

# Why Did US Deaths Shoot Up 40% Above Normal Last Year?

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*OneAmerica, a national life insurance company based in Indianapolis, reports working age people (18 to 64) are dying at a rate that is 40% higher than prepandemic rates*

*There’s also been an uptick in disability claims. Initially, there was a rise in short-term disability claims, but now most claims are for long-term disabilities*

*Hospitalizations in Indiana are also higher than before the COVID shots were rolled out in in 2021, and the highest they’ve been in five years*

*The Insurance Regulatory and Development Authority of India also reports a 41% rise in death claims in 2021*

*COVID-19 deaths were significantly lower in 2021 than 2020, so COVID-19 can be ruled out as the cause for this historical rise in excess deaths and disabilities. Right now, the most probable cause is the experimental COVID jabs*

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As we’ve seen over the past two years, data and statistics can be manipulated and skewed in a wide variety of ways. COVID cases, for example, have clearly been overinflated by including people with no symptoms (likely false positives) and diagnosing anyone entering the hospital for an unrelated issue as a COVID patient if they test positive (again, falsely) for SARS-CoV-2.

One of the most reliable data points we have is all-cause mortality. It’s very hard to massage that statistic, as people are either dead or they’re not. Their inclusion in the national death index database is based on one primary criteria — they’ve died — regardless of the cause.

From there, their cause of death, as identified on their death certificate, is added in to more

granular statistics, such as the number of people who died from cancer and heart disease in any given year, for example. But while the cause of any given death can be manipulated and altered, the fact that there was a death is more certain. What's more, death rates tend to be very stable.

We are seeing, right now, the highest death rates we have seen in the history of this business ... death rates are up 40% over what they were prepandemic. ~ Scott Davidson, CEO of OneAmerica

As noted in a (not peer-reviewed) study led by scientist Denis Rancourt, who looked at U.S. mortality between March 2020 and October 2021,<sup>1</sup> "All-cause mortality by time is the most reliable data for detecting true catastrophic events causing death, and for gauging the population-level impact of any surge in deaths from any cause."

#### 40% Rise in Deaths Among Working Americans

With that in mind, OneAmerica's announcement that the death rate of working-age Americans (18 to 64), in the third quarter of 2021, was 40% higher than prepandemic levels is rather stunning. OneAmerica is a national mutual life insurance company based in Indianapolis. During an early January 2022 press conference, CEO Scott Davidson said:<sup>2</sup>

"We are seeing, right now, the highest death rates we have seen in the history of this business — not just at OneAmerica. The data is consistent across every player in that business.

And what we saw just in third quarter, we're seeing it continue into fourth quarter, is that death rates are up 40% over what they were pre-pandemic. Just to give you an idea of how bad that is, a three-sigma or a one-in-200-year catastrophe would be 10% increase over pre-pandemic. So, 40% is just unheard of."

According to Davidson, a majority of the death claims filed are not classified as COVID-19 deaths, so something else is driving up the death rate. As reported by The Center Square:<sup>3</sup>

"The CDC weekly death counts, which reflect the information on death certificates and so have a lag of up to eight weeks or longer, show that for the week ending Nov. 6, there were far fewer deaths from COVID-19 in Indiana compared to a year ago — 195 verses 336 — but more deaths from other causes — 1,350 versus 1,319."

#### Disability Claims Have Also Risen

At the same time, OneAmerica has also noticed an uptick in disability claims. Initially, there was a rise in short-term disability claims, but now most claims are for long-term disabilities. The company expects the rise in claims will cost them "well over \$100 million," an unexpected expense that will be passed on to employers buying group life insurance policies.

During that press conference, Brian Tabor, president of the Indiana Hospital Association, confirmed Indiana hospitals are seeing a dramatic increase in both deaths and hospitalizations for a wide variety of conditions.<sup>4</sup>

Not only are the number of hospitalizations in Indiana higher than it was before the COVID

shots were rolled out in in 2021, it's the highest it's been in five years.<sup>5</sup> Meanwhile, the daily deaths from COVID-19 are less than half that of 2020.

What's Killing Younger Healthy Americans?

Since COVID-19 isn't killing younger, healthy Americans, what is? What changed in 2021 that might have such a devastating effect on people's health? Well, the most obvious change is that more than 100 million Americans got the experimental COVID shots, and doctors and scientists have elucidated several mechanisms by which these gene transfer technologies might injure or kill. As reported by vaccine safety blogger Steve Kirsch:<sup>6</sup>

“Normally death rates don’t change at all. They are very stable. It would take something REALLY BIG to have an effect this big. The effect size is 12-sigma.<sup>7</sup> That is an event that would happen by pure chance every 2.832 years. That’s very rare. It’s basically never.

The universe is only 14 billion years old which is 1.413. In other words, the event that happened is not a statistical ‘fluke.’ Something caused a very big change ... Whatever it is that is causing this, it is bigger and deadlier than COVID and it’s affecting nearly everyone.”

Kirsch lists 14 clues as to what this deadly “something” might be, including the following:<sup>8</sup>

<b>The rise in deaths began after the rollout of the COVID shots</b>
<b>It's primarily working age people (18 to 64) who are dying</b>
<b>There are more excess deaths than any time in history, which suggests they're caused by a novel threat</b>
<b>COVID deaths have significantly diminished, so COVID-19 can be ruled out</b>
<b>People are dying from a wide variety of causes, so most pathogens can be ruled out</b>
<b>To get an effect size this high, the lethal agent must affect massive numbers of people. "It is something new affecting at least half the population," Kirsch writes, "like a new mandated vaccine for example"</b>
<b>Indiana Gov. Eric Holcomb has been, and continues to, push to get everyone injected</b>
<b>Since other life insurance companies are seeing the same trend, the causative factor is national in scope</b>
<b>The dramatic rise in disabilities suggests that many who aren't killed by this novel threat are seriously injured, often long-term. As mentioned, doctors and scientists have detailed several mechanisms of action by which the COVID shots can maim or kill</b>

Adverse Events May Be More Underreported Than Calculated

Kirsch continues:<sup>9</sup>

“We know that about 3M people die a year in the U.S.<sup>10</sup> 75% are over 65 years old, so that leaves us with 750K deaths per year for under 65. If that jumped by 40% from pre-pandemic levels in Q3 and Q4, we should assume that Q2 was the ramp up period (we’ll assume a linear ramp up in Q2).

So that is 75K deaths per quarter for Q3 and Q4 and half of that, 37K deaths in Q2. So that means roughly 187K excess deaths are probably happening for ages 18-64 due to some new cause.”

He then goes on to compare that rough estimate of 187,000 excess deaths to the U.S. Vaccine Adverse Events Reporting System (VAERS) which, as of the December 24, 2021, data release, included 2,156 deaths between the ages of 17 and 65.

Subtracting the background death rate of 40 from 2,156, multiplied by Kirsch’s calculated underreporting factor (URF) of 41<sup>11</sup> gives us 87,000 deaths. In other words, assuming vaccine injuries are underreported by a factor of 41, the real death toll from the COVID jab would be 87,000. However, that’s 100,000 short of the 187,000 excess death rate calculated above.

This means “either there is another effect at play which is actually killing more people 18 to 64 than the vaccine is, (unlikely but possible),” Kirsch writes, or “my URF of 41 is underestimating deaths by a factor of 2.15.” Kirsch is not alone in suspecting the novel COVID shots are the causative factor for this dramatic rise in excess deaths.

#### A Government Imposed Health Disaster Looms Large

Dr. Robert Malone addressed OneAmerica’s finding in a Substack article, stating:<sup>12</sup>

“AT A MINIMUM, based on my reading, one has to conclude that if this report holds and is confirmed by others in the dry world of life insurance actuaries, we have both a huge human tragedy and a profound public policy failure of the U.S. Government and U.S. HHS system to serve and protect the citizens that pay for this ‘service.’

IF this holds true, then the genetic vaccines so aggressively promoted have failed, and the clear federal campaign to prevent early treatment with lifesaving drugs has contributed to a massive, avoidable loss of life.

AT WORST, this report implies that the federal workplace vaccine mandates have driven what appears to be a true crime against humanity. Massive loss of life in (presumably) workers that have been forced to accept a toxic vaccine at higher frequency relative to the general population of Indiana.”

Jessica Rose, Ph.D., a research fellow at the Institute for Pure and Applied Knowledge in Israel, also weighed in on the new data:<sup>13</sup>

“So what does this tell us? It tells us that we are potentially in a huge steaming pile of shit. To be frank. These indications from our friend at the insurance company are simply that — indications.

If what we are seeing in VAERS, and the other adverse event reporting systems, is the mere reflection of what is actually going on with regards to injuries, which I presume it is, then we ain't seen nothing yet.

And if what is being reported with regards to immune deficiencies associated with these injections is not simply anecdotal or representative of a small sub-cohort of individuals, we could be looking at a government-imposed complete health disaster."

The Defender also reported other studies and data suggesting the COVID shots are causing massive harm:<sup>14</sup>

"In a September study<sup>15</sup> described as 'narrative-shattering,' Harvard, Tufts and Veterans Affairs researchers reported that approximately half of hospitalized patients 'showing up on COVID-data dashboards in 2021' had likely been admitted 'for another reason entirely.'

In Ventura County, California, which is witnessing a startling spike in non-COVID-related hospitalizations,<sup>16</sup> nurse whistleblowers argue the vaccines should be one of the first explanations considered. Why else, they ask, would otherwise healthy adults be showing up in droves with brain bleeds, heart attacks, autoimmune issues and lung abnormalities?

Autopsies<sup>17</sup> of individuals who died following COVID vaccination reveal shocking pathological alterations most frequently affecting the heart and lungs but also the brain and other organs ...

Far from being willing to contemplate the elephant in the room, the Indiana insurance executive indicated he plans to require all OneAmerica employees to get vaccinated. Somewhat counterintuitively, the industry's ability to pass along costs for elevated claims activity by raising premiums now has analysts rosily predicting the insurance industry is 'buckled up to accelerate growth in 2022' ...

On the consumer side of the fence, the picture is far less rosy — for both the unvaccinated and vaccinated. For example, New York State Assemblyman Patrick Burke (D-Buffalo) proposed punitive legislation that would permit insurers to deny COVID-related treatment coverage for individuals who choose not to get vaccinated.

Adding insult to injury, there are also reports of insurance companies imposing premium increases on employers in counties with low vaccination rates. Meanwhile, many of those injured by COVID vaccines report<sup>18</sup> denials of health and disability insurance coverage."

#### Same Trend Seen in Many Other States and Countries

As noted by Davidson, OneAmerica is not alone in seeing an unprecedented spike in excess deaths. It's also not limited to the United States. The Insurance Regulatory and Development Authority of India, for example, also reports a 41% rise in death claims in 2021.<sup>19</sup> That's near-identical to the 40% increase reported by OneAmerica.

According to Kirsch, Phoenix, Arizona, is reporting a 100% rise in the death rate among city employees. In 2021, it was double that of the 10-year average.<sup>20</sup> “There is clearly something going on that is not unique to Indiana,” he writes, adding:

“Excess mortality figures in Europe<sup>21</sup> and the UK seem to show younger people are dying faster than the elderly, and that people 0-14 are dying faster in the second half of 2021 as compared to the first. More evidence showing that the vaccines are killing kids.”

You may recall that at the end of October 2021, the U.S. Centers for Disease Control and Prevention published a ridiculous “study”<sup>22</sup> that would have even failed a seventh-grade science experiment that claimed to show the COVID shot reduced the risk of death from all causes, including accidents, by 34%.

The CDC can lie up and down all day long and attempt to confuse people with fraudulent studies, but what they are simply unable to do at this point is to manipulate the death rates. Independent third-party insurance carriers are now validating the depth of the CDC cover-up and fraud. The real-world excess deaths we’re now seeing clearly refute the CDC’s attempt to prop up the COVID jab narrative with manipulated data.

### Safety Signal Is Indisputable

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.

At this point, anyone who says the COVID shots are “safe and effective,” full stop, immediately loses all credibility. There’s not a shred of data to suggest either is true. Everything we have points to these injections being the most lethal drugs ever used in modern medical history.

Perhaps the saddest part of it all is that they’re completely unnecessary. Doctors have identified several effective treatment options that can slash the COVID death rate by 85% or more. There’s no medical reason to include the global population in a novel drug experiment. We could have avoided all these excess deaths by making sure early treatment was given, rather than exclusively relying on an experimental “vaccine.”

### Early Treatment Options

While the overall risk of COVID-19 has been grossly exaggerated, early treatment is key, both for preventing severe infection and preventing “long-haul COVID.” Here are a few suggestions:

- Oral-nasal decontamination — The virus, especially the Delta variant, replicates rapidly in the nasal cavity and mouth for three to five days before spreading to the rest of the body, so you want to strike where it’s most likely to be found right from the start.

Research<sup>23</sup> has demonstrated that irrigating your nasal passages with 2.5 milliliters of 10% povidone-iodine (an antimicrobial) and standard saline, twice a day, is an effective remedy.

Another option that was slightly less effective was using a mixture of saline with half a teaspoon of sodium bicarbonate (an alkalizer). You can also gargle with these to kill viruses in your mouth and throat. When done routinely, it can be a very effective preventive strategy. You can find printable [treatment guides on TruthForHealth.org](https://www.truthforhealth.org/treatment-guides).

- Nebulized peroxide — A similar strategy is to use nebulized hydrogen peroxide, diluted with saline to a 0.1% solution. Both hydrogen peroxide and saline<sup>24,25</sup> have antiviral effects. You can [view my previous videos on this on BitChute](#).

In a May 10, 2021, Orthomolecular Medicine press release,<sup>26</sup> Dr. Thomas E. Levy — board-certified in internal medicine and cardiology — discussed the use of this treatment for COVID-19 specifically. Levy has in fact written an entire book on peroxide nebulization called [“Rapid Virus Recovery,” which you can download for free from MedFox Publishing](#).

- Vitamin D optimization — Research has shown having a vitamin D level above 50 ng/mL brings the risk of COVID mortality down to near-zero.<sup>27</sup>
- Other key nutraceuticals — Vitamin C, zinc, quercetin and NAC all have scientific backing.
- Key drugs — For acute infection, ivermectin, hydroxychloroquine or monoclonal antibodies can be used. While monoclonal antibodies and hydroxychloroquine must be used early on in the disease process, ivermectin has been shown to be effective in all stages of the infection.

Doxycycline or azithromycin are typically added as well, to address any secondary bacterial infection, as well as inhaled budesonide (a steroid). Oral steroids are used on and after the fifth day for pulmonary weakness and aspirin or NAC can be added to reduce the risk of clotting.

Full-strength aspirin is also typically recommended, but I believe lumbrokinase and serrapeptase may be a better, at least safer, alternative, as they help break down and prevent blood clots naturally.

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