

Latest Data Shows No Excess All Causes Deaths Globally In 2020

Written by coronanews123.wordpress.com, 17 June 2021

Despite COVID getting the greatest media attention of any event since World War II, the latest data from a [respected statistics website](#) shows that, globally, the number of deaths from all causes for 2020 was no higher than expected, given previous years' totals.

In addition, the annual world death rate per one thousand in population has been steadily declining since 1950, from 20 per thousand in 1950, to 7.6 per thousand in 2020, the same as in 2019 and 2018. The data was captured by the web archive [Web.Archive.org](#). Because it is now six months into 2021, the data reflects late-arriving data.

The data shows that total world deaths from all causes held steady at about 58.8 million per year since 2019. In 2017 the total was 58.7 million. If anything, global deaths were lower than expected last year, due to aging Baby Boomer demographics, which accounts for a slight, normal rise in deaths in most years.

In global terms, if excess deaths are the criteria, there was no pandemic.

That is not to say there was no pandemic in certain places. But overall, globally, no more people died than were expected to die in 2020, under normal circumstances. Surprisingly, there is no simple listing of all-cause, global mortality data for 2020 and prior years. It must be constructed from archived data.

Total Global Yearly Deaths, All Causes [Source: Worldometers](#)

Year Deaths Source Notes

2020 58.8M (1)

2019 58.8M (2)

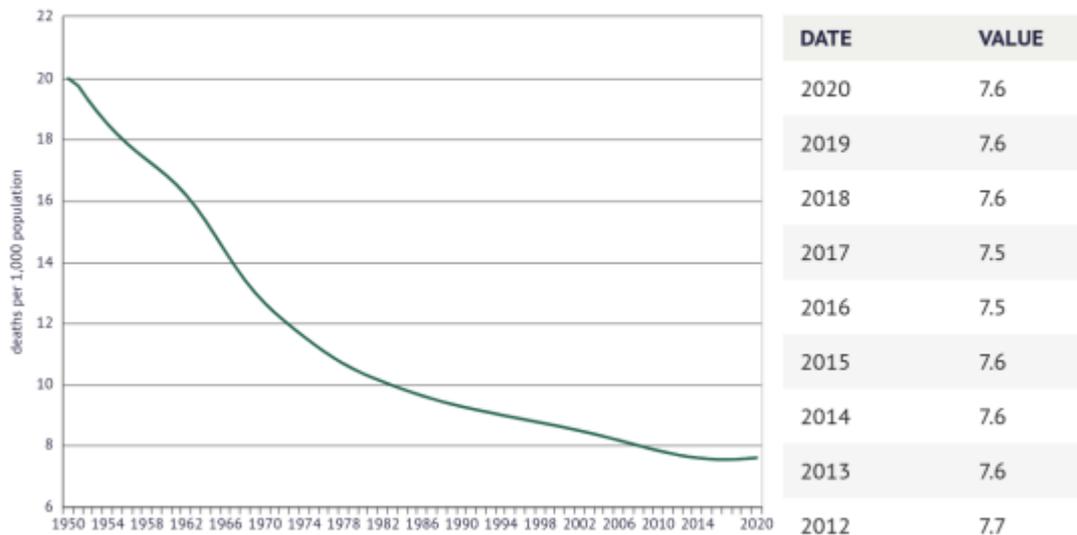
2018 58.5M (3)

2017 58.7M (4)

2016 58.0M (5)

World Death Rate, Per 1,000 People (Source: [Knoema World Data Atlas](#))

What is World death rate?



Countries With High Excess Deaths Correlate To The Suppression Of HCQ And Ivermectin

Although many countries have shown “excess deaths,” that is, a death count that is higher than expected for the year given previous years’ data, studies show a strong correlation between death rates and **government suppression of life-saving drugs such as hydroxychloroquine (HCQ,)** based on faulty studies.

One such study was a **Brazilian study** which administered up to six times recommended dose to some trial participants, and then reported heart arrhythmia, which would be expected for such high doses. In the US, although the FDA did not cite the study in its **warning**, a scientific **literature search** turned up no other study on which the FDA could base its conclusion, which stands to this day.

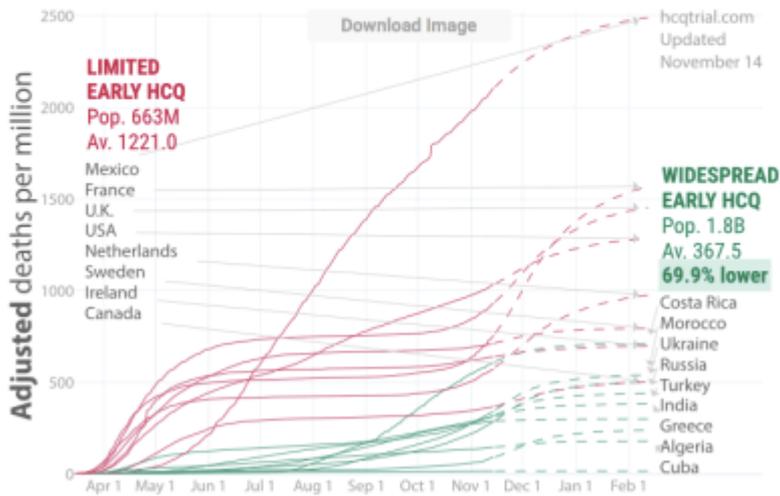
Similarly, Ivermectin is named in a recent **peer-reviewed study** as a life saving treatment for COVID. Both HCQ and Ivermectin have been credited, with proper usage, with up to 70% reductions in COVID mortality. According to **Yale School of Public Health’s Dr. Harvey Risch**, HCQ could have saved hundreds of thousands of US lives.

Early Treatment with HCQ: a Country-Based Analysis (Source)

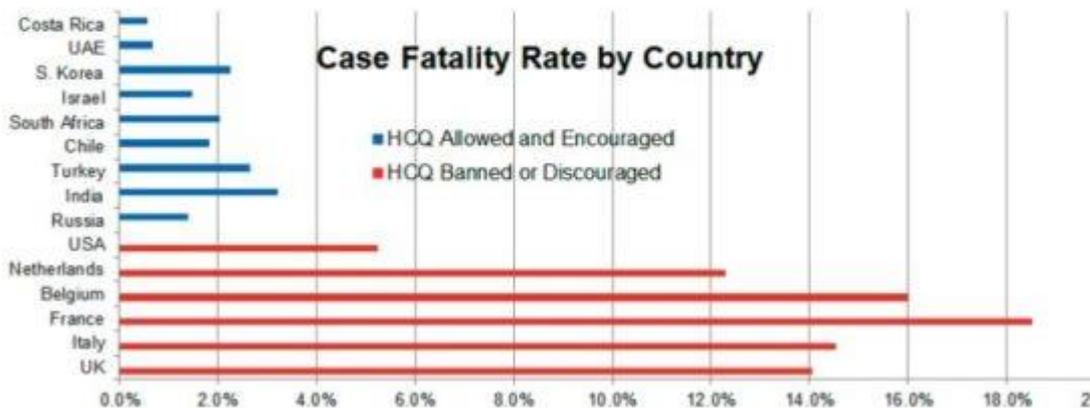
Early treatment with hydroxychloroquine: a country-based analysis

Covid Analysis, August 5, 2020 (Version 35, November 14, 2020)

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Why Did US Take One Of Hardest Hits In Midst Of Zero Global Excess Deaths?

With only 4 percent of the world's population, the US, with one of the most advanced medical infrastructures in the world, suffered 16 percent of the deaths attributed to COVID as of June 2021. This is vastly more than countries with almost non-existent sanitation and hospital capacity, such as Afghanistan (83 deaths per million in population versus US 1,800 deaths per million) or India (254 deaths per million.) China, were the virus allegedly originated, comes in at 3 deaths per million. (source: [Worldometers](#))

What can be said is that COVID produced a bump of up to about 15 percent "excess deaths" in a small number of relatively rich, NATO countries, but in world-wide terms produced no

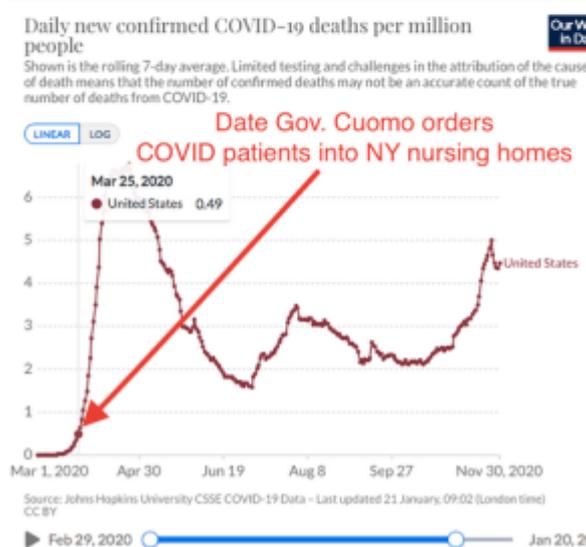
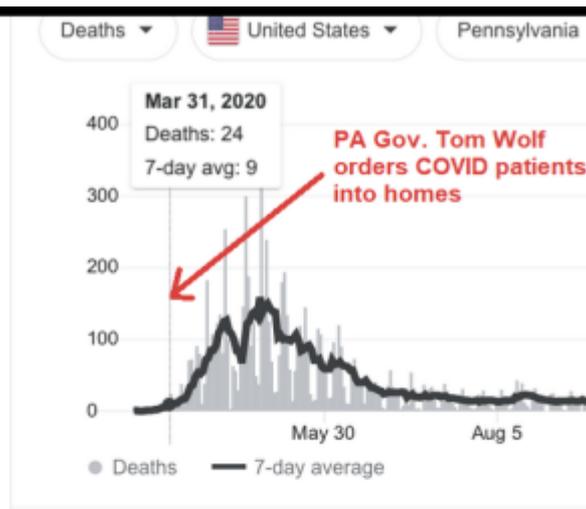
extra deaths beyond what would have been expected for 2020. *Most of the hard-hit countries were under, and may still be under, the severest forms of “lockdowns” and “social distancing” such as Italy, UK, France, Spain, Portugal, and parts of the US.*

In the US, one policy responsible for more deaths ordered by some state governments has drawn withering criticism, and even **threats of criminal prosecution**, among some law enforcement officials. *This was the policy of placing known COVID patients into nursing homes* in New York, NJ, Michigan, and Pennsylvania, early in the rise of US cases. These states hold some of the most densely populated areas in the country,

Early in the US pandemic, *as soon as the policies were implemented, COVID deaths skyrocketed*, in the most vulnerable demographic. About **half of US COVID deaths** took place in nursing homes and assisted living facilities.

It can be asked, if these governors had not done this, and life-saving drugs reducing mortality by up to 70 percent had not been suppressed, would the US have anywhere near the number of deaths? Or like most of the world, would it, at most, have blended into a bad flu season? Or not even that?

Would the US pandemic have been the pandemic without the early help of these key governors, NY Gov. Andrew Cuomo, NJ **Gov. Phil Murphy**, PA **Gov. Tom Wolf**, MI **Gov. Gretchen Whitmer**, and CA **Gov. Gavin Newsom**?



Finally, the effects of “lockdowns” themselves on US excess deaths have rarely been studied, with one exception being a [joint Yale-University of Virginia study](#), which found, shockingly, *that one-third of excess deaths may have been caused by the deferment of medical care, or “deaths of despair” such as overdoses or suicides.*

Because the present mRNA injections being pushed aggressively worldwide *are still in clinical trials through to the end of 2022, they are still experimental.* The shots, which do not prompt antibody response traditionally through dead or weakened virus, are not technically vaccines. The shots are distributed only under FDA “[emergency use authorization](#),” which may only be granted in a defined “emergency,” for certain “at risk” people, when no other treatments exist.

Moderna/Pfizer human trials are being conducted after *cutting short the typical three to six years of animal trials for any drug or vaccine development.* The average time for bringing any new drug or vaccine to [market is 10 years.](#)

Although the media and the US government is aggressively pushing the injections as “*safe and effective*,” no scientific conclusion can be made until the end of clinical trials, which are

designed expressly for this purpose. There would be no need for the carefully designed, expensive clinical trials.

Below: 24 Month Timeline for Moderna Safety and Efficacy Trials, Through End of 2022 (source: Moderna human clinical trials protocol filed with FDA)

1.3.2. Phase 2/3

An unplanned potential COVID-19 illness visit and unplanned potential COVID-19 convalescent visit are required at any time between Visit 1 (Vaccination 1) and Visit 6 (24-month follow-up visit) that COVID-19 is suspected.

Visit Number	1	2	3	4	5	6	Unplanned	Unplanned
Visit Description	Vaccination 1	Vaccination 2	1-Month Follow-up Visit	6-Month Follow-up Visit	12-Month Follow-up Visit	24-Month Follow-up Visit	Potential COVID-19 Illness Visit ^a	Potential COVID-19 Convalescent Visit
Visit Window (Days)	Day 1 ^b	19 to 23 Days After Visit 1	28 to 35 Days After Visit 2	175 to 189 Days After Visit 2	350 to 378 Days After Visit 2	714 to 742 Days After Visit 2	Optimally Within 3 Days After Potential COVID-19 Illness Onset	28 to 35 Days After Potential COVID-19 Illness Visit
Obtain informed consent	X							
Assign participant number	X							
<small>Obtain demographic and medical history data</small>	X							

Below: Moderna protocol describing 2 years of study for medically attended adverse events, through end of 2022 (source)

Unsolicited Adverse Events

Participants were monitored for unsolicited adverse events for up to 28 days following each dose and follow-up is ongoing. Serious adverse events and medically attended adverse events will be recorded for the entire study duration of 2 years. As of November 25, 2020, among participants who had received at least 1 dose of vaccine or placebo (vaccine=15,185, placebo=15,166), unsolicited adverse events that occurred within 28 days following each vaccination were reported by 23.9% of participants (n=3,632) who received Moderna COVID-19 Vaccine and 21.6% of participants (n=3,277) who received placebo. In these analyses, 87.9% of study participants had at least 28 days of follow-up after Dose 2.

In London on May 29, 2021, a massive march, *blacked-out by major media* which described the numbers as “*a few hundred*,” was held to protest coerced experimental mRNA injections made by Pfizer/Moderna. Coercing experimental medical procedures with anything such as job loss or loss of normal rights, is *against the Nuremberg Code*. The marchers were also demonstrating against “*vaccine passports*.”

To *silence in the media*, the roar of thousands of voices reverberated throughout the London streets for the entire day.

Days after the protest, the British government pulled back its already advanced plan to implement “vaccine passports.”

The UK Telegram reported:

“Plans to make Covid-19 passports a legal requirement for large events are set to be dropped, The Telegraph understands.”

“Officials working on the review into Covid-19 status certification believe there is no chance the law will be changed to mandate their use within the UK.”

“It’s not a case of ‘it’s finely balanced’. It’s not going to happen,” said one well-placed government source close to the review.”

In the US, citizens have brought the fight to their state legislatures, as at least 13 states **have now passed “Right to Refuse” “health freedom” laws, including banning of “vaccine passports.”** The new organization **Right to Refuse** has published a **“Citizen’s Toolkit.”**

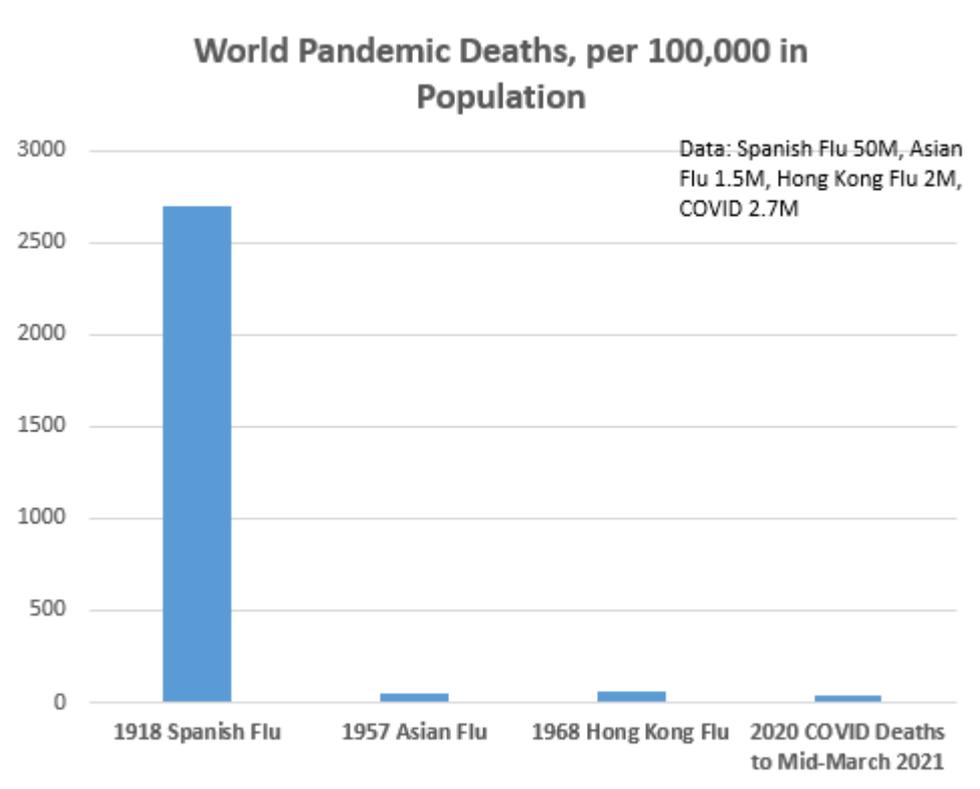
A growing number of colleges and universities are **forcing students to accept the injections** as a condition of in-person learning. This, even though deaths possibly related to the Pfizer/Moderna shots which have been reported to the CDC **now are over 4,000 in the US,** and the Israeli Ministry of Health announced that it believes there is a **“probable link”** between Pfizer’s product and **heart inflammation, possibly chronic,** especially for young people. In the US, approximately one-third of possibly related deaths occur **within 48 hours** of receiving the shots.

Many doctors and scientists whose **voices have been silenced,** see no need for a vaccine whatsoever for a **99.8% survival rate** virus. Former Vice President and Chief Science Officer for Pfizer for 16 years, **Dr. Mike Yeadon,** says:

“There is absolutely no need for vaccines to extinguish the pandemic. I’ve never heard such nonsense talked about vaccines.”

“You do not vaccinate people who aren’t at risk from a disease. You also don’t set about planning to vaccinate millions of fit and healthy people with a vaccine that hasn’t been extensively tested on human subjects,”

Although it is frequently **compared to the Spanish Flu of 1918,** in global deaths per capita, COVID nowhere near, and more similar to the **1957 and 1968 flu** pandemics, which few people even knew about, and never prompted talk of masks or lockdowns.



A “Victory” For A Foreign Power?

Last month, a senior intellectual within the Chinese Communist Party declared “*victory*” over the US in “*biological war*.”

Senior **Fudan University** researcher Professor **Ping Chen** said in a video:

“In 2020, China won the trade war, science & technology war, and especially the biological war. The achievement is unprecedented. This is an epoch-making historical record. So for the liberal, America-worshipping cult within China, their worship of the US is actually unfounded. After this trade war and biological warfare, the US was beaten back to its original shape. So I think Trump’s attempt to restore the declining international status of the US during his 4 years has failed.”

Last May 2020, **General Jack Keane**, a retired **American four-star general**, former Vice Chief of Staff of the Army and Presidential Medal of Freedom recipient, made news when he said that Chinese President Xi had “*weaponized*” the COVID virus:

“He has weaponized COVID-19....I mean, [Xi] actually used that disease to spread it around the world because he thought it would destroy Western democracies’ economies, and he’s been able to accomplish that,”

The video was released as Dr. Anthony Fauci is **embroiled in evidence** that he approved NIH funding for dangerous gain-of-function research at Wuhan lab, which Chinese virologist and exile **Dr. Li-Meng Chen** likened to handing a child a “*loaded gun.*”

See more here: coronanews123.wordpress.com