

DOI: <https://doi.org/10.5281/zenodo.19598446>

Denis G Rancourt conference presentation slides and text (at bottom),
All-cause mortality world-wide and Romania (Covid era),
International Covid Summit, Bucharest, 18-19 November 2023

[This header slide was not in the presentation.]

Professor Denis G. Rancourt, B.Sc., M.Sc., Ph.D.

Interdisciplinary scientist
CORRELATION Research in the Public Interest
(Former tenured Full Professor of Physics, University of Ottawa, Canada)

ALL-CAUSE MORTALITY WORLD-WIDE AND ROMANIA



Bucharest – 18-19 November 2023

Read our blog posts about our research projects, by topic:

All-cause mortality (7)

COVID (9)

SR models (3)

Updates (2)

Vaccines (7)

Complete list of CORRELATION research papers:



2023-10-08 DG, Renouart & J. Hickey, ["Quantitative evaluation of whether the higher-than-expected COVID-19 vaccine actually averted millions of lives"](#), Correlation Brief Report



2023-09-17 DG, Renouart, M. Baudin, J. Hickey & J. Mercier, ["COVID-19 vaccine-associated mortality in the Southern Hemisphere"](#), Correlation Report



2023-02-08 DG, Renouart, M. Baudin, J. Hickey & J. Mercier, ["Age-standardized COVID-19 vaccine-cover fatality rate for Israel and Australia"](#), Correlation Brief Report



2023-02-06, J. Hickey & DG Renouart, ["Predictions from transfer of epidemiological models of consequences of asymptotic and sublethal, vulnerable people into care facilities"](#), medRxiv



2023-12-20 DG, Renouart, M. Baudin & J. Mercier, ["Probable causal association between Australia's new regime of both all-cause mortality and its COVID-19 vaccine rollout"](#), Correlation Brief Report



2023-12-06 DG, Renouart, ["Probable causal association between India's extraordinary April 2022 excess mortality event and the vaccine rollout"](#), Correlation Brief Report



2023-10-06 DG, Renouart, M. Baudin & J. Mercier, ["Proof that Canada's COVID-19 mortality statistics are incorrect"](#), Correlation Brief Report



2023-08-23 J. Hickey & DG Renouart, ["Compartmental model fits for vaccination status-based estimation, respiratory, and respiratory diseases"](#), medRxiv



2022-08-02 DG, Renouart, M. Baudin & J. Mercier, ["COVID-19 Period Mass Vaccination Coverage and Public Health Disaster in the USA"](#), medRxiv/medRxiv



<https://correlation-canada.org/>



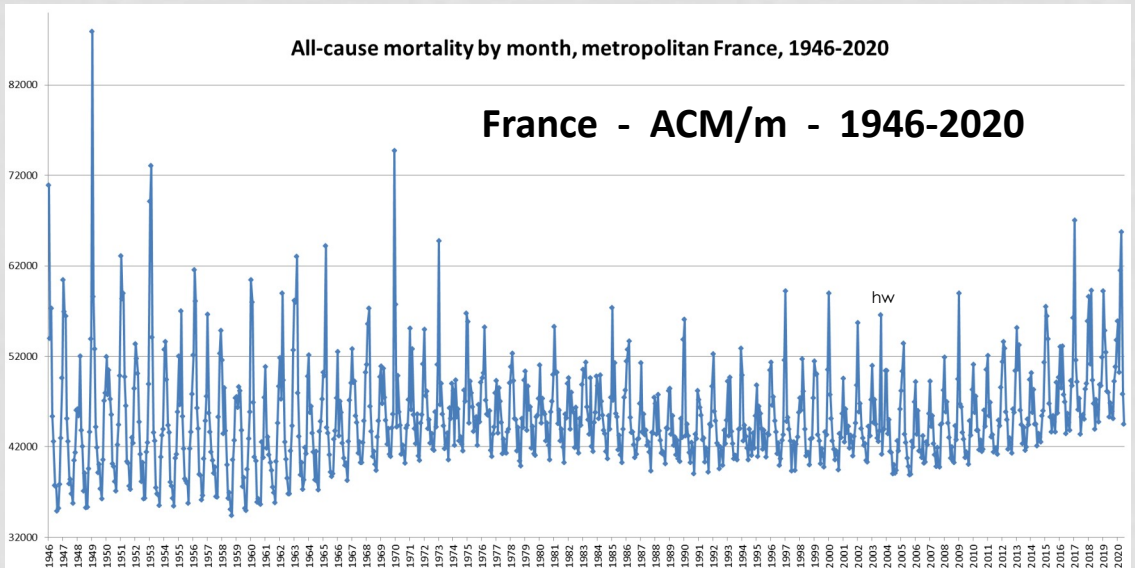
Collaborators:
Denis Rancourt, PhD

- Marine Baudin, PhD
- Joseph Hickey, PhD
- Jérémie Mercier, PhD
- John Johnson, PhD
- Christian Linard, PhD



All-cause mortality (ACM) - By month

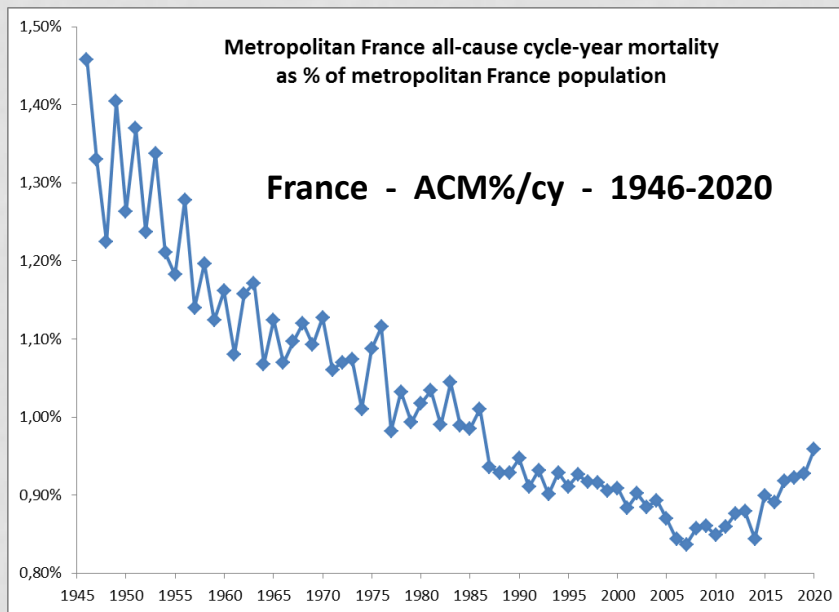
>100 years of international mortality surveillance
(by time, by nation, by region, by age, by sex)



(Rancourt et al., 2020)

All-cause mortality (ACM) - By cycle year, as % of population

>100 years of international mortality surveillance
(by time, by nation, by region, by age, by sex)



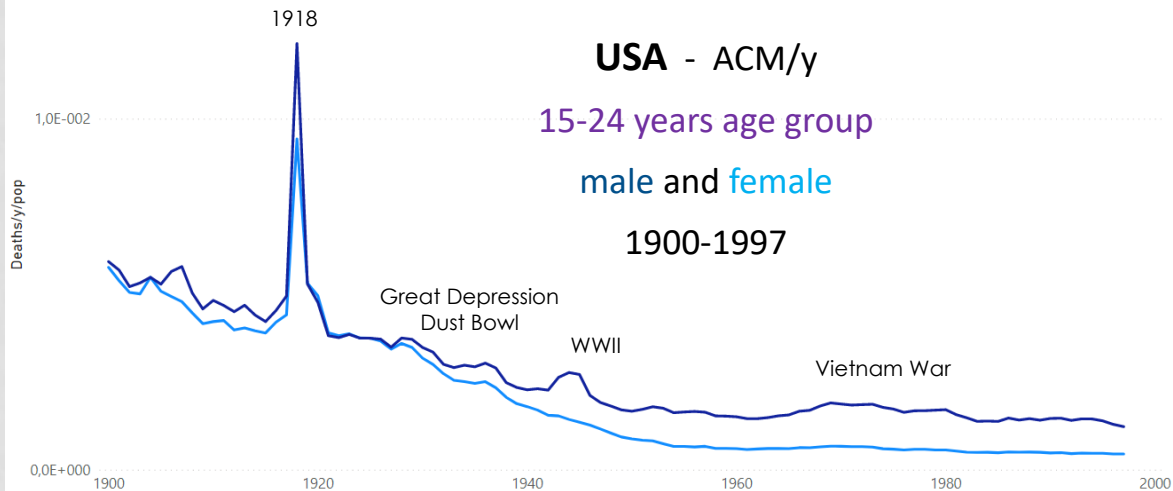
(Rancourt et al., 2020)

All-cause mortality (ACM) - By age group, by sex, per population

>100 years of international mortality surveillance
(by time, by nation, by region, by age, by sex)

ACM/y/pop. USA, 15-24 age group, by sex, 1900-1997

Sex ● Female ● Male



(Rancourt et al., 2021)

All-cause mortality (ACM)

>100 years of international mortality surveillance

(by time, by nation, by region, by age, by sex)

What is detected in ACM by time and by age group?

- Seasonal variations (hemispherically synchronous)
- War (WWII, Vietnam War in USA data...)
- Economic collapse (Great Depression USA, Dust Bowl USA, famine...)
- Summer heat waves (mid-latitude, temperate regions)
- Earthquakes (all-ages building occupants)
- Not the post-WWII CDC-declared pandemics:
 - 1957-58, “H2N2” / 1968, “H3N2” / 2009, “H1N1+”
- 1918 bacterial pneumonia outbreaks (in assaulted social classes)
- Covid-period assaults: Lockdowns, isolation, medical assaults, economic-sector closures, institutional closures, service closures, deprivation of usual social and medical treatments, mass vaccination

(e.g., Rancourt, 2023, “There Was No Pandemic”)

**What they
want us
to believe
about
COVID-19 vaccination benefits
...
Including via
awarding a Nobel Prize**

(Rancourt and Hickey, 2023)

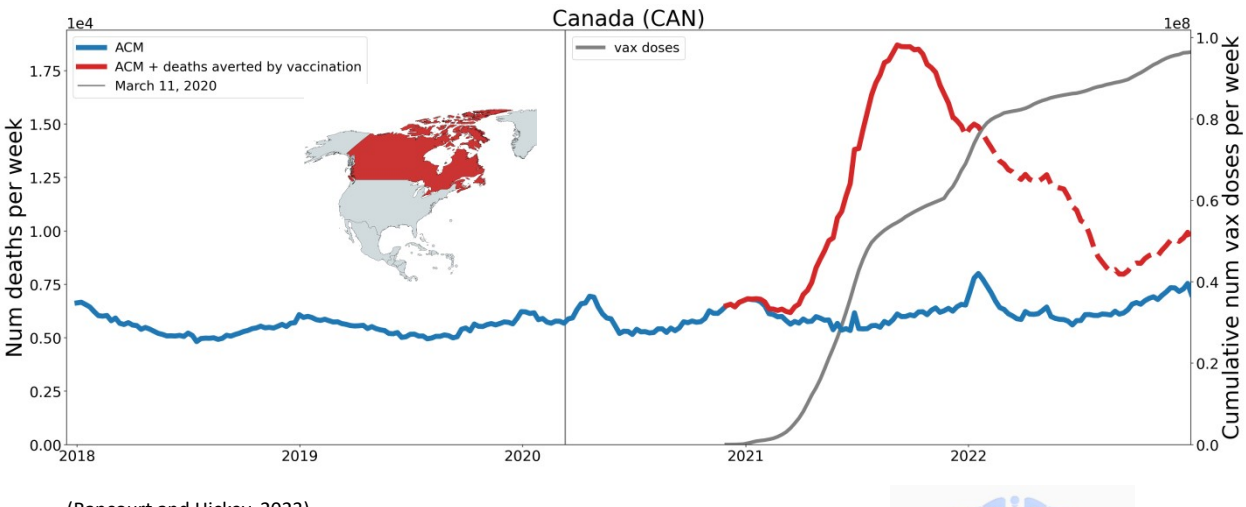


What they want us to believe...

[Watson et al., 2022, *Lancet Inf. Deas.* / Nobel / media...]



Canada - ACM/w



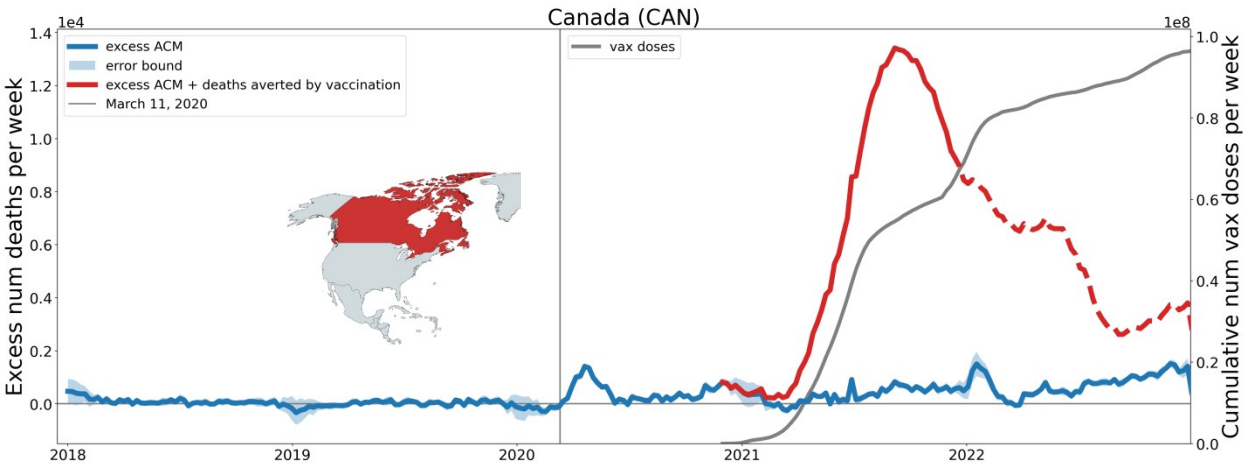
(Rancourt and Hickey, 2023)

What they want us to believe...

[Watson et al., 2022, *Lancet Inf. Deas.* / Nobel / media...]



Canada - excess-ACM/w



(Rancourt and Hickey, 2023)

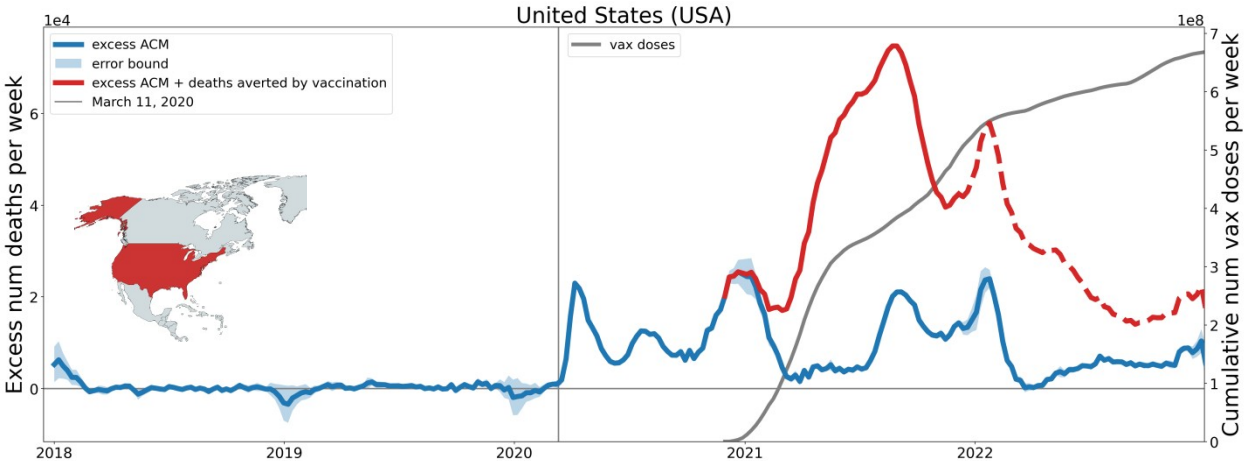


What they want us to believe...

[Watson et al., 2022, *Lancet Inf. Deas.* / Nobel / media...]



USA - excess-ACM/w



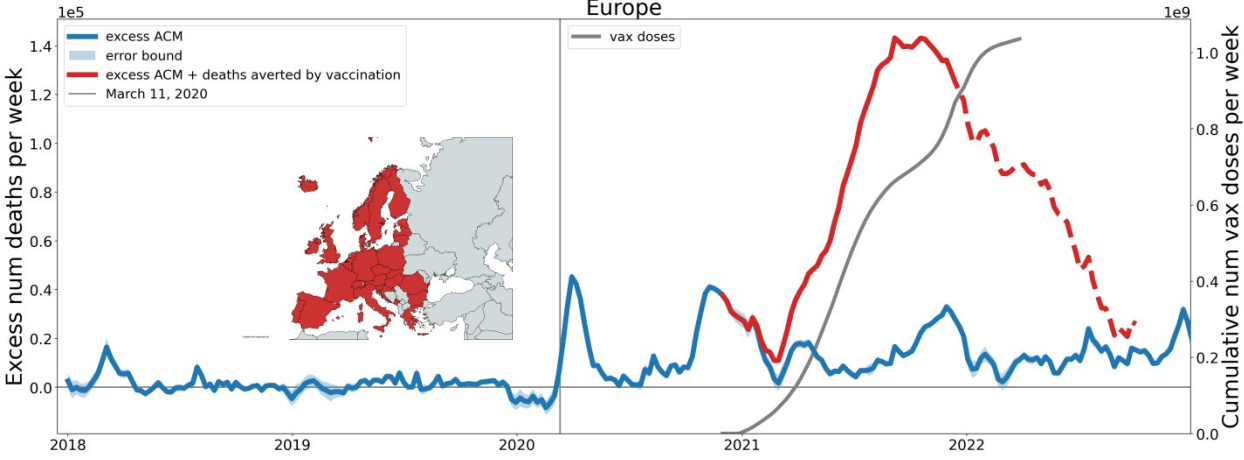
(Rancourt and Hickey, 2023)

What they want us to believe...

[Watson et al., 2022, *Lancet Inf. Deas.* / Nobel / media...]



Europe - excess-ACM/w



(Rancourt and Hickey, 2023)

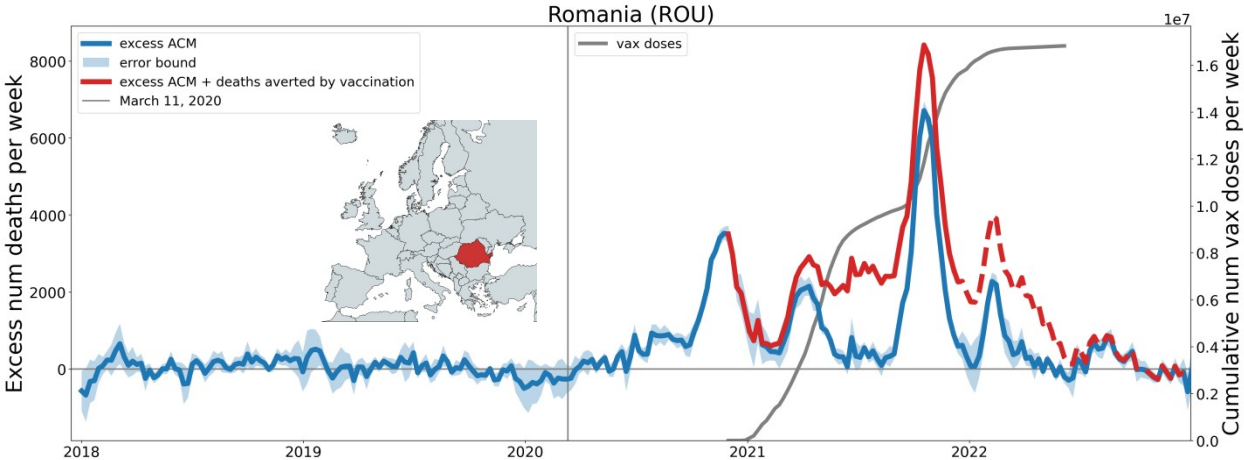


What they want us to believe...

[Watson et al., 2022, *Lancet Inf. Deas.* / Nobel / media...]



Romania - excess-ACM/w



(Rancourt and Hickey, 2023)

**Back to
actual
measured
all-cause mortality**

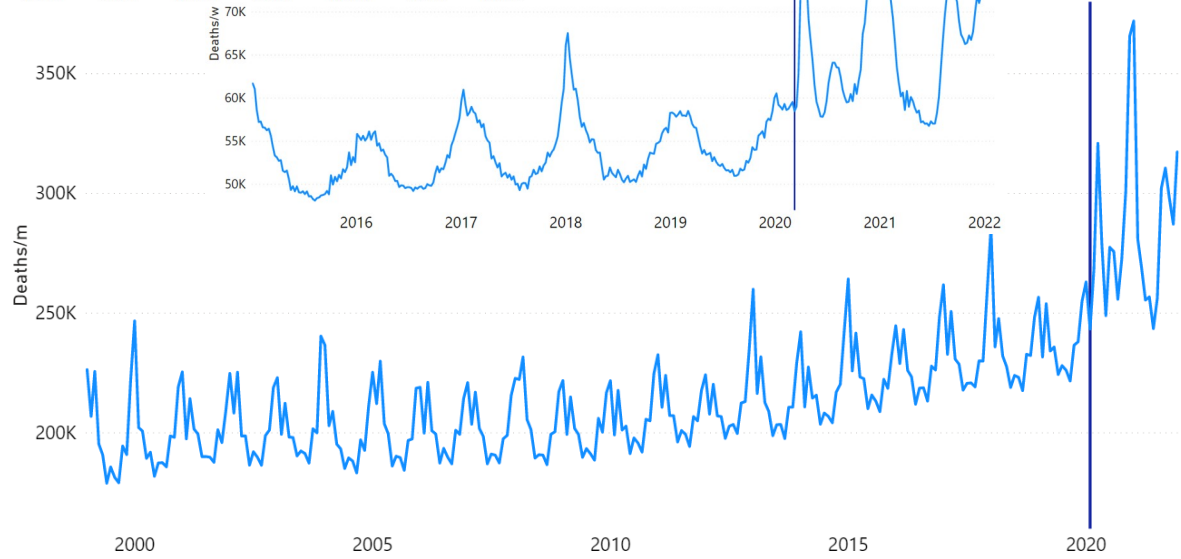
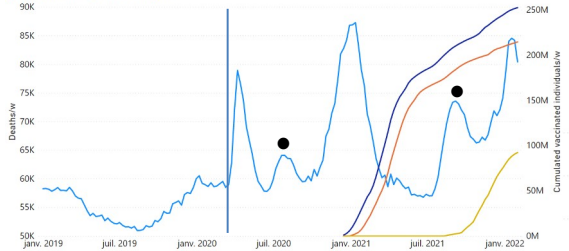
...

USA - ACM/time

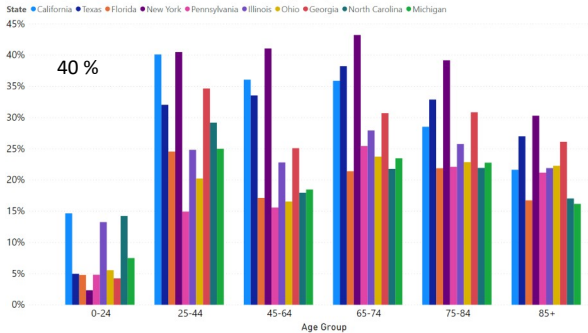
(Rancourt et al., 2022)

ACM/w, USA, 2019-2022

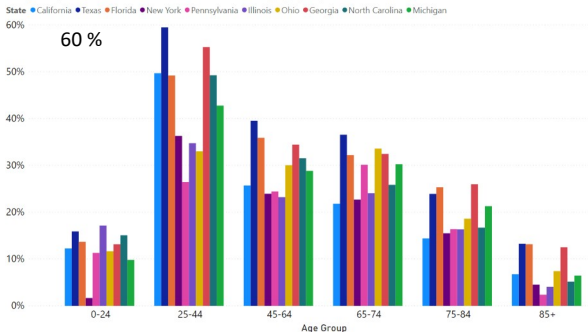
● Deaths ● At least 1 dose ● Fully vaccinated ● Booster



pVax-pCVD/pCVD, CA-TX-FL-NY-PA-IL-OH-GA-NC-MI by age group



Vax-pCVD/pCVD, CA-TX-FL-NY-PA-IL-OH-GA-NC-MI by age group



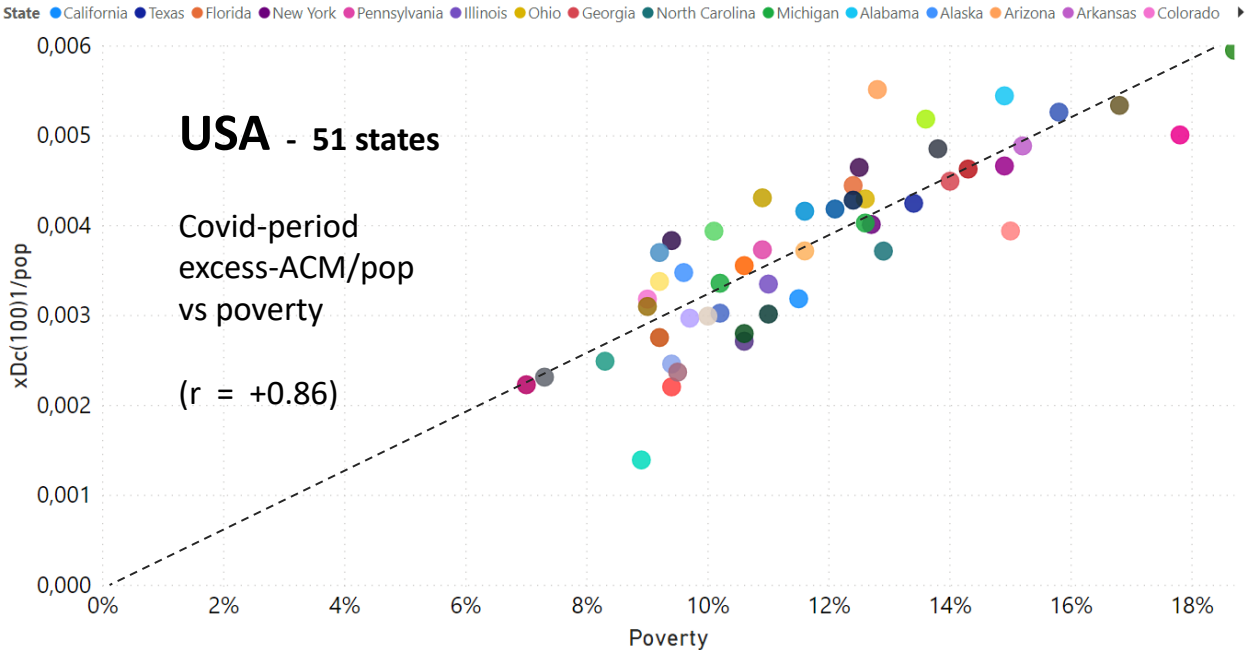
USA Covid-period excess all-cause mortalities relative to normal (%), 10 most populous states

← Prior to vaccination

← Vaccination period

(Rancourt et al., 2022)





(Rancourt et al., 2022)

Model for cause of excess mortality during the Covid period

covid-period socio-economic, regulatory, institutional... conditions

→ psychological stress / social isolation

→ severely suppressed immune system in most vulnerable residents

(+ vaccine assault of thus immunocompromised vulnerable residents)

→ mortality from untreated bacterial pneumonia (+ vaccine-assault comorbidity) in most vulnerable residents

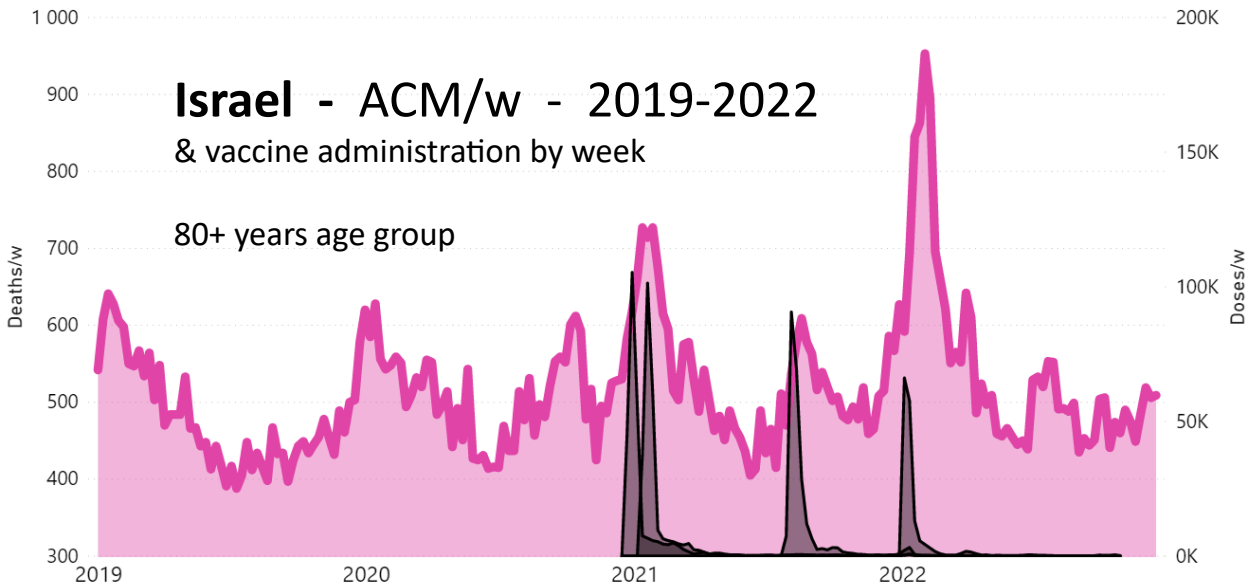
**Synchronicity
between
peaks in ACM
and
vaccine rollouts**

...

**by dose number
and
by age group**

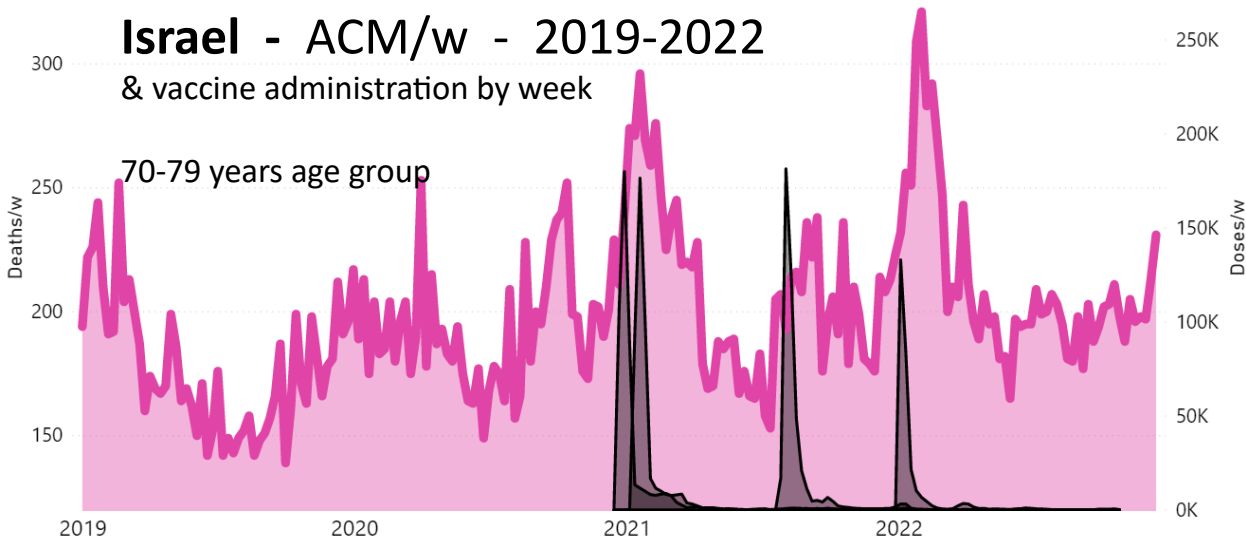
...

ACM/w and vaccine doses by week, Israel, 80+, 2019-2022



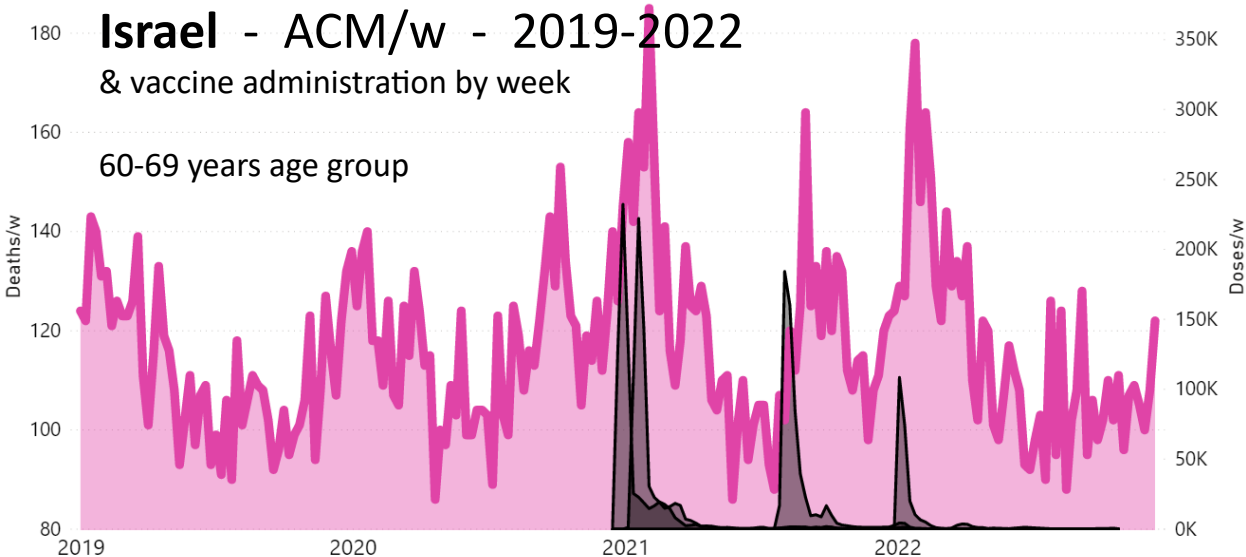
(Rancourt et al., 2023)

ACM/w and vaccine doses by week, Israel, 70-79, 2019-2022



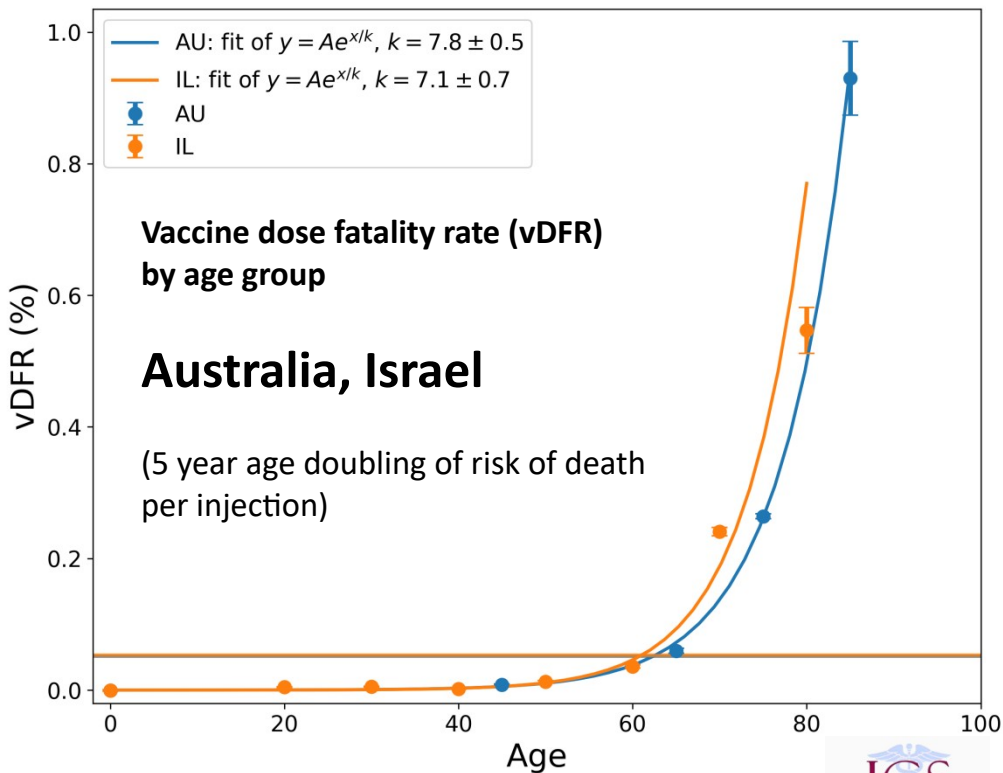
(Rancourt et al., 2023)

ACM/w and vaccine doses by week, Israel, 60-69, 2019-2022



(Rancourt et al., 2023)



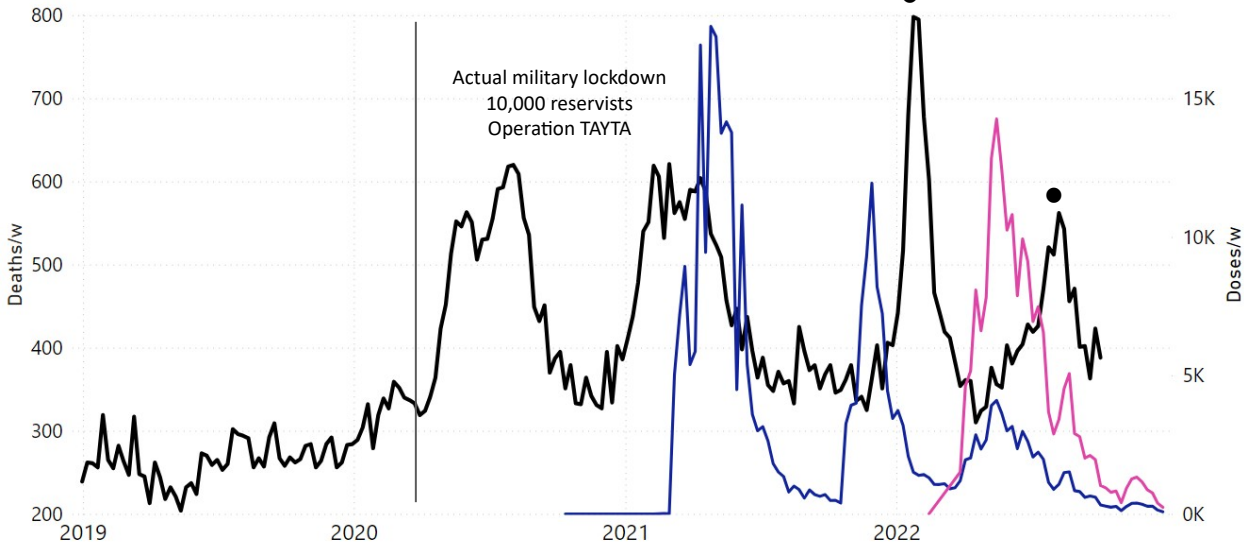


(Rancourt et al., 2023)

Peru: 90+ years; all-doses and dose-4 (x4)

ACM and vaccination by week, Peru, 90+, 2019-2022

● Mortality ● All doses ● 4x Dose 4

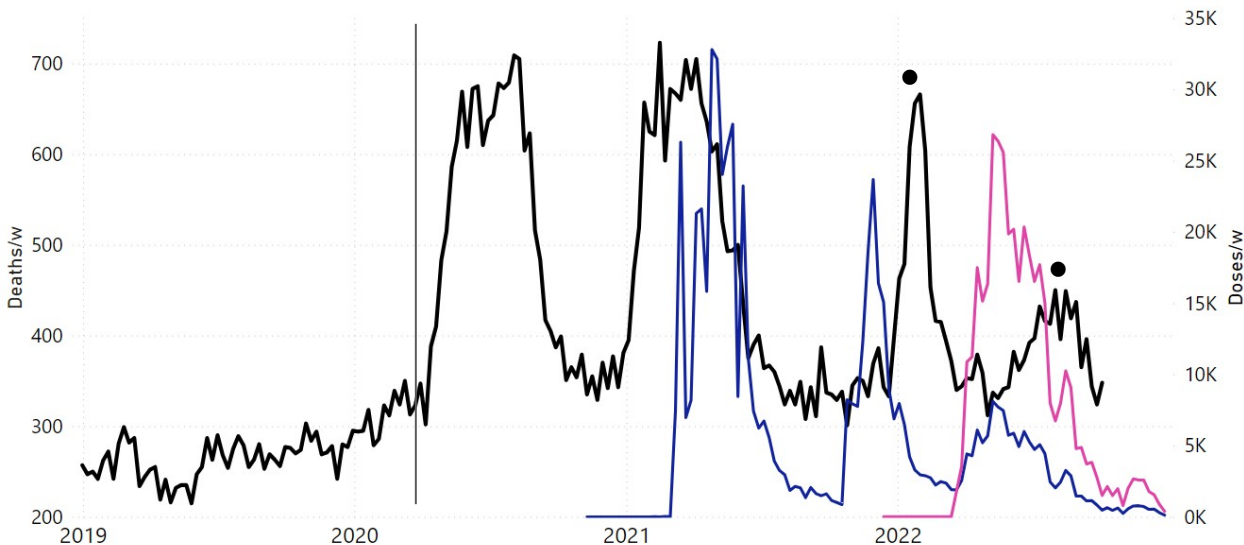


(Rancourt et al., 2023)

Peru: 85-89 years; all-doses and dose-4 (x4)

ACM and vaccination by week, Peru, 85-89, 2019-2022

● Mortality ● All doses ● 4x Dose 4

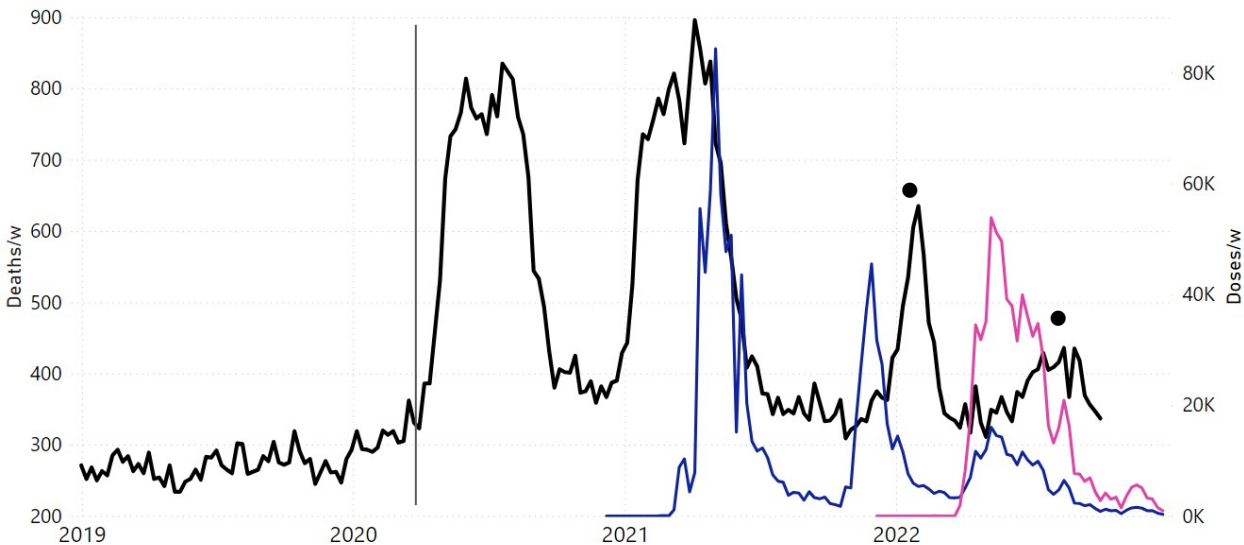


(Rancourt et al., 2023)

Peru: 80-84 years; all-doses and dose-4 (x4)

ACM and vaccination by week, Peru, 80-84, 2019-2022

● Mortality ● All doses ● 4x Dose 4

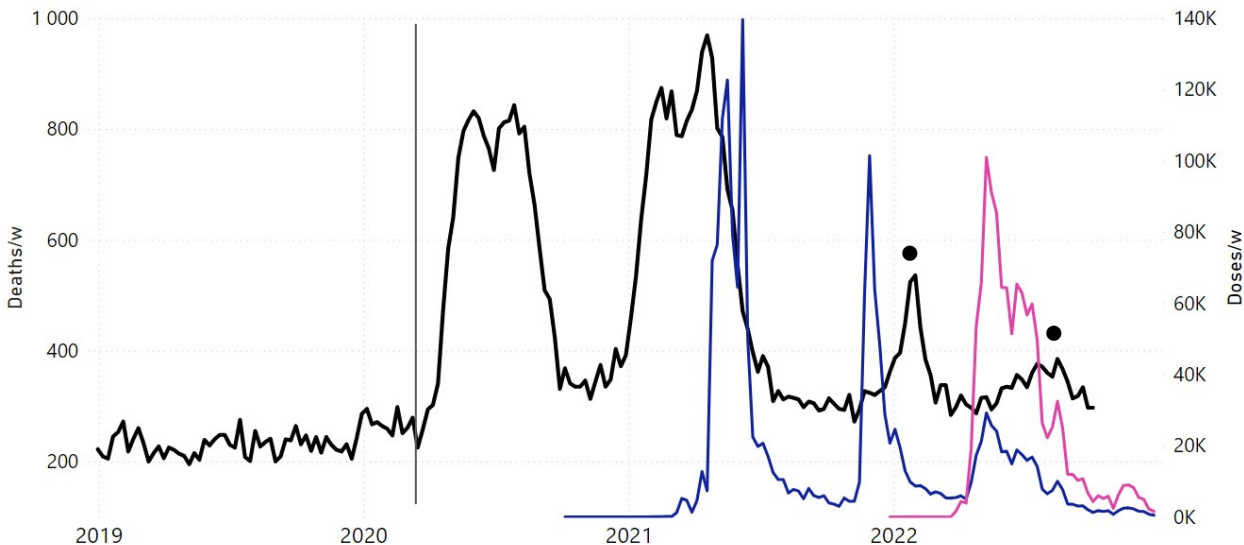


(Rancourt et al., 2023)

Peru: 75-79 years; all-doses and dose-4 (x4)

ACM and vaccination by week, Peru, 75-79, 2019-2022

● Mortality ● All doses ● 4x Dose 4

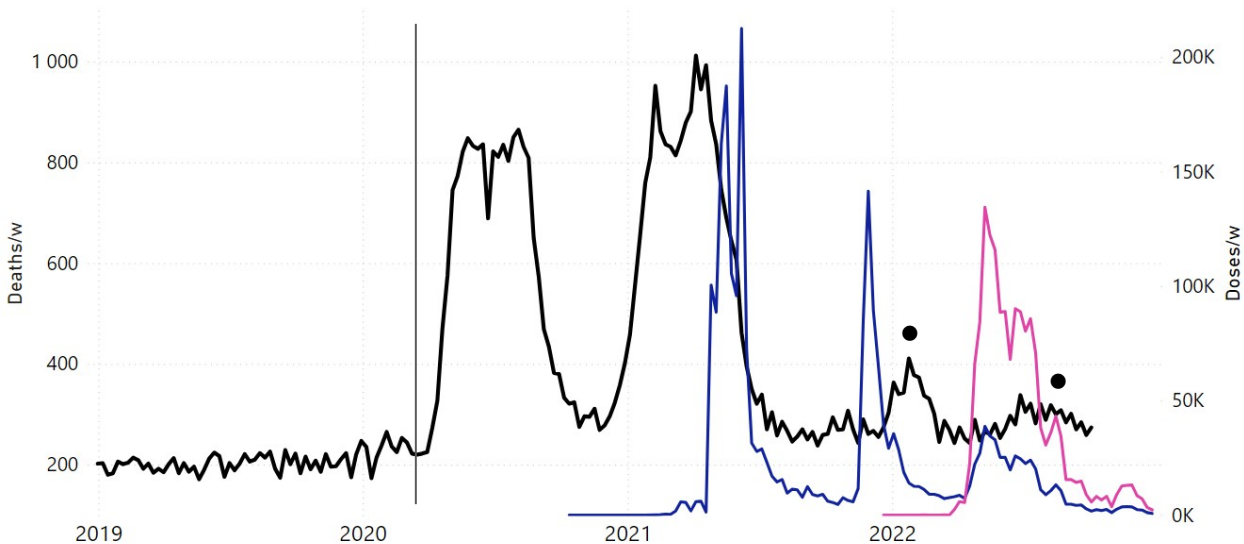


(Rancourt et al., 2023)

Peru: 70-74 years; all-doses and dose-4 (x4)

ACM and vaccination by week, Peru, 70-74, 2019-2022

● Mortality ● All doses ● 4x Dose 4

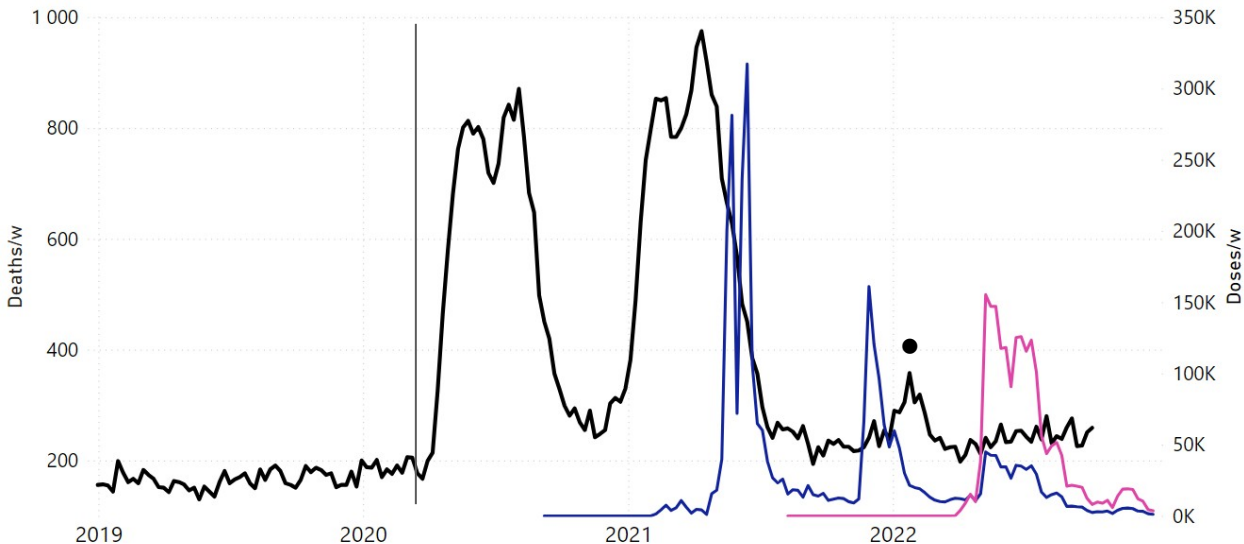


(Rancourt et al., 2023)

Peru: 65-69 years; all-doses and dose-4 (x4)

ACM and vaccination by week, Peru, 65-69, 2019-2022

● Mortality ● All doses ● 4x Dose 4

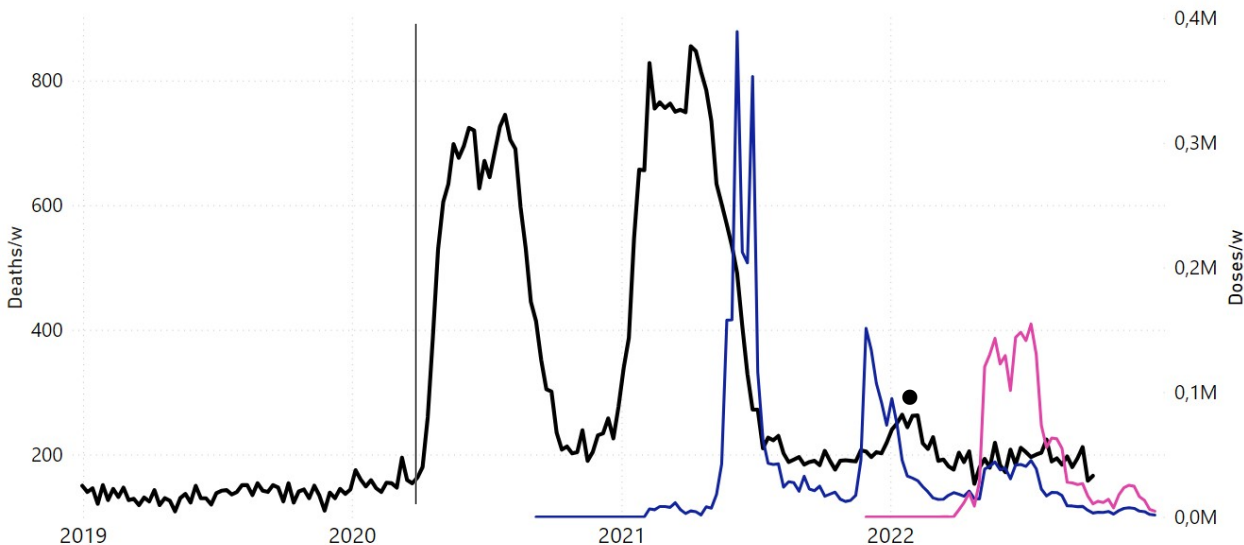


(Rancourt et al., 2023)

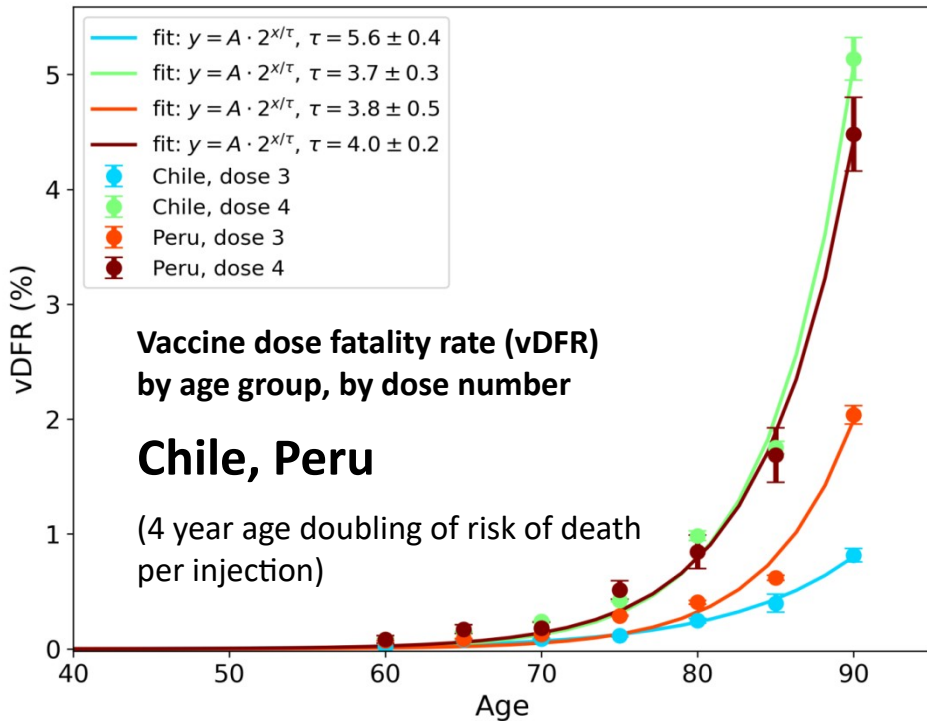
Peru: 60-64 years; all-doses and dose-4 (x4)

ACM and vaccination by week, Peru, 60-64, 2019-2022

● Mortality ● All doses ● 4x Dose 4



(Rancourt et al., 2023)



COVID-19 VACCINES

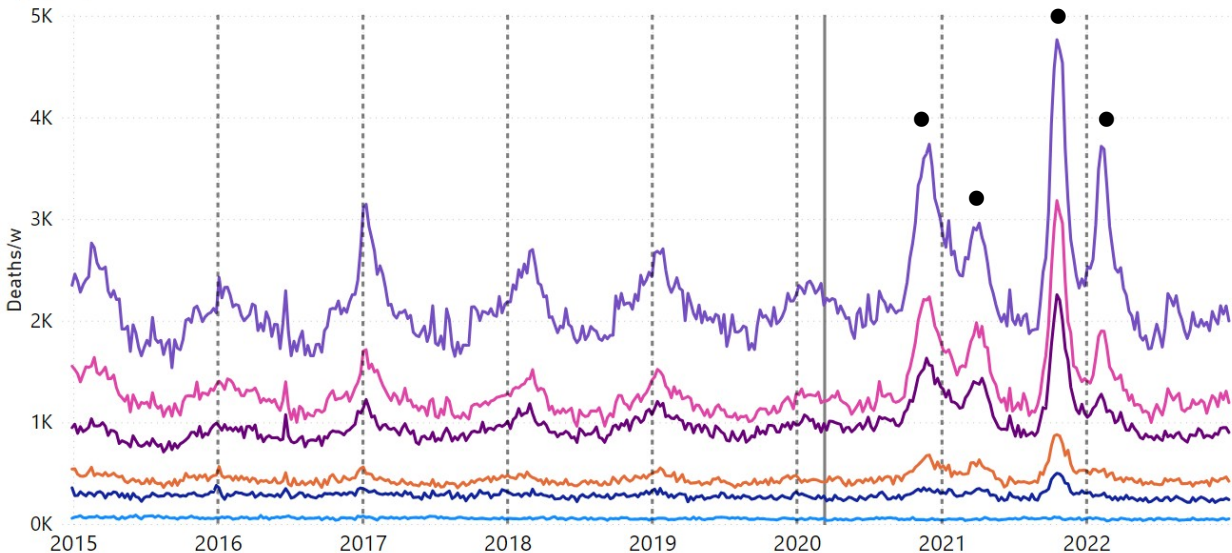
- COVID-19 vaccines should be considered a toxic substance
- Fatal toxicity is X1000 that admitted by the industry
- All-ages mean fatal toxicity: 1 vaccine death per 800 injections
- 17 ± 0.5 million vaccine deaths worldwide, to present
- Fatal toxicity is exponential with age,
with risk of death doubling every 4-5 years of age
- Fatal risk attains 1 death per 20 injections, in 90+ year olds
challenged with booster doses

Romania – all-cause mortality

2015 – 2022, by age group

ACM/w, Romania, by age group, 2015-2022

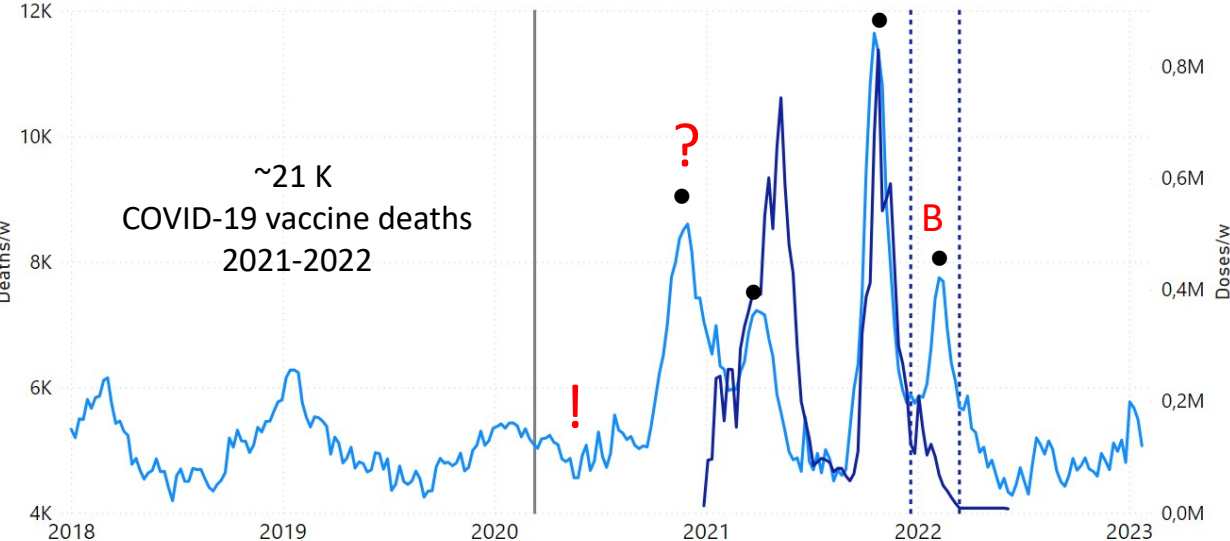
Age group ● 0-24 ● 25-49 ● 50-59 ● 60-69 ● 70-79 ● 80+



Romania - ACM/w & vaccination

ACM and vaccination by week, Romania, all ages, 2018-2023

● Mortality ● Vaccination

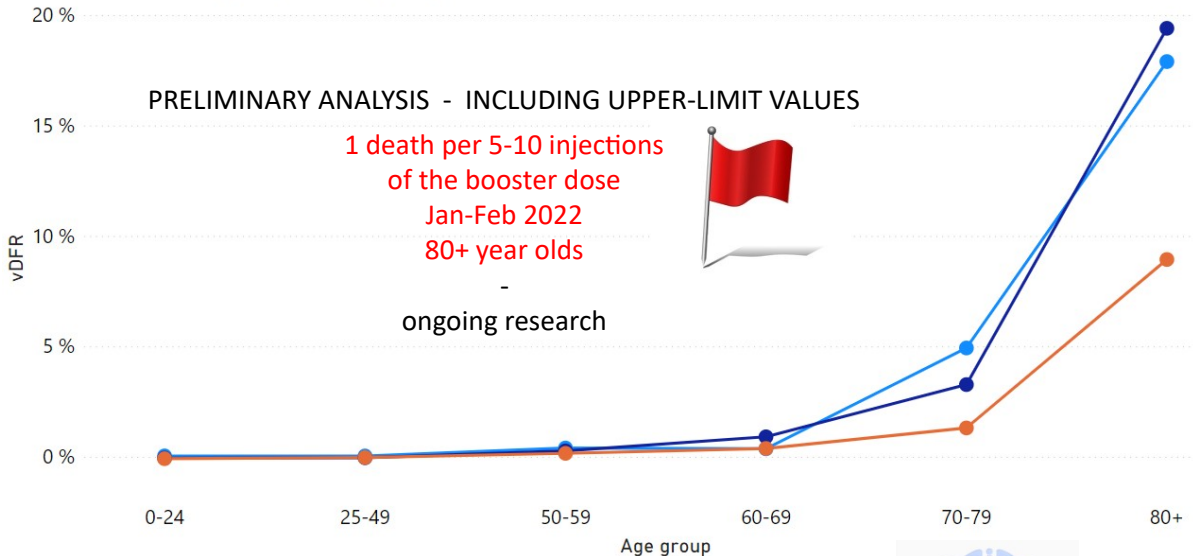


Romania – vaccine fatality rate vDFR, by age group

vDFR in the Jan/Feb 2022 ACM peak period

(three different analysis scenarios)

● vDFR (linear fit) ● vDFR (average) ● vDFR (average) all doses 3



CONCLUSION

- All-cause mortality disproves a pandemic-causing spreading pathogen (synchronicity, borders, zero excess-ACM periods)
- Government and medical measures caused excess mortality in fragile groups (poor, newly unemployed, elderly, disabled)
- COVID-19 vaccination caused excess all-cause mortality; classic toxicity signature (age, variable response, repeated exposure)
- COVID-19 vaccine toxicity is exponential with age; doubling every 4-5 years in age; 1 death per 20 injections in 90+ year olds
- All-ages 1 death per 800 injections, 17 ± 0.5 million vaccine deaths worldwide, ~21 thousand vaccine deaths in Romania



<https://correlation-canada.org/research/>



THE FOLLOWING PAGES are the same slides with added text.

Denis G Rancourt conference presentation,
All-cause mortality world-wide and Romania (Covid era),
International Covid Summit, Bucharest, 18-19 November 2023

[This slide was not in the presentation.]



PROFESSOR
DENIS
RANCOURT

Denis Rancourt holds B.Sc. and M.Sc. degrees in physics, and a Ph.D. in physics from the University of Toronto. He was a Natural Sciences and Engineering Research Council (NSERC) of Canada international post-doctoral candidate in national scientific laboratories in France and in The Netherlands. He then became a national NSERC University Research Fellow (NSERC-URF), in Canada, and a lead researcher and professor at the University of Ottawa for 23 years, where he attained the highest academic rank of tenured Full Professor. He is an interdisciplinary research scientist, and has published over 100 articles in peer reviewed science journals, in many different areas of science. He is presently co-director and researcher at the non-profit “CORRELATION Research in the Public Interest” (correlation-canada.org).

Professor Denis G. Rancourt, B.Sc., M.Sc., Ph.D.

Interdisciplinary scientist
Former tenured Full Professor of Physics, University of Ottawa, Canada
Researcher, CORRELATION Research in the Public Interest

ALL-CAUSE MORTALITY WORLD-WIDE AND ROMANIA

Professor Denis G. Rancourt, *B.Sc., M.Sc., Ph.D.*

Interdisciplinary scientist
CORRELATION Research in the Public Interest
(Former tenured Full Professor of Physics, University of Ottawa, Canada)

ALL-CAUSE MORTALITY WORLD-WIDE AND ROMANIA



Bucharest – 18-19 November 2023

Introduction

Okay, I'm going to talk about something quite different. I'm going to talk about all-cause mortality. I'm not going to be concerned about what caused the death. We're just going to count deaths. And I'm going to show you data for Romania as well. And all of the graphs and results that I will be presenting are in several scientific reports that I've, myself and collaborators have been writing for the last three or more years. And they can be found on this website, the scientific reports.



<https://correlation-canada.org/research/>

And these are my main collaborators on the all-cause mortality research. And two of them are in the room here with us. They're from Prague and Tallinn.

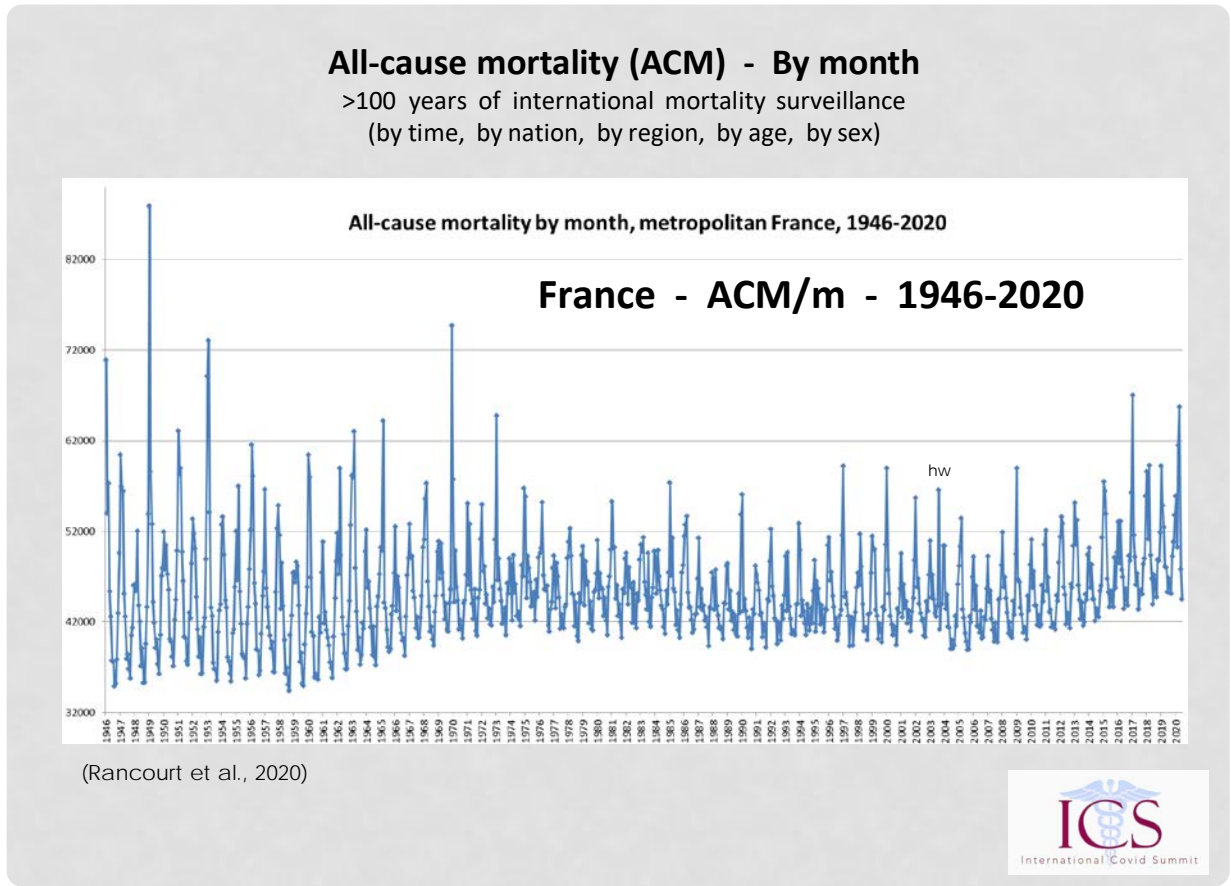


All-cause mortality method

And so I want to start with the historic record. I'll show some data starting in 1900. I'm going to start really at the beginning of COVID if you like. Now all-cause mortality, you're just counting deaths.

And this is the case of France from 1946 on, just after the Second World War. And what you find everywhere in the Northern Hemisphere is that death is higher, is larger in the wintertime and it comes down in the summertime. And so it has a seasonal pattern that's very regular. This has been known for more than a hundred years. And I would argue that it's not completely understood. I would argue that it's far from completely understood, but

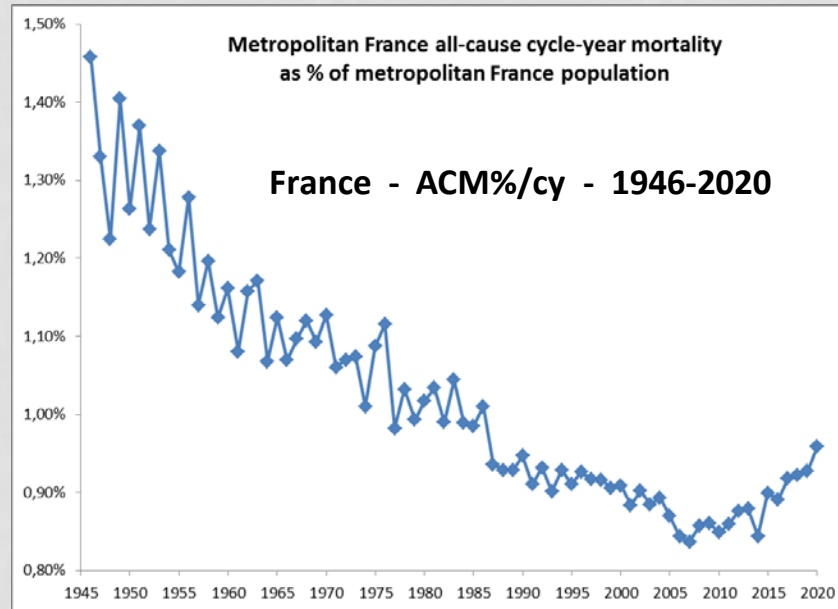
this is what the pattern looks like by month. So we're looking at mortality by month in France:



And if you integrate by year, by cycle year around each winter from summer to summer in France, it looks like this:

All-cause mortality (ACM) - By cycle year, as % of population

>100 years of international mortality surveillance
(by time, by nation, by region, by age, by sex)



(Rancourt et al., 2020)

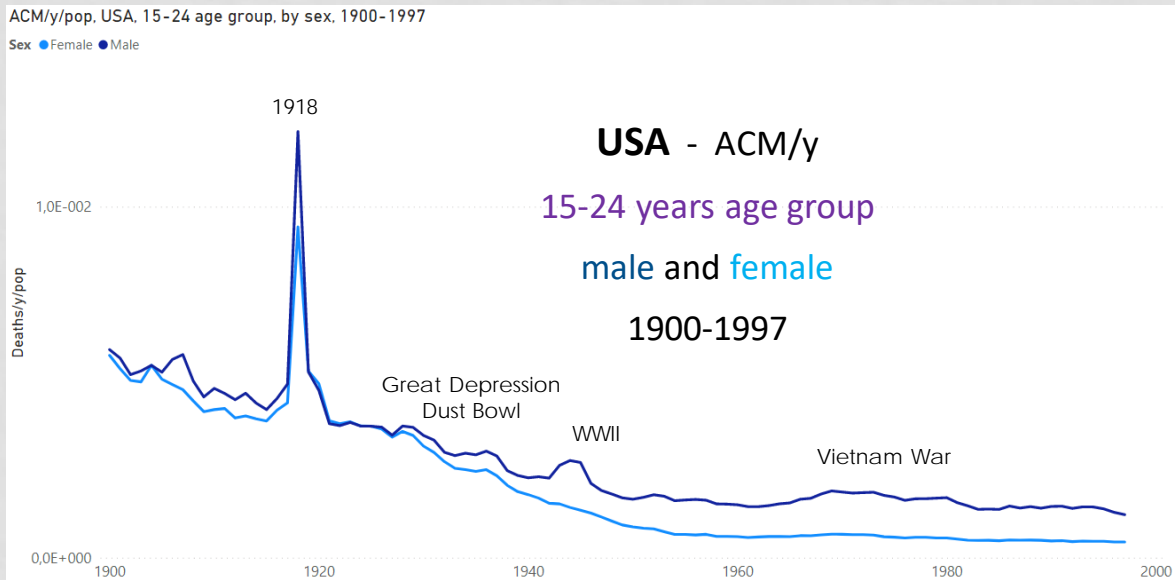


So there can be an intense winter followed by a lower winter and so on. And the pattern looks like that. So since the end of the Second World War, mortality on a population basis has been decreasing mostly. And it's typically 1% of the population that dies in a given year. So this is the kind of data we're going to deal with. And that last year is the first year of the so-called pandemic.

And now if we go to the USA, to give another example, I can do all-cause mortality. This is by year now for a particular age group. This is the 15 to 24 year old age group. And I've separated into male and female. So you've got the two colors there. And this graph allows us to illustrate what you can see when you measure mortality, which is a hard figure. Nobody can tell you that the government didn't count the deaths correctly because they're very serious about counting deaths and it's a legalistic process. And so this is hard data. And this is what you see:

All-cause mortality (ACM) - By age group, by sex, per population

>100 years of international mortality surveillance
(by time, by nation, by region, by age, by sex)



(Rancourt et al., 2021)



You see that there was an event in 1918, that event was recovered by the CDC and called the Spanish Flu. I know, and there are several scientific articles that show that this was not a viral respiratory disease. No one over 50 years old died in that huge peak of mortality. Only young adults and families and teenagers died in that peak. And the rich didn't die in that period. And it was before antibiotics were invented, it was before the electron microscope was invented, you couldn't see anything like viruses, and the lung tissue of the people who died was preserved and shows that they died of bacterial pneumonia. Okay, so that was a false assignment. But it was a big event right after the First World War, under tremendous hardship of the working and non-working class, broken families, children, absolute deprivation. So that was 1918.

And then in the United States you have something called the Great Depression. Huge economic collapse followed by an economic related catastrophe, the Dust Bowl, which was an environmental catastrophe partly. And those were the big hardships, recent hardships in the USA. And you can see the mortality there in both men and women in those periods. Then in the Second World War, you see that men have a mortality, whereas women do not. And I think we all understand why. And in the Vietnam War period, you can see that there's a hump in mortality for the men. This is what you can see in all-cause mortality.

And so in conclusion, I've been studying all-cause mortality extensively in more than a hundred countries on all the continents except Antarctica obviously, and in great detail by

unit time, by week, by day, by month, by age group, by sex. And I can tell you that the only thing you can see in all-cause mortality data are the following things:

All-cause mortality (ACM)

>100 years of international mortality surveillance

(by time, by nation, by region, by age, by sex)

What is detected in ACM by time and by age group?

- Seasonal variations (hemispherically synchronous)
- War (WWII, Vietnam War in USA data...)
- Economic collapse (Great Depression USA, Dust Bowl USA, famine...)
- Summer heat waves (mid-latitude, temperate regions)
- Earthquakes (all-ages building occupants)
- Not the post-WWII CDC-declared pandemics:
 - 1957-58, "H2N2" / 1968, "H3N2" / 2009, "H1N1"
- 1918 bacterial pneumonia outbreaks (in assaulted social classes)
- Covid-period assaults: Lockdowns, isolation, medical assaults, economic-sector closures, institutional closures, service closures, deprivation of usual social and medical treatments, mass vaccination

(e.g., Rancourt, 2023, "There Was No Pandemic")



Seasonal variations, like I explained. A maximum in the winter and in the southern hemisphere it's reversed. Their winter is our summer. That's when they have a maximum of mortality. In the equatorial region, there is no seasonal variation in mortality. There's no spikes, it's a flat line. So there's seasonal variation that follows the hemispheres.

You can see wars, like I mentioned.

You can see economic collapses, huge economic collapses that affect populations.

You can see summer heat waves in northern latitudes that are not used to having a very hot period in the summer, that kills people, sometimes because they fall down the stairs when it's really hot, but it kills people. And you can see a peak that lasts about a week in one of these hot spells.

You can see earthquakes. Right away, you see the earthquake. People get crushed by buildings. You count the dead and you see a peak due to earthquakes.

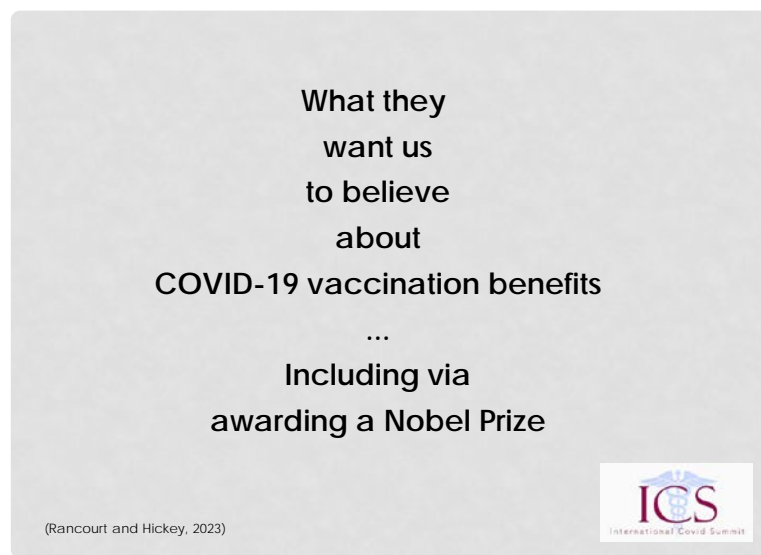
But we do not see or detect any of the CDC claimed pandemics that occurred in 1957, '58, '68, 2009. Those pandemics, those so-called pandemics do not give rise to any excess all-

cause mortality that can be detected in any jurisdiction and or by any mean. Excess death cannot be detected on the national or state scale for these so-called pandemics. So they did not cause excess death, whatever they are.

And then you have... I explained 1918.

Then we have the COVID period. And in the COVID period there was a huge assault. There were many, a multi-pronged assault against people, vulnerable people in many different jurisdictions. So depending on what the state did before they brought in the vaccines... I'll talk about the vaccines as well. But depending on what the states did, they caused excess mortality, sometimes huge amounts of it. And I'll show you examples of that.

Nobel Prize Propaganda



So first I want to tell you that something just happens socially as part of the propaganda, which has that the Nobel Prize was awarded for this so-called vaccine. And I want to show you how absurd this is because all the politicians that were supporting this were claiming that tens of millions of lives were saved by the vaccine, this magical vaccine for which we had given the Nobel Prize. Well, we looked at that, we looked at the basis for that claim, and the basis for the claim is an article that appeared in Lancet Infectious Diseases in 2022 by Watson et al. And they claim that between 14 and 19 million lives were saved. So we, as physicists, as scientists, we said, "Okay, if that's what you're claiming, let's calculate and see what that would look like on the scale of all-cause mortality by time."

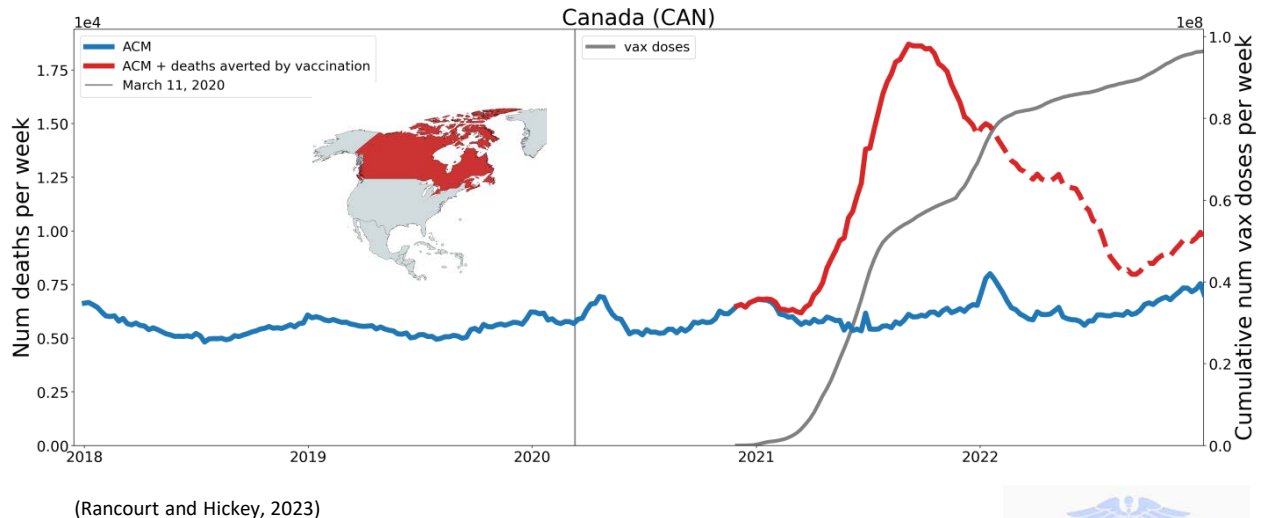
And so let's start somewhere and let's go to Canada and we see the seasonal cycle. So this is all-cause mortality on a scale that starts at zero:

What they want us to believe...

[Watson et al., 2022, *Lancet Inf. Deas.* / Nobel / media...]



Canada - ACM/w



And let's look at the seasonal variation. That vertical line is the declaration of the pandemic on 11 March 2020. The very first peak you see in blue there (March-April-May 2020), is Canada killing elderly people and vulnerable people in hospitals and in care homes because of the aggressive initial treatments because they were concerned about this so-called pandemic. And this (March-April-May 2020 peak in mortality) happened in many hotspots in western countries, but it did not happen in any of the Eastern European countries or in Russia. So depending on the country, depending on what they did, that's the thing. It did not happen in Germany where they were not doing this. Okay.

Then we go on and we bring in the vaccines (in early January 2021) and they are claiming that this vaccine, which is the number of vaccines, is that gray curve. That's the cumulative vaccine doses being given in Canada.

And what you see is they're claiming that, "Thank God we brought in the vaccines at that time because otherwise we would've had the mortality in red there." They're claiming that their vaccines saved us from having the mortality in red that they calculated. They're claiming that there would've been mortality like we've never seen in the history of a human society. And that thank God this vaccine came at just the time when there would have been this incredible mortality and saved us and brought down the mortality to basically the same level we've always had. That's what the vaccine did. Not halfway down, not somewhere in between, but just brought things down. This is the magic of the vaccine that

is explained by the magic of mathematical models written by bought out scientists working for bought out politicians. So it is not true. The vaccine did not save lives.

In fact, and I'll show Romania. I'll skip some slides.

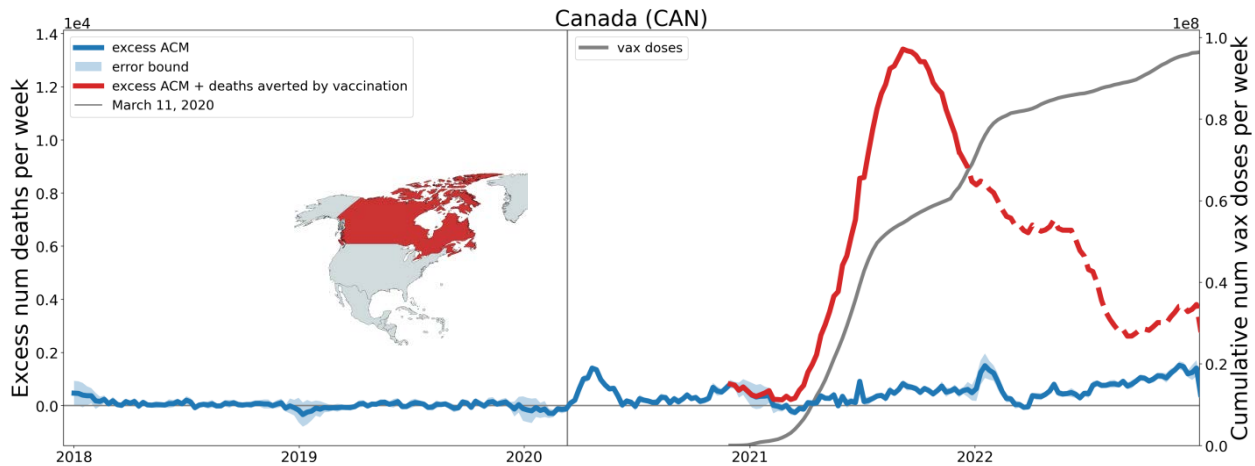
This is Canada again. But instead of showing raw all-cause mortality, we've corrected the mortality to show only the excess of mortality and therefore you have a flat baseline until the pandemic and then you can see the excesses that occur at various times depending on what the government was doing. And again, the curve of predicted saved lives (in red):

What they want us to believe...

[Watson et al., 2022, *Lancet Inf. Deas.* / Nobel / media...]



Canada - excess-ACM/w



(Rancourt and Hickey, 2023)



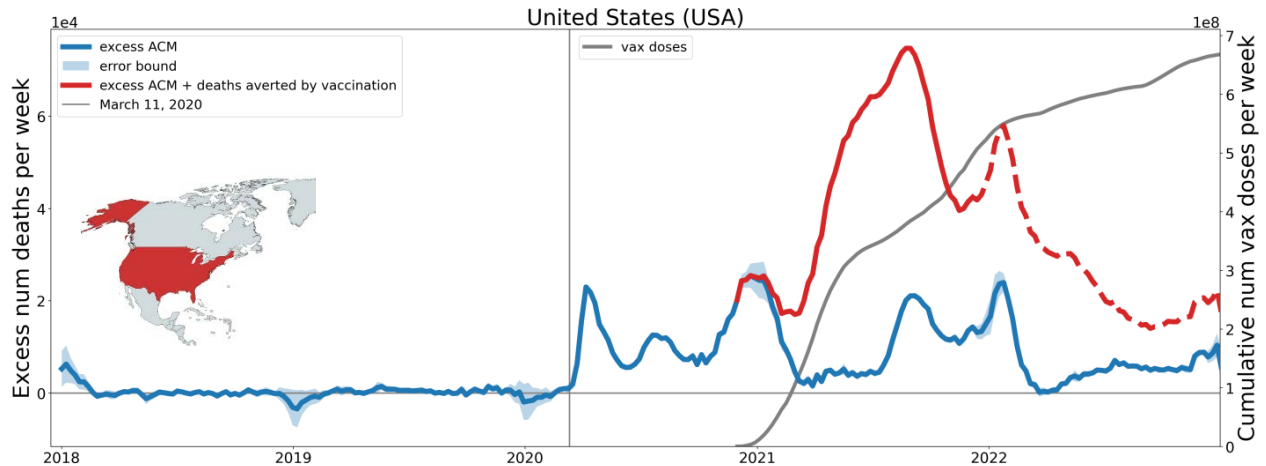
Now, we can do this in the United States. The United States was a country that has many more vulnerable people, health-wise, than Canada and treated them very aggressively. So the baseline, if you like, excess all-cause mortality in blue there has huge features which you do not see in Canada:

What they want us to believe...

[Watson et al., 2022, *Lancet Inf. Deas.* / Nobel / media...]



USA - excess-ACM/w



(Rancourt and Hickey, 2023)



And this is a very strange virus that we're dealing with here because it carries a passport. It refused to cross from the US into Canada, despite the fact that it's thousands of kilometers of the two biggest exchange partners on the continent.

The presumed pandemic-causing virus was not crossing borders. It didn't cross initially into Germany. When we draw maps of intensity of excess mortality, we see that the virus has definite passports depending on jurisdiction. In other words, this was not a spreading viral respiratory disease. Our conclusion from studying all the all-cause mortality, I'll tell you our conclusion before we get there, is that there are data, this hard data contradicts the idea that there was a particularly virulent pathogen that came onto the planet and that spread and that caused havoc by itself. Instead what we see is that everywhere that there is excess mortality, you can understand it in terms of the incredible aggressive treatments that were done and the vaccines, which we can quantify. I gave you the conclusion ahead of time, I'm skipping ahead a bit, but no matter.

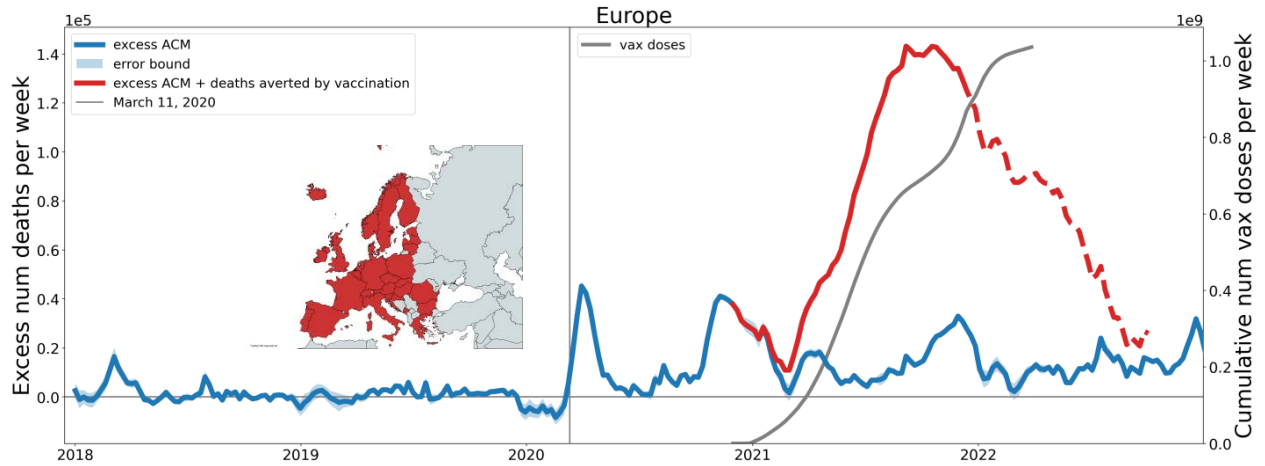
This is what Europe looks like, over all Europe or the countries that we were able to include here. It looks quite similar to the US, the situation in the US:

What they want us to believe...

[Watson et al., 2022, *Lancet Inf. Deas.* / Nobel / media...]



Europe - excess-ACM/w



(Rancourt and Hickey, 2023)



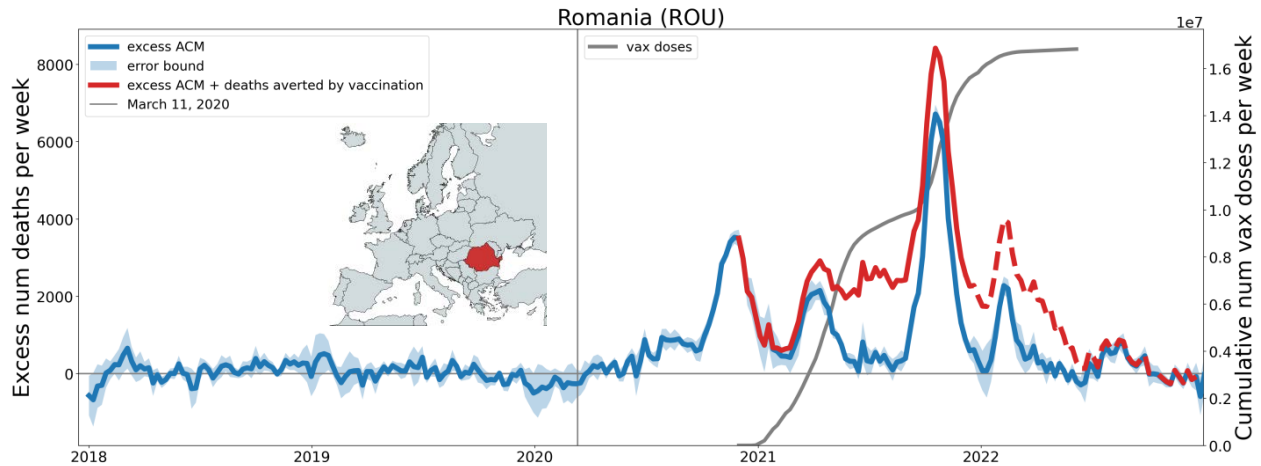
Now let me show you Romania:

What they want us to believe...

[Watson et al., 2022, *Lancet Inf. Deas.* / Nobel / media...]



Romania - excess-ACM/w




(Rancourt and Hickey, 2023)



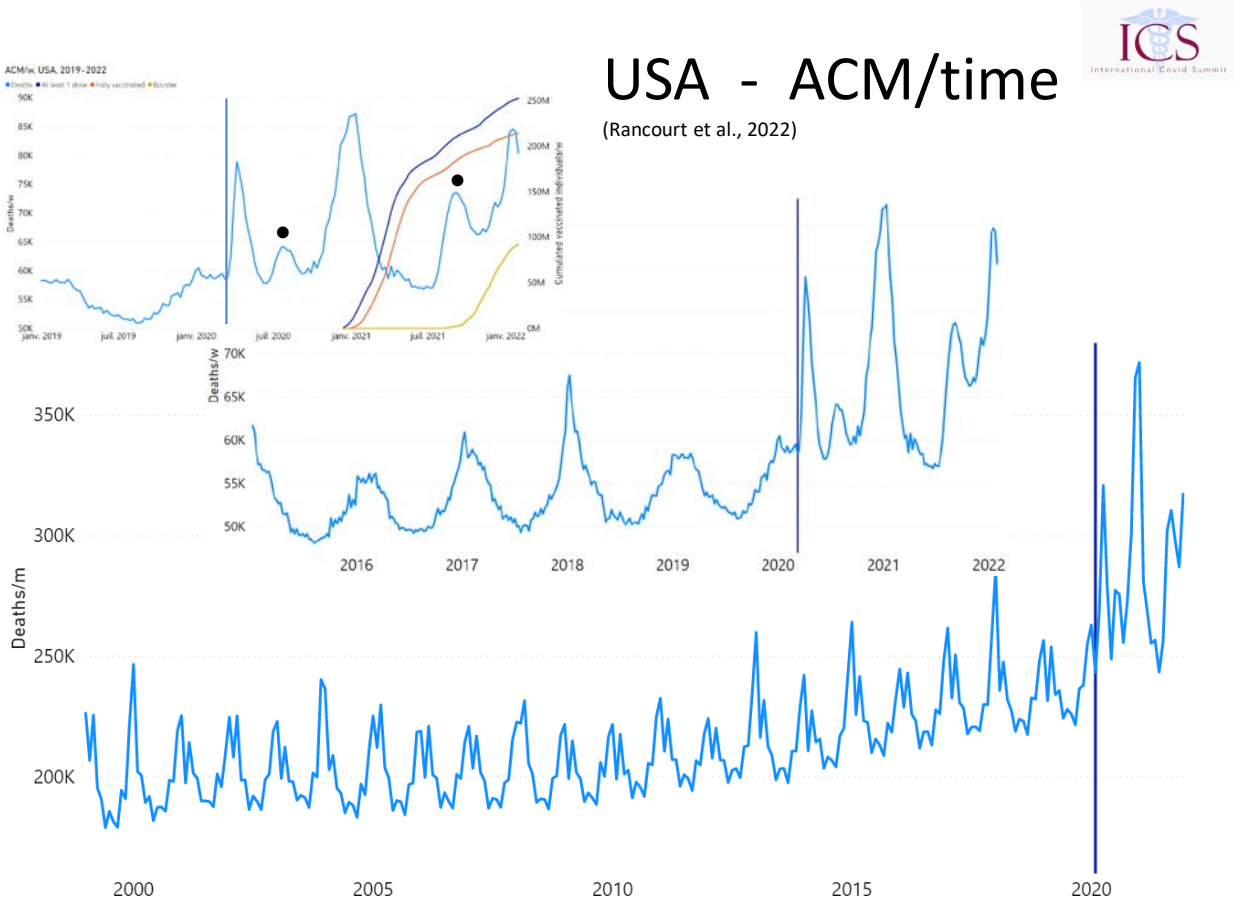
In Romania there is no excess mortality at the beginning (March-April-May 2020) right after the pandemic is announced, that just is a feature of hotspots in the Western European countries. But then there is a massive excess peak that starts. We're going to talk about that a little bit more because we don't... I'm starting to understand it as I talk to people who know more about Romania. And then the vaccines are rolled out. And I know that Romanians didn't get vaccinated maybe as much as others, but still, the claim in this theoretical paper (Watson et al.) is that the excess mortality would've been that red line if there had not been the vaccines. But what I see when I look at that pattern is that there's a peak right when you start rolling out the vaccines, then there's a really large peak when you roll them out again and then you see that last peak there is directly associated to booster doses that we're given. So I'm going to look at that in some detail at the end of the talk when I talk about Romania.

All-cause mortality data

Back to
 actual
 measured
 all-cause mortality
 ...



So coming back to all-cause mortality, not this theoretical redline stuff of what theorists are telling us, but coming back to the hard data, this is what it looks like in the United States:



So, on the bottom you have all-cause mortality by month. You have the vertical line in each graph that shows the announcement of the pandemic.

And mysteriously, at the announcement of the pandemic, there are hotspots synchronously at the same time in hotspots around the world where there's this huge initial peak of

mortality. I was the first to write an article about that and to point out that normally viruses do not follow political directives and they don't, so it has to be something else [Rancourt, D.G. (2020) "All-cause mortality during COVID-19: No plague and a likely signature of mass homicide by government response". *ResearchGate* (2 June 2020) <http://dx.doi.org/10.13140/RG.2.2.24350.77125> | Available at: <https://archive.org/details/boe-expert-witness-denis-rancourt-nci-ce-nc> - pp. 774-799 | Correlation Republication, <https://correlation-canada.org/No-plague-mass-homicide2020/>].

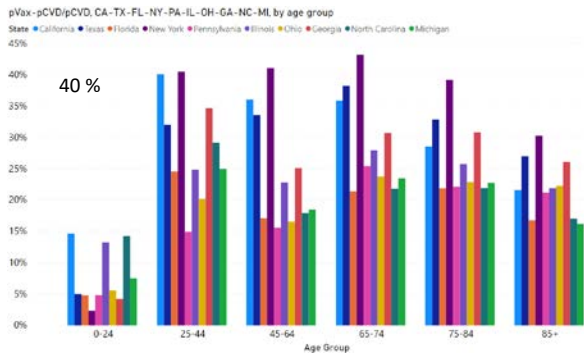
And also there's no evidence that there was spread in this feature. It happens synchronously in the whole northern hemisphere for example. And there's no evidence that it then spread. It was localized, it stayed there and it was due mostly to extremely aggressive medical treatments because the medical teams were told, they were propagandized that there was this horrible virulent thing that was just going to come down on us. And now we've just announced it's a pandemic. So they had a license to try whatever help they could give and sometimes they prescribe too much. They intubed people with mechanical respirators, a ghastly thing to do. And the places that did this most aggressively, these treatments, and we can follow that in our data, had the largest peaks of this type [March-April-May 2020]. Northern Italy, even Stockholm was protecting the elderly especially, and they had a peak like that. And New York City obviously is well known. So this is mainly the New York City peak that you see in the US data here.

Then the curve in the middle, is all-cause mortality again, but by week now, a finer time resolution. So you can see more of the details. And the curve on top is a blow-up of that.

And what you see for the first time in recorded history in the US and the mortality history is peaks occurring in midsummer in the United States. Unheard of. And so I put black dots there to show them. The first one occurs at a time when they were really aggressing poor people who live in the very hot southern states. And the integrated mortality for that correlates with poverty. If you were poor, you died at that time. If you were not, you didn't die.

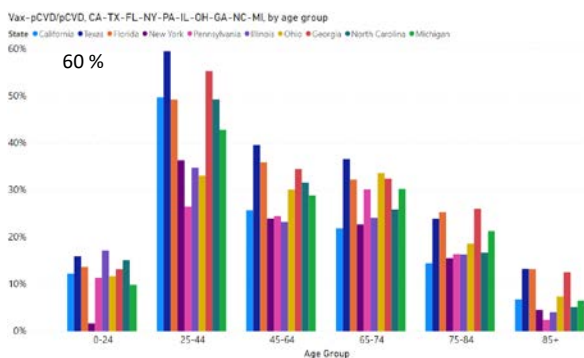
And then they brought out the vaccines. And the summer peak you get on rolling out the vaccine there is from what they called vaccine equity, which meant they hired thousands of people in the US to go and vaccinate everyone who hadn't been vaccinated yet, who was resisting or who was far away in a care home. And they aggressively went and vaccinated all those people. It was funded by Gates and all those people and they produced that huge peak of mortality in the US there. So that's what the US mortality in recent times COVID looks like.

If you look at now mortality in the US by age group, you can see the age groups there, zero to 24 years, 25 to 44 and so on. Before they vaccinate, the percent increase the excess mortality expressed as a percent of the baseline mortality for the age group, looks like that on top:



USA Covid-period excess all-cause mortalities relative to normal (%), 10 most populous states

← Prior to vaccination



← Vaccination period

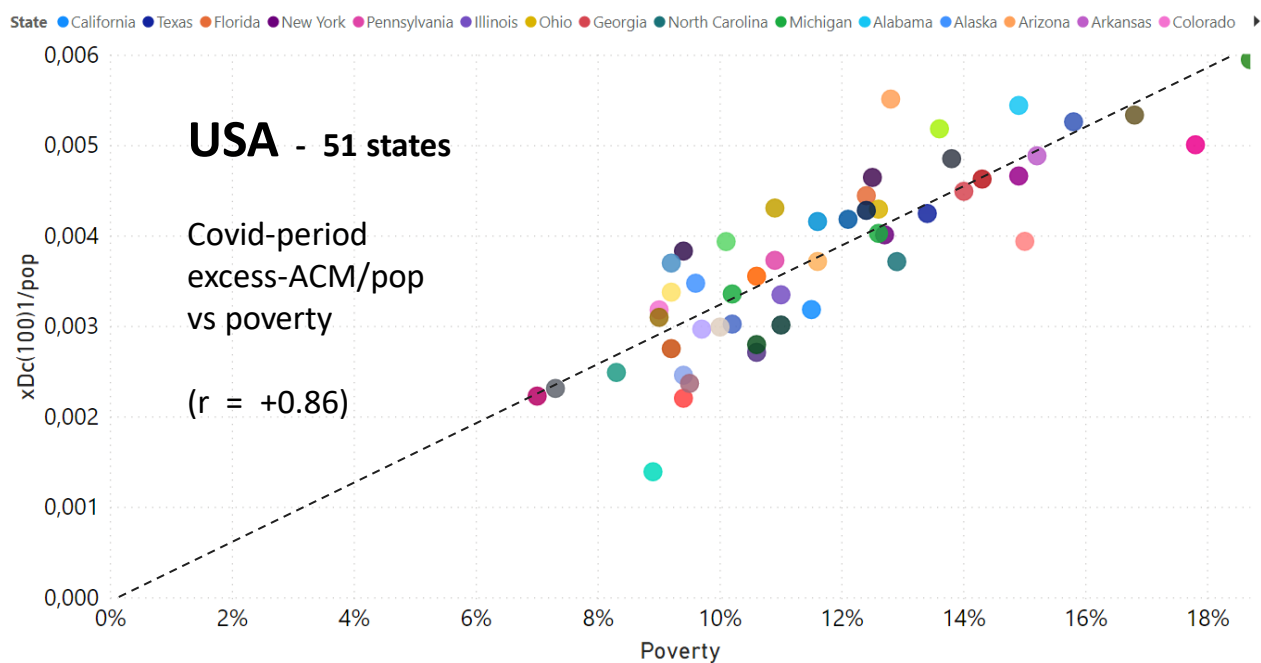
(Rancourt et al., 2022)



And in the vaccination period, the age structure of mortality changes dramatically and shifts towards younger individuals [bottom panel, by same age groups, for the same 10 most populated states of the USA].

That doesn't mean that quantitatively the elderly were not dying. Most of the deaths are in the elderly as you would expect, but this is expressed as a percentage of the baseline. So in those terms it shifts to younger people.

And in the US the total excess mortality in the COVID period as a whole correlates perfectly with poverty in the state, for the 50 states in the United States:

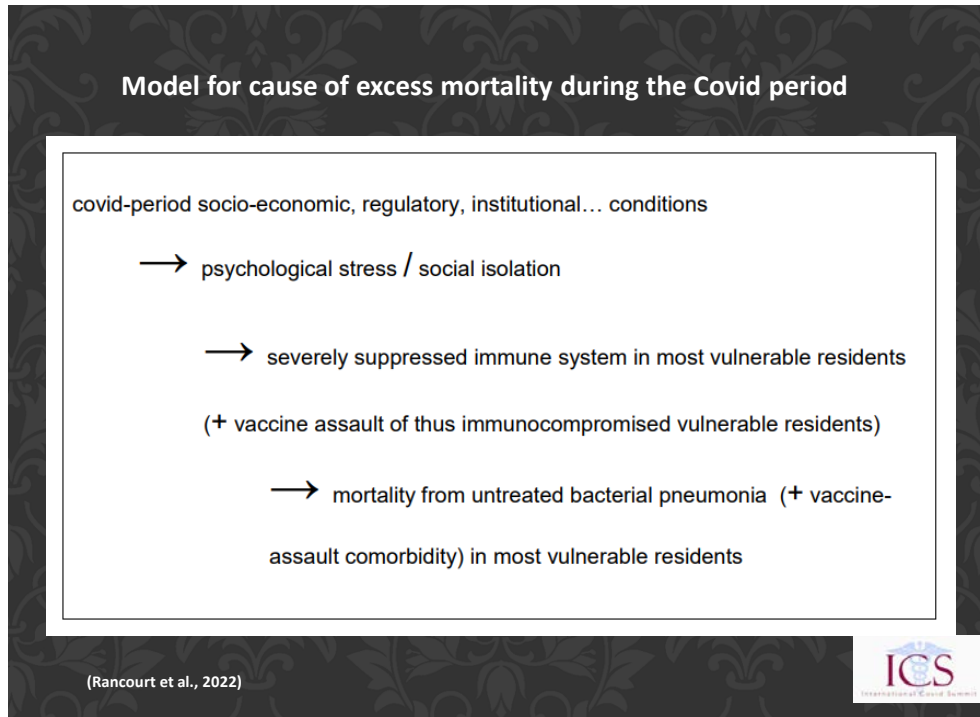


(Rancourt et al., 2022)



You will never see this in social science, such a strong correlation. It's very rare. And not only is it a strong correlation, we call it... It's technically called a very good correlation when it's that value of the correlation coefficient [$+0.86$]. And it goes through the origin, which means it's not just a correlation, it's a proportionality. The more poor you had in the state, the more people died in that state. Directly proportional.

So this tells you... That's another thing that viruses don't do. They don't select to only kill poor people. That doesn't happen. That's not a signature of a viral infection. So our model of what's been going on to cause mortality in the great majority of jurisdictions that we saw is the following model:




Well, first of all there is what governments did. The socio-economic impact. Many people lost their jobs, lost their social contacts, lost their regular activities, lost their position in society. So incredible stress related to that. There were regulatory rules of all kinds. There were institutional pressures put on people. There were all kinds of conditions that you know about.

And in some countries it was much more violent than others. In Peru, they hired 10,000... They called in 10,000 military reservists right away to go and find all the people that could be found that would test positive for COVID and they would extract them from their families no matter how old they were and isolate them. And there's a huge mortality peak in Peru as a result of that practice.

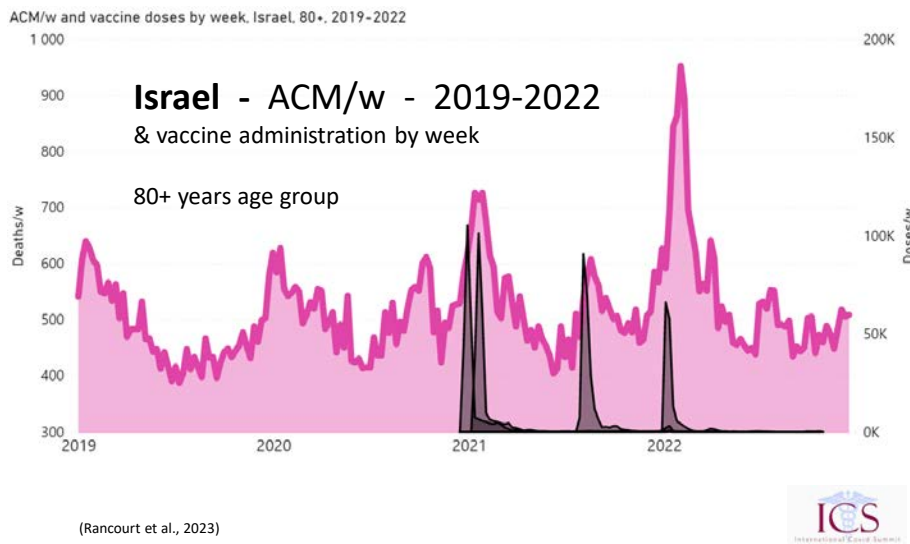
So there was aggression. It caused psychological stress and social isolation. And scientifically that is known to depress the immune system dramatically. This is very well established. It's a whole area of science to study this relationship with stress. And so therefore you have that reduction in the immune system, and so you are more vulnerable to every kind of infection. And when you have in a large population depressed immunity, one of the organs that's most susceptible to immediately being infected is the lungs, because you already have an entire ecosystem of bacteria and everything in your own mouth and in your respiratory tract, and many of those can become quite dangerous to your lungs. So you get bacterial pneumonia [above diagram].

And my time's up and I didn't even get to the vaccines or Romania. So I'll just show you the Romania data. Okay. So again, this is years of work, more than 30 scientific reports about science related to COVID that you could find on my various websites, on our websites and the one I gave.

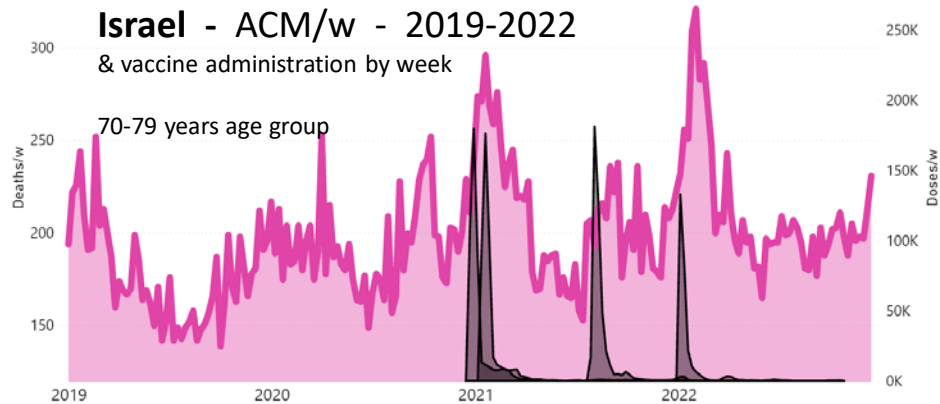
Vaccine rollouts associated with mortality peaks, everywhere

Synchronicity
between
peaks in ACM
and
vaccine rollouts
...
by dose number
and
by age group
...


And so if we look at, this is how we prove that the vaccines were actually causing the death, is that every time you rolled out a dose, you got immediately following an excess mortality. So this is the case of Israel:



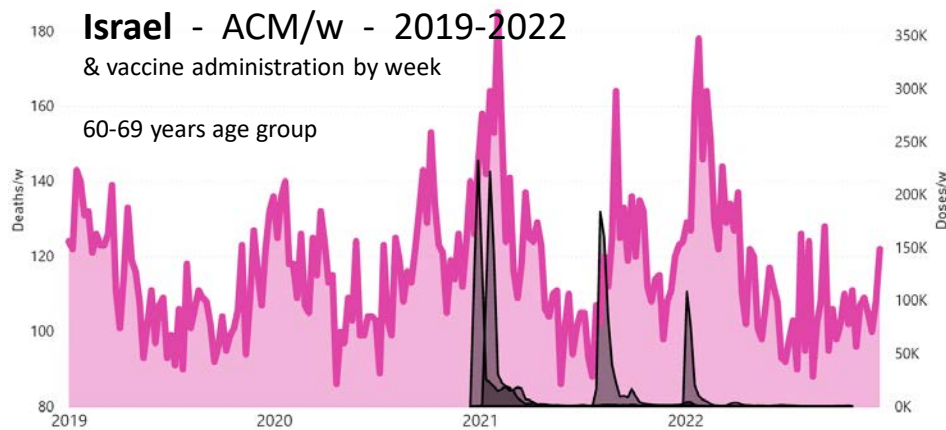
ACM/w and vaccine doses by week, Israel, 70-79, 2019-2022



(Rancourt et al., 2023)



ACM/w and vaccine doses by week, Israel, 60-69, 2019-2022



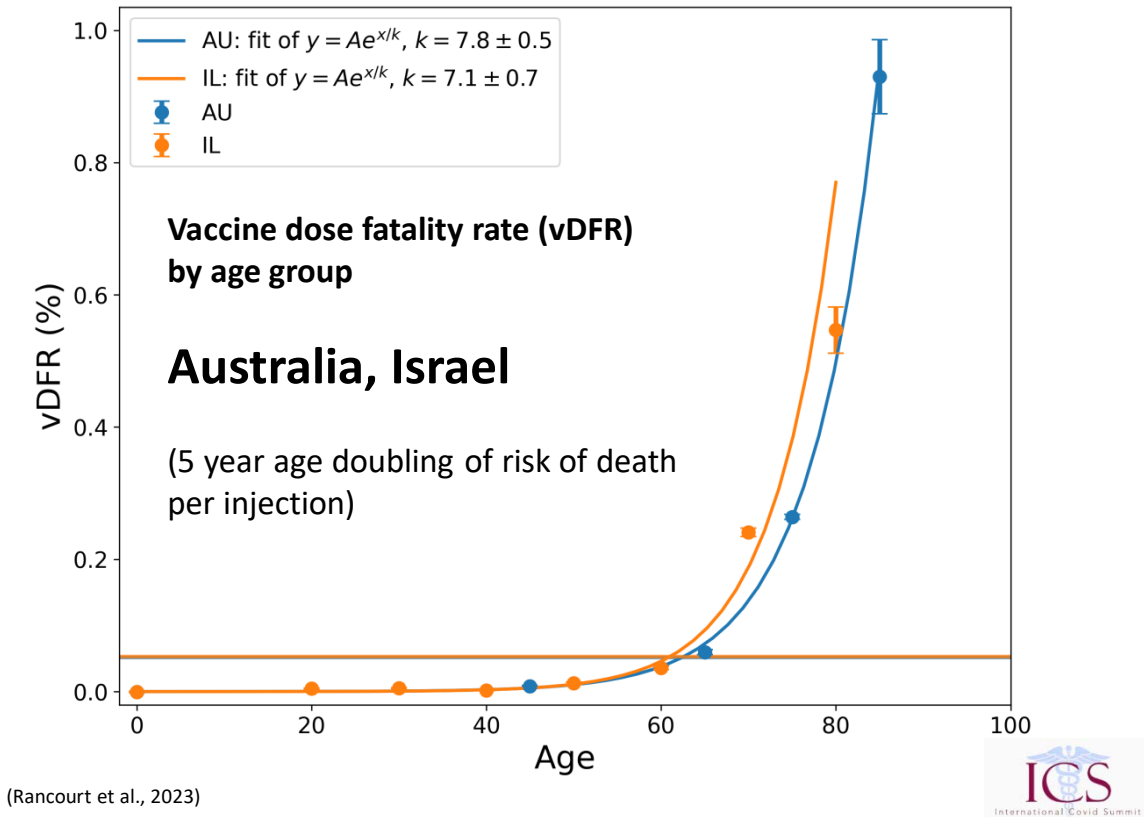
(Rancourt et al., 2023)



So doses one and two, then the first booster, the second booster, and so on. And you can do it by age group like we're doing it here [Israel]. You start with the most elderly and you go down by age.

And what you find is that by age, the toxicity of the vaccine, because we come to understand that the vaccine is a toxic substance that each person is going to react to differently, just like in toxicology, that if you give more doses, it's more dangerous because there's damage from the first doses. All the principles of toxicology are being followed here in addition to the high age dependence.

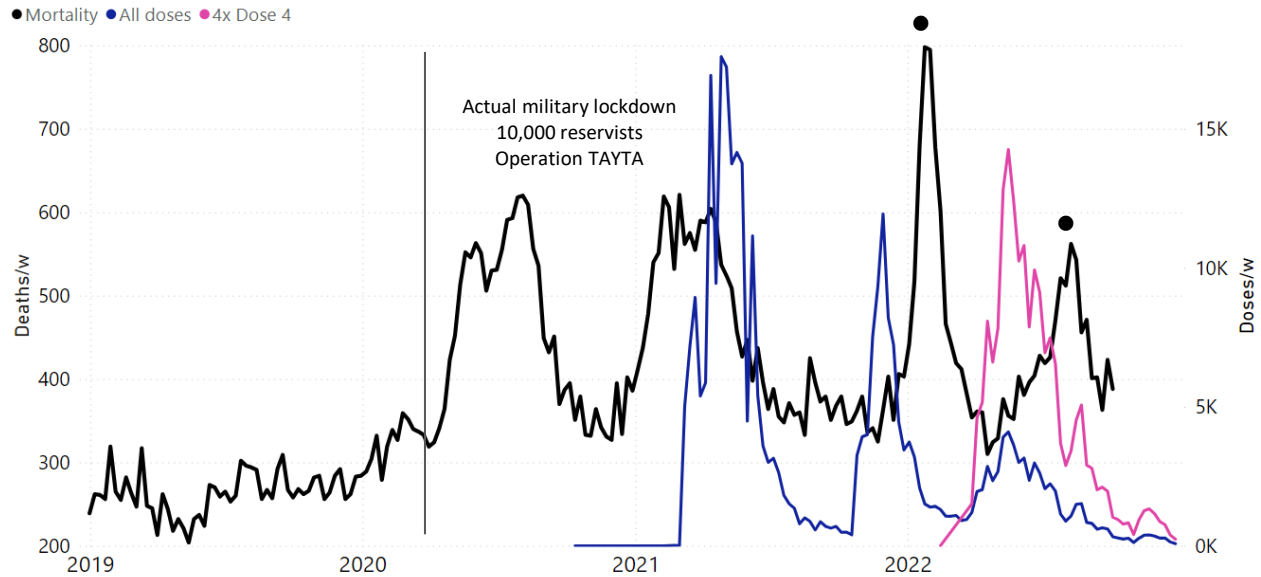
So what we found is that there is an exponential increase in the toxicity of the vaccine per dose. And the doubling time by age is four or five years of age. So your risk of dying per injection doubles every four or five years in age. In Australia and Israel, for example, if you're 80+ years old, you're getting into almost a 1% death chance when you get injected, and it's higher in other countries:



So we looked at Peru, you can see the massive peak there in Peru due to the military coming in. Here, this is the 90 plus age group:

Peru: 90+ years; all-doses and dose-4 (x4)

ACM and vaccination by week, Peru, 90+, 2019-2022

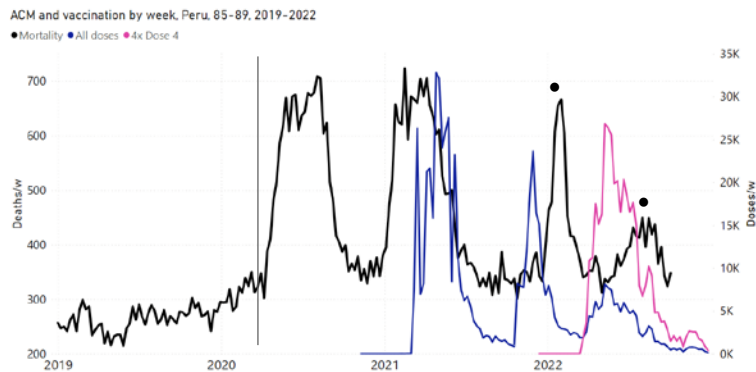


(Rancourt et al., 2023)



You can see the doses being rolled out (the one in mauve color is the fourth dose, in expanded Y-scale), and the peaks that are associated with them. And then we follow this as a function of age all the way down. We've got a lot of good data for Peru:

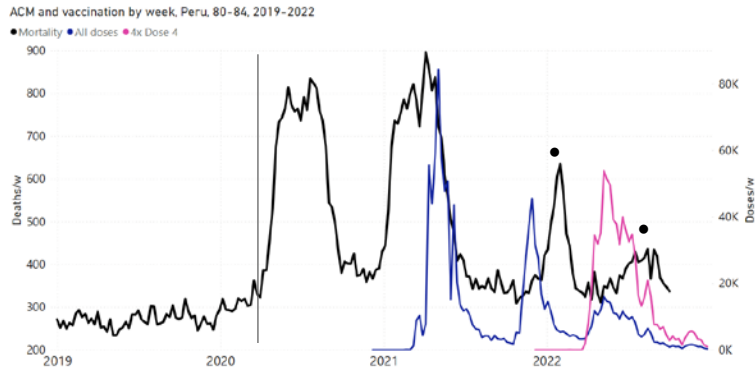
Peru: 85-89 years; all-doses and dose-4 (x4)



(Rancourt et al., 2023)



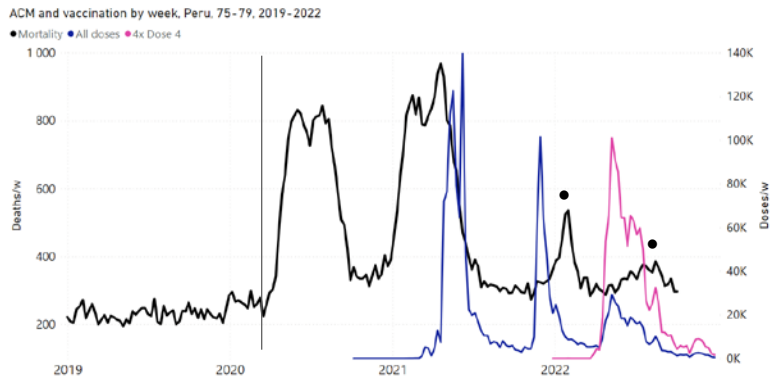
Peru: 80-84 years; all-doses and dose-4 (x4)



(Rancourt et al., 2023)



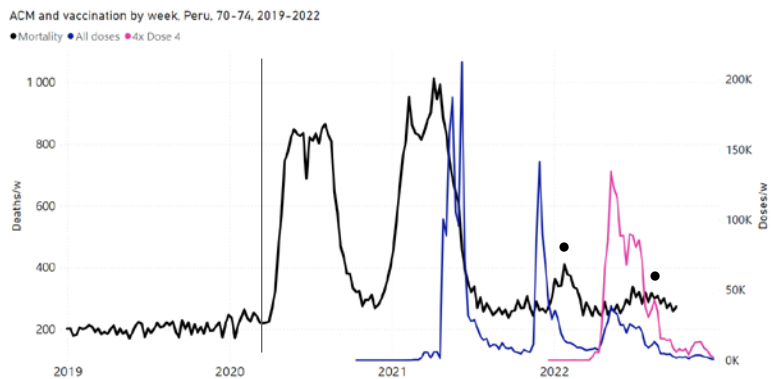
Peru: 75-79 years; all-doses and dose-4 (x4)



(Rancourt et al., 2023)



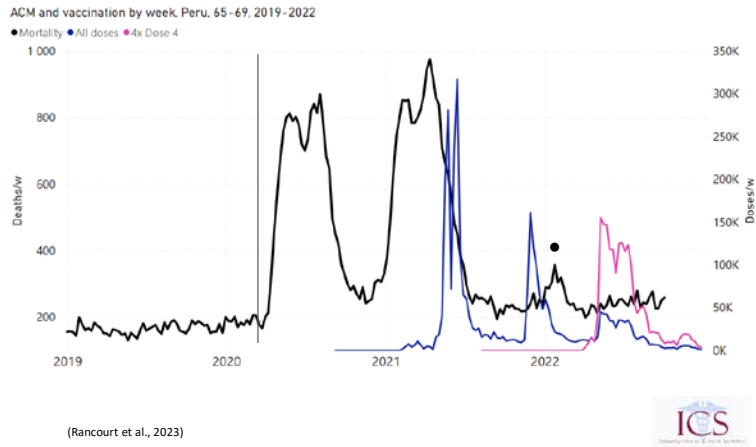
Peru: 70-74 years; all-doses and dose-4 (x4)



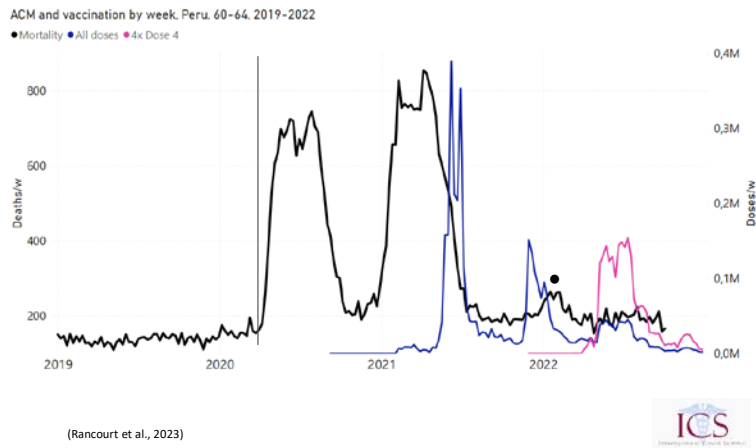
(Rancourt et al., 2023)



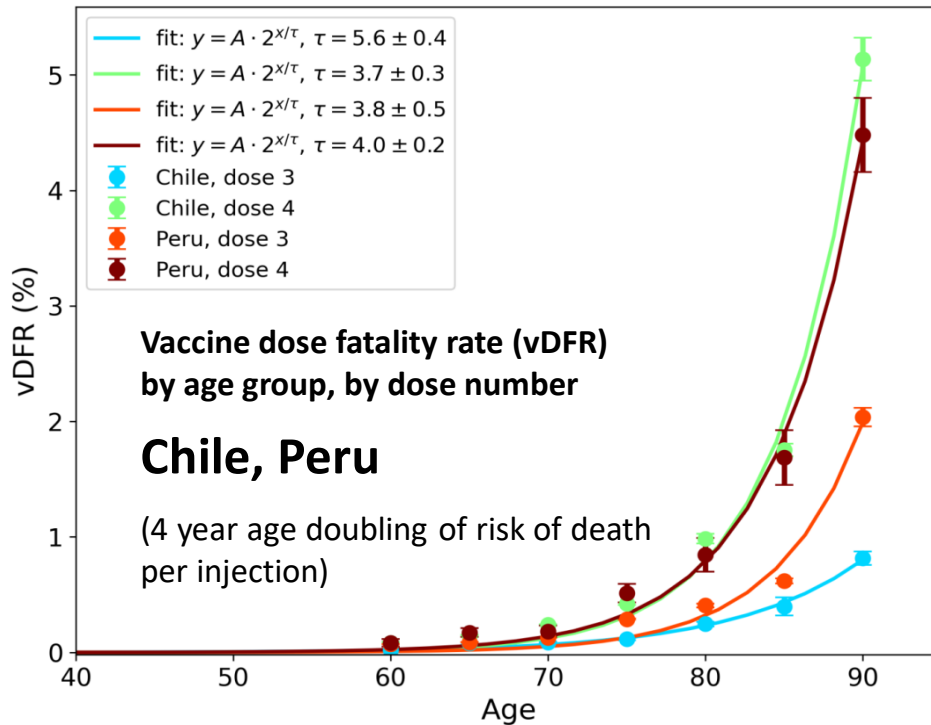
Peru: 65-69 years; all-doses and dose-4 (x4)



Peru: 60-64 years; all-doses and dose-4 (x4)



And then we do a graph of what happened in Peru, and we can do the same thing for Chile:



(Rancourt et al., 2023)



And we see that those four in both of those countries gave that exponential rise, always the same doubling time, four or five years. And you're getting into one death per 20 injections here in the 90+ year olds.

So it was the elderly people that were mostly killed by the vaccines in terms of all-cause mortality. Of course the young suffered death and all kinds of horrible side effects and so on. But in terms of mortality, the big groups that were dying that were contributing to the excess mortality were the elderly.

And so that's the conclusions about vaccines:

COVID-19 VACCINES

- COVID-19 vaccines should be considered a toxic substance
- Fatal toxicity is X1000 that admitted by the industry
- All-ages mean fatal toxicity: 1 vaccine death per 800 injections
- 17 ± 0.5 million vaccine deaths worldwide, to present
- Fatal toxicity is exponential with age,
with risk of death doubling every 4-5 years of age
- Fatal risk attains 1 death per 20 injections, in 90+ year olds
challenged with booster doses



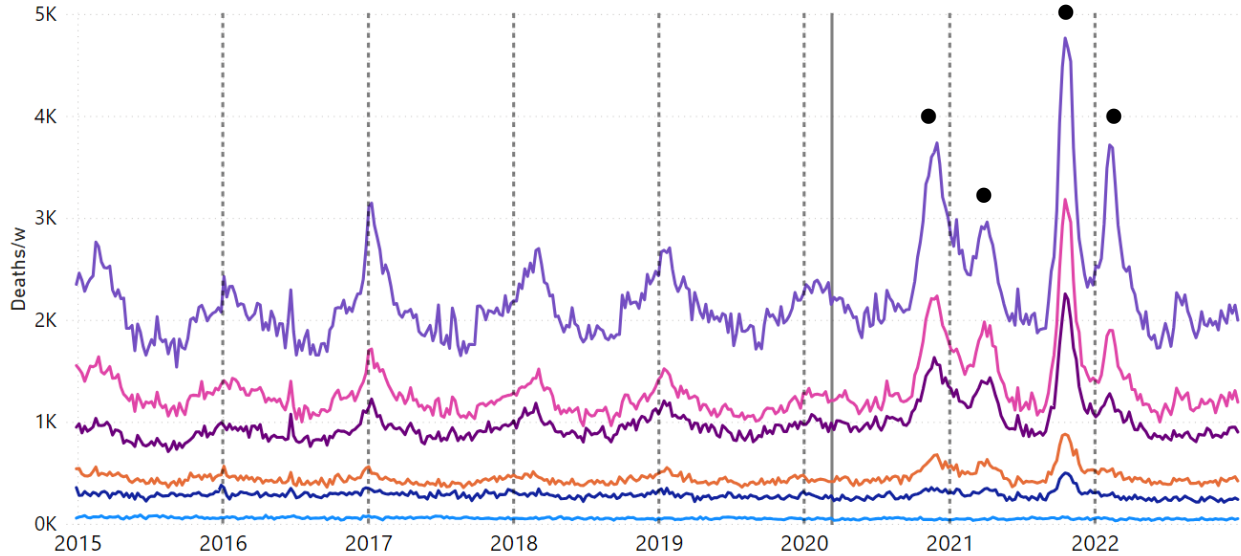
So from this work, we're able to calculate how many people would've died globally, given that we've studied so many countries now and we find that 17 million people were killed by the vaccines on the planet. That's our number.

And I'm going to ignore that buzzer because I want to show you Romania. This is the data for Romania by age group:

Romania – all-cause mortality 2015 – 2022, by age group

ACM/w, Romania, by age group, 2015-2022

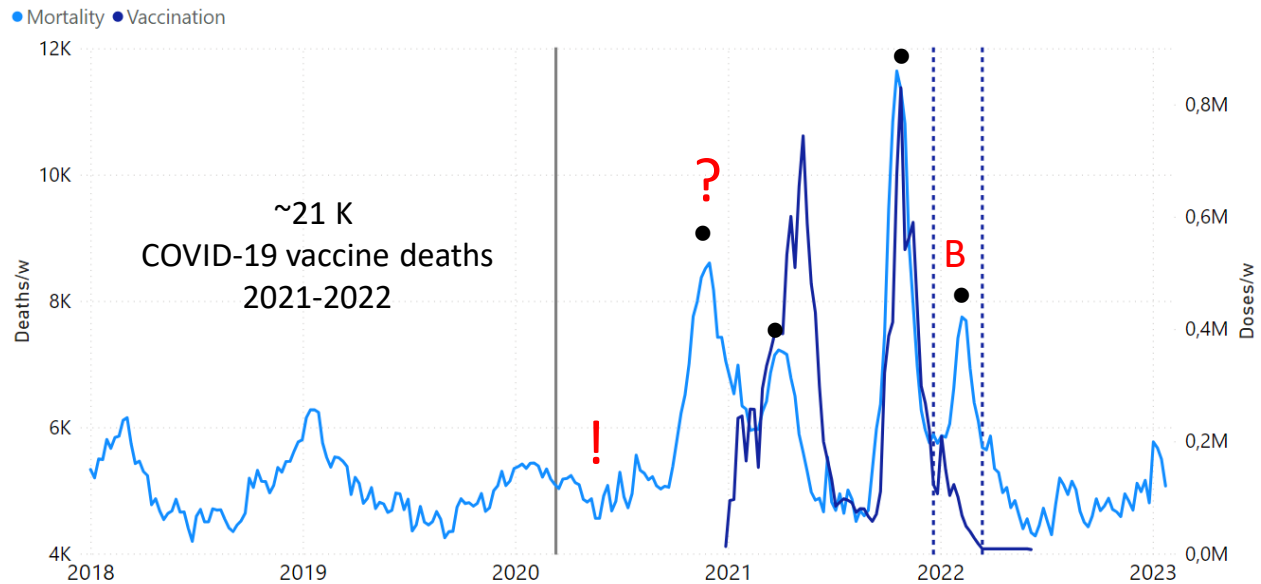
Age group ● 0-24 ● 25-49 ● 50-59 ● 60-69 ● 70-79 ● 80+



This is the correlation between the vaccine roll outs in dark blue and these huge peaks in excess mortality in Romania:

Romania - ACM/w & vaccination

ACM and vaccination by week, Romania, all ages, 2018-2023



There's no initial peak like you see in the western countries. There's that one with the question mark that we have hypotheses about and something very horrible happened in Romania to explain that. We have ideas about it. And then you have the vaccine deaths, and the last one is the booster ["B"].

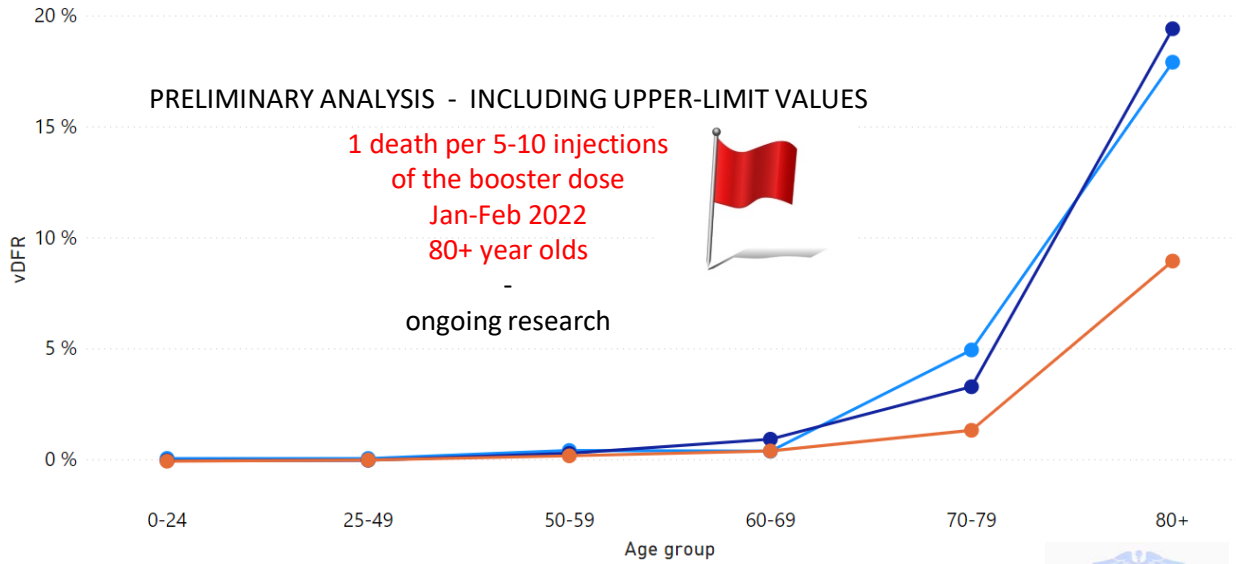
And so in Romania we did a preliminary analysis of that booster and it is killing, you get one death per five or 10 injections in the 80 plus year olds in Romania from the boosters:

Romania – vaccine fatality rate vDFR, by age group

vDFR in the Jan/Feb 2022 ACM peak period

(three different analysis scenarios)

● vDFR (linear fit) ● vDFR (average) ● vDFR (average) all doses 3



That's our conclusion, preliminary conclusion on the Romanian data.

Conclusion

And this is my conclusion with the talk:

CONCLUSION

- All-cause mortality disproves a pandemic-causing spreading pathogen (synchronicity, borders, zero excess-ACM periods)
- Government and medical measures caused excess mortality in fragile groups (poor, newly unemployed, elderly, disabled)
- COVID-19 vaccination caused excess all-cause mortality; classic toxicity signature (age, variable response, repeated exposure)
- COVID-19 vaccine toxicity is exponential with age; doubling every 4-5 years in age; 1 death per 20 injections in 90+ year olds
- All-ages 1 death per 800 injections, 17 ± 0.5 million vaccine deaths worldwide, ~21 thousand vaccine deaths in Romania

(Rancourt et al., 2020, 2021, 2022, 2023...)



And that's it.



This site, when you go to “research”, there's peer reviewed papers in there, there's scientific reports and there's some amazing work, theoretical work as well that proves, for example...

I'm going to tell you this because it's too important. You've got to look through these papers. We have proven that if you accept theoretical epidemiology as it was used by governments, you can show that if you want to protect elderly people, the worst thing you can do is isolate them in care homes and in their homes. It is absolutely the thing that will maximize infections and death. And we showed that it's now a peer-reviewed accepted paper, and we showed that that was true in general for the elderly [<https://doi.org/10.1371/journal.pone.0293556>].

So the governments have been saying we have to protect the elderly by isolating them and preventing them from being infected. And we proved using standard epidemiological models with all the possible parameters that the opposite is true. So the government has been truly lying on that. They should know better. These models have existed for a decade. So that's just another example of the work we do.

There are many different things that we've done during COVID, if you want to study that website: <https://correlation-canada.org/research/>