signature of mass homicide by government response".

We continued this work ever since: CORRELATION.

Essentially no excess mortality occurred anywhere in the world prior to the World Heath Organization's 11 March 2020 arbitrary declaration of a pandemic. All excess mortality, vaccine induced or not, has been politically driven.

Arguably the best calculation of total global Covid-period (2020-2022, prior to 2023) excess all-cause mortality (pre- and post-vaccine rollouts) is from our 521-page 2024 paper:

- Excess mortality rate 0.392 ± 0.002 %, corresponding to 30.9 ± 0.2 million excess deaths = **31 million all excess deaths up to the end of 2022**

The paradox

Coming back to the 17 million vaccine deaths… In this post, I want to address the following paradox:

> On the one hand, there is a strong temporal association between C19 vaccine rollouts and excess all-cause mortality, leading to our calculated global C19 vaccine mortality of approximately 17 million, whereas, on the other hand, large-scale adverse-effect monitoring and vaccination-status-differentiated all-cause mortality show a vaccine mortality rate that is some 1000 times smaller than needed to explain the observed vaccine-associated excess all-cause mortality.

This is a significant inconsistency that cannot summarily be disregarded, one way or the other. Both outcomes are based on sufficiently reliable observational data.

The said paradox cannot be solved solely by showing or proving clever molecular or cellular mechanisms of C19 vaccine harm. It is a quantitative paradox not a conceptual one.

There is no reasonable doubt that the C19 vaccines cause death, not to mention mass injury, as established in a growing number of published autopsy reports and clinical observations (3,580 science-journal articles to date). That is not the question.

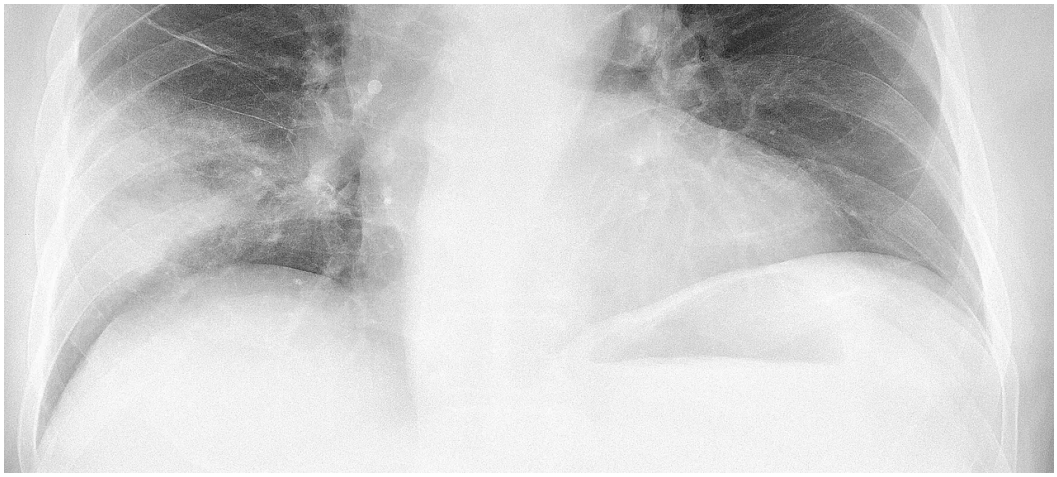
Another aspect that should be considered proven is that the notion that the C19 vaccine "saved lives", or "millions of lives", is a ridiculous notion. The untenable nature of that theoretical proposition (advanced in *The Lancet*) was demonstrated by me and co-author Joseph Hickey here: https://correlation-canada.org/nobel-vaccine-and-all-cause-mortality/. Likewise, the recent estimate of "lives saved" by Ioannidis and co-authors is erroneous and silly.

So, on the one hand, there are strong correlations in time between peaks in excess all-cause mortality and vaccine rollouts (hundreds of examples), whereas, on the other hand, reasonably estimated fatal vaccine toxicity is not large enough (by some 3 orders of magnitude) to explain the measured vaccine-associated all-ages excess all-cause mortality.

I provided an answer to this paradox in section 3.3.6 of my recent paper: https://www.preprints.org/manuscript/202412.0480/v1

Medical Hypothesis: Respiratory epidemics and pandemics without viral transmission

DENIS RANCOURT AND CORRELATION • DEC 3



Citation: Rancourt, DG. Medical Hypothesis: Respiratory epidemics and pandemics without viral transmission. CORRELATION Research in the Public Interest, Report, 02 December 2024. https://correlation-canada.org/respiratory-epidemics-without-viral-transmission/

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This is the abstract of that paper:

> **The spatiotemporal all-cause mortality (weekly time resolution, >100 jurisdictions) during the Covid period (the period of the declared pandemic, 2020-2023) disproves that the excess deaths could have been caused by the spreading contagion of any novel virus or its postulated variants (Rancourt et al., 2024).** What then caused the estimated 31 million excess deaths worldwide (Rancourt et al., 2024)? In this paper, I systematically present many facets (based on the existing scientific literature) of my overall hypothesis whereby the Covid-period pandemic of mortality was a pandemic of transmissionless self-infection bacterial

> pneumonias induced by biological stress (in the sense of medical researcher Hans Selye, which includes psychological stress) arising from the coordinated and largescale mandates, measures, so-called responses, and medical assaults including testing, diagnostic bias, isolation, denial of treatment (especially antibiotics for pneumonia), mechanical ventilation, sedation, experimental and improper treatments, and vaccination. Transmissionless self-infection bacterial pneumonias are normally prevalent in the geriatric context, where they are known as aspiration pneumonia. Transmissionless pneumonias do not rely on person-to-person transmission or contagion but rather are associated with the stressed or assaulted respiratory tract microbiome. My contribution is to advance that the likelihood of fatal transmissionless pneumonias in the elderly and persons with comorbidities increases significantly with environmental changes or assaults that cause biological stress, and to describe several mechanisms. My hypothesis is that this proposed phenomenon is amply sufficient to cause epidemics, pandemics and seasonal mortality, always targeting the frail and sick, and that Covid was exactly such a case, completely caused by institutions and governments.

A solution to the paradox

A solution is that the C19 vaccine rollouts are themselves systematically accompanied by deadly concomitant measures that cause the vaccine-associated peaks in excess all-cause mortality.

What are the said concomitant measures and how are they so fatal?

It turns out that the said concomitant measures are the same kinds of factors that in 2020 caused hot spots of large excess all-cause mortality prior to any C19 vaccine rollout, and that have been causing excess deaths throughout and after the 5 May 2023 end of the declared pandemic.

I most recently put it this way:

> … the impugned COVID-19 vaccine rollouts may be synchronously accompanied by concomitant aggressive medical and/or health interventions, and the latter interventions would be the relevant primary cause(s) of death.
>
> Examples of such accompanying interventions might include:
>
> - the use of incorrectly stored or handled COVID-19 vaccination products
> - incorrect combinations of COVID-19 vaccination products from different manufacturers
> - incorrect physical administrations of the COVID-19 vaccine, using rushed or ill-trained staff
> - testing for COVID-19, and the associated consequences of positive test results

> - more aggressive or extreme immobilization and isolation enforcement during the vaccine rollout
> - the psychological stress of being coerced into re-vaccination, in the institutional environment
> - administration of influenza or other vaccinations
> - administration of medications intended to facilitate acceptance or to alleviate side effects of the injections
> - disrupted patient care schedule, including regular medication, meals and hydration
> - transmitted stress of the attendants, or infections from the attendants
> - and so on
>
> The thus associated or accompanying assaults can be different in their array and different in magnitude from one country to another, from one institution to another, and from one COVID-19 vaccine rollout to another (with multiple doses, such as boosters). For example, Rancourt (2022) discusses the case of India, compared to the consequences of so-called vaccine-equity campaigns in the USA.

Basically, these types of measures, like any campaign of coordinated and largescale aggressive

- mandates,
- measures,
- so-called responses, and
- medical assaults including testing, diagnostic bias, isolation, denial of treatment (especially antibiotics for pneumonia), mechanical ventilation, sedation, experimental and improper treatments, and any coerced vaccination

will increase biological stress and thereby induce fatal self-infection transmissionless bacterial pneumonias in elderly and sick people. Social isolation and in-bed immobilization are devastating for the sick and elderly, not to mention deprivation of touch and restriction of breathing.

This hypothesis is amply supported by a large scientific literature. See: Yup, my latest.

The same basic mechanism (mass environmental or societal assault —> fatal self-infections of the sick and elderly) has probably caused all epidemics and pandemics is history, and the seasonal winter excesses in all-cause mortality, as argued and referenced here.

Conclusion

My goal in this post was to quantitatively explain the bulk of country-wide all-ages excess all-cause mortality, so I left out the devastation of young adults and children

who mostly did not die in such great numbers but who did suffer significant and persistent harm. They did measurably die at significantly increased rates compared to their age-specific pre-2020 mortality rates.

The above discussion means a number of things:

1. The impact of extraordinary biological stress (which includes psychological stress) on individual health vulnerability and mortality during large societal upheavals was vastly underestimated and largely disregarded by the medical establishment
2. The importance of self-infection transmissionless bacterial pneumonias (e.g.: aspiration pneumonia, catastrophic respiratory microbiome imbalance, emergent tuberculosis) was negligently disregarded, not diagnosed and not treated
3. The same basic mechanism of death operated prior to, during, and after C19 vaccine rollouts:

—> institutional (top-down) life-changing aggression

—> induced biological stress and disruption of respiratory tract microbiome

—> self-infection transmissionless bacterial pneumonias

—> large-scale deaths of elderly and sick people in care homes, hospitals and institutions

Regarding point-1, see, yup, me:

Fundamental nature of health

DENIS RANCOURT • NOVEMBER 29, 2023

A short presentation I gave to ICS4 delegates in Bucharest, Romania, on 17 November 2023... Video produced by Dr. Jeremie Mercier. We recorded this on the fly, in a closed door session, with permission from the organizers.

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Since essentially none of the C19 vaccine-associated concomitant measures described above would have occurred without the driver of C19 vaccine rollouts... we can

conclude that the vaccines were indeed the cause of the 17 million rollout-associated excess deaths, in that sense. This explains the strong temporal associations between mortality and rollouts.

As I have concluded in several venues: The declared Covid pandemic (2020-2023) was entirely caused by the coordinated and largescale mandates, measures, so-called responses, and medical assaults including testing, diagnostic bias, isolation, denial of treatment (especially antibiotics for pneumonia), mechanical ventilation, sedation, experimental and improper treatments, and vaccination.

In terms of immediate excess mortality, the declared Covid pandemic was a pandemic of mistreatment- and biological-stress-induced transmissionless spontaneous bacterial pneumonias attacking the elderly and the sick.

I wrote this essay as a break from our ongoing "heavy-lifting" scientific research at CORRELATION. We have three major papers coming out in early 2025. Please join and support.

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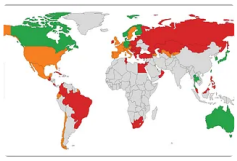

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