

# Excess Deaths Are Exploding, Experts Remain Stumped

By [Dr. Joseph Mercola](#)

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[Mercola](#)

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*In 2022, the No. 1 cause of excess deaths in the U.K. was signs and symptoms of "ill-defined conditions." In England, this nebulous cause of death was 36.9% above the five-year average, and in Wales, it was 30.4% above average*

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*The misuse of mechanical ventilation created the appearance that COVID was exceptionally deadly, which in turn helped promote acceptance of the experimental COVID shots that are now a leading cause of frequent sickness, chronic disability and excess deaths*

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According to a May 11, 2023, report by the British Express,<sup>1</sup> Britons are dying by the tens of thousands, "but no one knows why." Between May and December 2022 alone, there were 32,441 excess deaths in England and Wales, according to data<sup>2</sup> released by the Office for National Statistics (ONS), and that doesn't include COVID-related deaths. As reported by the Express:<sup>3</sup>

“Excess deaths are defined as the number of people who died above the five-year average — worked out excluding 2020 due to how COVID spiked death figures that year ... The shock revelation has raised alarm bells amid health professionals ...

Professor David Coleman, Emeritus Professor of Demography at Oxford University, told the Mirror that no one knew for certain what had caused so many deaths throughout last year.

He pointed out that, post COVID, the UK's population had been changed through the deaths of a significant proportion of the elderly due to the virus. He explained: ‘Once those poor people have been packed off, the remaining population should be healthier, there should be a period afterwards where deaths are lower than usual but that hasn't happened.’”

## No. 1 Cause of Excess Deaths: ‘Ill-Defined Conditions’

According to the Express, two of the primary causes of excess deaths were ischemic heart diseases and dementia. This, the article suggests, might be an indication that obesity and an increasingly older population are to blame for the excess mortality.

However, if the population was altered due to a significant portion of the elderly dying from COVID in 2020, leaving a younger and supposedly healthier population, as stated by professor Coleman, those puzzle pieces don't exactly fit together.

What's more, the Express failed to specify that dementia and Alzheimer's were only the leading causes of death during the month of December 2022. For 2022, the No. 1 cause of excess deaths was signs and symptoms of “ill-defined conditions.”<sup>4</sup>

In England, this nebulous cause of death was 36.9% above the five-year average, and in Wales, it was 30.4% above average.<sup>5</sup> Now, what does that remind you of? “[Sudden adult death syndrome](#)” perhaps — a historically rare cause of death that suddenly skyrocketed after the COVID jabs came on the scene.

As illustrated in the video above, during 2021 and into 2022, mainstream media kept drilling the false and incredibly offensive narrative that the unvaccinated were the enemy, that every COVID death meant they had blood on their hands and ought to be punished accordingly.

And now, as countries where most people have been jabbed experience skyrocketing excess death rates unrelated to COVID, they feign mind-numbing ignorance.

An experimental gene transfer injection was introduced as a vaccine and death rates continue to climb even as COVID is vanishing. What a mystery! Everyone is stumped. The scientific consensus is at a standstill. No one knows why people are dying.

Possibly, not enough people got the jab. That's what the BBC insinuated in early 2023.<sup>6</sup> No one wants to admit that medical experimentation on the public was a terrible idea. No one wants to consider the possibility that too many took the toxic jab, and that's why excess mortality is so far above norm.

As cardiologist Dr. Peter McCullough has repeatedly stated, we had a clear safety signal all

the way back in February 2021, and it's only gotten more pronounced over time. Despite that, not a single safety review has been conducted, and our health authorities refuse to address the astronomical death toll.

## UK Has Highest COVID Jab Rate in Europe

In the U.K., 2020 was the deadliest year on record since 1918. More than 695,000 deaths were logged that year. The culprit at that time was COVID, or suspected COVID. But what happened next?

The U.K. was the first European country to approve the Pfizer COVID jab and began its mass injection campaign December 8, 2020. It currently has the highest COVID-19 jab rate in all of Europe, in large part due to having "the most positive attitudes to vaccine safety in Europe," according to Statista.<sup>7</sup>

If the COVID shots were safe and protective, you'd expect excess mortality to decline from there on, but that didn't happen. The third week of January 2021 saw a huge spike above norm, and the rate has dipped and peaked ever since.<sup>8</sup> In 2022, excess deaths exceeded 650,000, which was 9% higher than 2019. So, why are so many people dying? And why are so many dying from inexplicable causes or "ill-defined" conditions?

In January 2023, BBC news blamed the excess death rate in 2022 on "pandemic effects on health and NHS pressures."<sup>9</sup> Ambulance response times were more than doubled, hospital waits were long, and "people are more likely to have heart problems and strokes in the weeks and months after catching COVID," the BBC said.

The BBC also claimed there was "no evidence of vaccine effect," and that cases of myocarditis and pericarditis were "too rare — and mostly not fatal — to account for the excess in deaths."

But myocarditis and pericarditis are FAR from the only side effects caused by these shots, so the fact that these conditions aren't among the top causes certainly doesn't mean that the shots are safe and aren't causing people to die prematurely.

Aside from foolhardy medical experimentation, the excess death rates may also have something to do with the fact that hospitals around the world have been killing "suspected" COVID patients with lethal treatment protocols, as detailed in "[How COVID Patients Died for Profit](#)."

## Massively Anomalous Data Put COVID Shots in the Crosshairs

In the March 24, 2023, "Ask Dr. Drew" interview above, Drew interviewed Ed Dowd, author of "Cause Unknown." As noted by Dowd, data from the insurance industry, funeral home industry and various government databases strongly indicate that the COVID shots are killing people, primarily working age adults, many of whom had to get the shot to keep their jobs.

While some countries are now pulling back from the shots, in the U.S., the COVID injections have been added to the childhood and adult vaccination schedules, and no one has

proposed removing them.

According to Dowd, Denmark, for example, stopped recommending COVID boosters for anyone younger than 50, as their excess deaths in 2021 and 2022 shot up to around 20% above norm. Clearly, decision-makers there connected the dots and decided it was better to be safe than sorry.

Dowd goes on to review absence rates and lost worktime data<sup>10</sup> for the U.S. Among full-time employees aged 25 to 54, there was a stark deviation in 2020, 2021 and 2022 from the 2002 through 2019 trend. In 2020, it was a three-standard deviation, which is reasonable considering governments were shutting down businesses. But then, in 2021, it rose to five standard deviations and in 2022, it skyrocketed to 11 standard deviations, which makes no sense whatsoever.

Compared to 2019, the absence rate for working age adults was only 3.6% higher in 2020, when lockdowns were in effect and many businesses were closed. In 2021, the absence rate was 10.7% higher than 2019, and in 2022, it was 28.6% higher. In short, in 2022, nearly one-third more employees missed days of work compared to 2019, which amounts to an enormous loss of productivity, and this at a time when there were no lockdowns in the U.S.

Looking at the number of hours lost per absence, the 2022 numbers were 13 standard deviations higher than 2019, which Dowd says is “unheard of.” Compared to the 2019 baseline, lost worktime rates were 28.6% higher in 2020 and 2021, and then suddenly jumped to 50% in 2022. This too equates to a major loss of productivity and therefore economic losses.

So, what is going on? In short, people are missing work due to vaccine-related sickness. As noted by Dowd, we have studies showing the shots impair your immune function, and these data show that, yes, people are getting sick and calling out from work at an unprecedented frequency and they’re out sick 50% longer than normal.

## mRNA COVID Jabs Had No Effect on Mortality

In related news, we now also have evidence<sup>11</sup> showing the mRNA COVID jabs have no mortality benefit. As reported by Epoch Health:<sup>12</sup>

“The Pfizer and Moderna COVID-19 vaccines did not impact overall mortality, a reanalysis of clinical trial data found.

The two vaccines, both based on messenger RNA (mRNA) technology, protected against deaths from COVID-19 but that effect was offset by vaccinated trial participants being more likely to die from cardiovascular problems, Christine Stabell Benn, a health professor at the University of Southern Denmark, and other researchers reported in April in the Cell journal.<sup>13</sup>

The research analyzed data from randomized clinical trials (RCTs) reported by the companies that manufacture the vaccines. ‘In the RCTs with the longest possible blinded follow-up, mRNA vaccines had no effect on overall mortality despite protecting against some COVID-19 deaths.’”

Meanwhile, the Johnson & Johnson shot, which uses an adenovirus-vector, was associated with lower non-COVID-19 mortality and overall mortality, but had NO effect on COVID-19 mortality. So, in essence, all the COVID shots are useless in one way or another. The mRNA versions cause greater overall mortality, and the adenovirus-vector ones don't protect against COVID-related death. Take your pick.

Interestingly, out of all the brands, AstraZeneca's adenovirus-vector shot performed the best, and that's the one that was maligned the most by health regulators and media across the world, as it was associated with lethal blood clots early on.

## More Evidence COVID Jab Does More Harm Than Good

Another reanalysis of randomized COVID jab trials concluded that the shots are far more likely to land you in the hospital than COVID-19 itself. This study,<sup>14</sup> which focused on serious adverse events highlighted in a World Health Organization-endorsed priority list<sup>15</sup> of potential adverse events relevant to the COVID-19 shots, found Pfizer's shot was associated with an increased risk of serious adverse events at a rate of 10.1 events per 10,000.

The rate for Moderna's jab was 15.1 events per 10,000. The researchers also stressed that this level of risk for a post-injection event was significantly greater than the risk reduction for COVID-related hospitalization, which was only 2.3 per 10,000 participants in the Pfizer trial and 6.4 per 10,000 in the Moderna trial.

In short, for every 800 jab recipients, one person will suffer a serious injury. Meanwhile, some 5,000 must get the Pfizer jab to prevent a single COVID hospitalization. This is what risk-benefit analysis is all about — comparing and weighing the benefit against the risk — and when it comes to the mRNA COVID shots, they clearly do more harm than good.

Considering the high rate of injury, is it hard to believe that people are calling out sick from work more often or that excess mortality is skyrocketing? There's not a single piece of evidence so far that exonerates the COVID shots, yet the media want you to believe it's an inexplicable mystery.

## AI Links COVID Deaths to Ventilator-Associated Pneumonia

Another piece of news that's been making the rounds is that artificial intelligence (AI) has linked COVID mortality to unresolved ventilator-associated pneumonia (VAP), basically, a secondary bacterial infection caused by intubation that didn't respond to treatment. As described in the abstract, published April 27, 2023, in the Journal of Clinical Investigation:<sup>16,17</sup>

"We performed a single-center prospective cohort study of 585 mechanically ventilated patients with severe pneumonia and respiratory failure, 190 of whom had COVID-19, who underwent at least one bronchoalveolar lavage [BAL].

Given the relatively long ICU length of stay among patients with COVID-19, we developed a machine learning approach called CarpeDiem, which groups similar ICU patient-days into clinical states based on electronic health record data.

CarpeDiem revealed that the long ICU length of stay among patients with COVID-19 is attributable to long stays in clinical states characterized primarily by respiratory failure. While VAP was not associated with mortality overall, mortality was higher in patients

with one episode of unsuccessfully treated VAP compared with successfully treated VAP (76.4% versus 17.6%,  $P < 0.001$ ).

In all patients, including those with COVID-19, CarpeDiem demonstrated that unresolving VAP was associated with transitions to clinical states associated with higher mortality.

Conclusions: Unsuccessful treatment of VAP is associated with greater mortality. The relatively long length of stay among patients with COVID-19 is primarily due to prolonged respiratory failure, placing them at higher risk of VAP.”

## Use of Ventilation Is Likely the Core Problem

While many have argued that this study shows secondary infections are to blame for many a COVID death, Modern Discontent<sup>18</sup> on Substack calls for prudence when interpreting these results, stating that upon closer scrutiny, the study doesn’t offer much in terms of substantial evidence.

Moreover, whenever you’re using AI, what comes out depends on what was put in, and in this case, CarpeDiem did not supply important data variables, and this may have skewed the results. Since “key factors have been excluded from the analysis there’s going to be several flaws in interpreting the correlative power of some of CarpeDiem’s results,” Modern Discontent warns, adding:

“Overall, I’ll argue that the study has serious issues in outlining their data. There’s a ton missing here, including which bacteria were cultured from BAL samples.

The timing of BAL collection is up in the air, and the study also doesn’t make it clear early on how many patients actually experienced an episode of VAP, whether in the COVID group or the other groups (you have to dig into the actual body to find a reference to VAP episodes).

The lack of organization makes the study rather difficult to read, and I won’t say that I have it figured out yet ... It’s quite clear that many of these individuals are already in various states of severe respiratory distress and failure as noted by the clinical states and relative mortality rates, making these people more at risk of death irrespective of from SARS-COV2 or a bacterial infection ...

It’s not necessarily the secondary infection that is cause for concern, but the fact that many patients require ventilation.

Upon ventilation, the secondary concern may be the secondary bacterial infection, although the researchers don’t provide any insights into why some patients were not able to resolve their VAP episode. This is, again, an issue with the lack of data provided by the researchers themselves.”

## COVID Jab Accepted Due to Ventilator-Driven Death Toll

Now, aside from the massively coercive PR campaign, one of the reasons that many accepted the COVID shot without much deliberation was the fact that hospitalized COVID patients were dying in droves. They didn’t want to end up on a vent and die, and all the



pundits said the shots would prevent you from getting seriously ill and dying.

The problem, of course, is that mechanical ventilation should not have been a standard treatment for COVID, and some doctors realized this within a few weeks. High-flow cannulas and proning were far more effective.<sup>19</sup>

The reason mechanical ventilation was promoted as an early intervention was not because it was helpful for the patient, but because it was thought to protect the staff from the virus. It was a strategy to reduce contagion.<sup>20</sup> This was detailed in provider guidance<sup>21</sup> from the World Health Organization in March 2020.

The guidance recommended<sup>22</sup> escalating treatment to mechanical ventilation as rapidly as possible to isolate the virus inside the mechanical vent machine. In other words, they put patients on a treatment they knew would likely kill them to “save” staff and other, presumably non-COVID, patients.

Considering this context, blaming the death of vented patients on secondary infections may be little more than an attempt to shift blame away from hospitals that adhered to these ineffective and dangerous protocols.

I disagree with Modern Discontent when he or she says that the primary concern is “the fact that many patients require ventilation.” There’s plenty of evidence that says they don’t, and without ventilation, the risk of ventilator-associated secondary bacterial infection drops to zero, does it not? Secondary bacterial infections may still occur, but they won’t be VAP.

So, in conclusion, the misuse of mechanical vents created the appearance that COVID was exceptionally deadly, which in turn helped promote acceptance of the experimental COVID shots, which are now a leading cause of frequent sickness, chronic disability and excess deaths.

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## Notes

<sup>1, 3</sup> [Express May 11, 2023](#)

<sup>2, 4, 5</sup> [ONS Mortality Analysis, England and Wales, December 2022](#)

<sup>6, 9</sup> [BBC January 10, 2023](#)

<sup>7, 8</sup> [Statista Excess Deaths UK and Wales](#)

<sup>10</sup> [Phineas Technologies US Absence Rates and Lost Worktime Data March 2023](#)

<sup>11, 13</sup> [Cell May 19, 2023; 26\(5\): 106733 \(Archived\)](#)

<sup>12</sup> [Epoch Health May 13, 2023](#)

<sup>14</sup> [Vaccines September 22, 2022; 40\(40\): 5798-5805](#)

<sup>15</sup> [SPEAC October 26, 2021](#)

<sup>16</sup> [Journal of Clinical Investigation April 27, 2023](#)

<sup>17</sup> [Journal of Clinical Investigation April 27, 2023 Full Text PDF](#)

<sup>18</sup> [Modern Discontent Substack May 16, 2023](#)

<sup>19</sup> [Newswise April 23, 2020](#)

<sup>20</sup> [Wall Street Journal December 20, 2020 \(Archived\)](#)

<sup>21</sup> [WHO Clinical Management of Severe COVID-19](#)

<sup>22</sup> [WHO Infection Prevention and Control for COVID](#)

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