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Nearly Two Million Americans Dead from COVID Vaccines, Infections, and Collateral Impacts: Dr. Joel Hirschhorn

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During the pandemic many deaths have occurred, approaching 2 million Americans. Ponder this: Have large numbers of excess deaths over pre-pandemic years resulted from something other than COVID infections?

There have been increasing articles and studies about excess deaths during the pandemic. Too many of these seem aimed at getting attention rather than being accurate and balanced. The concept of excess deaths is simple: deaths above what was normally observed before the pandemic. But why are more people dying even after accounting for COVID infection deaths? Getting to the correct answer is the goal of this article.

The core issue in seeking truth is how to evaluate excess deaths during the pandemic and then explain them if they are not caused by COVID infections. If there really are non-infection excess deaths, then the goal is to rise above often bad and uncertain data from government agencies to correctly figure out whether something especially concerning is happening. Perhaps something that governments do not want to acknowledge and deal with, as we shall see.

Classification of deaths

To get to the truth about excess deaths it is important to make a critical distinction by defining two classes of deaths.

Class 1: First, direct pandemic effects are twofold.

Most attention is needed to assess the magnitude of deaths from COVID infection. These include breakthrough cases that are COVID infections despite full vaccination.

The other direct impact is deaths from COVID vaccines.

Class 2: The second class is very different. They are indirect health impacts resulting from

actions other than from direct medical actions aimed at addressing COVID.

These are the many collateral deaths resulting from severe contagion controls used by federal and state governments, especially lockdowns, stay at home mandates, limited hospital and physician access, school closings, job losses, travel restrictions and widespread impacts on personal and medical freedom.

These many indirect impacts cause large numbers of deaths across the entire population. They are the collateral damage caused by pandemic government authoritarian actions, but not infections nor COVID vaccines. They are done, supposedly, in the name of public health.

The government does not collect comprehensive data on these indirect deaths. Be clear about this category of deaths. They are caused by all the public health systems to address the pandemic.

To be clear, deaths directly associated with COVID infections cover a range of situations. Government agencies report COVID related deaths. That word "related" is very important, because proving causality has proven contentious. Most physicians see causality when deaths occur soon after COVID symptoms or a positive test result.

There are reasons why there are legitimate concerns and criticisms of official COVID death data. It comes down to what criteria are used to declare a death as either caused by COVID or just, in some way, related to the infection.

US federal and state agencies have, for the most part, been very liberal in declaring deaths as COVID ones. This has resulted from financial incentives, political motivations (maintaining public fear and acceptance of authoritarian government actions) and procedural government guidance.

In the latter category are guidelines from CDC for death certificates issued in March 2020 that replaced a practice used for the previous 17 years. This change allowed physicians, medical examiners and coroners to place less importance on all kinds of health problems contributing to a death and, if there was any evidence of COVID virus infection from testing (before or after death) or symptoms, to declare a death as a COVID one.

In other words, many people, especially the elderly, could have died with COVID but NOT from COVID. They may have died from their underlying medical problems and weakened immune system more than effects directly associated with COVID infection. Some die because they have been given the very expensive approved drug remdesivir that causes acute liver and kidney problems, and has a death rate of over 25%. Yet their deaths go into the COVID death column.

On the other side, is the view that some people have died from COVID infection but their death has not been officially declared as a COVID death. Most likely these have been people who have died at home without medical attention. It is difficult to believe that the numbers of deaths in this class could account for a large excess death figure. Why? Because people who die from COVID infection almost always experience severe symptoms as they move from stage one viral replication to stages two and three when vital organs are attacked, especially breathing problems. These typically cause them to seek medical attention, usually hospitalization where so many COVID deaths occur.

Not to be dismissed, is the reality that many COVID deaths have preempted a number of normally occurring deaths, such as from the seasonal flu and many types of accidents in a more mobile population. The latter are subsumed in the COVID death data. They do not explain excess deaths. If anything, they reduce non-infection excess deaths.

Taking all this into consideration means that COVID death totals are most likely to overstate the lethality of COVID. In fact, as I have discussed elsewhere, COVID lethality for the whole population was initially overstated by Fauci to justify extreme government actions and mass vaccination. He started the pandemic by wrongly saying that the China virus was so much more deadly than the seasonal flu. Only the elderly had a high risk of death (and younger people with serious underlying medical problems) that warranted focused government attention, initially by using safe and effective generics, namely ivermectin and hydroxychloroquine, and later vaccines.

In seeking truth about excess deaths, it is most important to recognize the countless and not quantitatively reported indirect impacts of the pandemic on health and deaths of very large numbers of people who were not actually at significant risk from COVID infection.

Deaths have resulted, for example, from people not getting normal pre-pandemic health care from treatment to prevention and suffering from extreme mental stress (often pushing addiction and suicide) caused by abnormal living and negative economic conditions. Unlike direct pandemic deaths there is hardly any useful tabulation of indirect pandemic death impacts by government agencies. In the name of public health government agencies have harmfully impacted the lives of nearly all Americans.

There is need for caution when seeing numerical excess deaths beyond official COVID deaths, in coming up with explanations that involve controversial causes. The big example is blaming what seems as major excess deaths on COVID vaccines. Especially if the many indirect pandemic causes of death are not addressed, mainly because data are not readily available.

Also note that breakthrough COVID infections in fully vaccinated people that sometimes cause death are appropriately categorized as direct COVID deaths.

As I have discussed, declining vaccine ineffectiveness (especially for variants) make the fully vaccinated vulnerable to dying from COVID infection. But it would be wrong to say that these deaths are different than COVID ones. And wrong to place these deaths in a category of vaccine deaths. Moreover, as I have analyzed, breakthrough deaths in the US most likely account for tens of thousands of deaths, much smaller than true excess deaths. Though their numbers are likely to increase in coming months and years as mass vaccination continues. For example, recently this was reported: “Former Centers for Disease Control and Prevention Director Robert Redfield said that more than 40 percent of people who have died from Wuhan coronavirus in the state of Maryland over the last 6-8 weeks were fully vaccinated.”

To recap, it is important to focus on the many causes of vaccine induced deaths and collateral deaths that do not result from the viral infection. Make no mistake, there are now widely recognized medical explanations of vaccine induced deaths, including a broad array of serious blood problems that this author has reviewed. Data on vaccine deaths will be examined below.

Indirect health impacts

A March 2021 study examined how the pandemic caused non-infection health impacts and made it clear that they cannot be ignored.

> "The COVID-19 pandemic and global efforts to contain its spread, such as stay-at-home orders and transportation shutdowns, have created new barriers to accessing healthcare, resulting in changes in service delivery and utilization globally."
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> "One hundred and seventy studies were included in the final analysis. Nearly half (46.5%) of included studies focused on cardiovascular health outcomes. The main methodologies used were observational analytic and surveys. Data were drawn from individual health facilities, multicentre networks, regional registries, and national health information systems. Most studies were conducted in high-income countries with only 35.4% of studies representing low- and middle-income countries."
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> "Healthcare utilization for non-COVID-19 conditions has decreased almost universally, across both high- and lower-income countries. The pandemic's impact on non-COVID-19 health outcomes, particularly for chronic diseases, may take years to fully manifest and should be a topic of ongoing study."

A November 2020 article Death by Lockdown "forecasted more than 100,000 excess deaths due to drug overdoses, suicide, alcoholism, homicide, and untreated depression – all a result not of the virus but of policies of mandatory human separation, economic downturn, business and school closures, closed medical services, and general depression that comes with a loss of freedom and choice." What was recognized is "that as bad as a virus is, policies that wreck normal social functioning will cause massive and completely unnecessary suffering and death. "

A new article from the New York Post made these wise observations:

> "Instead of keeping calm and carrying on, the American elite flouted the norms of governance, journalism, academic freedom — and, worst of all, science. They misled the public about the origins of the virus and the true risk it posed. Ignoring their own carefully prepared plans for a pandemic, they claimed unprecedented powers to impose untested strategies, with terrible collateral damage. We still have no convincing evidence that the lockdowns saved lives, but lots of evidence that they have already cost lives and will prove deadlier in the long run than the virus itself. A few scientists and public-health experts objected, noting that an extended lockdown was a novel strategy of unknown effectiveness. In April 2020, John Ioannidis, Jay Bhattacharya and other colleagues reported that the fatality rate among the infected was considerably lower than the assumptions used to justify lockdowns."

The TB case has been one of worst collateral health impacts of the pandemic. This was documented in a detailed story. "Tuberculosis killed roughly 1.5 million people in the first year of the COVID-19 pandemic, up from 1.4 million in 2019. And researchers say COVID is to blame." And there is every indication that it has gotten much worse worldwide. "The COVID-19 pandemic has reversed years of progress and efforts in the fight against tuberculosis," said Dr. Tereza Kasaeva, head of WHO's global TB program. Kasaeva said that COVID lockdowns, limited access to health care and patients' concerns about visiting medical clinics made TB far more deadly during the pandemic."

Justin Hart of Rational Ground said in October 2021 that "It's estimated that 50% of regular child immunizations were missed in the spring of 2020. You can do some actual math and I feel confident in saying that more children will die from missed vaccines in a year's time than died of COVID-19." This is just another example of a collateral impact of the pandemic.

Another study "found that COVID-19 was cited in only 65% of excess deaths in the first weeks of the pandemic (March-April 2020); deaths from non–COVID-19 causes (eg, Alzheimer disease, diabetes, heart disease) increased sharply in 5 states with the most COVID-19 deaths."

The conclusion is that when examining excess deaths, it is important to recognize indirect deaths resulting from pandemic control actions by governments.

The Economist article

Here are highlights from a discussion of this widely addressed article titled "The pandemic's true death toll."

This conclusion was the attention grabber: "Fifteen million more people have died during the COVID-19 pandemic compared to historical norms, according to a recent October report by the Economist. This figure is more than three times the reported COVID-19 deaths, which stands at 4.6 million people." In other words, about 10 million excess deaths over direct COVID infection deaths.

"And what about people who died of preventable causes during the pandemic because hospitals full of COVID-19 patients could not treat them? If such cases count, they must be offset by deaths that did not occur but would have in normal times, such as those caused by flu or air pollution." These ideas fall into the class of indirect COVID impacts.

The Economist had to invoke indirect pandemic impacts in addition to vaccine induced deaths. When speaking of many millions of excess deaths globally, the only rational explanation are the widespread indirect pandemic impacts that have devastated the entire global population. This means that it has not been the virus that has killed most people, but rather government actions. It is quite plausible that for every COVID death two more people have died from the indirect impacts of pandemic management.

Here are the data reported for North America: 675,000 COVID deaths and 843,000 excess deaths (middle uncertainty). That is a very large number of excess deaths that could only be explained by health impacts of government actions. For the US it was reported that the cumulative COVID-19 infection deaths have reached close to 650,000, and excess deaths are 820,000, presumably indirect deaths. Updating, for the current US 730,000 infection deaths that implies 921,000 indirect collateral deaths.

Important NIH and other results

Here is an important observation from a recent report from the NIH. "Roughly 2.9 million people died in the United States between March 1, 2020, and December 31, 2020. Compared with the same period in 2019, there were 477,200 excess deaths, with 74% of them due to COVID-19." That amounts to 343,584 COVID deaths during the first year of the pandemic; it is consistent with the over 730,000 COVID deaths reported since 2020.

For 2020 when COVID began ravaging the country, compared to pre-pandemic 2019, that leaves 133,616 deaths to be explained. The answer cannot be deaths associated with COVID vaccines for this pre-vaccination period. That is the key point – pre-vaccination, which means that the plausible explanation for the significant excess deaths of 133,616 are the many negative health impacts causing deaths from the expanding government pandemic control actions in 2020. These included many lockdowns, stay at home mandates, disruptions in health care and loss of jobs. In other words, collateral deaths.

In agreement with this statement was the finding in a medical journal article titled "Excess Deaths From COVID-19 and Other Causes in the US, March 1, 2020, to January 2, 2021." It said deaths attributed to COVID-19 accounted for 72.4% of US excess deaths, leaving 27.6% explained most likely from collateral deaths.

A June 2021 Scientific American article said 18 percent of excess deaths across the U.S. last year (2020) were not assigned to COVID. Thus, 78% was related to COVID infections. Reported was that Andrew Stokes, Boston University, and his colleagues calculated excess deaths for each of more than 3,100 U.S. counties. To do so, they compared provisional 2020 mortality data from the National Center for Health Statistics with predicted death rates based on previous years. The researchers then compared the proportion of excess deaths attributed to COVID on death certificates with those assigned to other causes. Their data showed that 18 percent of excess deaths across the U.S. in 2020 were not assigned to COVID. That infers about 77,000 indirect deaths, reasonably explained by collateral deaths.

A journal article published in April 2021 said this: "Between March 1, 2020, and January 2, 2021, the US experienced 2,801,439 deaths, 22.9% more than expected, representing 522 368 excess deaths... Deaths attributed to COVID-19 accounted for 72.4% of US excess deaths." That leaves 27.6% or a little over 144,000 non-COVID infection deaths. Detailed data were given on specific non-COVID deaths, including: heart disease, Alzheimer disease/dementia and diabetes.

A September 2021 article titled "Impact of COVID-19 on excess mortality, life expectancy, and years of life lost in the United States" found that for 2020: There were 375,235 excess deaths, with 83% attributable to direct, and 17% attributable to indirect effects of COVID-19. So, about 64,000 deaths were collateral deaths.

Data focused Our World Data website said the following:

> "The raw death count gives us a sense of scale: for example, the US suffered roughly 472,000 excess deaths in 2020, compared to 352,000 confirmed COVID-19 deaths (75%) during that year." That leaves 25% or 120,000 collateral deaths.

A new report "Collateral Damage from COVID"said this:

> "In the first year of the U.S. COVID pandemic (the 52 weeks ended February 27, 2021) there were 665,000 excess deaths (deaths above the normal seasonal death rate) reported by the CDC. The official COVID death toll for that span was 514,000 (77%). Shockingly, this means that non-COVID deaths caused by the pandemic and possibly by our policy choices, are likely to total at least this 151,000 difference."

The latter would logically be collateral deaths.

And this is how that 151,000 difference was explained:

> "Excess deaths due to unnatural causes surged by an estimated 82,000 above the normal levels, from March 2020 through August 2021. Unnatural causes are dominated by homicides, suicides, overdoses, and accidents. And, excess deaths due to the Big Four natural causes (heart and lung disease, cancer, and stroke) soared by over 86,000 over those same 18 months, mostly during 2020. These two categories alone total 168,000 excess deaths."

Clearly, many deaths were caused by government pandemic controls that made lives extremely difficult and stressful.

On this point, the report noted:

> "The death toll from unnatural causes has risen sharply and is not likely to fall as quickly. Research shows that collateral effects on health, direct and indirect, following unemployment and other economic disruption remain elevated for several years. The same seems likely to be true for overdoses and homicides, due to lingering mental health effects, though perhaps not for accidental deaths."

In contrast to the above, it was reported in October 2020 that a report by CDC said that overall, an estimated 299,028 excess deaths occurred from late January through October 3, 2020, with 198,081 of them (66 percent) caused by Covid-19. But that left nearly three months in later 2020 unaccounted for, when COVID infections probably mounted. So, some 100,947 (or 134,596 for 12 months) excess deaths not related to COVID infection is mostly in agreement with the above figures. These CDC numbers are the least credible.

Thus, despite data variations, most of these reports were fairly consistent in attributing 72 to 83% of US excess deaths over pre-pandemic years to COVID infection deaths, leaving a fairly broad range of about 64,000 to 151,000 excess deaths to non-infection causes. These would be the collateral impacts of pandemic control actions by federal and state governments, but are much lower than what The Economist estimated; but these are not systematically measured by the government.

The average of the above reports is 25.3% for non-infection deaths and for these an average of 117,745 such collateral deaths annually, and before vaccine deaths would be a significant fact.

Dr. Joseph Mercola views

Receiving major attention on alternative news sites in October 2021 are the views of Dr. Mercola that will now be summarized. He has been a strong proponent for explaining non-infection deaths on the basis of COVID vaccines.

> "The number of Americans who have died between January 2021 and August 2021 is 16% higher than 2018, the pre-COVID year with the highest all-cause mortality, and 18% higher than the average death rate between 2015 and 2019. Adjusted for population growth of about 0.6% annually, the mortality rate in 2021 is 16% above the average and 14% above the 2018 rate."

Mercola asked the key question: "Did COVID-19 raise the death toll despite mass vaccination, or are people dying at increased rates because of it?"

> "The death toll from the jabs is estimated to be between 200 and 500 deaths per million doses administered. With 4 billion doses having been administered around the world, that means 800,000 to 2 million so-called 'COVID-19 deaths' may in fact be vaccine-induced deaths."

This range is a high fraction of about 5 million total global COVID infection deaths. In the US 414 million doses have been given; using the above range that yields a range of 82,800 to 207,000 vaccine deaths on top of the 730,000 infection deaths given by CDC.

[To be clear, vaccine induced deaths are definitely real and significant. The issue is their magnitude. Nor is it fair to argue that vaccine induced deaths are to some degree hidden within COVID death data. And clearly it is unreasonable to argue that high COVID deaths after mass vaccination, which has been widely observed, should be counted as vaccine deaths.]

The key question is whether the high level of US vaccine deaths is compatible with what the public is seeing.

Mercola also references the following:

> "According to this whistleblower, the U.S. Vaccine Adverse Event Reporting System (VAERS) under-reports deaths caused by the COVID shots by a conservative factor of five or more. She claims the number of Americans killed by the shots was at least 45,000 as of July 9, 2021. At that time, VAERS reported 9,048 deaths following COVID injection. That number is now 16,310 (as of October 1, 20218). Using an under-reporting factor of five, that gives us an estimated vaccine death toll of 81,550."

That is at the low end of the range calculated above.

Another source is also used by Mercola:

> "Steve Kirsch, executive director of the COVID-19 Early Treatment Fund, has come up with even more drastic numbers. In the video 'Vaccine Secrets: COVID Crisis,' he argues that VAERS can be used to determine causality, and shows how the VAERS data indicate more than 212,000 Americans have already been killed by the COVID shots."

That is at the high end of the range calculated above.

To recap, Mercola's reporting provided different sources to support the range of 82,800 to 207,000 for vaccine deaths to date.

Rose and Crawford study

The September 2021 study "Government's Own Data Reveals that at Least 150,000 Probably DEAD in U.S. Following COVID-19 Vaccines." by Jessica Rose and Mathew Crawford is the most detailed and impressive effort to determine vaccine deaths. It has been criticized by FDA: "Although under reporting is a limitation in VAERS, with regard to COVID-19 vaccine safety monitoring, there currently is not evidence to suggest it would underestimate the amount of COVID-19 vaccine-related deaths to such a large degree."..This author disagrees with FDA. Here is the official view of CDC: "'Underreporting' is one of the main limitations of passive surveillance systems, including VAERS. The term, underreporting refers to the fact that VAERS receives reports for only a small fraction of

actual adverse events." As you will see below, the 150,000 figure for vaccine deaths is a low, conservative estimate.

This is the summary of its findings: "Analysis of the Vaccine Adverse Event Reporting System (VAERS) database can be used to estimate the number of excess deaths caused by the COVID vaccines. A simple analysis shows that it is likely that over 150,000 Americans have been killed by the current COVID vaccines as of Aug 28, 2021." This is close to the high end of the range given above.

The study is both long and complex. Here are some highlights.

On the problem of underreporting of vaccine deaths: "In our informal physician surveys we saw a bias to under-report serious adverse events in order to make the vaccines look as safe as possible to the American public since most physicians believe they are hurting society if they do anything to create vaccine hesitancy. Secondly, we'd estimate that at least 95% of physicians have completely bought into the "safe and effective" narrative and thus any event that they observe they deem as simply anecdotal and don't bother to report it since it couldn't have been caused by such a safe vaccine that appeared to do so well in the Phase 3 trials."

On the search for quantifying underreporting in the CDC VEARS system: "The point of this paper is not to find the exact number of deaths, but merely to find the most credible estimate for deaths. We think that anaphylaxis is an excellent proxy for a serious adverse event that, like a death, should always be reported so we think 41X is the most accurate number." That means multiplying CDC numbers by 41.

To get estimates of vaccine deaths: "There are three ways to estimate the number of excess deaths caused by the vaccine. Using these three methods we can estimate the low and high likely bounds for the number of excess deaths caused by the vaccine:

1. Subtract the average number of background deaths in previous years: estimate is 252,109
2. Use 86% based on the analysis in the Mclachlan study; estimate is 252,073
3. Use 40% based on the estimate of Dr. Peter Schirmacher one of the world's top pathologists ; estimate is 175,865"

This was the explanation for looking at other studies: "In order to validate that our estimates are reasonable (or simply that the evidence was more likely consistent with the hypothesis that the vaccine does more harm than good), we looked at four different quantitative methods from very small to very large and summarized their estimates:"

- Excess Case Fatality Rate analysis done in Europe: 72,000-180,000
- Excess death analysis for 23 nations: 147,960
- Small island study: 171,000
- Analysis of Norway deaths: 150,000

> "In summary, the qualitative and quantitative confirmation techniques we used were all independent of each other and of our main method, yet all were consistent with the hypothesis that the vaccines cause large numbers of serious adverse events and excess deaths and are inconsistent with the null hypothesis that the vaccines have no effect on mortality and have a safety profile comparable to that of other vaccines."

> "We were not able to find a single piece of evidence that supported the FDA and CDC position that all the excess deaths were simply over-reporting of natural cause deaths."

In wrapping up a very complex analysis this was said:

> "In 1976, they halted the H1N1 vaccine after 500 GBS cases and 32 people died. However, there is no stopping mortality condition for these [COVID] vaccines. We are likely at 150,000 deaths and counting and nobody in the mainstream medical establishment, mainstream media, or Congress is raising any concerns. No member of the medical community is calling for any stopping condition nor autopsies. We find this troubling."

Here is the most important reason for respecting this study. As you can see the final estimate of 150,000 vaccine deaths is lower than other figures in various studies but consistent with the range from Mercola's reporting. Overall, this figure of 150,000 vaccine deaths is conservative.

Here are more concluding insights that the public should greatly think through, especially when deciding whether or not to get a vaccine shot, initial or booster:

> "In short, say our vaccine reduces the risk of dying from COVID by 2X. But it came at a cost, e.g., increasing your risk of dying from a heart attack by 4X. And let's say both events are equally likely (which they aren't). Then you've made a bad decision… you're more likely to die if you took the vaccine.
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> "When you combine (1) the negative efficacy of the vaccine with (2) the negative all-cause mortality benefit, it's impossible to justify vaccination. Either alone is sufficient to kill the benefit; both of them together makes things even more difficult for recommending vaccination."
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> "The bottom line is clear: If you got the vaccine, you were simply more likely to die. The younger you are, the greater the disparity."

As more Americans succumb to pressure, propaganda and mandates it is very likely that the figure of 150,000 vaccine deaths will become an underestimate of the lethality of COVID vaccines.

Lastly, it is relevant to note what the eminent medical researcher Dr. Judy Mikovits has said. Her medical science credentials are impeccable, including a long stint at the National Cancer Institute. Her views may seem extreme to some people, but they are based on a deep scientific understanding and are consistent with the highly frightening forecasts of other scientists and physicians.

She said:

> "I just can't even imagine a recipe for anything other than what I would consider mass murder on a scale where 50 million people will die in America from the vaccine."

Time will tell whether this dire prediction will materialize as more people get the shot. The shot that kills.

Israel death situation is important

Since the start of the third booster shot on July 30 the COVID death rate in Israel has been reported to have jumped from about .15 to 3.5 per million in early September. A 22 percent increase. Is it possible that a similar negative impact will happen in the US?

In an August 2021 paper entitled "Young adult mortality in Israel during the COVID-19 crisis," noted Israeli researcher Dr.Steve Ohana examined a surge in Israeli youth deaths which he says are unexplained by anything other than a surge in vaccinations for the age group 20-49." Specifically, he noted that ", the surge in mortality coincided with the rollout of the Israeli vaccination campaign for the 20 s to 49-year-olds, which reached more than 75% of individuals in this age group." Dr.Ohana concluded that his findings should "urgently prompt a pause in the vaccination campaign, until the reasons of the youth excess mortality observed in mass vaccination countries are clarified."

Finally, here is perhaps the most interesting development in Israel recently reported. "There are a million people that are currently about to surrender their freedoms instead of getting a booster." This means that one million people in the most vaccinated country on the planet were letting their Green Pass expire." This would greatly curtail their freedom to access many places.

A report from Israel examined excess deaths for one period and reported the following: "According to data from the Central Bureau of Statistics (CBS), during January-February 2021, in the midst of the vaccination operation, there was a 22% increase in overall mortality in Israel compared to the bi-monthly average mortality in the previous (pre vaccination) year. In fact, the period of January-February 2021 is the deadliest one in the last decade, with the highest overall mortality rates, when compared to the corresponding months over the last 10 years. The report highlights that younger people between the ages of 20-29 appear to be the demographic that saw the most dramatic increase in mortality following the rollout of the Pfizer vaccine. "In this group, during the same vaccination period, January-February 2021, there has been a 32% increase in overall mortality compared to the bi-monthly average mortality in 2020."

As the US pushes booster shots for everyone, including young people, there may be lessons to learn from Israel.

Conclusions

It is challenging to reconcile the average of 117,745 excess deaths beyond infection deaths given above with the conservative figure of 150,000 vaccine deaths. Add in the indirect, even higher collateral deaths across society broadly, probably what The Economist found, namely for the current US 730,000 infection deaths and some 921,000 indirect collateral deaths. The latter seems reasonable when you consider that most of the population, several hundred million people, had their lives devastated by government pandemic controls. In other words, a collateral death rate of around .5%.

As to the latter, though taken in the name of public health, most government actions have had no basis in medical science. Considering all the deaths, pandemic management has been a colossal failure with the highest level of COVID infection deaths globally in the US.

Adding up the infection, vaccine and collateral deaths gets to a total approaching 2 million pandemic deaths. And note that breakthrough infections of the fully vaccinated are escalating, as vaccines lose effectiveness, and are at least 10,000 to 20,000.

Public health officials failed to promote early wide use of generics and foolishly pushed mass vaccination that has not proven effective. The former could have prevented over 600,000 infection deaths.

Perhaps the greatest tragedy is that public health officials have stubbornly refused to admit their mistakes.

The government has made no attempt to systematically account for the non-infection indirect collateral pandemic deaths. And surely more and more Americans are dying from the onerous pandemic controls – now emphasizing vaccine mandates – that are destroying and disrupting the lives of millions of people. Especially in view of the above estimates for vaccine deaths.

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