



Excess deaths

... beyond
reasonable doubt

Submission

Excess mortality -
Senate Community Affairs
References Committee Inquiry

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NSW

This document demonstrates, beyond reasonable doubt, that excess deaths within Australia have been chiefly caused by the COVID vaccines, a conclusion arising from West Australian data. Moreover, the vaccines are shown to be an efficient and sufficient cause of such deaths.

Deaths from suicide and other mental health issues, along with missed screenings and checks for life-threatening conditions due to government-enforced isolation must also be considered causal, but of a much lesser degree than vaccinations.

A photograph of a cemetery featuring numerous white crosses arranged in neat, curved rows on a green lawn. The background is filled with dense green trees under a clear sky. The text is overlaid on the right side of the image.

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Executive Summary

The aim of this submission is to demonstrate that neither prior COVID cases nor negative consequences arising from COVID isolation measures, such as suicides related to exacerbated mental health issues and drug use, or missed screenings and health checks for life-threatening conditions, have been the major cause of Australia's elevated excess deaths.

While all of these causes have contributed to excess deaths, we demonstrate that the major cause is, beyond any reasonable doubt, due to the rollout of the COVID vaccines, which were experimental gene therapies inadequately tested for adverse events or mortality.

We demonstrate from UK Office of National Statistics data that the vaccinated are dying at significantly higher rates than the unvaccinated, where the significant signal in this UK data would be even more magnified when inadequate ONS estimates of the unvaccinated population are accounted for.

This alone points to the excess deaths being due to COVID vaccination seeing as the vaccinated and unvaccinated alike were subject to the same isolation measures (where the vaccinated should be expected to be better protected from COVID-related mortality).

US Adverse Events data demonstrates that almost half of recorded COVID vaccine adverse events, including deaths, happened within 48 hours of a shot. This proximity to the injection event, along with other criteria for causality likewise suggests that the vaccines are the major cause of excess deaths.

In terms of excess deaths being the result of later health repercussions related to COVID cases, Australia acts as a viable control against other countries which had high COVID cases and deaths. Australia had relatively insignificant COVID counts through to

December 2021, and yet experienced excess deaths throughout 2021. These excesses coincided with the rollout of the vaccines, despite low COVID case numbers. This effectively sidelines the argument that COVID cases were later responsible for our excess deaths.

Western Australia acts as an adequate control for testing the isolation hypothesis. It had only 1,158 cases of COVID from 2020 to 2021, with minimal isolation imposed on the population, yet in 2021 had excess deaths similar to other States like NSW with far more extensive isolation measures.

Using adverse event notifications reported for Western Australia, tied to Pfizer's own US FDA documentation of 1,291 possible adverse events - where many of these conditions can cause mortality - the vaccines are shown to be an efficient and sufficient cause for excess deaths in the absence of any strong signal coming from COVID cases or isolation measures as major cause.

This report also covers the 632x increase in excess deaths for children in Europe coinciding with the rollout of vaccines for these age-groups. Such increases cannot be logically or credibly countered, again pointing to the vaccines as the major cause of excess deaths.

A discussion of how excess death data is now being manipulated in various Western countries points to an embarrassment by Government Health Departments regarding elevated death rates. This document also covers media gaslighting regarding sudden deaths, covering their more preposterous explanations.

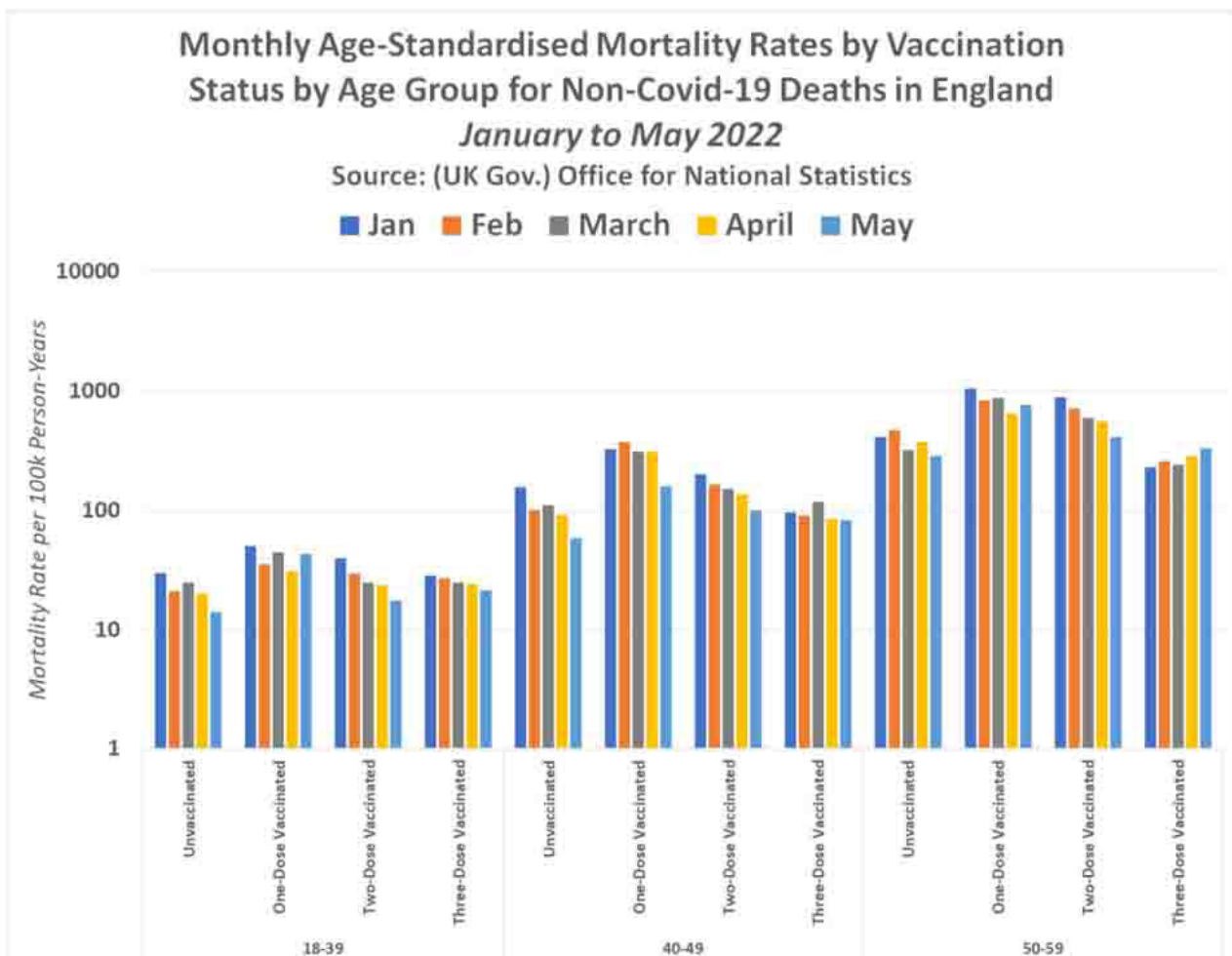
Lastly, this submission appeals to Federal Senators to consider not only the excess deaths, but the enormous numbers of Australians disabled, often for life, by these relatively untested experimental gene therapies.

Vaccines the chief cause of excess deaths in Australia

Incontrovertible - more deaths for UK vaccinated

The Office for National Statistics for England and Wales has been the only national entity worldwide that has published very recent excess death [data](#) permitting the unvaccinated to be [measured](#) against the vaccinated for non-COVID deaths.

For those age-groups for which there should be no expectation of early deaths, those under age 60, the statistics show a very evident over-representation of deaths for those receiving their first and then second vaccination, whereby the excess deaths from the first two vaccinations lead to a predicted 'draw-forward' effect leading to a small under-representation of deaths



by the time of the third 'booster' shot.

There is therefore a clear over-representation of vaccinated deaths amongst the non-COVID mortality counts. This disparity between the vaccinated and unvaccinated excess deaths remains despite the ONS data working off an unsupportably [low estimate](#) of the unvaccinated population's size, which it determines as being only 8% of the total population. This is contradicted by other UK datasets where the [UKHSA](#) reports covering a similar time period calculated an unvaccinated population of 20% and an extensive and highly representative [ICM survey](#) as 26%. The ONS' low unvaccinated population estimate has the effect of *substantially* and unrealistically raising excess deaths per hundred thousand on the adjacent graph for the unvaccinated.

This directly falsifies the media and government narrative that we were facing a pandemic of the unvaccinated.

Most important is that it falsifies any narrative that excess deaths are only attributable to the effects of COVID interventions such as lockdowns - mental health issues, suicides, undiagnosed or untreated fatal conditions, all of which were endured by vaccinated and unvaccinated alike - and clearly demonstrates that while all those factors may contribute to excess deaths, vaccines are a measurable and most significant major cause.

Vaccine causality in excess deaths evident

Despite denials by public health authorities and governments worldwide that post-vaccination adverse events and deaths were due to prior cases of COVID - denials made with absolutely no attempt to provide evidence for such a claim - these adverse events were generally the already-expected side-effects seen with previous vaccines, as is witnessed by Pfizer's own [documentation](#) which the FDA wanted to hide from the public for up to [75 years](#).

The COVID vaccines' likely causality for deaths and other adverse events is demonstrated by their proximity to the injection event, which can then be placed alongside other criteria to determine likely causality.

The following dot points are the proximity data on adverse events and deaths analysed early in the United States' VAERS COVID vaccine records, with this [data](#) available to the public 14 August 2021:

- **Cardiovascular** - 13% within 24 hrs, **44%** within 48 hours after injection
- **Neurological** - 15% within 24h, **47%** within 48h
- **Immunological** - 18% within 24h, **47%** within 48h

The same tight temporal relationship holds for:

- **Deaths** - 13% within 24h, **44%** within 48h
- **Hospitalisation** - 15% within 24h, **47%** within 48h
- **ER** - 18% within 24h, **47%** within 48h
- Majority of AEs are within 14 days of injection

With these adverse events fulfilling the crucial proximity criterion of the Bradford Hill causality indicators, the concurrence with other causality criteria strongly points to the vaccines as a cause of excess deaths worldwide.

Again, the unrealistic estimate of unvaccinated numbers in the UK ONS data on the previous page actually downplays the dangers of COVID vaccination.

This is a serious matter for this Parliamentary Inquiry to adjudicate, given that Australia invested such substantial taxpayer funds into a failed experiment where vaccines were demonstrably ineffective and unsafe.

UK data corroborated by insurance companies

Governments and the media worldwide have been seeking to downplay excess deaths by new revisionist methodologies which lessen the affront of the mortality data. This evidences a demonstrable level of official embarrassment regarding the current trend.

Nevertheless, the experience of insurance companies, with sharply elevated deaths and disabilities amongst those younger age-groups most expected to have low mortality rates - the working age population - firmly validates sharply increased deaths coinciding with the introduction of the vaccines to these same lower age-groups in 2021.

A limitation of insurance data is its lack of delineation between vaccinated mortality rates versus those of the unvaccinated. This is where the UK ONS data is superior. Nevertheless both datasets are limited by a lack of granularity that might allow full assessment of deaths caused by the impacts of pandemic isolation responses and mandates such as drug overdoses or suicides from mental health issues or from job loss.

Vaccinated age 15-64 - 50% more likely to die

From Indiana's [Thecentersquare.com](#) in early 2022:

(The Center Square) – The head of Indianapolis-based insurance company OneAmerica said the death rate is up a stunning 40% from pre-pandemic levels among working-age people.

"We are seeing, right now, the highest death rates we have seen in the history of this business – not just at OneAmerica," the company's CEO Scott Davison said during an online news conference this week. "The data is consistent across every player in that business."

OneAmerica is a \$100 billion insurance company that has had its headquarters in Indianapolis since

1877. The company has approximately 2,400 employees and sells life insurance, including group life insurance to employers nationwide.

Davison said the increase in deaths represents “huge, huge numbers,” and that’s it’s not elderly people who are dying, but “primarily working-age people 18 to 64” who are the employees of companies that have group life insurance plans through OneAmerica.

“And what we saw just in third quarter (of 2021), we’re seeing it continue into fourth quarter, is that death rates are up 40% over what they were pre-pandemic,” he said.

“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,” he said. “So 40% is just unheard of.”

Davison was one of several business leaders who spoke during the virtual news conference on Dec. 30 that was organized by the Indiana Chamber of Commerce.

Most of the claims for deaths being filed are not classified as COVID-19 deaths, Davison said.

“What the data is showing to us is that the deaths that are being reported as COVID deaths greatly understate the actual death losses among working-age people from the pandemic. It may not all be COVID on their death certificate, but deaths are up just huge, huge numbers.”

He said at the same time, the company is seeing an “uptick” in disability claims, saying at first it was short-term disability claims, and now the increase is in long-term disability claims.

“For OneAmerica, we expect the costs of this are going to be well over \$100 million, and this is our smallest business. So it’s having a huge impact on that,” he said.

That \$100 million is what OneAmerica will have paid out to policyholders in group life insurance and disability claims, the company said.

Davison said the costs will be passed on to employers purchasing group life insurance policies, who will have to pay higher premiums.

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.

These deaths were for people of all ages, however,

while the information referenced by Davison was for working-age people who are employees of businesses with group life insurance policies.

At the same news conference where Davison spoke, Brian Tabor, the president of the Indiana Hospital Association, said that hospitals across the state are being flooded with patients “with many different conditions,” saying “unfortunately, the average Hoosiers’ health has declined during the pandemic.”

In a follow-up call, he said he did not have a breakdown showing why so many people in the state are being hospitalized – for what conditions or ailments. But he said the extraordinarily high death rate quoted by Davison matched what hospitals in the state are seeing. - Thecentersquare.com

Some verifiable calculations from the UK website The Expose demonstrate that the majority of these excess deaths amongst the work-insured were attributed to the vaccinated. They write:

Before the vaccines were introduced we know that overall mortality did not rise due to Covid-19. In fact, before vaccination, the average age of a Covid-19 death in the UK was 83 in circumstances where the average life expectancy in the UK was 82. Boris himself commented on this. “I must say I have been rocked by some of the data on Covid fatalities. The median age is 81-82 for men and 85 for women. That is above life expectancy. So get Covid and live longer” – message to Dominic Cummings on 2020 October 15.

That was just before the vaccines. But now, a year after vaccination began, mortality has risen by 40% for 18-64 year olds and the majority of those do not have Covid-19 on their death certificates. So it is apparent that the vast majority of these excess deaths are due to vaccination since such deaths did not exist prior to vaccination which began in December 2020.

But not all 18-64 year olds have been vaccinated in the US. The figures at the end of September 2021 (in the middle of the last 2 quarters – from the CDC Wonder database) were...

Date	Age Range	1st Jab	2nd Jab	Unvaxxed
2021-09-30	18 - 24 Years	64.1%	53.2%	35.9%
2021-09-30	25 - 39 Years	67.2%	57.3%	32.8%
2021-09-30	40 - 49 Years	75.7%	66.3%	24.3%
2021-09-30	50 - 64 Years	82.9%	74.2%	17.1%
2021-09-30	18 - 64 Years	72.5%	62.8%	27.5%

So 62.8% of the people are causing a 40% mortality rise. So those 62.8% must be suffering a 64%

mortality rise in order to bring the overall figure up to 40%.

So OneAmerica figures show that doubly vaccinated people between 18-64 are let us say conservatively 50% more likely to die from all cause mortality than unvaxxed in circumstances where a 10% increase in all cause mortality for that age range is a three sigma (3 standard deviation) one in 200 year event.

“So if you are between 18 and 64 and would like a totally unprecedented 50% greater chance of dying according to life insurance actuarial figures for the last 2 quarters of 2021, then get vaccinated twice – and buy a lot of life insurance.”

Sidelineing false excess death hypotheses

It has falsely been conjectured that COVID cases starting in 2020 have been a significant contributor to Australia’s current excess deaths, and that State Health Department responses to COVID, particularly the lockdowns and school closures, which unquestionably caused mental health issues, increased drug use and missed screenings and health checks for potentially fatal conditions, have been a strong factor in the sharp increases.

This then requires a sound assessment, given that Australia had comparatively few COVID cases up until December 2021 but constant excess deaths throughout that year month by month. This entirely contradicts any hypothesis claiming any causal correlation between COVID cases as the major cause of excess deaths.

In testing the isolation hypothesis, Western Australia had had only 1,158 cases by 1 January 2022, and virtually no extensive COVID isolation responses throughout 2020 and 2021. Yet WA suffered excess deaths, on a par with, or greater than the rest of Australia despite it.

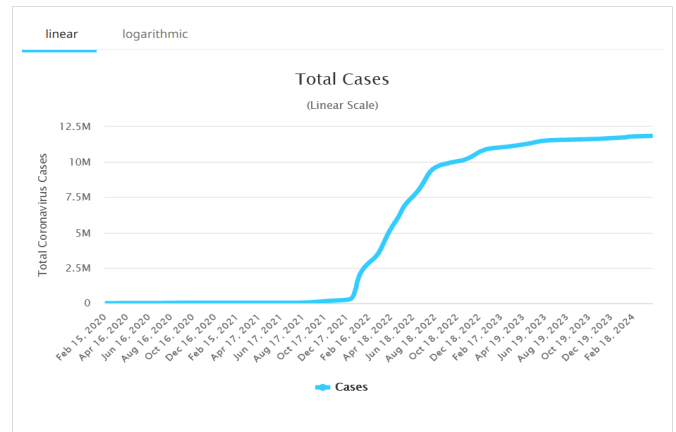
These issues then falsify hypotheses about excess deaths being related to COVID case numbers or isolation measures.

More detail on both points is necessary . . .

Australian COVID cases not an explanation

It is important to first recognise that Australia suffered very few cases of COVID compared to other countries, with December 2021 seeing the first significant increases in COVID cases since the beginning of the pandemic. Cases in some States, particularly Eastern States, were considerably more numerous than Western Australia with NSW counting 81,000 cases, still insignificant against the highly elevated numbers from December 2021, as per the following graph.

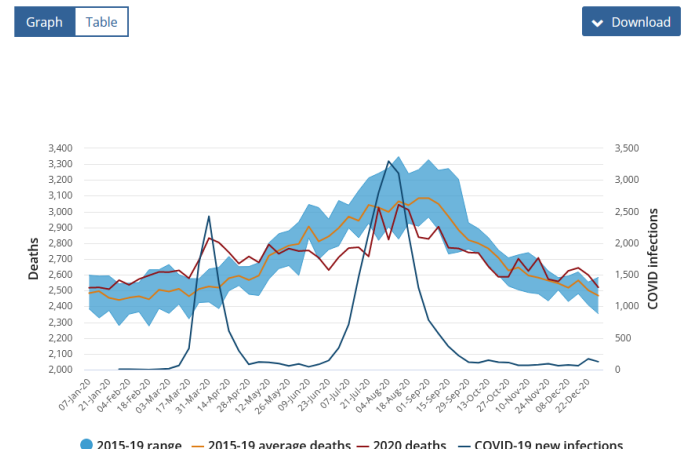
Total Coronavirus Cases in Australia



The advent of significant excess death numbers in 2021 cannot therefore be slated to COVID cases.

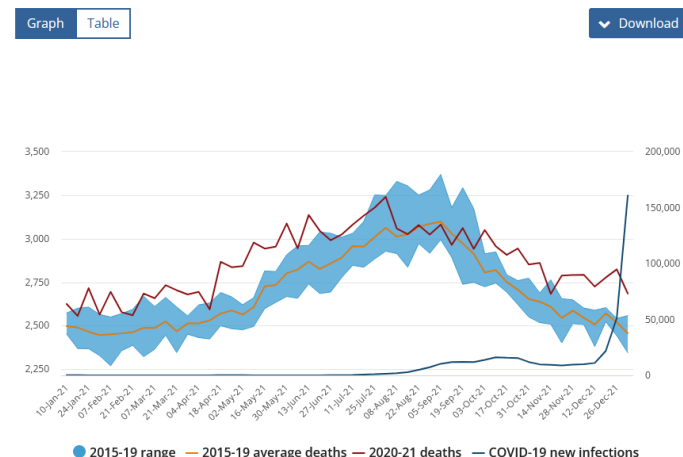
Excess deaths in 2020, according to ABS statistics, were generally not above expectation throughout that year as per the red line on the graph below.

Doctor certified deaths, COVID-19 infections, Australia, 1 Jan - 29 Dec 2020 vs 2015-2019 benchmarks



By comparison, excess deaths in 2021, a year with comparatively few COVID cases but newly-introduced COVID vaccines, were for the most part well above the 2015-2019 averages. This sidelines the explanation that COVID cases are the cause of excess deaths in Australia.

Doctor certified deaths, COVID-19 infections, Australia, 4 Jan 2021 - 2 Jan 2022 vs 2015-2019 benchmarks



Lockdown measures not highly significant

Returning to the conjecture about government COVID responses and lockdown measures bearing responsibility for excess deaths, the track-record of Western Australia largely nullifies it as a chief explanation.

Western Australia, which had negligible cases of COVID throughout 2020-21, only declared lockdowns of a few days each in February and May of 2021. Schools had closed for one week in March 2020, but otherwise restrictions were limited to short-term restrictions on the size of public gatherings which were nevertheless generous compared with Eastern States, with no extensive disbarments of health checks or screenings throughout the two year period.

Yet Western Australia's 2021 excess deaths, according to ABS statistics below, increased percentage-wise more than lockdown States such as NSW and Victoria. The main driver of excess deaths for WA then was clearly something other than lockdown repercussions.

Number of deaths			
	2020	2021	% change
All deaths			
Australia	162,675	172,096	105.8
New South Wales	52,888	55,678	105.3
Victoria	41,032	43,072	105.0
Queensland	31,935	34,358	107.6
South Australia	13,789	14,426	104.6
Western Australia	15,082	16,093	106.7
Tasmania	4,408	4,802	108.9
Northern Territory	1,142	1,206	105.6
Australian Capital Territory	2,399	2,461	102.6

Western Australia, better than any other Australian State, demonstrates that neither previous COVID cases nor isolation responses to those cases explain excess deaths - its excess deaths are demonstrably in line with heavily afflicted Australian States. The opaque expected mortality Table in this same ABS report shows the same conclusion.

Vaccines an efficient and sufficient main cause

From the Western Australian Vaccine Safety Surveillance Annual Report for 2021 their graph of vaccine uptake, despite comparatively few cases of

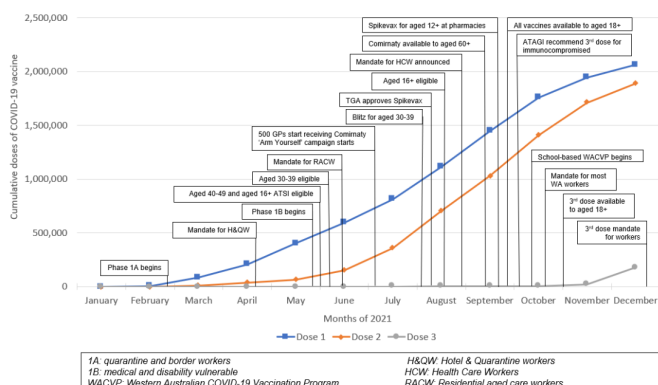


Figure 1. Timeline of COVID-19 vaccine coverage (%) in Western Australia by month in 2021 with significant program time points

COVID for 2020-2021 demonstrates a very successful media and government campaign to maximise vaccination, with steady increases month on month.

Yet with:

- negligible COVID cases
- negligible lockdowns
- negligible school closures
- medical screening largely uninterrupted

negative health events, including life threatening ones associated with the vaccines, coincided precisely with the introduction of those same vaccines, replicating the take-up rates month on month.

The English aforementioned data confirms both shots cumulatively adding to excess deaths, where both would affect West Australian accumulations.

The following graph from the aforementioned West Australian report compares the number of monthly adverse reaction notifications for all pre-COVID vaccines combined from 2017 to 2021 with the additional 24-fold spike in adverse events coinciding with the introduction of the various COVID vaccines in early 2021.

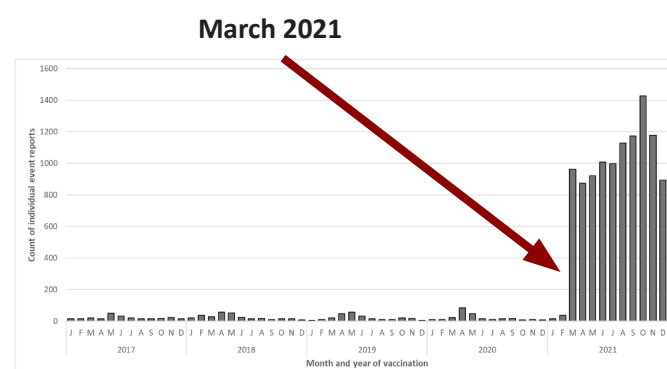


Figure 2. Adverse events following immunisation reported to WAVSS by month, 2017-2021, excluding active surveillance reports for routine vaccination adverse events.

The fact that the majority (57%) of these adverse events went to Emergency indicates that most were neither mild nor insignificant, with a substantial percentage being potentially life-threatening conditions as per the table below.

Table 13. Adverse events following immunisation identified through data linkage active surveillance following COVID-19 vaccinations, 2021

Reaction	Number of data linkage cases identified
Bell's palsy	18
Chest pain	24
Deep vein thrombosis	11
Guillain Barré syndrome	3
Myocarditis/Myopericarditis	28
Pericarditis	25
Pulmonary embolism	35
Other AESI	46

Any explanation otherwise is 'gaslighting'

Deaths recorded in this same report were 87 in all, and any recourse taken by deflecting from the vaccines

as most significant cause of excess death within Australia, is, to use an American term - 'gaslighting.' Gaslighting is a term where the population is treated as dolts who are gullible and moronic, where once again the American sarcastic explanation 'Don't believe your lyin' eyes!' expresses that gaslighting serves to make people not believe the patently obvious.

All vaccines have historically presented a broad range of life-threatening adverse events, and to pretend that the sharply elevated adverse event notifications has nothing to do with the vaccines is gaslighting at its most preposterous.

Pfizer's 1,291 listed possible adverse events

To further elucidate the above-mentioned gaslighting stemming particularly from 'fact-checking' media, the public is constantly told that adverse events thought by individuals to be related to their COVID shots is nothing more than 'long COVID' or a pre-existing condition unrelated to COVID or vaccination.

Yet Pfizer's own list of **1,291** possible vaccine-related adverse events includes numerous conditions which are life-threatening and likely to add to excess deaths. This list takes up 9 pages of close-typed text at the end of a 38 page document which was amongst 55,000 pages that were unsealed by court order in March 2022, in turn a part of all the FDA vaccine documentation that it had agreed to only release over a 75 year period.

From a summary [report](#) on Pfizer's own list of possible adverse events:

The list includes acute kidney injury, acute flaccid myelitis, anti-sperm antibody positive, brain stem embolism, brain stem thrombosis, cardiac arrest, cardiac failure, cardiac ventricular thrombosis, cardiogenic shock, central nervous system vasculitis, death neonatal, deep vein thrombosis, encephalitis brain stem, encephalitis hemorrhagic, frontal lobe epilepsy, foaming at mouth, epileptic psychosis, facial paralysis, fetal distress syndrome, gastrointestinal amyloidosis, generalized tonic-clonic seizure, Hashimoto's encephalopathy, hepatic vascular thrombosis, herpes zoster reactivation, immune-mediated hepatitis, interstitial lung disease, jugular vein embolism, juvenile myoclonic epilepsy, liver injury, low birth weight, multisystem inflammatory syndrome in children, myocarditis, neonatal seizure, pancreatitis, pneumonia, stillbirth, tachycardia, temporal lobe epilepsy, testicular autoimmunity, thrombotic cerebral infarction, Type 1 diabetes

mellitus, venous thrombosis neonatal, and vertebral artery thrombosis among 1,246 other medical conditions following vaccination.

Summary of Western Australia conclusions

In summary, the West Australian adverse event data indicates that COVID is not solely or even mostly responsible for the many besetting health issues observed throughout this pandemic, nor are they mostly to do with responses to COVID such as lockdowns, school closures and the like, but moreso correlate with the already well-established adverse events belonging to vaccines, death included, where the COVID vaccines have been demonstrated to cause many more adverse events than all other previous vaccines cumulatively.

The explanation that there was a heightened public awareness about adverse events related to the COVID vaccines, thus leading to higher reporting rates, must be balanced against the well-established fact that doctors felt threatened notifying any adverse events given that AHPRA was deregistering or threatening doctors who might have created any vaccine hesitancy by their advice or actions. Only 35% of adverse events in this report were recorded by health practitioners despite it being a statutory requirement in West Australian legislation that they lodge such events.

Adverse events support vaccines as the chief cause of excess deaths.

Incontrovertible - vaccinated more likely ill

Alongside the UK excess death data already cited, other UK real-time [data](#) found in their weekly ONS reporting systems suggests the reason why vaccinated mortality is higher than unvaccinated mortality -- the vaccinated are more susceptible to illness as demonstrated by the significantly higher COVID cases per 100,000 population. The Table at the top of the following page demonstrates this fact.

Furthering a trend already perceived in week 39 of 2021, around the end of September, this report from Week 2, 2022 demonstrates how vulnerable the vaccinated were to COVID transmission, with certain vaccinated age-groups more than twice as likely to contract COVID when compared to the unvaccinated.

While this same Table does show a protective effect for the vaccines against hospitalisation and death, an effect that was eventually found to substantially wane after the third month of vaccination and thus

Table 12. Unadjusted rates of COVID-19 infection, hospitalisation and death in vaccinated and unvaccinated populations.
Please note that the following table should be read in conjunction with pages 35 to 38 of this report, and the footnotes provided on page 43.

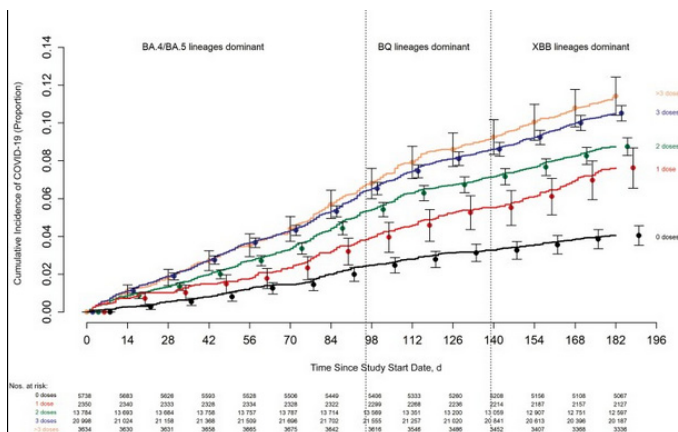
	Cases reported by specimen date between week 50 2021 and week 1 2022		Cases presenting to emergency care (within 28 days of a positive test) resulting in overnight inpatient admission, by specimen date between week 50 2021 and week 1 2022		Death within 28 days of positive COVID-19 test by date of death between week 50 2021 and week 1 2022		Death within 60 days of positive COVID-19 test by date of death between week 50 2021 and week 1 2022	
	Unadjusted rates among persons vaccinated with 2 doses (per 100,000) ^{1,2}	Unadjusted rates among persons not vaccinated (per 100,000) ^{1,2}	Unadjusted rates among persons vaccinated with 2 doses (per 100,000) ²	Unadjusted rates among persons not vaccinated (per 100,000) ²	Unadjusted rates among persons vaccinated with 2 doses (per 100,000) ²	Unadjusted rates among persons not vaccinated (per 100,000) ²	Unadjusted rates among persons vaccinated with 2 doses (per 100,000) ²	Unadjusted rates among persons not vaccinated (per 100,000) ²
	[see information on population bases and unadjusted rates in footnotes 1 and 2 below this table]							
Under 18	2,356.6	3,376.1	1.8	10.9	0.0	0.1	0.0	0.1
18 to 29	8,926.0	4,058.9	10.5	16.9	0.1	0.5	0.1	0.6
30 to 39	7,618.8	3,268.8	10.2	21.1	0.4	1.3	0.5	1.7
40 to 49	6,330.1	2,585.9	11.3	32.9	0.6	4.2	0.8	5.1
50 to 59	4,796.2	2,117.0	13.6	61.5	1.8	11.6	2.4	15.3
60 to 69	3,099.9	1,477.9	17.8	100.4	4.9	34.0	6.4	40.0
70 to 79	1,926.2	1,059.6	32.1	170.5	10.1	81.3	13.9	90.4
80 or over	1,657.7	1,262.9	88.7	330.8	42.4	246.7	54.3	262.2

necessitating constant boosters, it must be remembered that the UK Government, along with most Western governments, was denying the unvaccinated their Therapeutics of choice, of which Ivermectin was one. Had the unvaccinated been able to readily obtain constantly-acting prescription Therapeutics, hospitalisations and deaths amongst the unvaccinated would have likely matched or bettered any short-term benefit offered by the vaccines.

The alarming predisposition of the vaccinated to more easily contract COVID shows similarity to the HIV AIDS epidemic of the 1980s and 90s. This has led to theorising that because the mRNA vaccines have been designed to impede the body's natural immune responses to foreign RNA, the vaccine may be causing auto-immune diseases as well as weakening the body's immune response to viral challenge. It is not known for how long this depressed immunity will last.

Relevant to the UK data discussed above, it was clear by late September 2021 that the UK was witnessing a pandemic of the vaccinated.

In addition to these data, the US Cleveland Clinic study of 51,000 employees found that the bivalent vaccine demonstrated the same effect as the UK data above. With each additional dose of vaccines the COVID-19 infection rate rose. The unvaccinated again were the least likely to be contracting the disease.



All in all, the data strongly suggests that the vaccines are the efficient and sufficient cause for the majority of excess deaths within Australia.

This is not to downplay the suicides, mental health and drug addiction issues brought on by the lockdowns and government-enforced isolation, nor does it downplay the missed screenings for life-threatening conditions that also must play a part. Nevertheless, the greater part of excess deaths must be slated to the COVID vaccinations, where there is significant evidence demonstrating causality.

Last word from AstraZeneca

On 29 April 2024 the Daily Mail released the news that AstraZeneca had finally admitted in court what had long been established, that its vaccine can cause TTS - "short for thrombosis with thrombocytopenia syndrome – a medical condition where a person suffers blood clots along with a low platelet count. Platelets typically help the blood to clot."

The news article cites the condition as very rare - a claim that will in future be tested against adverse event data which mainstream media has constantly hidden or downplayed. Medical journal studies assert that vaccine-induced TTS can cause sudden death.

Nevertheless, the statement by AstraZeneca is the first official admission that opens Western countries, which each gave AstraZeneca immunity and indemnity from damages, to damages claims on each country's taxpayer dime.

This is a seminal moment for this Federal Excess Death Inquiry, where we have here established beyond any reasonable doubt that the vaccines are the major player in excess deaths worldwide.

What this Inquiry must not forget, though, is that there are many Australians who are living with permanent injury and the threat of impending future death. This Inquiry does not address that most important issue.

In light of that we will let the text from the Daily Mail article have the last word:

The complication – listed as a potential side effect of the jab – has previously been called vaccine-induced immune thrombotic thrombocytopenia (VITT).

AstraZeneca’s admission could lead to pay-outs on a case-by-case basis.

Although accepted as a potential side effect for two years, it marks the first time the company has admitted in court that its jab can cause the condition, The Telegraph reports.

Taxpayers will foot the bill of any potential settlement because of an indemnity deal AstraZeneca struck with the Government in the darkest days of Covid to get the jabs produced as quickly as possible while the country was paralysed by lockdowns.

It comes just days after the firm reported a revenue exceeding £10billion in the first quarter of 2024, a rise of 19 per cent. Company officials stated it had enjoyed a ‘very strong start’ to the year.

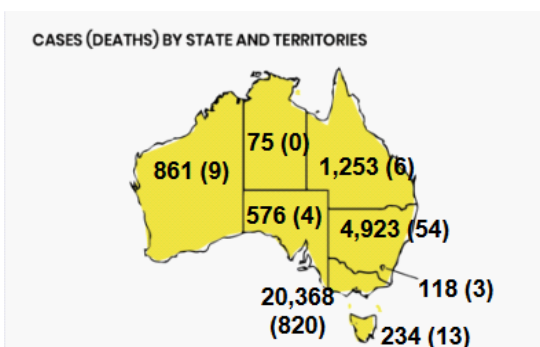
One of those seeking compensation for injuries linked to AstraZeneca’s vaccine is father-of-two and IT engineer Jamie Scott.

He was left with a permanent brain injury following a blood clot and the bleed on the brain after getting the vaccine in April 2021. He has been unable to work since.

ADDENDUM

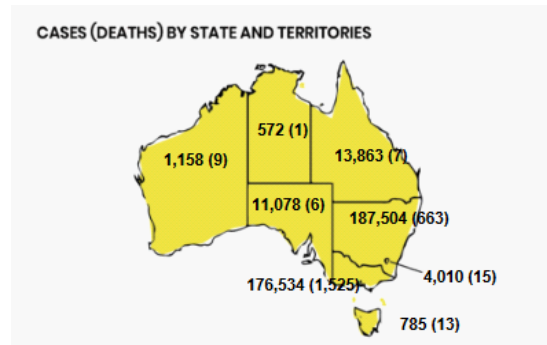
No correlation between COVID cases and Excess Deaths

The official Federal COVID case figures for Australian States at 31 December 2020:



The official Federal COVID case figures for Australian

States at 31 December 2021:



The official excess death anomaly by State:

CONCLUSION: There are no conceivable correlations between COVID case numbers and Excess Deaths across Australian States. Isolation measures also tended to be proportionate to case numbers, which again show no correlation. However all States show fairly uniform vaccination rates for 2021. Reported adverse events and deaths from vaccines varied considerably by batch.

Excess mortality as a percentage above expected by jurisdiction, 2020-23

	2020	2021
Australia	-3.1	1.4
New South Wales	-4.1	0.1
Victoria	-0.9	3.4
Queensland	-4.3	0.8
South Australia	-3.2	0.5
Western Australia	-3.9	0.6
Tasmania	-3.6	5.8
Northern Territory	1.5	6.8
Australian Capital Territory	-4.3	-2.8

ADDENDUM 2

Country Excess Deaths by vaccination rate

See following page

Source: <https://howbadismybatch.com/excess-mortality.pdf>

Excess Mortality and Covid-19 Vaccinations per Capita

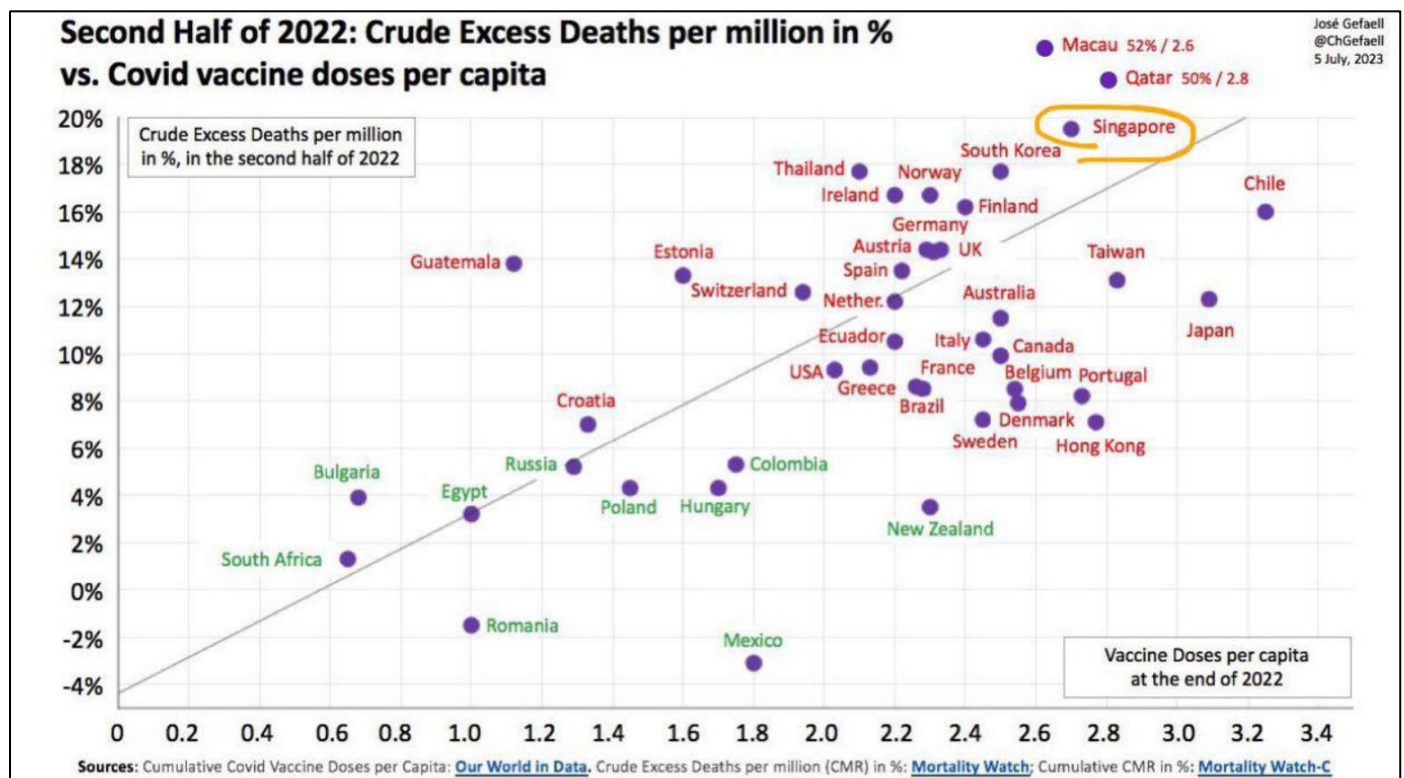
Calculate your risk of excess mortality using the graph below –		
0 jabs	→	Excess mortality = 0%
1 jab	→	Excess mortality = 3%
2 jabs	→	Excess mortality = 10%
3 jabs	→	Excess mortality = 18%
4 jabs	→	Excess mortality = 26%
5 jabs	→	Excess mortality = 32%

Application of **cluster analysis** algorithms (k-means clustering) using machine learning reveals a clustering of countries into two distinct groups. The one dimensional metric used is excess death as a percentage of the total deaths.

The range and averages for these two groups differ widely -

- **Red Group** → **high excess mortality (6 to 20%)**
Note : (Red outliers Macau 52%, Qatar 50%)
- **Green Group** → **low excess mortality (-4 to 6%)**

Feature analysis shows that number of jabs received per capita is a predictor of which group cluster a country belongs to.



Linear : This graph has a linear distribution and so can be used to determine your risk of excess mortality based on the number of jabs you have taken. Note, however, amongst the highest vaccinated countries – Macau and Qatar show an excess mortality of **52%** and **50%** respectively suggesting that at the highest levels of vaccination there may be a rapid increase in excess mortality that deviates from the linear distribution.

Data Sources :

Cumulative Covid Vaccine Doses Per Capita Source: OUR WORLD IN DATA.

[Coronavirus \(COVID-19\) Vaccinations - Our World in Data](#)

Crude Excess Deaths per Million (CMR) in % Source: MORTALITY WATCH & MORTALITY WATCH-C

[World's Largest Mortality Data Repository! - Mortality Watch](#)

632x excess deaths amongst children post-vaccination - Europe

Source: <https://expose-news.com/2023/06/21/report-confirms-632x-increase-in-child-excess-deaths-across-europe-c19-jab/>

In the scorching summer of 2021, a momentous decision swept across Europe, sparking a whirlwind of emotions among parents, who had fallen for the 24/7 propaganda, eagerly awaiting a ray of hope for their children.

The European Medicines Agency (EMA) had finally granted emergency use approval for the use of the Pfizer COVID-19 vaccine in children aged 12 to 15.

Relief and elation surged through the hearts of countless naive parents who saw this as a beacon of protection against the alleged pandemic.

Yet, the winds of fortune took an unexpected turn as the vaccine rollout for children commenced. Startling reports emerged, revealing a distressing surge in excess deaths among the young ones across the continent. The sense of optimism quickly faded among the thousands of families affected, and was replaced by a grim reality that cast a shadow over the hopes of many.

Tragically, the statistics paint a haunting picture, with a staggering 63,060% surge in excess deaths among children aged 0 to 14 by the twenty-second week of 2023. These numbers whisper a chilling tale of consequences that were foreseen by many silenced and heavily censored voices.

Let's not lose touch...Your Government and Big Tech are actively trying to censor the information reported by The Exposé to serve their own needs. Subscribe now to make sure you receive the latest uncensored news in your inbox...

Back in 2020, as the establishment desperately sought to fast track the use of mRNA technology disguised as a vaccine against the alleged pandemic, COVID-19 injections were still in the embryonic stages of development, treading a precarious path toward regulatory approval.

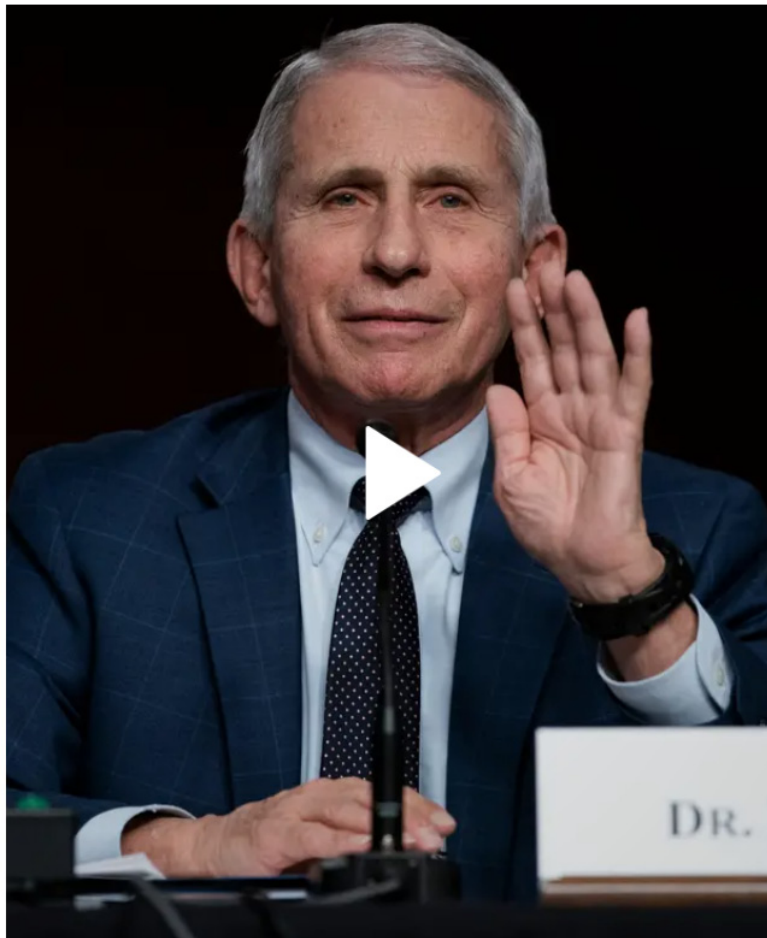
To hasten their availability, regulatory agencies like the European Medicines Agency (EMA) and the U.S. Food and Drug Administration (FDA) invoked emergency use authorizations (EUAs), granting a temporary lifeline to these novel and dangerous vaccines.

These EUAs acted as regulatory mechanisms, permitting the usage of medical products in dire circumstances, such as a pandemic, even before they completed the rigorous journey of full regulatory approval.

It was an unprecedented measure taken in the face of an unprecedented crisis. But the alleged Covid-19 pandemic had proven to not be a threat to children, making future decisions by these regulatory bodies extremely questionable and possibly criminal.

One crucial reason why mRNA vaccines had not been widely employed in the general population until December 2020 was the specter of Antibody-Dependent Enhancement (ADE).

This phenomenon haunted the corridors of scientific discourse, raising concerns that vaccination with mRNA vaccines could potentially exacerbate the disease, rendering those inoculated more susceptible to its clutches.



History had already witnessed a chilling episode of ADE during the development of a dengue fever vaccine. Initial trials indicated promise, displaying protection against the virus for those unscathed by prior infections.

Sadly, in individuals who had encountered a different strain of the virus before, the vaccine seemed to amplify the risk of severe illness, a grim testament to the treacherous nature of ADE.

Similar tales emerged from numerous animal studies, where potential “vaccines” instigated lung inflammation and other adverse effects upon subsequent exposure to the virus. The vaccine-induced immune response, rather than neutralizing the virus, wrought havoc on lung tissue, leaving a trail of unintended consequences.

Additionally, the ominous specter of Vaccine-Associated Enhanced Disease (VAED) loomed large during respiratory virus vaccine trials, including those against coronaviruses.

For instance, trials for a respiratory syncytial virus (RSV) vaccine illuminated a disconcerting pattern: vaccinated infants faced an increased risk of hospitalization and more severe respiratory illness upon encountering the virus.

The immune response triggered by the vaccine, rather than safeguarding against the virus, seemed to trigger an overreaction of the immune system, exacerbating the disease’s symptoms.

Respiratory viruses, such as coronaviruses and RSV, had long been recognized as grave threats to vulnerable populations, especially infants and the elderly.

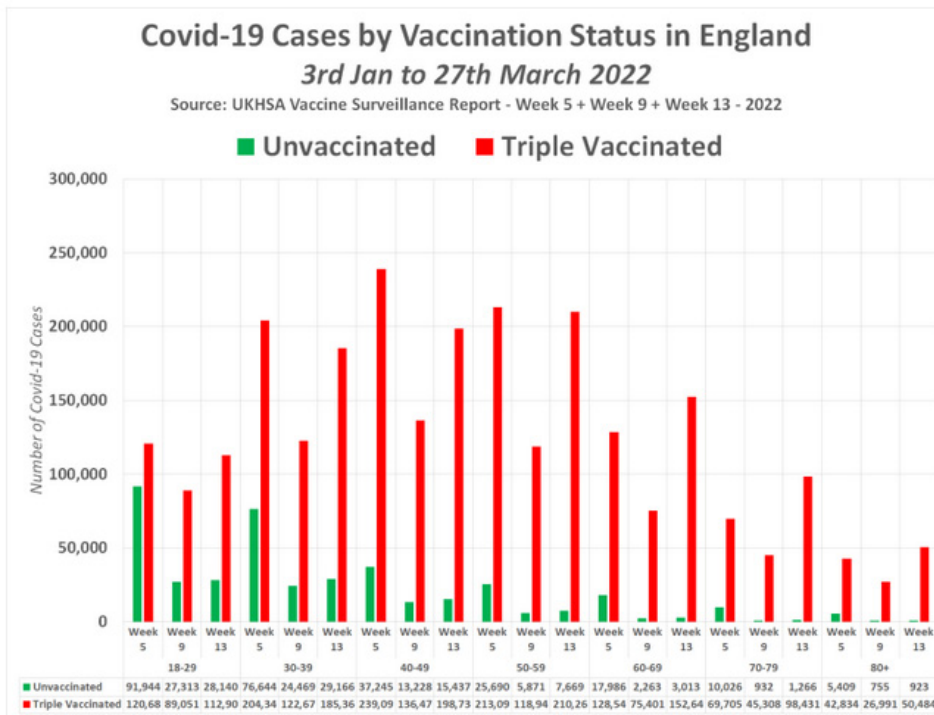
However, the alleged SARS-CoV-2 virus, supposedly responsible for the COVID-19 pandemic, appeared to spare the younger generation, raising perplexing questions about the extension of Emergency Use Authorization (EUA) for Covid-19 vaccinations to children.

The absence of an imminent threat to children further muddled the decision-making process.

The ultimate goal couldn’t have been containment, as real-world data revealed an ironic twist: the Covid-19

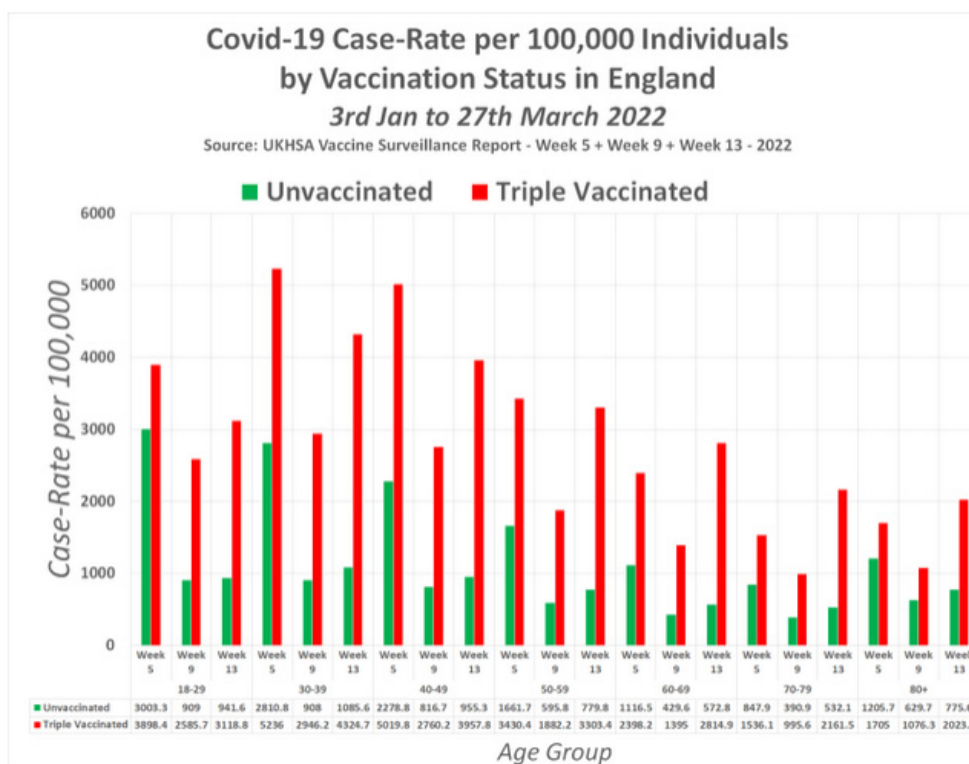
vaccinated population seemed to exhibit a higher likelihood of infection and transmission compared to their unvaccinated counterparts. The very shield intended to protect against the virus appeared to falter in its mission.

The eye-opening chart, encompassing the period from January 3rd to March 27th, 2022, unveiled the total number of Covid-19 cases categorized by vaccination status and age group in England. The data, extracted from the UK Health Security Agency (UKHSA) Week 5, (page 43), Week 9 (page 41) and Week 13 (page 41) Covid-19 Vaccine Surveillance reports , painted a vivid picture of the disconcerting reality.



Similarly, another revealing chart illuminated the case rates per 100,000 people, again segregated by vaccination status and age group in England. The alarming disparity emerged: case rates soared among the triple-vaccinated population in every age group, leaving a gaping chasm between them and the unvaccinated.

The divide only grew wider as time passed.



The numbers spoke volumes, revealing that the Covid-19 vaccine recipients faced a higher risk of infection compared to the unvaccinated populace. The evidence begged for a closer examination.

But that examination has still not happened, and sadly, in a recent analysis, EuroMOMO, an organization entrusted with official statistical data from European countries, published data that revealed a disheartening correlation between the approval of the Pfizer COVID-19 vaccine for children and a surge in excess deaths among the young ones.

The data, collected from 26 participating countries across Europe (not including Ukraine) paints a grim picture that simply cannot be ignored.

The chilling figures, extending up to the 22nd week of 2023, will most definitely capture the attention of concerned minds.

It is also worth noting that the data only covers 26 out of the 44 countries in Europe, excluding Ukraine. Meaning any claims attributing the findings to the ongoing war can be dismissed immediately.

During week 21 of 2021, the European Medicines Agency extended the emergency use authorization of the Pfizer COVID-19 vaccine, first to children aged 12 to 15 and later to the age group of 5 to 11.

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First COVID-19 vaccine approved for children aged 12 to 15 in EU [Share](#)

News 28/05/2021

EMA's human medicines committee (CHMP) has recommended granting an extension of indication for the COVID-19 vaccine Comirnaty to include use in children aged 12 to 15. The vaccine is already approved for use in adults and adolescents aged 16 and above.

[Source](#)

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Comirnaty COVID-19 vaccine: EMA recommends approval for children aged 5 to 11 [Share](#)

News 25/11/2021

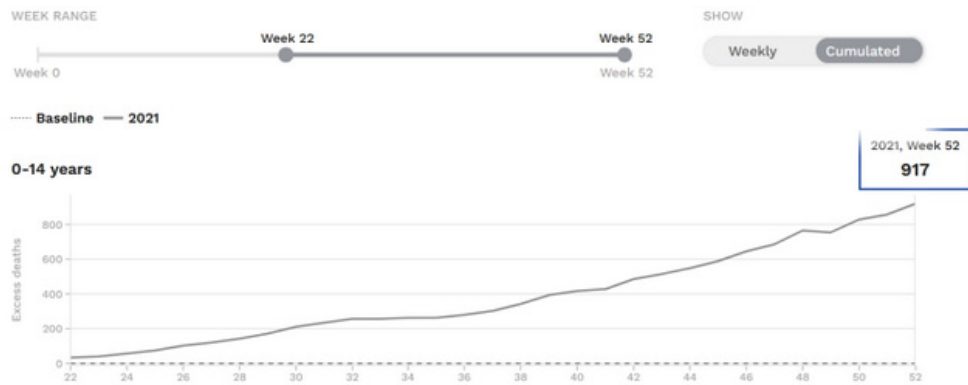
EMA's human medicines committee (CHMP) has recommended granting an extension of indication for the COVID-19 vaccine Comirnaty to include use in children aged 5 to 11. The vaccine, developed by BioNTech and Pfizer, is already approved for use in adults and children aged 12 and above.

However, the weeks following the approval witnessed a shocking rise in excess deaths among children, an upward trend that persisted unabated.

Between week 22 of 2021 and week 52 of 2021, an alarming tally of 919 excess deaths among 0 to 14-year-old children should have sent shockwaves through the continent. But the data was suppressed.

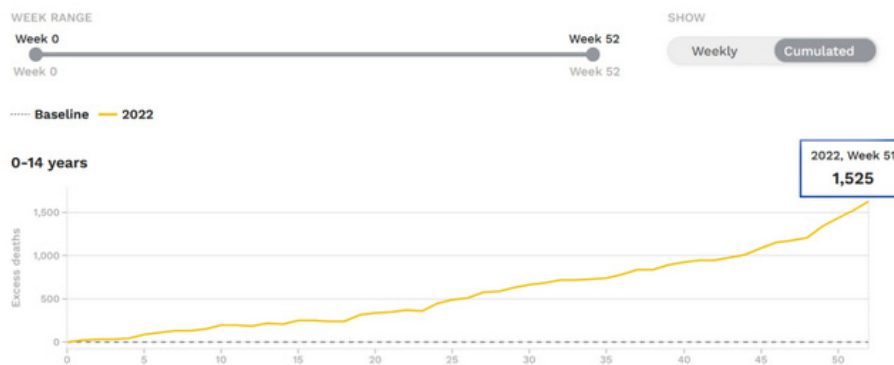
The contrast couldn't have been starker, as the period between week 1 and week 21 of 2021 saw 218 fewer deaths

than expected.

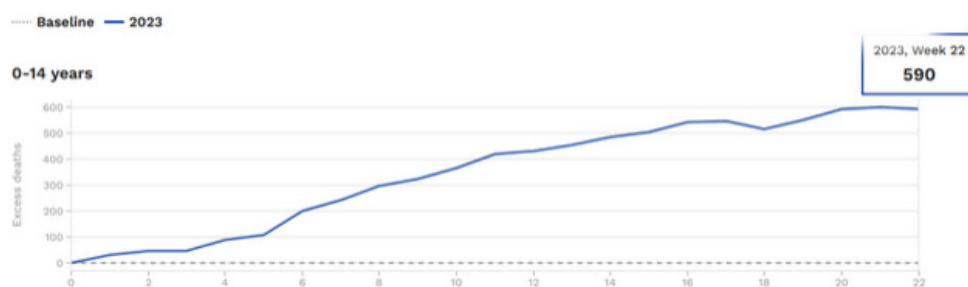


And the fact the surge in excess deaths aligns perfectly with the EMA’s approval of the Pfizer COVID-19 vaccine for children aged 12 to 15 cannot be merely dismissed as coincidence.

The distressing trend continued throughout 2022, with a total of 1,639 excess deaths among children aged 0 to 14 across the 26 European countries, painting a grim reality that cannot be dismissed.

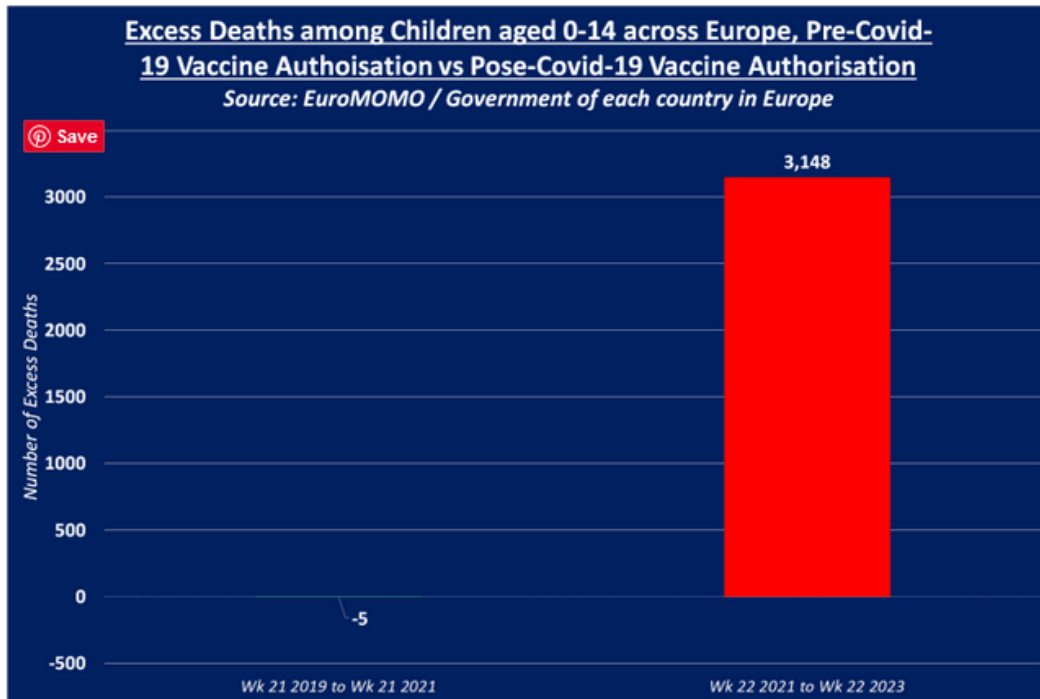


Sadly, as week 22 of 2023 arrived, the haunting truth emerged—590 more excess deaths, the heart-wrenching total of 3,148 deaths among children were recorded.

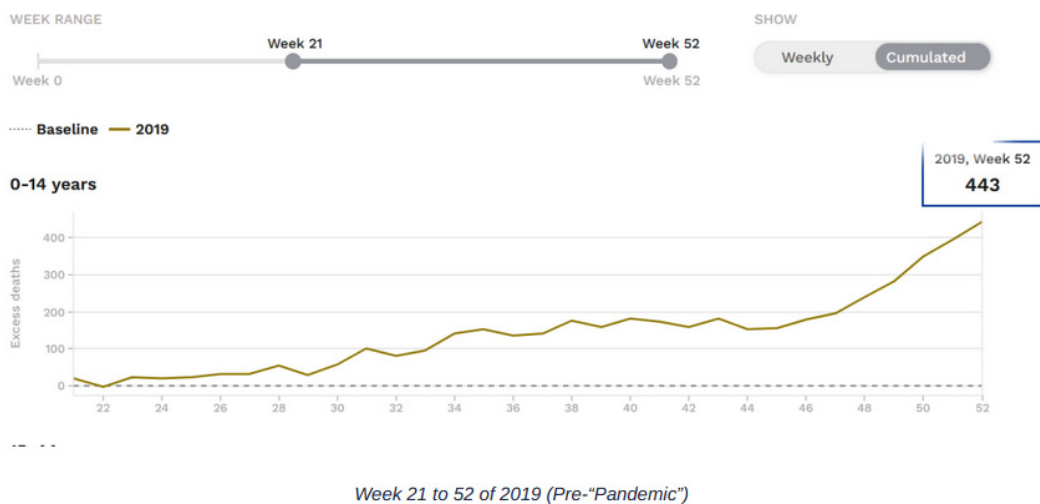


The somber figures spoke of an unprecedented 63,060% surge in excess deaths since the European Medicines Agency extended emergency use authorization of the Covid-19 vaccine to children aged 12 to 15.

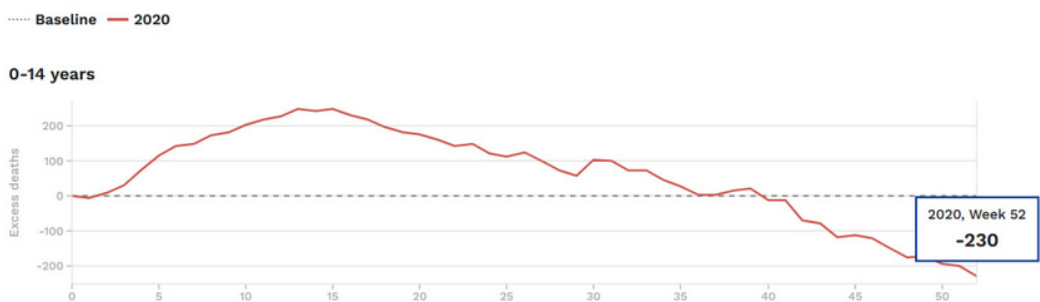
The contrast with the previous period couldn’t be starker.



From week 21 of 2019 to week 21 of 2021, 5 fewer deaths occurred among children aged 0 to 14 than expected. Week 21 to 52 of 2019 (Pre-“Pandemic”)

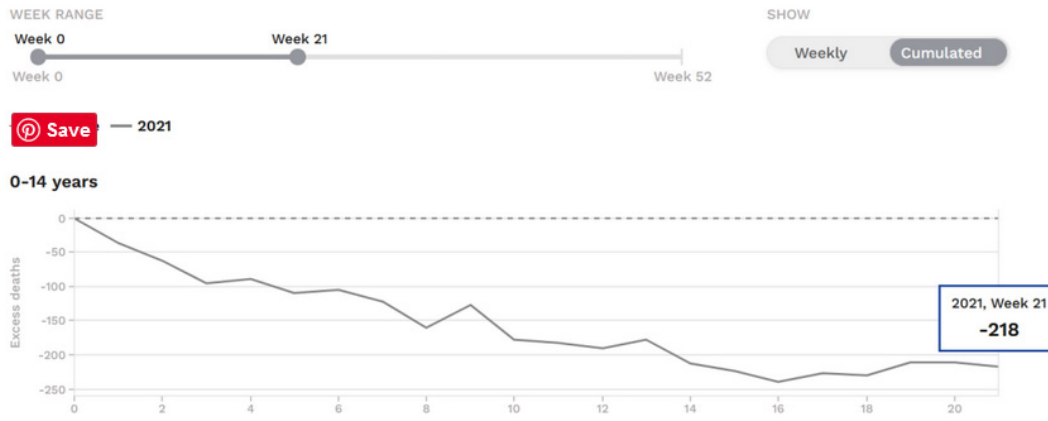


The entirety of 2020 witnessed a notable decline of 230 fewer deaths than expected, painting a chilling narrative.

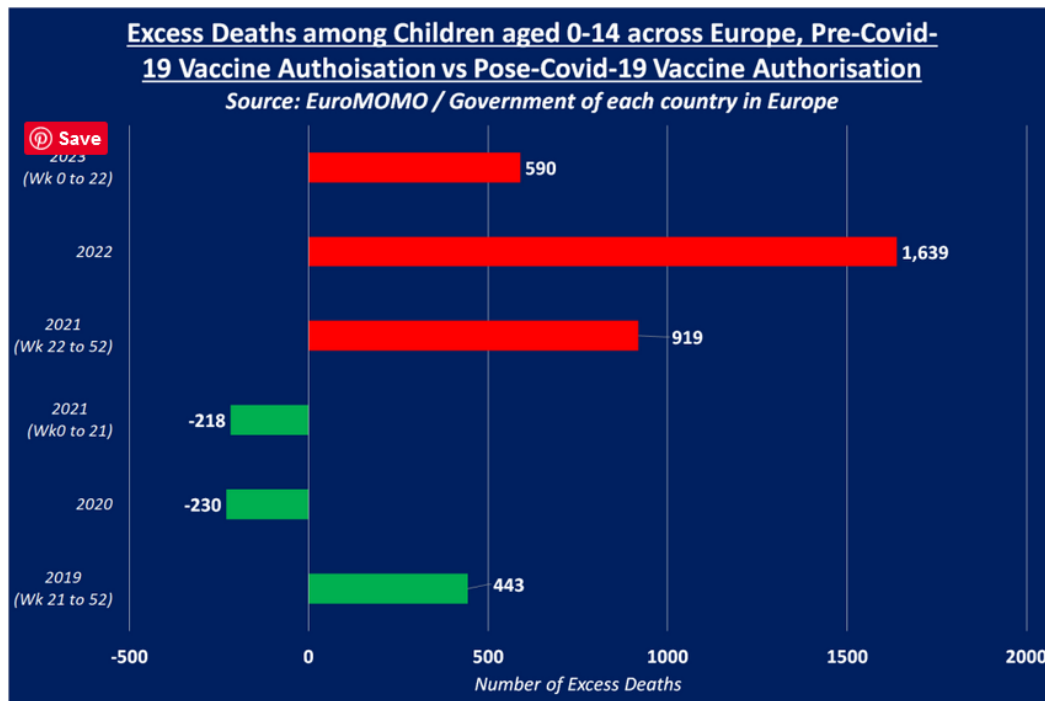


Meanwhile the year 2021 up to week 21 prior to emergency use authorisation of the Covid-19 injection for children across Europe witnessed 218 fewer deaths than expected.

The staggering increase in excess deaths among children aged 0 to 14 across 26 European countries, including the

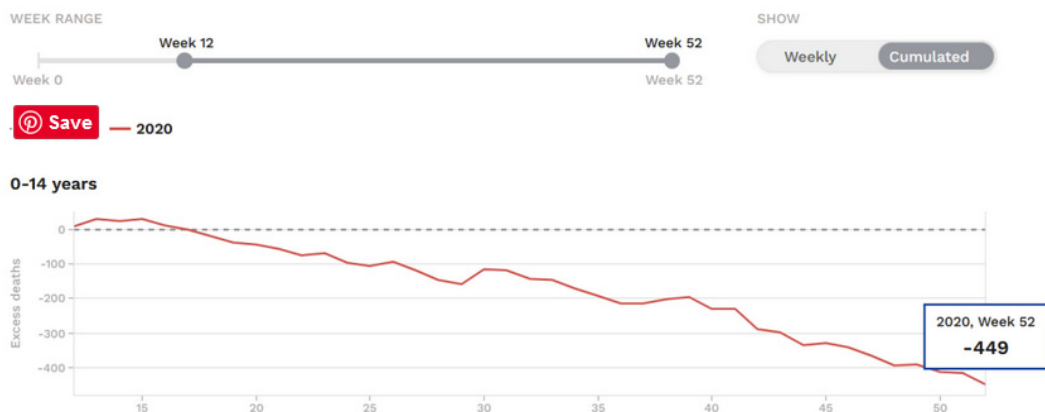


UK, France, Spain, Italy, and Germany, paints a bleak picture of an astounding 63,060% surge since the European Medicines Agency extended emergency use authorization of the Pfizer COVID-19 vaccine to children aged 12 to 15.



This distressing reality raises serious concerns, considering the experimental nature of the injections and its previous avoidance due to the risks of antibody-dependent enhancement (ADE) and Vaccine-Associated Enhanced Disease (VAED).

Moreover, administering the vaccine to children, who were not at significant risk from the alleged Covid-19 virus, seems in light fewer recorded children across 2020, onset of to the perplexing of the 230 deaths among aged 0 to 14 Europe in from the the alleged pandemic year's end.



Manipulation of countries' Excess Death data

Source: <https://expose-news.com/2023/05/23/how-authorities-are-manipulating-excess-deaths/>

Manipulating Mortality

By Professor Norman Fenton

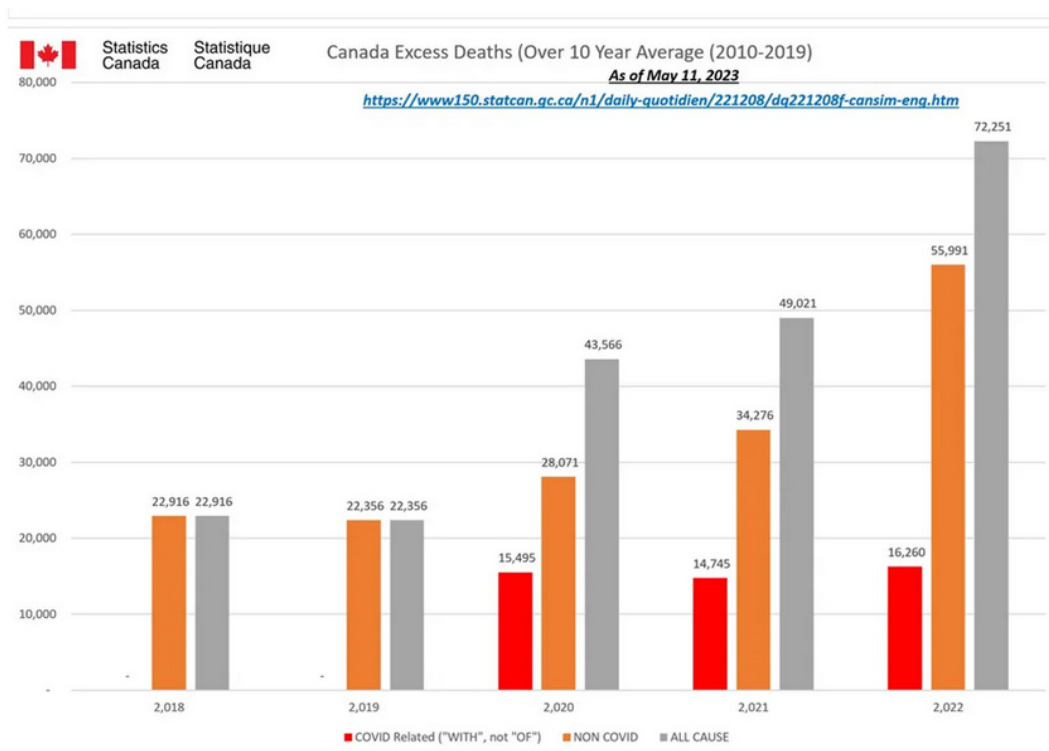
John Campbell asked me if I could explain what the confidence intervals meant in THESE Canadian excess deaths charts. I [responded and below] is John's subsequent video where he quotes my summary comments.



Dr. John Campbell: Excess deaths in Canada, 19 May 2023 (14 mins)

It turns out that the latest Canada data on excess deaths is actually much more serious than even suggested in John's video. THIS website, with thanks to David Dickson, provides continually updated data and exposes multiple problems with the "official" Canada data including the fact that the two main provinces are missing data – Ontario

and Quebec. The excess deaths for the years 2020, 2021, and 2022 based on the 2010-2019 10-year average is especially revealing:



We believe that using a 10-year pre-covid (i.e., pre-2020) period is the best way to determine excess deaths, assuming stability and homogeneity in the population and in disease profiles. Many of the excess death figures you see for 2021, 2022 and 2023 from around the world are based on the previous 5 years only; moreover, while most (correctly) exclude the unusual covid year of 2020, it seems to have become standard to include the years 2021 and 2022 which, because of the impact of lockdowns and the vaccines as well as any continuing covid, were certainly not “normal” years in any sense. Thus, for example, for its 2022 figures, the ONS in the UK uses the years 2016, 2017, 2018, 2019, and 2021 for its “baseline” and for 2023 it uses the years 2017, 2018, 2019, 2021, 2022. We believe this is extremely duplicitous, since the high excess numbers in 2021 result in artificially suppressing the excess death figures in 2022, and the high excess numbers in both 2021 and 2022 result in even greater artificial suppression of the excess death figures in 2023.

We see the same in Australia where they estimate 2022 excess deaths using 2017-2019 and 2021 but do not include 2020 because “deaths were significantly lower than expected.” So, by including a year that is higher than expected and excluding a year it is lower than expected the excess is manipulated to look smaller. See Arkmedic’s Substack for details: ‘The Australian Bureau of (Lies, Damned Lies and) Statistics’.

Even with these tricks to downplay the current excess death figures some people are noticing that there is a major problem, as this Daily Mirror article shows:

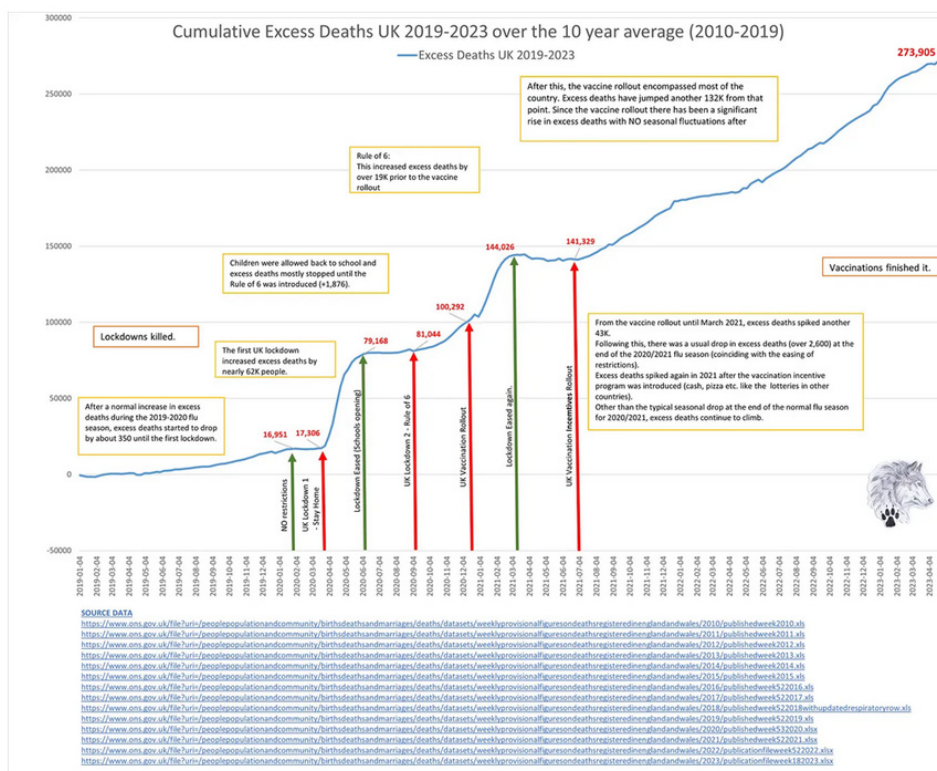


mirror.co.uk
 'Brits are dying in their tens of thousands - and we don't know why'
 Tens of thousands more Brits died than usual from May to December 2022, excluding Covid as a cause of death, raising serious questions...

'Brits are dying in their tens of thousands - and we don't really have any idea why', Mirror, 11 May 2023

But of course, if you ignore, as the corporate media does, the possibility that the vaccine may be a contributory factor, then it's all a mystery as Prof. Coleman in that article suggests. He can't understand why excess deaths are higher when they should be lower after the pandemic. But he highlighted two key reasons for the excess deaths spike: "Britain's getting older, and gaining a larger average Body Mass Index."

Of course, it could be people not taking their statins. Honestly.



Update: Here is David Dickson's updated analysis of UK excess deaths using the 10-year 2010-2019 average:

About the Author

Norman Fenton is a Professor Emeritus of Risk Information Management at the Queen Mary University of London. He is also a Director of Agena, a company that specialises in risk management for critical systems. He is a mathematician by training whose current focus is on critical decision-making and, in particular, on quantifying uncertainty using causal, probabilistic models that combine data and knowledge (Bayesian networks). The approach can be summarised as "smart data rather than big data."

He publishes articles together with Professor Martin Neil on a Substack page titled 'Where are the Numbers?' which you can subscribe to and follow [HERE](#). You can also visit his website [HERE](#) or follow him on Twitter [HERE](#).

Examples of media gaslighting regarding sudden death

The list of reasons for increased sudden deaths and strokes, according to the mainstream media

A compilation of headlines in the national and international mainstream media with the most curious explanations.

Filipe Rafaeli

Mar 21, 2024



Photo: Matheus Bertelli/Pexels

In the initial study of the Pfizer vaccine, published in the *New England Journal of Medicine*, with around 44 thousand people, with 22 thousand in the placebo group and about 22 thousand in the vaccine group, more people died from all causes in the vaccine arm than in the placebo arm. Initially, it was 15 to 14. Shortly after, when updating this number at the FDA, the US regulatory agency, the number changed to 21 to 17. Now, without any surprise, in the most recent update, it's already 22 to 16.

“Most importantly, we found evidence of an

over 3.7-fold increase in number of deaths due to cardiac events in the BNT162b2 vaccinated individuals compared to those who received only the placebo,” wrote the scientists in the latest update.

After the mass application of the product, an excess of population mortality was recorded. In *The Lancet*, the world's most impactful scientific journal, they analysed UK data: a 7.2% excess in 2022 and an 8.6% excess in 2023. The highlight? Cardiovascular diseases. The comparison is with the 5 previous years.

And do you know what is the most interesting thing in this *Lancet* analysis? It's the increase in deaths at home, that is, sudden deaths. There wasn't even time to go to the hospital. There's an impressive 22% increase.

US life insurance companies, the ones paying the bills, also found the same thing: more deaths in younger people since 2021.

Well, since everyone is seeing many people suddenly dying and others with cardiovascular diseases, the mainstream media needed to talk about heart attacks and sudden deaths. It made headlines. They needed to explain.

Normalization

Here, the collection of headlines in the national and international mainstream media with the most curious explanations since 2021.

According to *Wales Online*, from Wales, what is causing heart attacks is the increase in electricity bills:

[Energy bill price rise may cause heart attacks and strokes, says TV GP - Wales Online](#)

On the other hand, the *Express* from the UK claims that the cause of heart attacks is heavy metal and

techno music:

[Atrial fibrillation: Two music genres linked to 'potentially dangerous' heart arrhythmias](#)

In Revista Veja, from Brazil, the cause of heart attacks is attributed to global warming:

[With a warmer world, the impact of climate change on health increases](#)

However, according to CNN Brasil, the real culprit isn't heat but cold:

[Cardiovascular diseases can increase by up to 30% in winter; see precautions](#)

For the Daily Mail, from the UK, it is indeed the cold, but the issue arises only if you remove the snow:

[Expert warns that shoveling snow can be a deadly way to discover underlying heart conditions](#)

In The Times of India, the blame isn't on the cold, but on the heat, along with humidity:

[Heart attacks more frequent when heat, humidity high: Study | Ahmedabad News](#)

In The Guardian, from the UK, the blame is actually on rain:

[Floods linked to increased deaths from heart and lung disease, Australian-led research shows](#)

In the Express, from the UK, it has nothing to do with the weather. The culprit for heart attacks is dirty dishes:

[Washing up helps wipe out heart risk](#)

In the UK's Express, the mystery is solved. Skipping breakfast is blamed for heart attacks:

[Heart attack: Does skipping breakfast increase your risk?](#)

According to The Sun, from the UK, the reason for the excess of heart attacks is because you poop too much:

[RISK FACTOR How often you go to the toilet every day can 'predict your risk of heart attack'](#)

In The Times, from the UK, the cause of heart attacks is being single:

[Lonely older women at greater risk of heart attack, study shows](#)

However, according to Wales Online, from Wales, the reason people die suddenly is the opposite. It's because people are dating:

[Average age of sudden death during sex is 38 - why it happens - Wales Online](#)

On the other hand, The Independent, from the UK, explains that the real cause is troubled relationships:

[A happy relationship enhances heart health, claims](#)

[new study | The Independent](#)

According to News19, from the US, the cause of increased heart attacks is breaking up:

[Doctors say 'Broken Heart Syndrome' is real, and it can be deadly | WHNT.com](#)

In Isto é, from Brazil, the cause of cardiovascular problems is not exercising and watching too much TV:

[Watching TV can increase the risk of blood clots, study suggests](#)

However, The Irish Times, from Ireland, says the opposite, that the culprit is exercising:

[Physical activity may increase heart attack risk, study suggests – The Irish Times](#)

According to the British Heart Foundation, the cause is improper sleep. It's because people sleep too little or too much:

[Does sleeping too little or too much raise your risk of heart disease? - BHF](#)

In The Sun, from the UK, the cause is indeed related to sleep, but because of daylight saving time:

[Moving clocks forward an hour could be dangerous for millions of Brits with serious heart problems – The Sun](#)

Meanwhile, for Canaltech, from Brazil, the culprit of heart attacks isn't daylight saving time, but rather illuminated light:

[Sleeping with lights on increases the risk of heart disease and diabetes; understand](#)

For the Express, from the UK, the cause of heart attacks is "low-fat" processed foods:

[Heart attack: The 'healthy' food which may 'put you at risk for heart disease' - avoid](#)

According to The Standard, from the UK, what's causing heart attacks is stress:

[Thousands facing heart problems due to 'post-pandemic stress disorder' | Evening Standard](#)

In the North Wales Chronicle, from Australia, the culprit of heart attacks is artificial sweeteners:

[Artificial sweeteners found in diet drinks could increase risk of heart attack - research | North Wales Chronicle](#)

In The Sun, from the UK, scientists have recently discovered the culprit. It's the common cold:

[Common cold can trigger a killer blood clot disorder, scientists discover for the first time | The Sun](#)

The Express, from the UK, blames obsessive-compulsive disorder for strokes:

[Stroke: People with a common disorder could be 'three times' more likely to have a stroke](#)

In the UK's Express, the culprit is the gluten-free diet:

[Heart attack: A gluten-free diet could increase the risk | Express.co.uk](#)

According to The Scientist, from the US, the culprit of heart attacks and strokes is noise from cars, airplanes, and trains:

[How Environmental Noise Harms the Cardiovascular System | The Scientist Magazine®](#)

According to UOL, from Brazil, the culprit for the increase in heart attacks and strokes is elections:

[How elections increased cases of heart attack and stroke in the US: is there the same risk in Brazil?](#)

In the New York Post, from the US, sudden infant deaths are caused by video games:

[Video games could trigger deadly heart problems in children: study](#)

According to Today, from the US, sudden infant deaths are actually common occurrences:

[All kids should be screened for possibility of sudden cardiac arrest, group says](#)

According to Today, from the US, the cause is that people are angry or emotionally disturbed:

[Stroke may be triggered by anger, upset or intense exercise in the hour before](#)

In the UK's Daily Mail, the cause of heart attacks is said to be sun exposure for just one day:

[Sunbathing for just ONE DAY may increase your risk of heart disease - and stop the body fighting infections, study suggests](#)

However, according to The Times, all of the above are wrong. It's only known that it's happening, but the reason is a mystery:

[Mystery rise in heart attacks from blocked arteries](#)

The US-based New Scientist confirms it is indeed a mystery. Nobody knows the reason:

[There are thousands more UK deaths than usual and we don't know why | New Scientist](#)

And even though it's a mystery, and therefore could be anything, absolutely anything, the Brazilian Government has already assured me that one thing, at least, is not the cause:

[It's false that Covid-19 vaccines cause sudden illness](#)

Although nobody should worry too much, because according to the US-based health and science website Revyuh News, it's actually beneficial to have a heart

attack:

[New Study Reveals Shocking Benefit of "Heart Attack"](#)

Article:

<https://filiperafaeli.substack.com/p/the-list-of-reasons-for-increased>