DOI: https://doi.org/10.5281/zenodo.18529853

Denis G Rancourt conference presentation slides,
Back to the Future - Restoring Hippocrates, Trust & Sovereignty in Modern Medicine,
25 October 2025, Driebergen-Rijsenburg, Netherlands

[This header slide was not in the presentation.]

CORRELATION
Research in the Public Interest

in the Netherlands

(magnetic solitons → human mortality)

DENIS RANCOURT, PHD

EXCESS MORTALITY

What really caused it, really?

(forensic epidemiology of the Covid period)

CORRELATION
Research in the Public Interest

https://correlation-canada.org

Collaborators:
Denis Rancourt, PhD

- Baudin, Marine, PhD (present)
- Hickey, Joseph, PhD
- Johnson, John, PhD
- Linard, Christian, PhD
- Mercier, Jérémie, PhD (present)

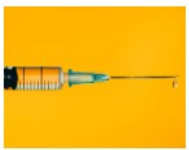
correlation-canada.org/research/

Research papers

https://correlation-canada.org/research/

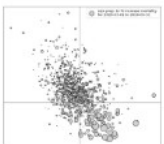
2025-10-06: D.G. Rancourt & J. Hickey, "Did the COVID-19 vaccines save millions of lives in the USA? Quantitative assessment of published claims", *Correlation Report*

(critique: Peter Hotez → no lives saved)



2025-07-29: D.G. Rancourt, "False that 1-4M lives saved by COVID-19 vaccination during 2020-2024", *Correlation Report*

(critique: John Ioannidis → no lives saved)



2025-06-13: J. Hickey, D.G. Rancourt & C. Linard, "Constraints from geotemporal evolution of all-cause mortality on the hypothesis of disease spread during Covid" , *Correlation Report*

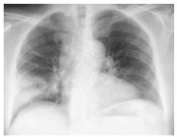
(PROOF: no viral spread)

correlation-canada.org/research/

https://correlation-canada.org/research/

2025-01-29: D.G. Rancourt, "Opinion: Invalidity of counterfactual models of mortality averted by childhood vaccination", *Correlation Report*

(critique: WHO, Shattock et al. → infant vaccines kill)



2024-12-02: D.G. Rancourt, "Medical Hypothesis: Respiratory epidemics and pandemics without viral transmission", *Correlation Report*

(HYPOTHESIS: transmissionless pneumonia)

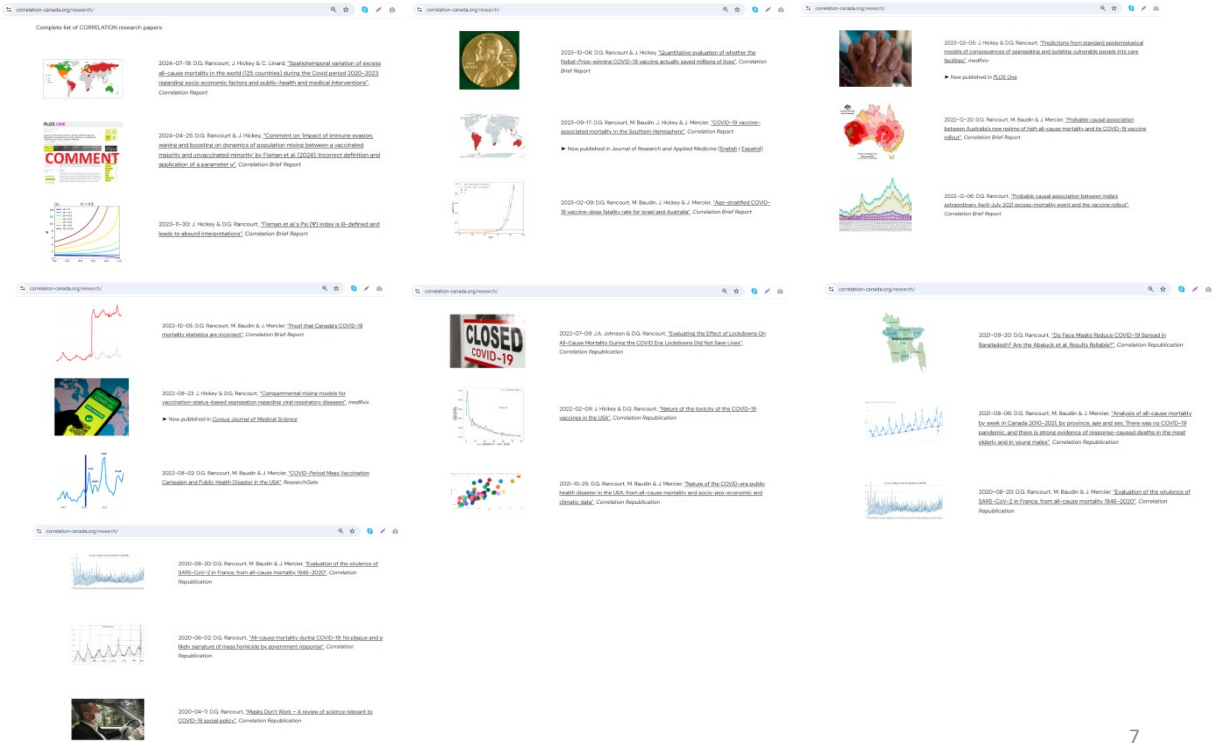
2024-12-10: D.G. Rancourt & J. Hickey, "Do the unvaccinated disproportionately harm the vaccinated in a respiratory pandemic?", *Correlation Report*

(critique: Fisman et al. → garbage science)

2024-07-19: D.G. Rancourt, J. Hickey & C. Linard, "Spatiotemporal variation of excess all-cause mortality in the world (125 countries) during the Covid period 2020-2023 regarding socio economic factors and public-health and medical interventions", *Correlation Report*

(STUDY: 125 countries)

26 detailed *Correlation* research reports to date



What really caused excess mortality, really?

HISTORY THROUGH THE LENS OF ALL-CAUSE MORTALITY

NETHERLANDS (AND FRANCE) THROUGH THE LENS OF MORTALITY

METHOD TO EXTRACT TIME SERIES OF EXCESS ALL-CAUSE MORTALITY (esp. NL)

GLOBAL BY COUNTRY EXCESS MORTALITY

GEOTEMPORAL: PROOF THAT THERE WAS NO VIRAL DISEASE SPREAD

SOCIOECONOMIC FACTORS, CIRCUMSTANCES AND CORRELATIONS

COVID MEASURES AND EXCESS MORTALITY

COVID VACCINE ROLLOUTS AND EXCESS MORTALITY

COVID BOOSTER ROLLOUTS AND EXCESS MORTALITY

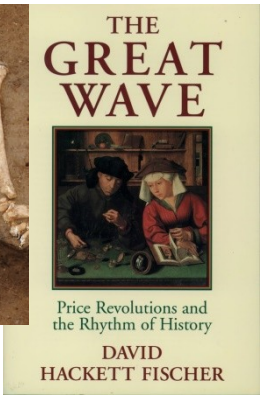
INSTITUTIONAL ASSAULTS FROM COVID TEST AND VACCINE ROLLOUTS

CONCLUSION: CONSTRAINTS, HYPOTHESIS, SOLUTION

HISTORY THROUGH THE LENS OF ALL-CAUSE MORTALITY

(how people kill people)

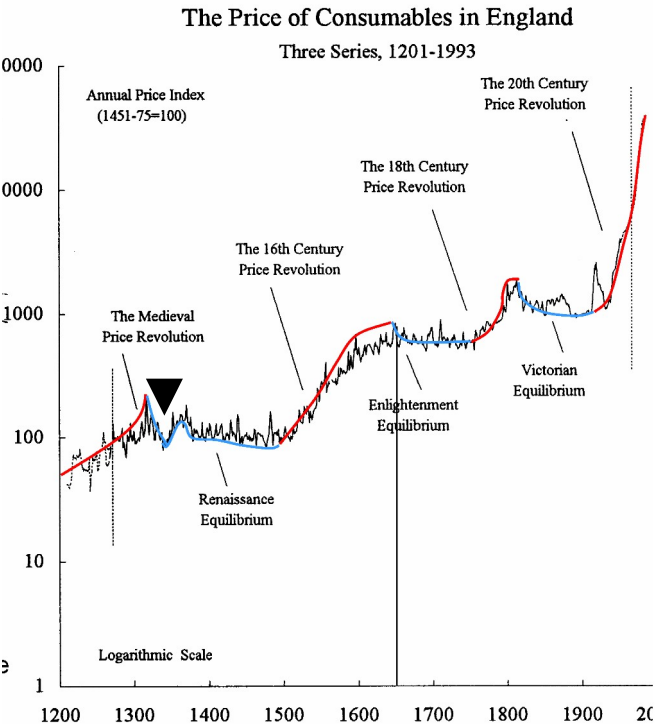
Economic predation → widespread poverty → death, chaos, instability



▼BLACK DEATH (PLAGUE)

Followed long-term extreme poverty → killed chronically deficient individuals

- *Fischer (1996)*
- *DeWitte and Wood (2008)*
- *Rancourt (2019, 2024)*



over millennia to the present... "Law of excess mortality"

LARGE SCALE AND SMALL SCALE

SHORT AND LONG DURATION

ALWAYS IN DOMINANCE HIERARCHIES

Elite & class economic predation

↓

Extreme poverty for many

↓

Chronic nutritional deficiencies
+ toxic food, water, environment

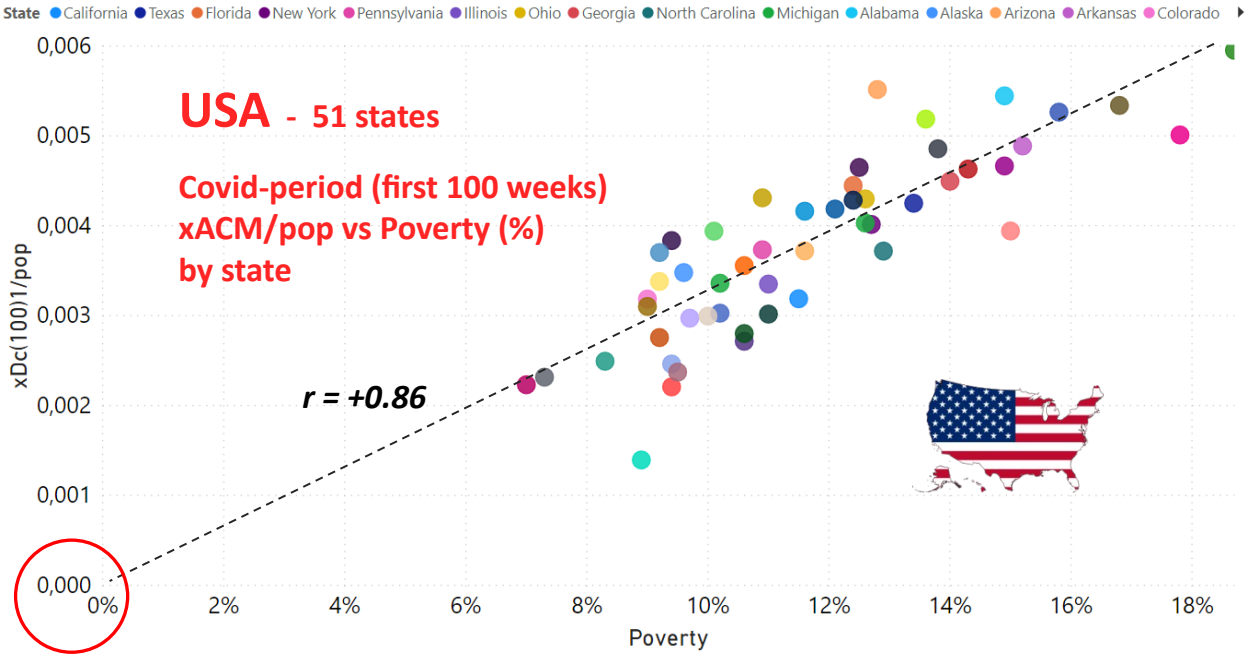
↓

Large excess (early) mortality periods & events & winters

(aka: "development", "free market", "pandemics", "addiction")

Economic predation → poverty → chronic deficiencies + toxic food & environment

Covid-period **excess** all-cause mortality rate:



(Rancourt et al., 2022)

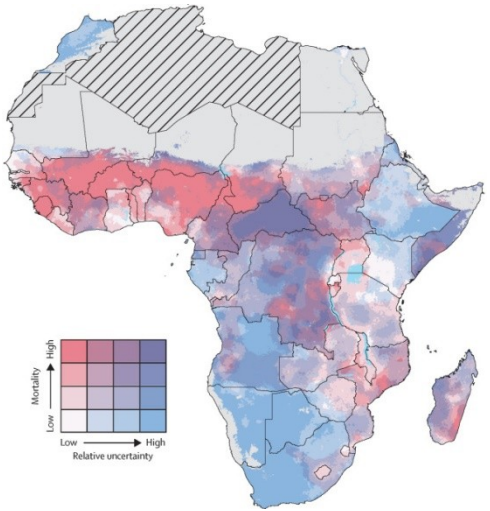
Global Finance + "Aid" predation → extreme poverty
→ chronic deficiencies + toxic food & water & environment

In Africa (and elsewhere), today:

- **massive ongoing mortality rates fundamentally caused by aggressive and sustained structural economic predation**

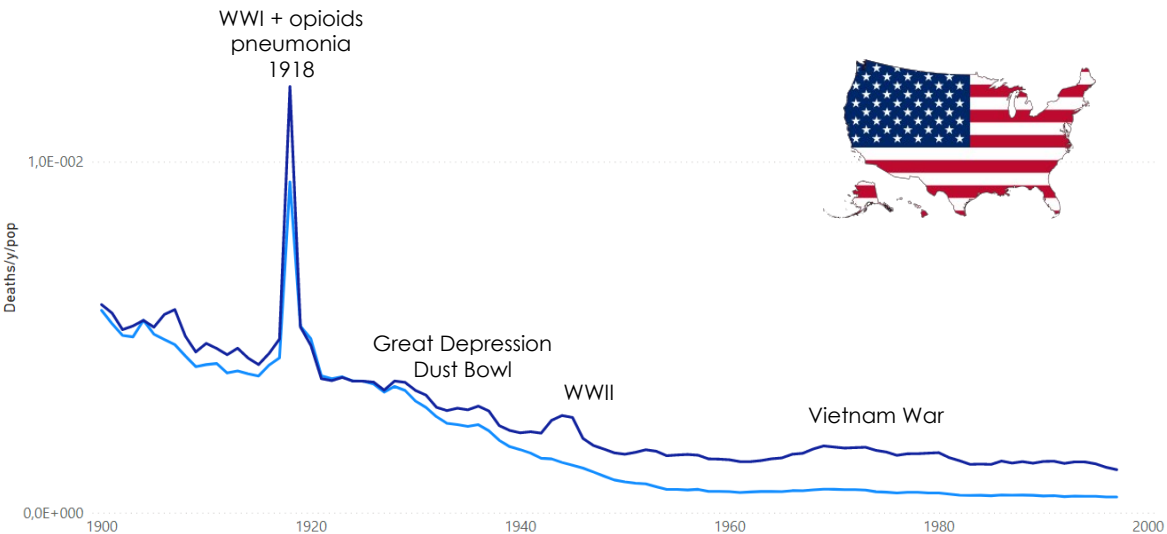
- *Centre for Applied Research, Norwegian School of Economics et al. (2015)*
- *Fernandez and Hendrikse (2020)*

"Africa does not need vaccines"
— *Rancourt (2025)*



Infant (< 5 years) mortality rate
Fig.: *Golding et al. (2017)*

USA all-cause mortality per year by population by sex 1900-1997, ages 15-24, male and female



(Rancourt et al., 2021)

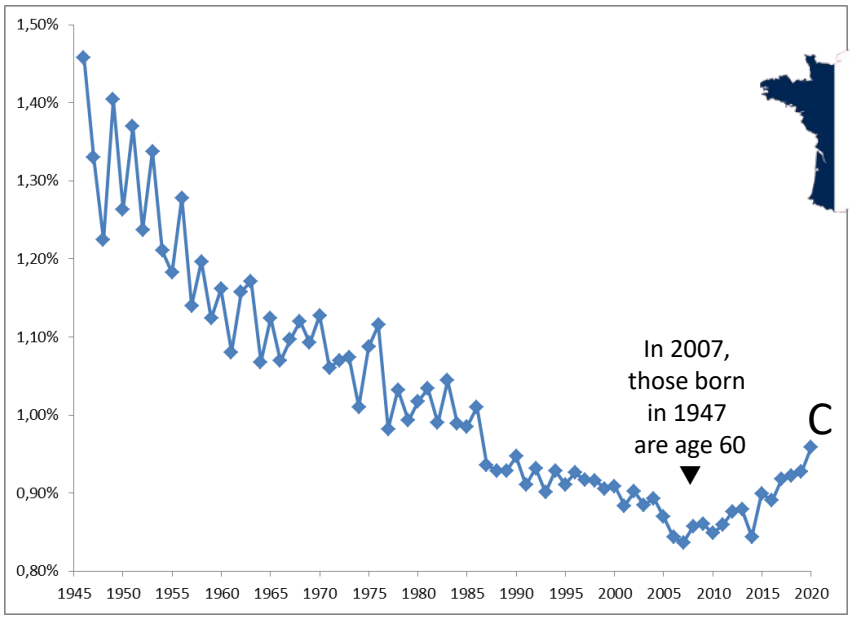
France all-cause mortality by month, 1946-2020 (post-WWII), all ages, both sexes

C

(Rancourt et al., 2020)

France all-cause mortality by cycle-year (summer to summer) per population, 1946-2020 (post-WWII), all ages, both sexes

MRy
≈
1/Le



(Rancourt et al., 2020)

All-cause mortality (ACM)

>100 years of international mortality surveillance

What is detected (and not detected) in ACM time series by age group and sex?

- Seasonal variations (hemispherically synchronous)
- Severe winters and cold snaps
- Sanitation (safe water), development (nutrition), cold safety (heating)
- Global infant vaccination campaigns (esp. Africa)
- Overdoses from pharma and illegal opioids (timed with economic events)
- War (e.g. WWII, Vietnam War, USA data)
- Terrorist attacks & Genocides (e.g. Israel data)
- Iatrogenic mortality from institutional practices and policy
- Economic collapse (Great Depression USA, Dust Bowl USA, famine...)
- Summer heatwaves (mid-latitude, temperate regions)
- Earthquakes (all-ages building occupants)
- Floods (e.g. Netherlands, 1953) & Storms
- Transportation accidents (planes, buses, trains, cars)
- 1918 bacterial pneumonia outbreaks (with high opioid use)
- Covid-period assaults (immobilization, isolation, medical assaults...)
- **Not the post-WWII CDC-declared pandemics:**

  1957-58, "H2N2" / 1968, "H3N2" / 2009, "H1N1+"

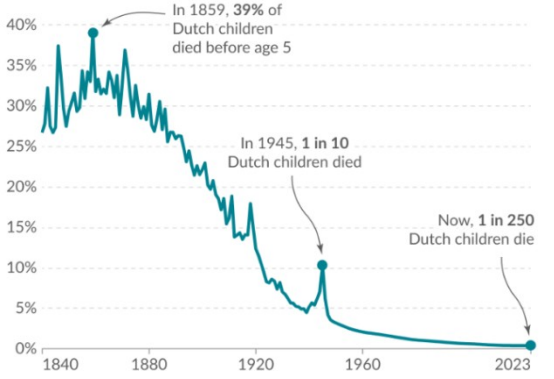
NETHERLANDS (AND FRANCE) THROUGH THE LENS OF MORTALITY

NL infant (< 5 y) mortality rate (per 1000 live births)

1840-2025(June)

Publicly available graphs

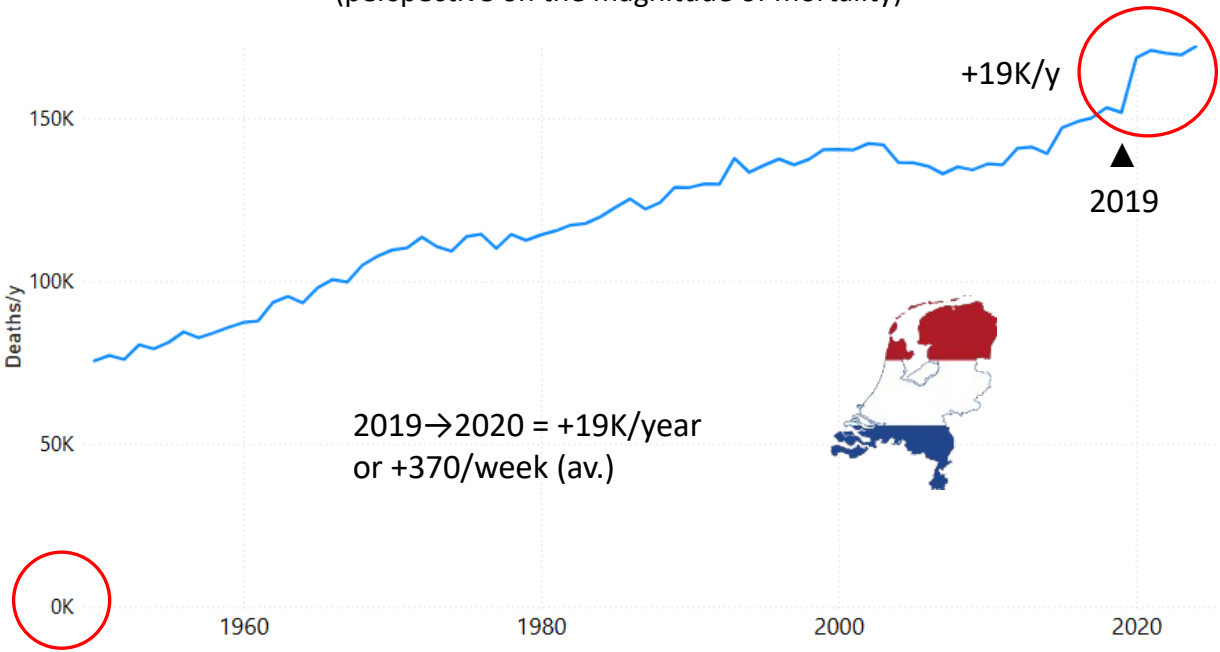
39% in 1859 / 10% in 1945 / 0.4% in 2025



objective measures of the state of the nation

NL all-cause mortality by year 1950-2024
all ages, both sexes

(perspective on the magnitude of mortality)

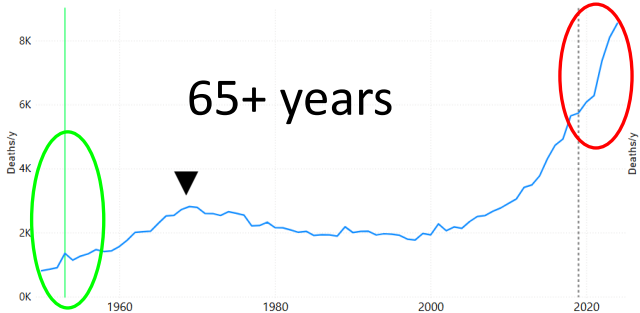


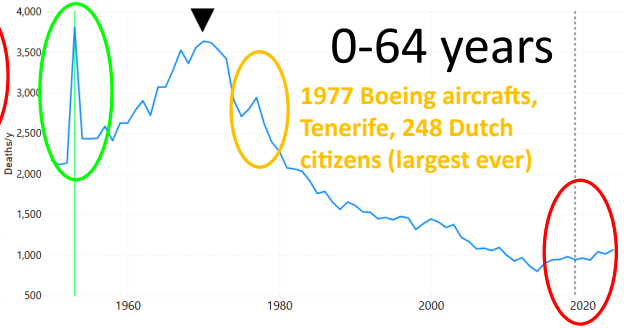
NL specific-cause mortality for "Other Accidents"
(e.g. forces of nature) by year 1950-2024, all ages, both sexes

North Sea flood of 1953 (●)

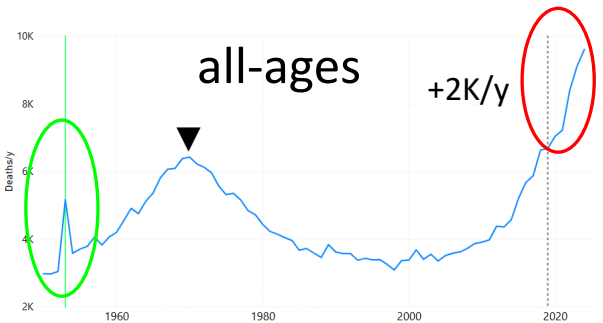
NL specific-cause mortality for "TOTAL Accidents" by year 1950-2024

(Transportation mortality vs Covid period in elderly)

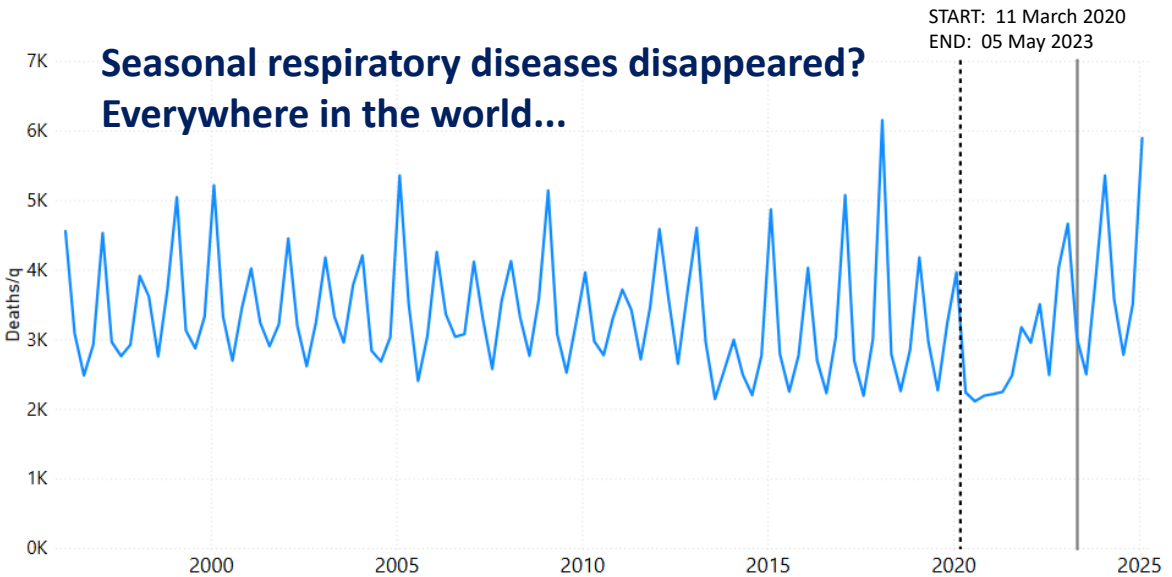




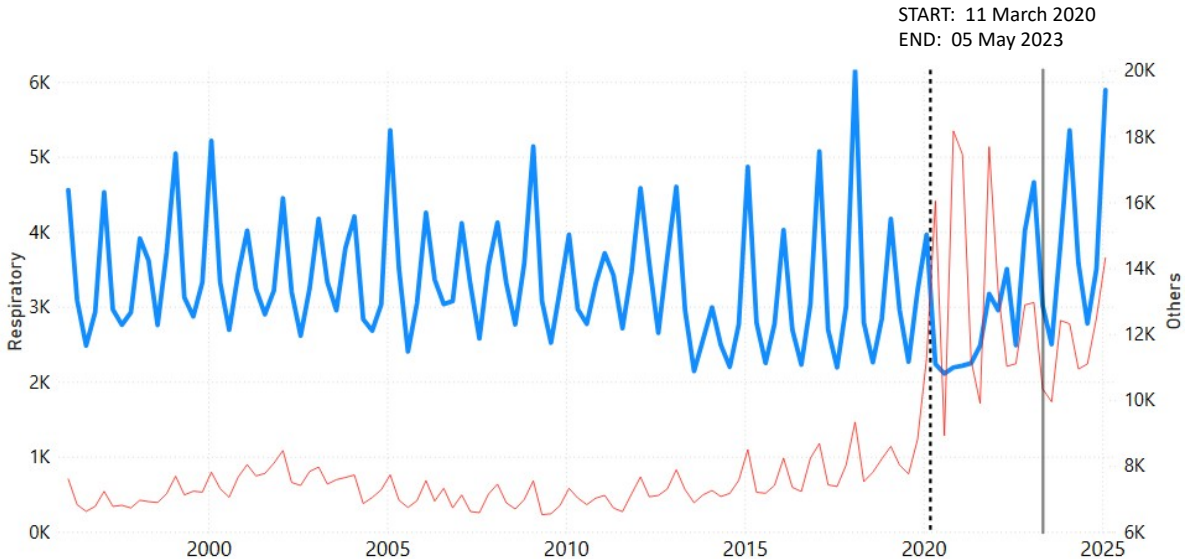
- floods kill by accident
- unsafe cars kill by accident (▼)
- **aviation kills by accident**
- **increased** elderly care kills by accident

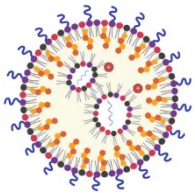


NL specific-cause mortality for "Respiratory diseases" (excluding "COVID-19") by quarter 1995-2025 all ages, both sexes



NL specific-cause mortality for “Respiratory diseases” and “Others” (including “COVID-19”) by quarter 1995-2025, all ages, both sexes





Specific-cause mortality associated with the COVID-19 vaccines?

- **Cationic lipids are extremely toxic, especially as bio-distributed nanoparticles, irrespective of the cargo**

Brimacombe, CA et al. (2025) "Rational design of lipid nanoparticles for enabling gene therapies", Molecular Therapy Methods & Clinical Development. (review)

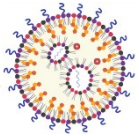
"**The fundamental limitation is toxicity. There are no permanently positively charged bilayer forming lipids in nature.** Positively charged lipid molecules can combine with the negatively charged lipids found in biological membranes to form non-bilayer structures that **disrupt membranes47 resulting in cytotoxicity104 and immune activation105** (activation of complement and coagulation pathways as well as cytokine stimulation104,106). This results in rapid clearance by the RES system, inflammation, and other side effects such as **thrombosis,107 lymphopenia, hepatic necrosis, and an overactive innate immune response.108,109,110**"

You don't need an "adjuvant" — You don't need spike
(following Stefano Scoglio)

NL specific-cause mortality for "diseases of the blood" by year 1950-2024, all ages, both sexes **(increase ≥ 2021)**

0.001% risk of death by this cause per injection

► Diseases of the blood and bloodforming organs and certain disorders involving the immune mechanism (ICD-10 D50-D89).
(incl. "clotting")



+0.2K/y

Deaths/y

800
700
600
500
400
300
200

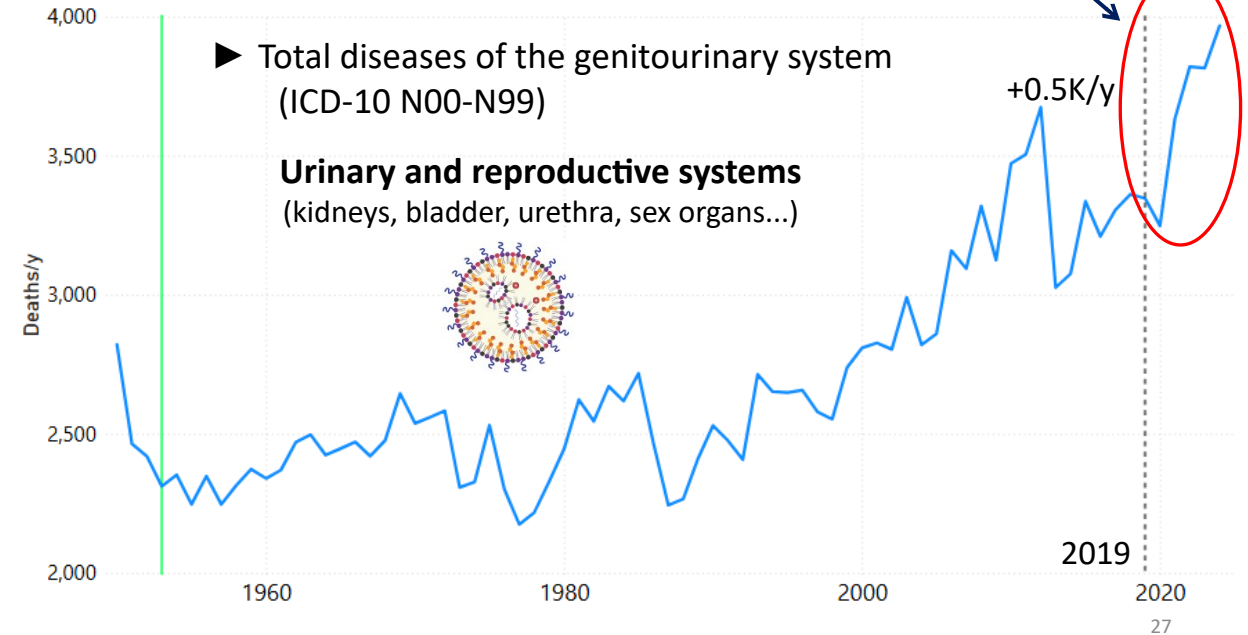
1960
1980
2000
2020

▲ early 1980s: era of transfusion medicine begins

▲ 1995: Ombudsman report on blood contamination, testing mandated (Hepatitis B risk eliminated)

NL specific-cause mortality for "diseases of the genitourinary system" by year 1950-2024, all ages, both sexes **(increase ≥ 2021)**

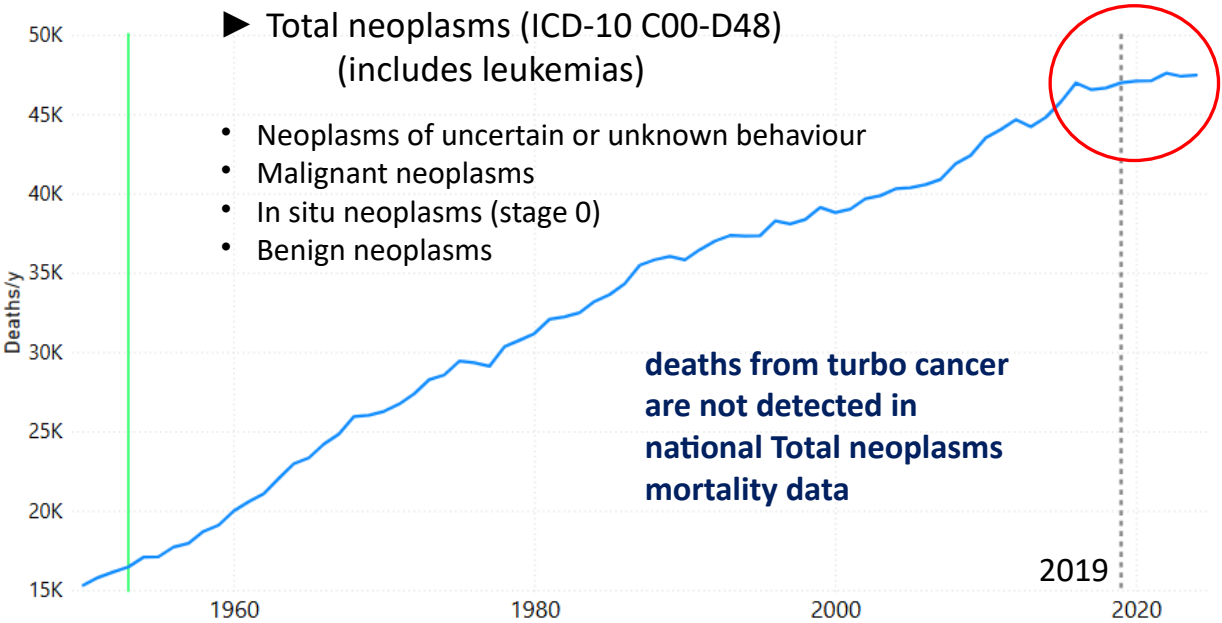
0.005% risk of death by this cause per injection



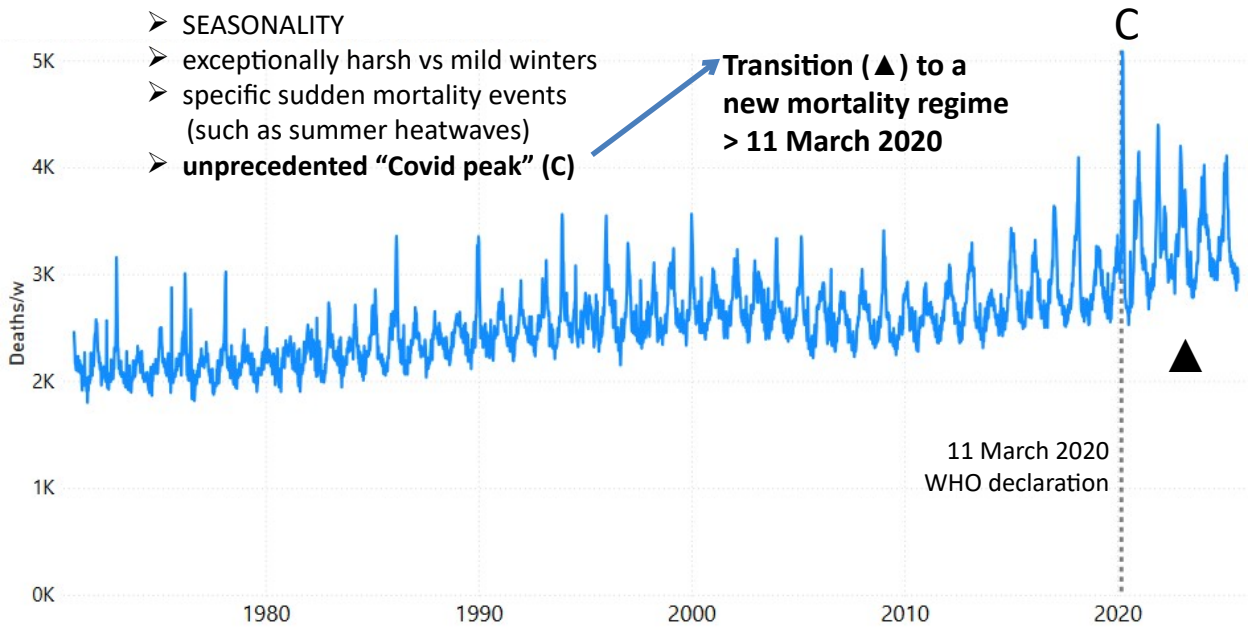
► Total diseases of the genitourinary system (ICD-10 N00-N99)

Urinary and reproductive systems
(kidneys, bladder, urethra, sex organs...)

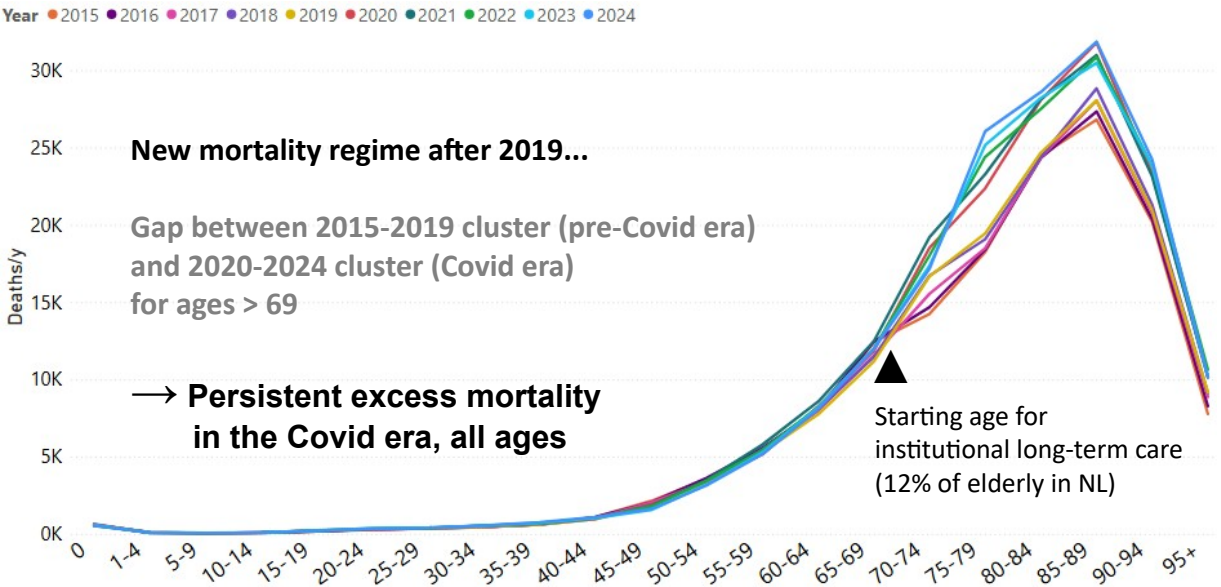
NL specific-cause mortality for "Total neoplasms" by year 1950-2024, all ages, both sexes (no increase ≥ 2021)



NL all-cause mortality by week 1971-2025
all ages, both sexes



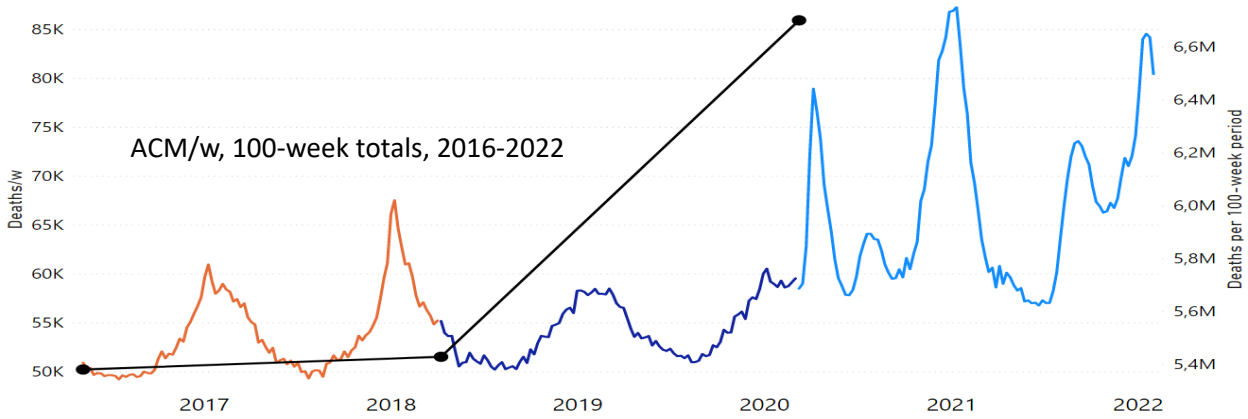
NL all-cause mortality by age group by year for years 2015 through 2024, all ages, both sexes



The mortality regime change at 11 March 2020 is unambiguous for the USA

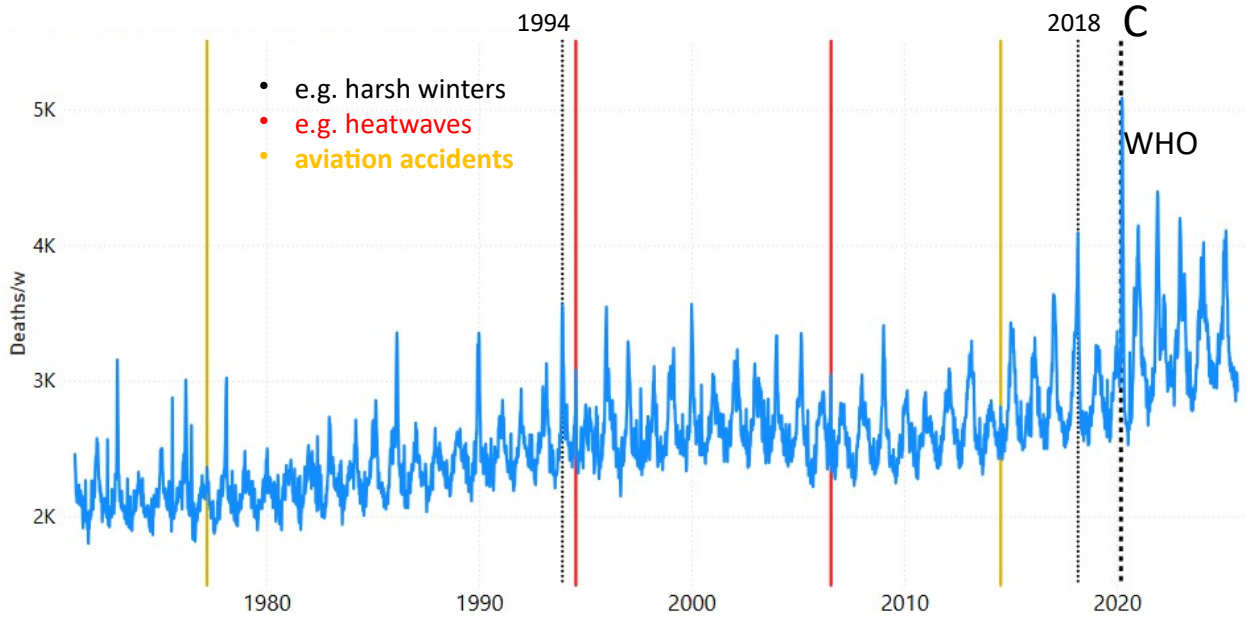
ACM/m, 22-month totals, 2000-2021

ACM/w, 100-week totals, 2016-2022



NL all-cause mortality by week 1971-2025

all ages, both sexes (specific sudden mortality events)



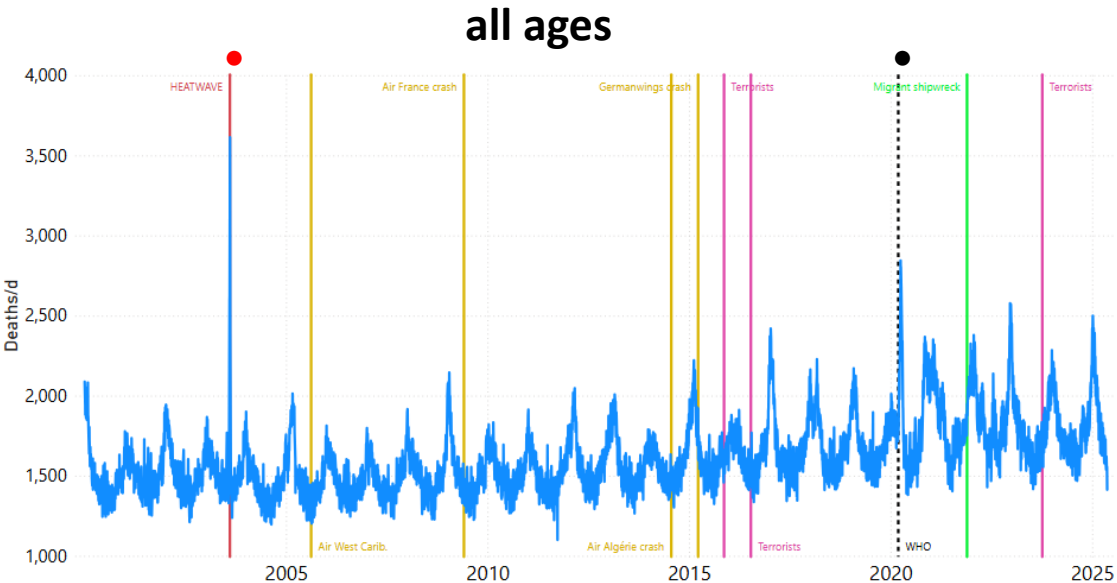
FRANCE

DAILY RESOLUTION

BY NUTS3

France all-cause mortality BY DAY, 2000-2025, all ages, both sexes
(9 specific mortality events)

2003 heatwave – **4 airline crashes** – **3 terrorist attacks** – **1 shipwreck**

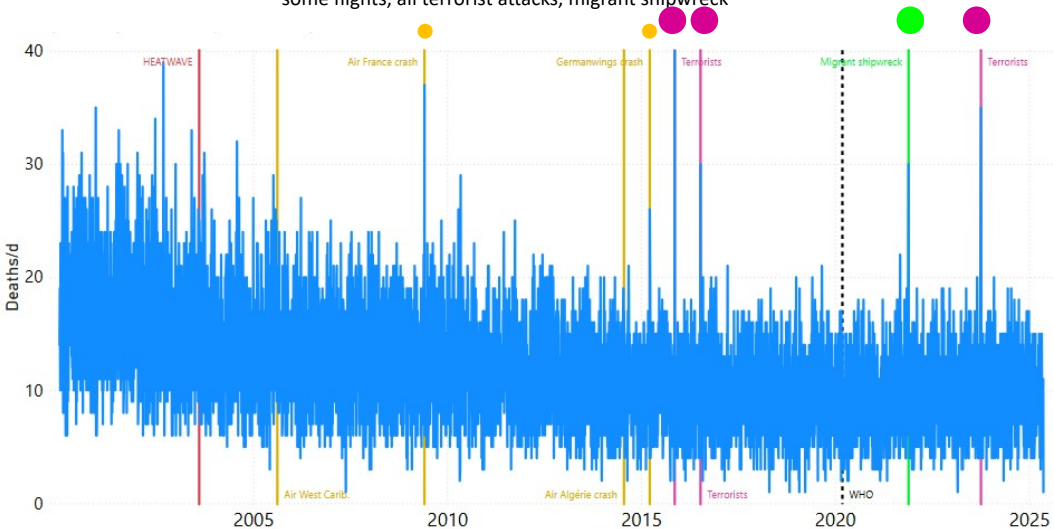


France all-cause mortality BY DAY, 2000-2025, age 20-29, both sexes
(9 specific mortality events)

2003 heatwave – 4 airline crashes – 3 terrorist attacks – 1 shipwreck

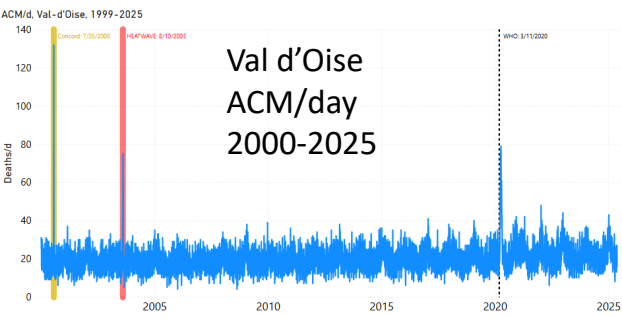
age 20-29

some flights, all terrorist attacks, migrant shipwreck

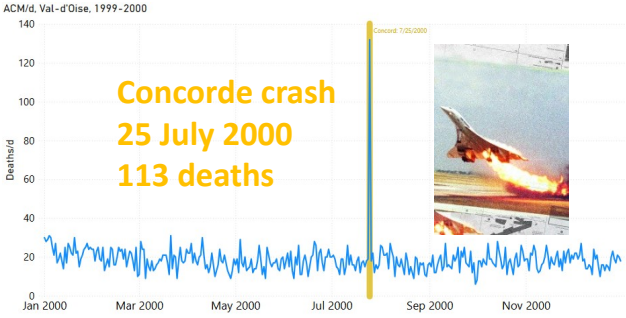


Val d'Oise, France (1 of 101 départements), all-cause mortality by day

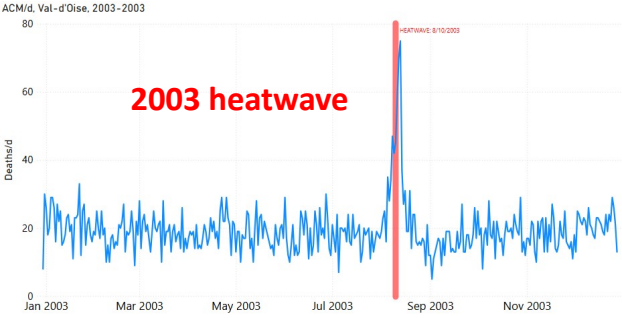
Concorde crashed into a hotel on leaving Paris-Charles-de-Gaulle airport on 25 July 2000



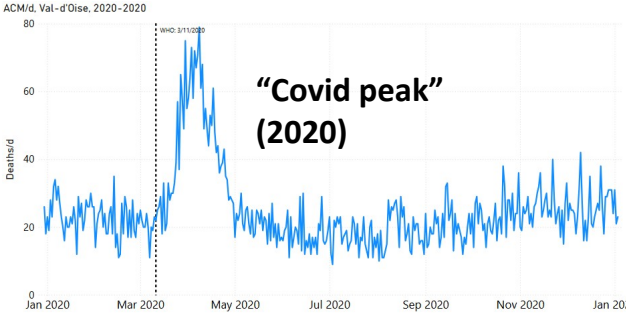
Val d'Oise
ACM/day
2000-2025



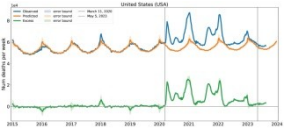
Concorde crash
25 July 2000
113 deaths



2003 heatwave



"Covid peak"
(2020)



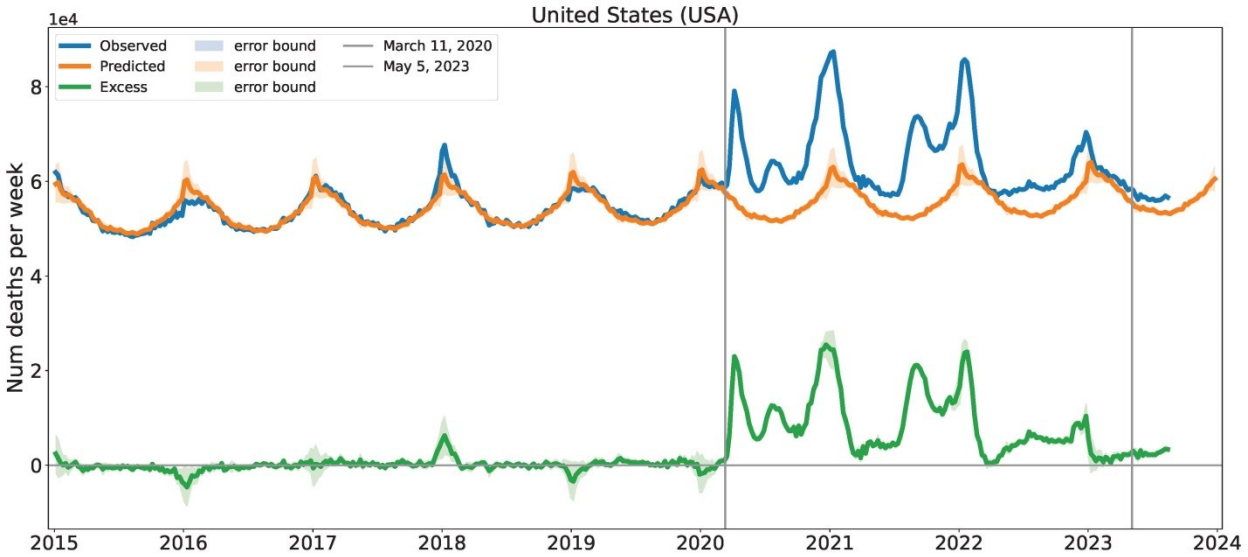
METHOD TO EXTRACT TIME SERIES OF EXCESS ALL-CAUSE MORTALITY

(with applications to USA and the Netherlands)

METHOD

USA, 2015-2024, all ages, both sexes, by week, with 1σ uncertainties

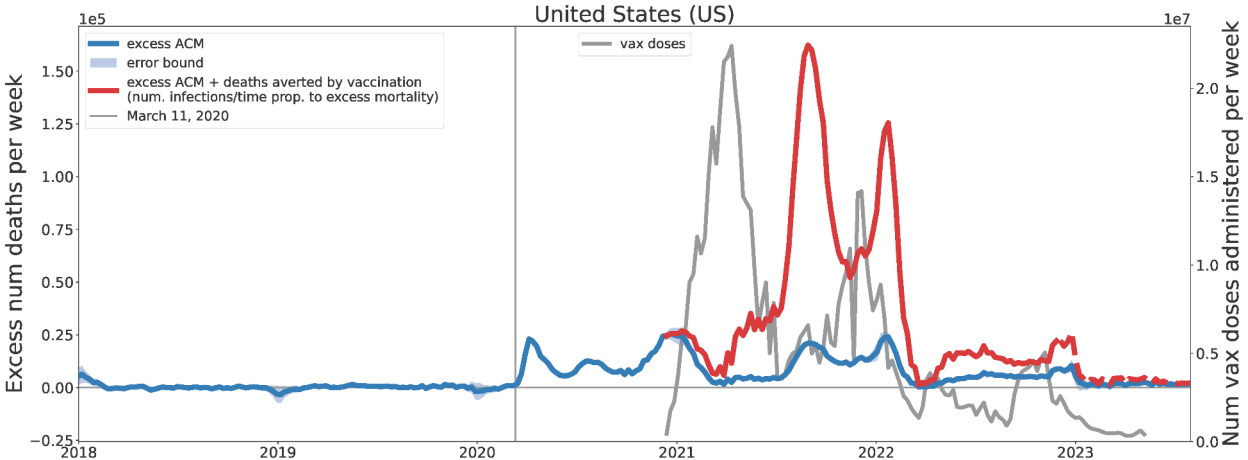
- observed all-cause mortality
- historic trend (2015-2019) all-cause mortality
- difference = excess all-cause mortality



APPLICATION EXAMPLE

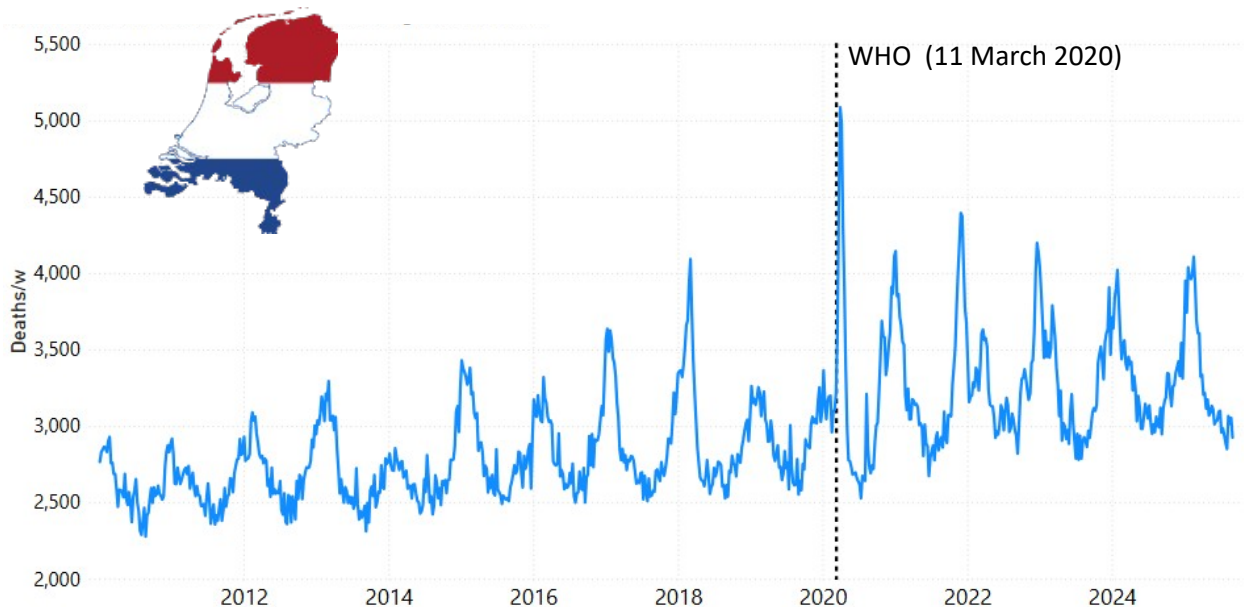
Demonstrating the **nonsense** of the claim that the COVID-19 vaccines saved 3.2 million lives in the USA

(25K/week max. to values over 150K/week)



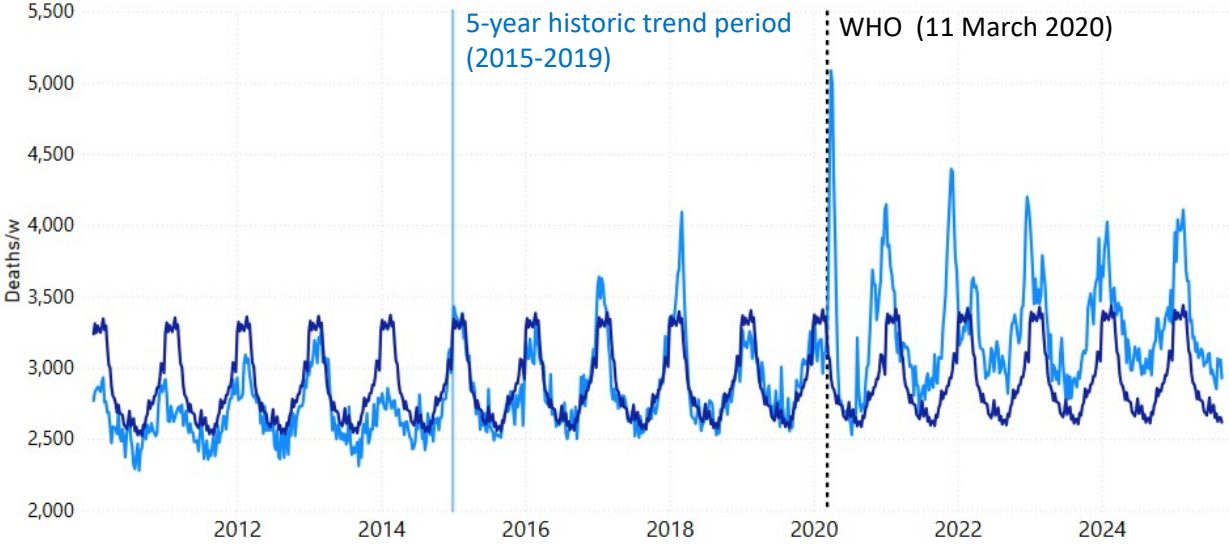
Rancourt and Hickey (2025) "Did the COVID-19 vaccine save millions of lives in the USA?"

NL all-cause mortality by week 2010-2025
all ages, both sexes

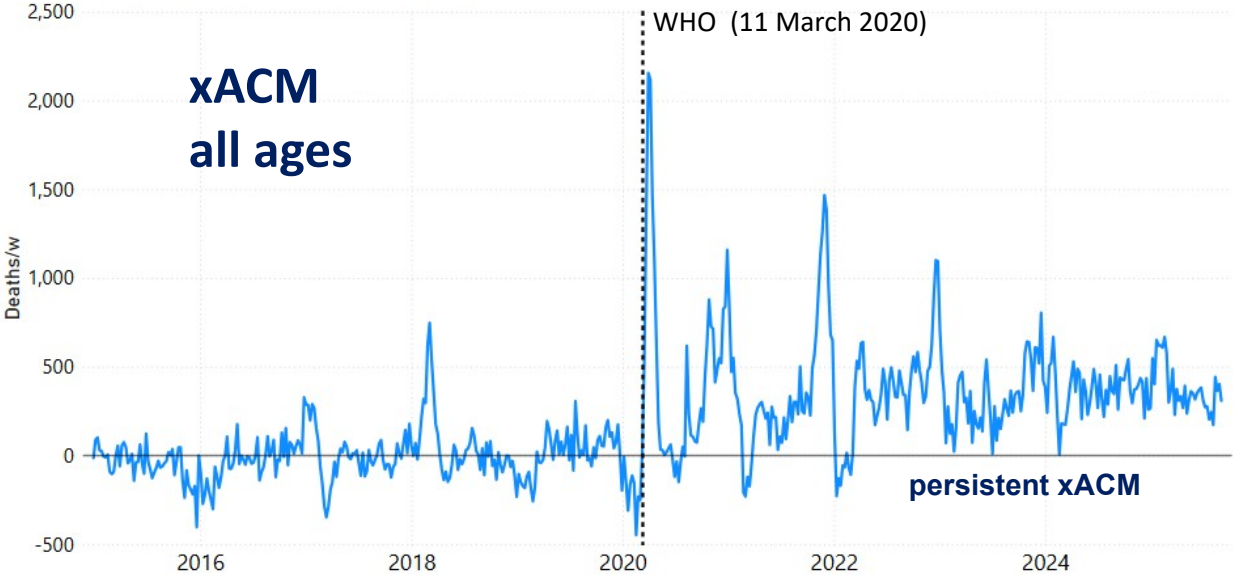


NL all-cause mortality by week 2010-2025

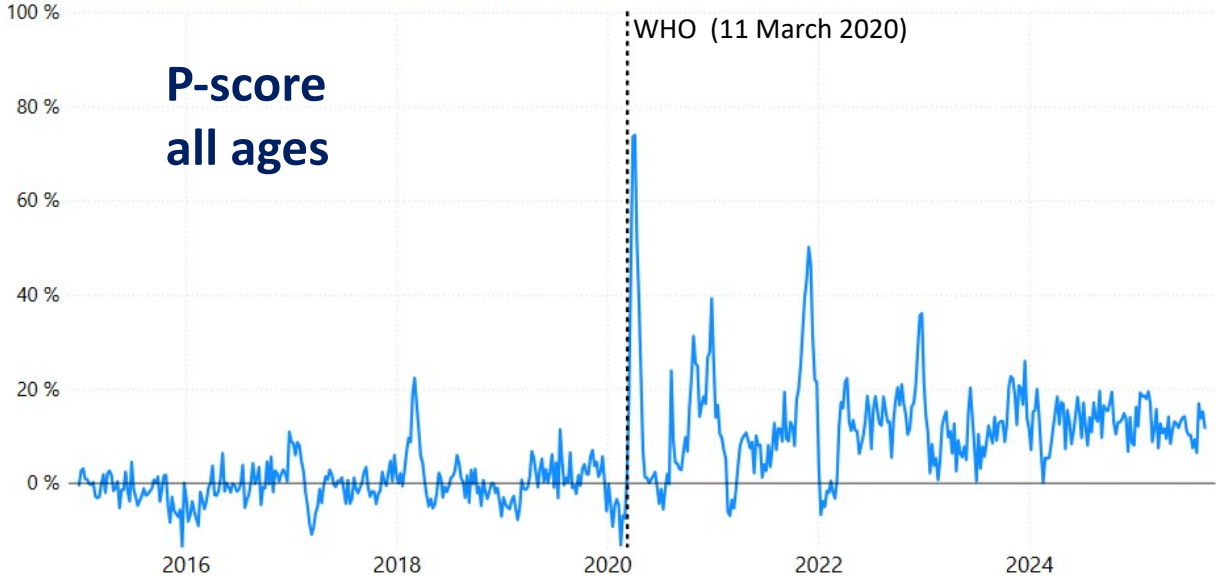
raw data / **historic trend (2015-2019)** / all ages, both sexes



NL **excess** all-cause mortality by week 2015-2025
all ages, both sexes

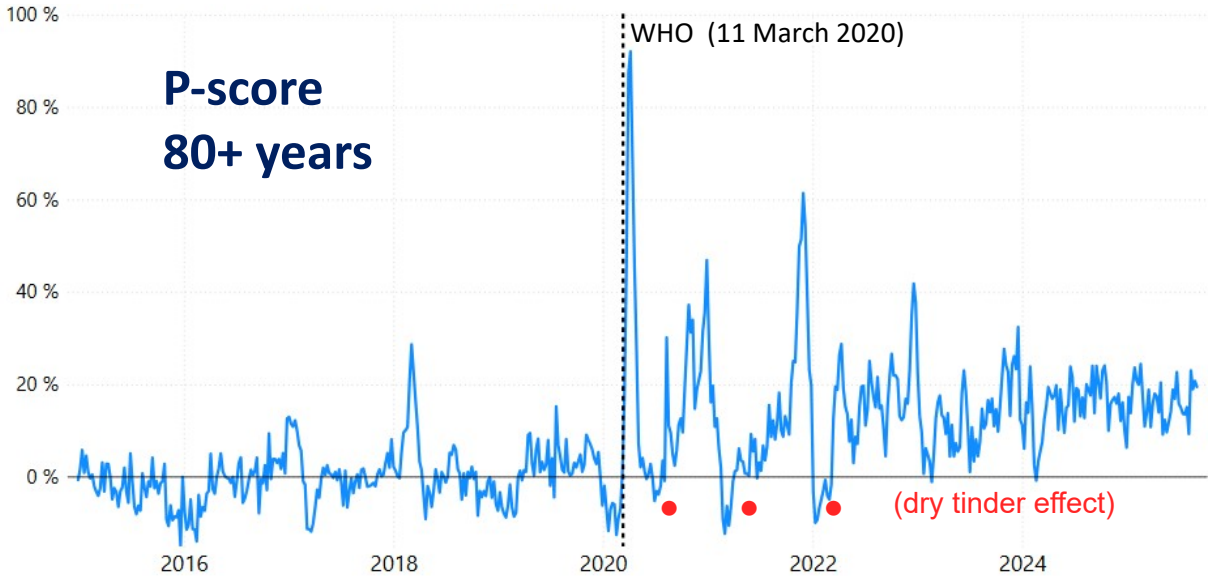


NL **P-score** by week 2015-2025
all ages, both sexes

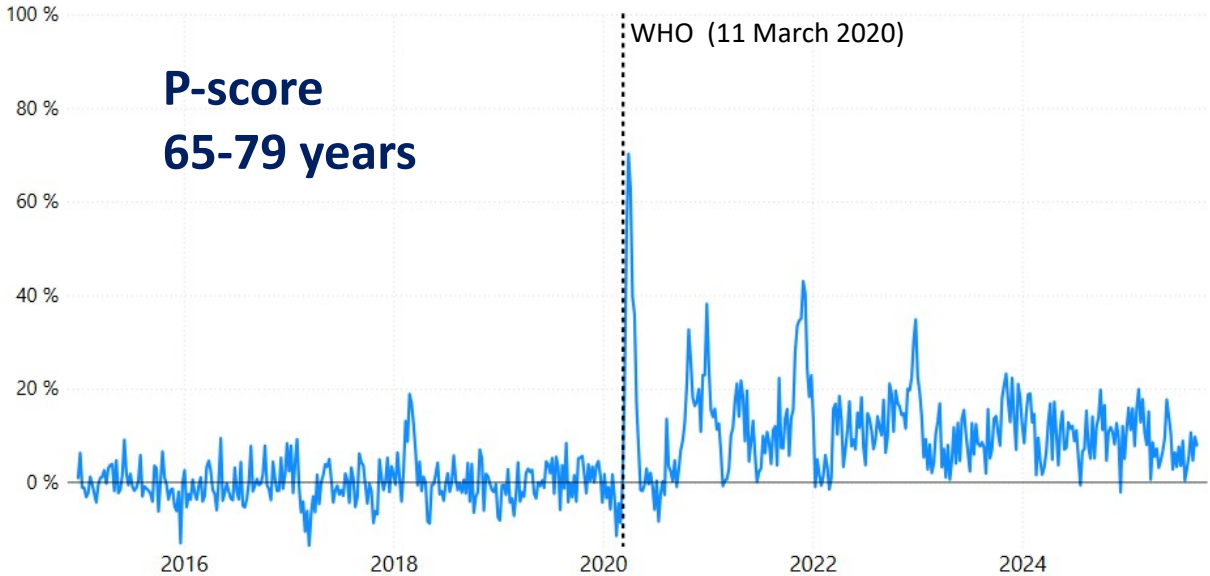


NL **P-score** by week 2015-2025

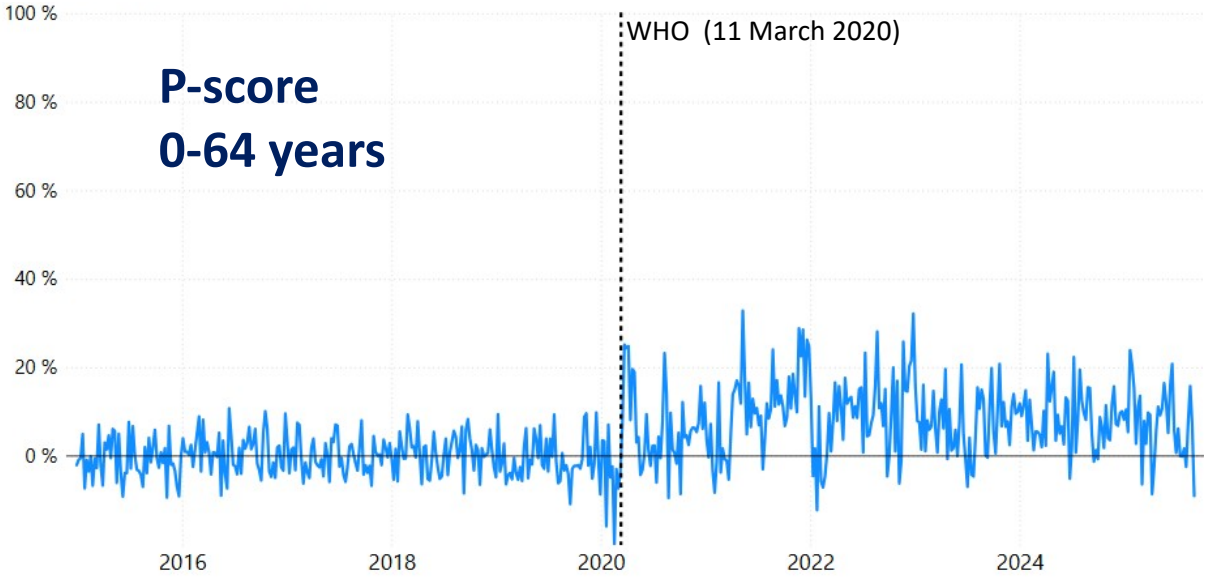
80+ years, both sexes



NL **P-score** by week 2015-2025
65-79 years, both sexes



NL **P-score** by week 2015-2025
0-64 years, both sexes



NL excess all-cause mortality (thousands) by year and by age group

Year	xACM age 0-64	xACM age 65-79	xACM age 80+	xACM all ages
2020	0.8	4.9	11.8	17.5
2021	2.2	6.6	10.3	19.0
2022	1.8	5.6	10.8	18.2
2023	1.5	5.0	10.7	17.2
2024	1.6	4.7	12.7	19.0
2025*	1.0	3.1	9.7	13.7
Totals	**8.9**	**29.9**	**66.0**	**104.6**

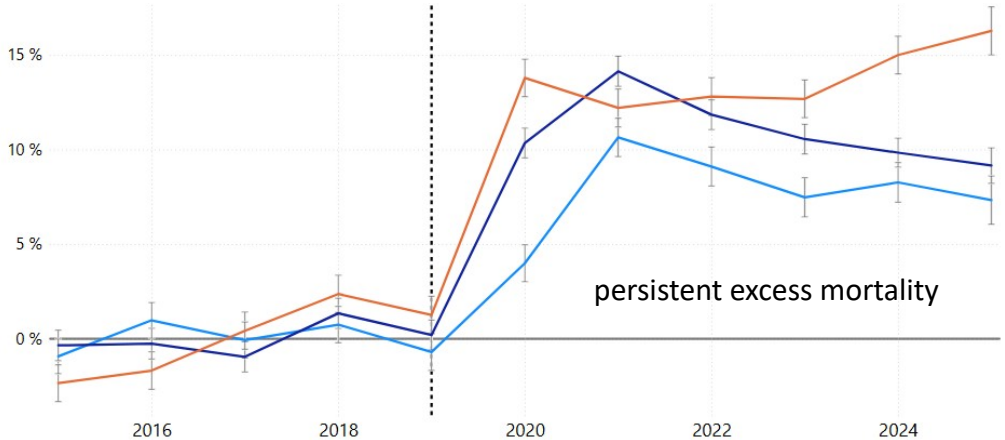
NETHERLANDS: >100K EXCESS DEATHS TO DATE SINCE 11 MARCH 2020, ALL AGES... THAT WOULD NOT HAVE OCCURRED

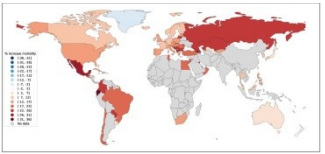
xACM (2020-2022) / pop (2021) = 54.7K/17.5M = 0.31% NL vs 0.39% World

*up to and including the week of September 1st, 2025 (week-36 of 2025)

NL P-score/year 2015-2025, by age group

age 0-64, age 65-79, age 80+

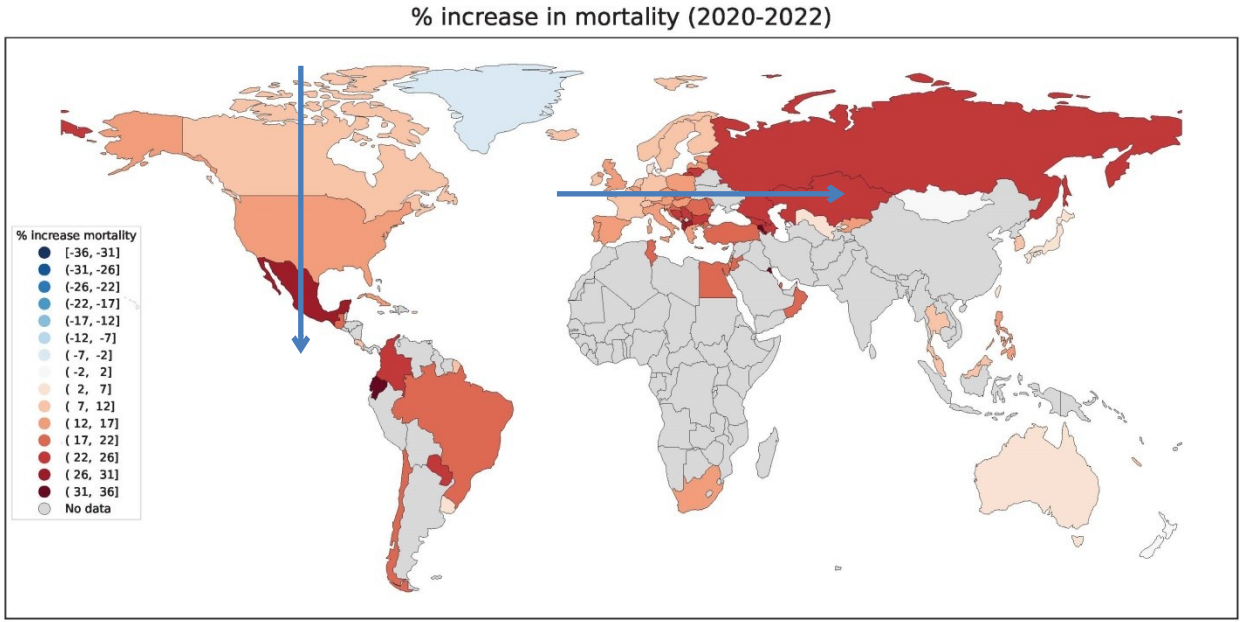




GLOBAL BY COUNTRY EXCESS MORTALITY DURING THE COVID PERIOD

(where states killed people)

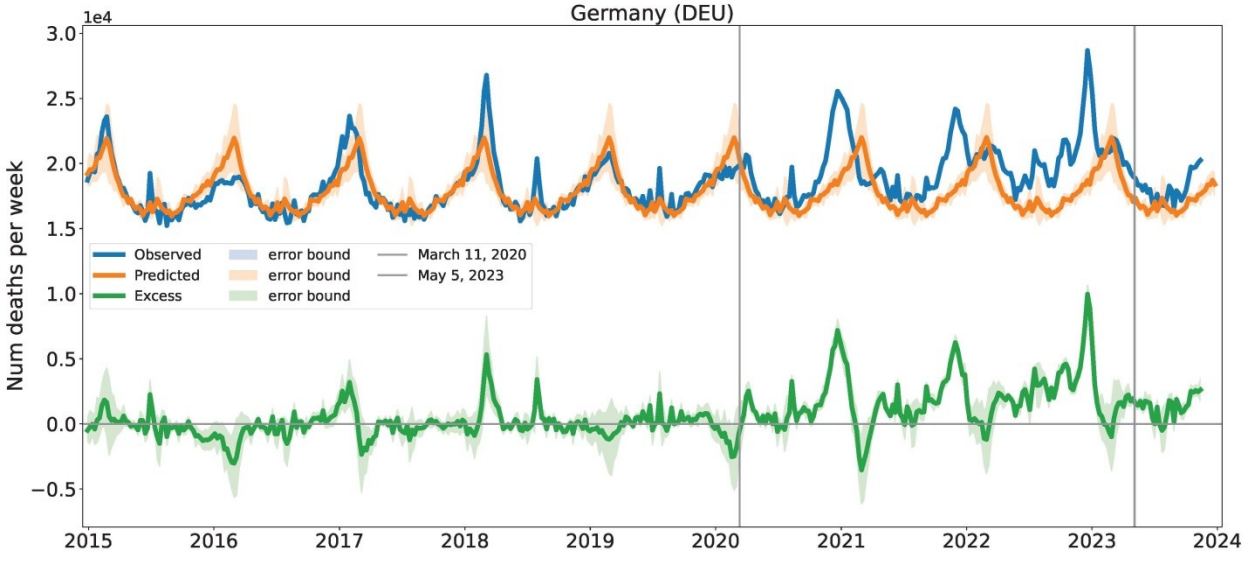
125 countries having available data



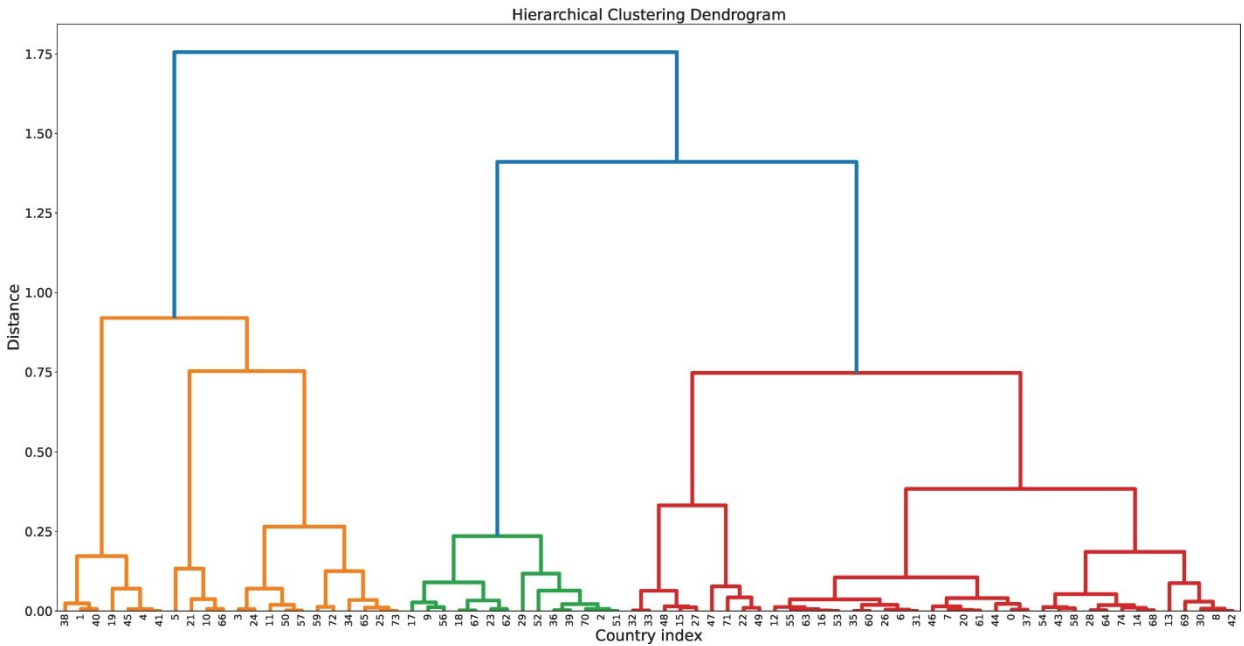
Rancourt, Hickey, Linard (2024) "Spatiotemporal variation of excess all-cause mortality in the world (125 countries) during the Covid period 2020-2023 regarding socio economic factors and public-health and medical interventions"

e.g. Germany

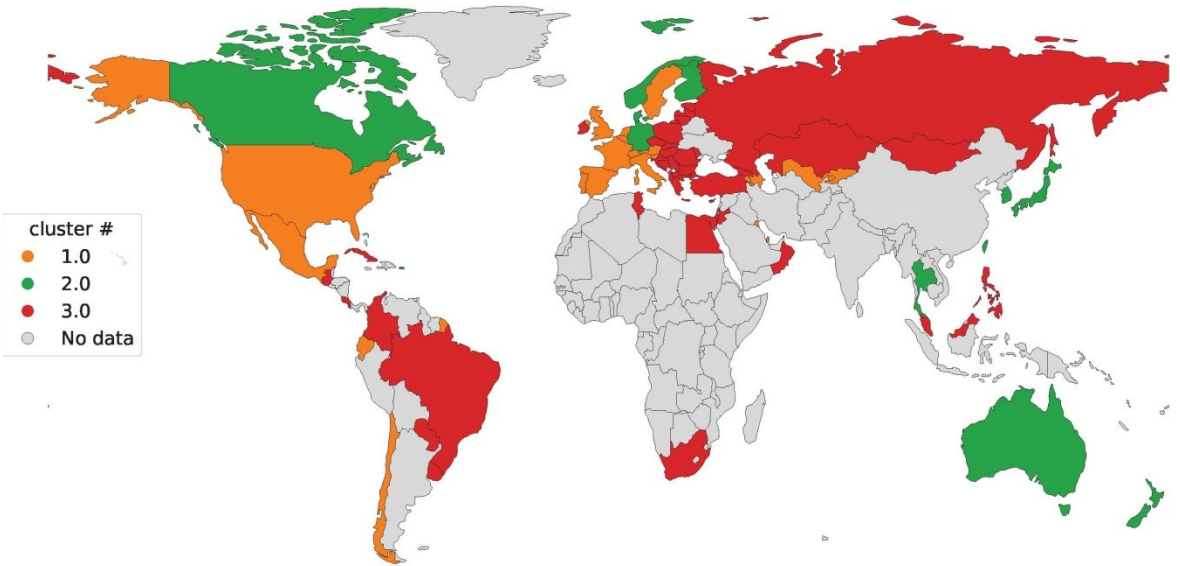
observed / trend / excess



Clustering of countries — using Covid-period mortality time series



Clustering of countries — using Covid-period mortality time series



exceptional persistent excess all-cause mortality **seen in cluster 2**

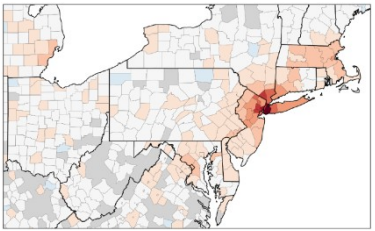
Worldwide excess mortality during the Covid period
(2020-2022 = first 3 years)

0.39% of the population
1 death per 770 people
31 million deaths

Worldwide mortality **associated** with
the COVID-19 vaccines, up to end of 2022

17 million deaths

Rancourt, Baudin, Hickey, Mercier (2023) "... Southern Hemisphere ..."
Rancourt, Hickey, Linard (2024) "... 125 countries ..."



GEOTEMPORAL: PROOF THAT THERE WAS NO VIRAL DISEASE SPREAD

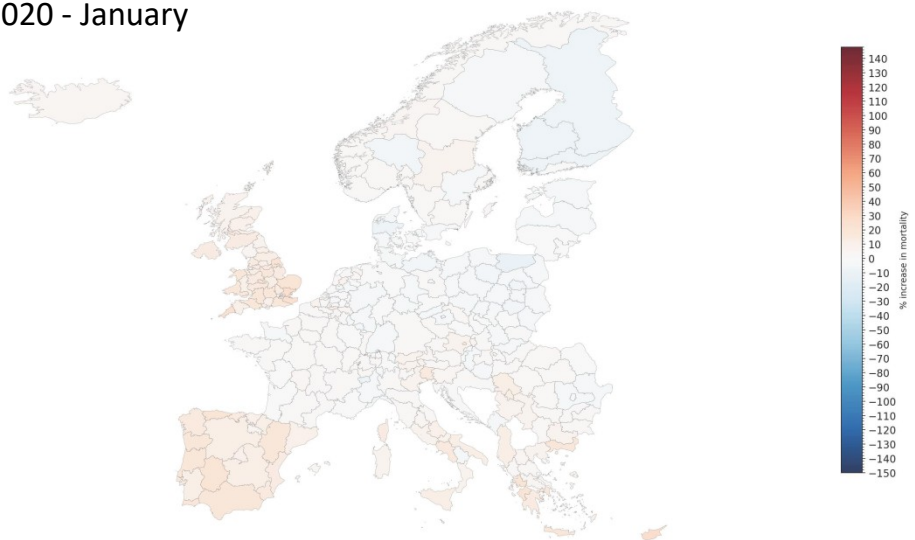
Hickey, Rancourt, Linard (2025) "Constraints from geotemporal evolution of all-cause mortality on the hypothesis of disease spread during Covid"

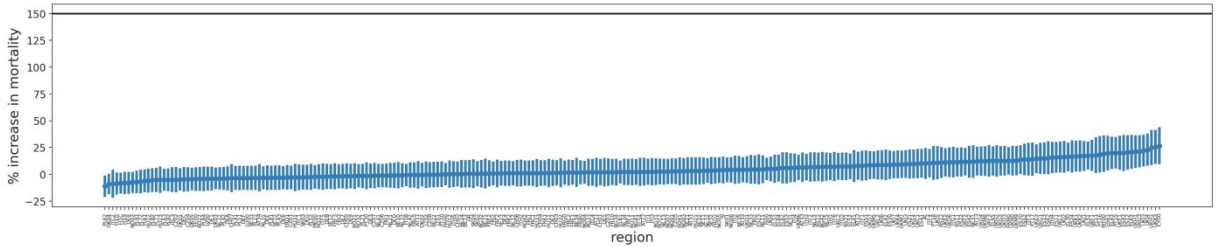
Next 6 slides → Watch this "film" of the geotemporal evolution in Europe...

(so-called "first wave", P-score by month)

Excess mortality for 2020-Jan
(% increase above baseline calculated from lin. fit to 2015-2019)

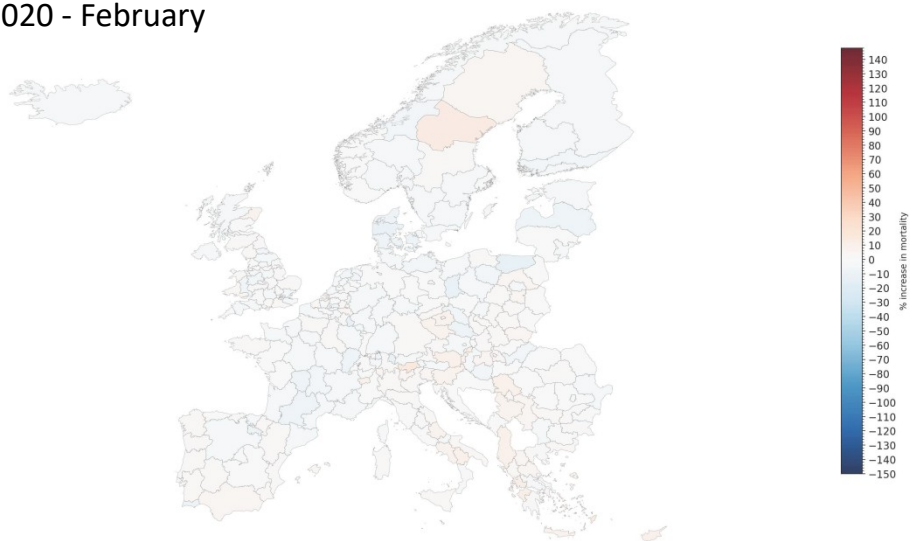
2020 - January

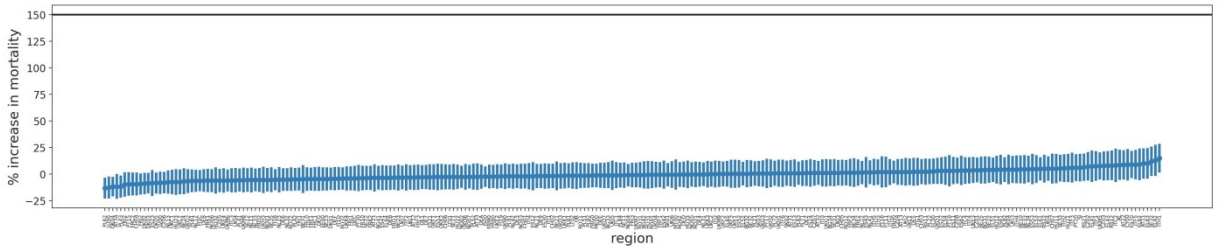




Excess mortality for 2020-Feb
(% increase above baseline calculated from lin. fit to 2015-2019)

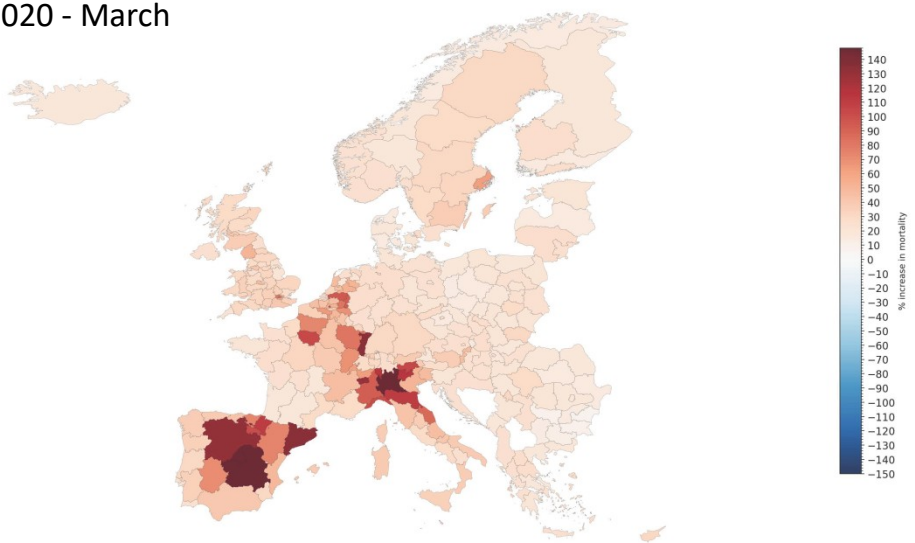
2020 - February

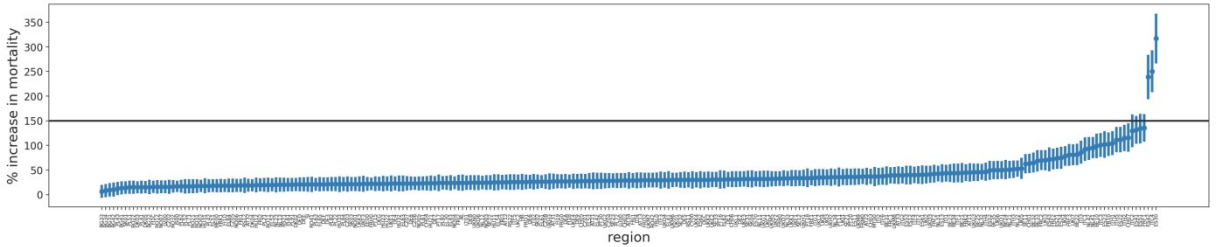




Excess mortality for 2020-Mar
(% increase above baseline calculated from lin. fit to 2015-2019)

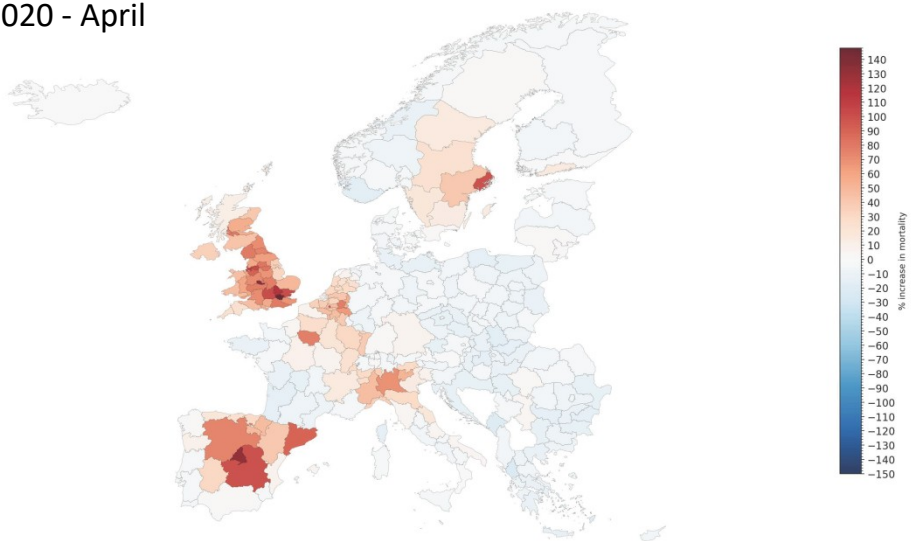
2020 - March

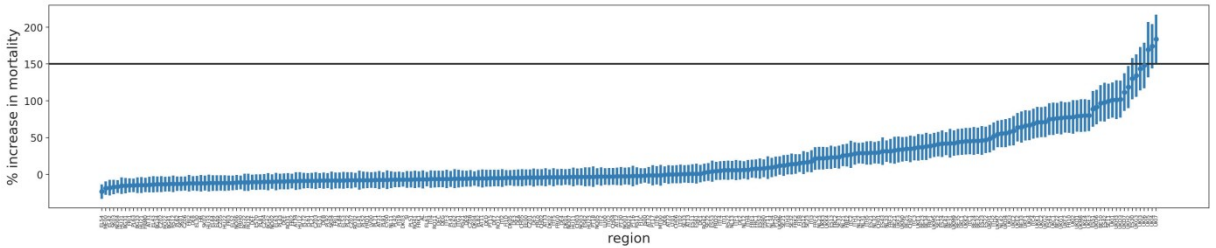




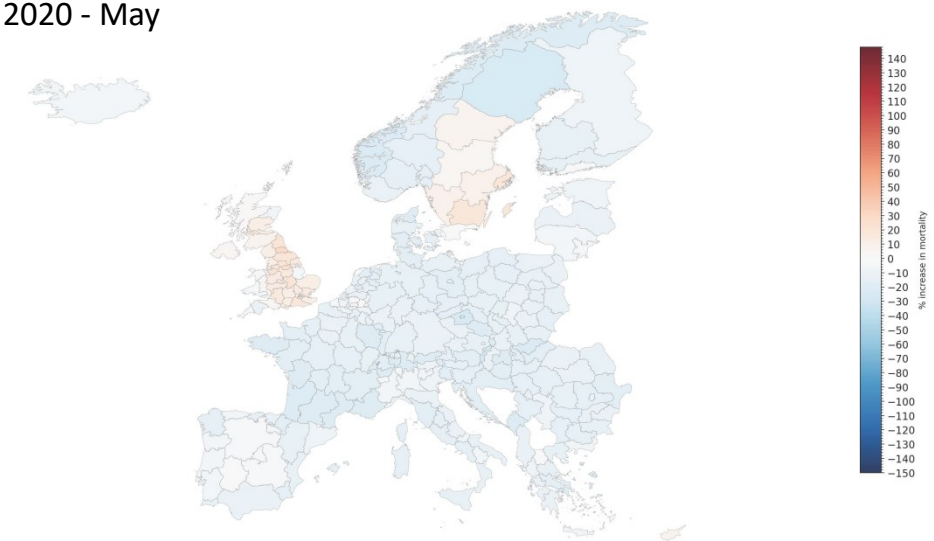
Excess mortality for 2020-Apr
(% increase above baseline calculated from lin. fit to 2015-2019)

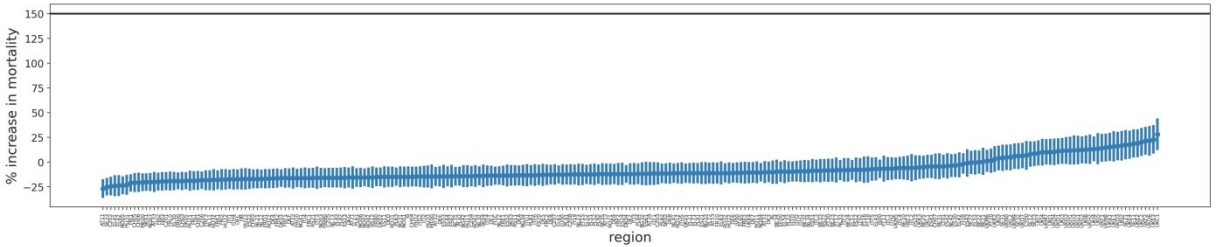
2020 - April





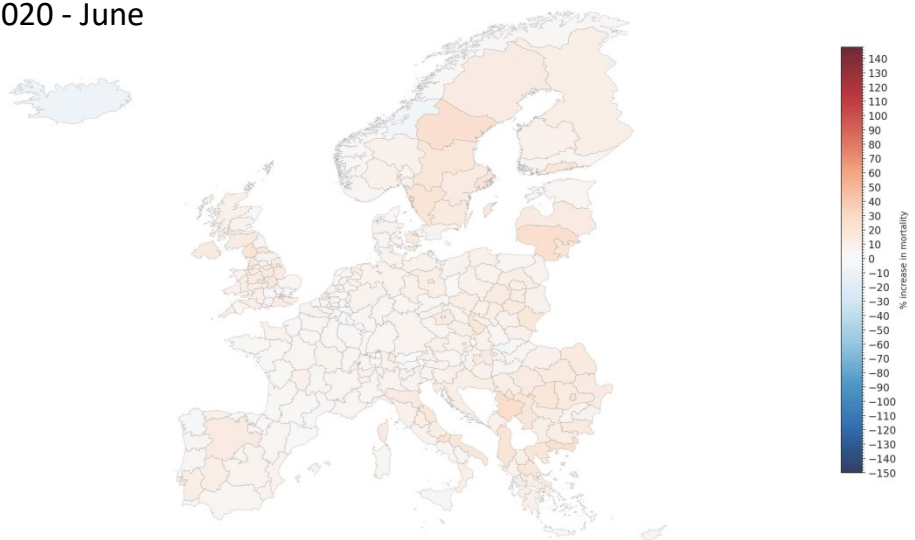
Excess mortality for 2020-May
(% increase above baseline calculated from lin. fit to 2015-2019)

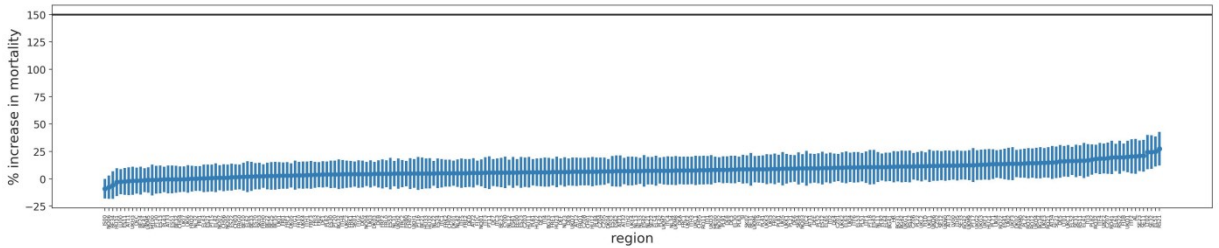


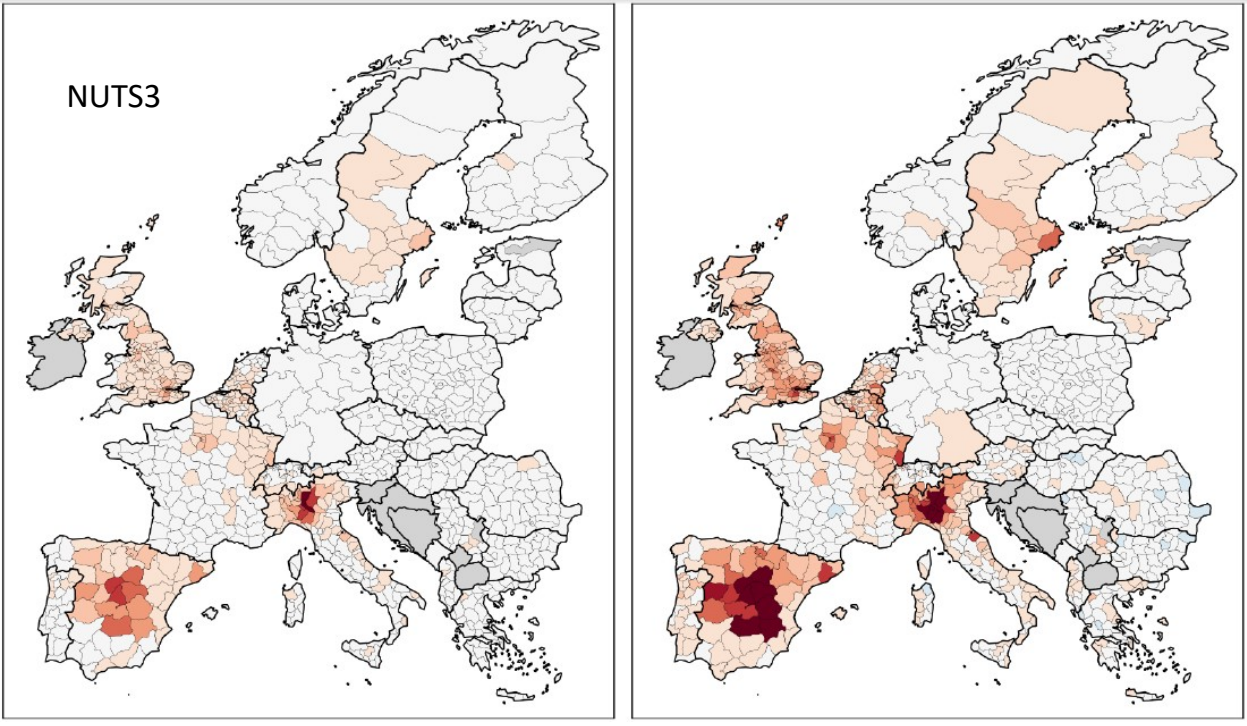


Excess mortality for 2020-Jun
(% increase above baseline calculated from lin. fit to 2015-2019)

2020 - June

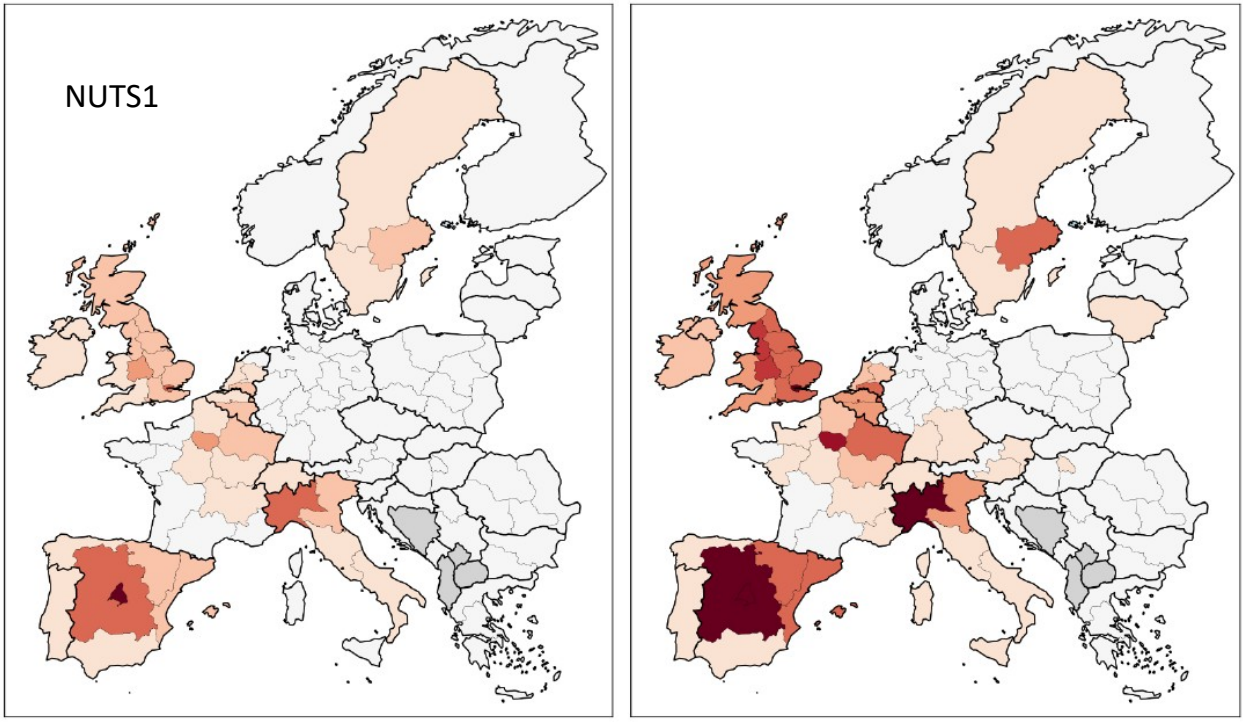






P-scores (First-peak) / NUTS3 regions / (L) to max value; (R) to half-max value

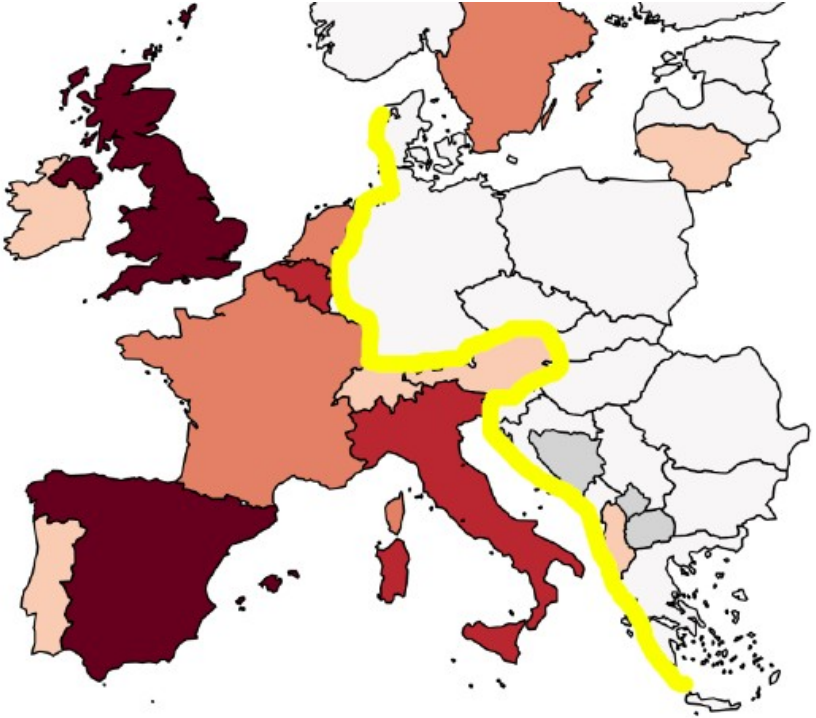
Hickey et al. (2025) "Constraints from geotemporal evolution of all-cause mortality on the hypothesis of disease spread during Covid"



P-scores (First-peak) / NUTS1 regions / (L) to max value; (R) to half-max value

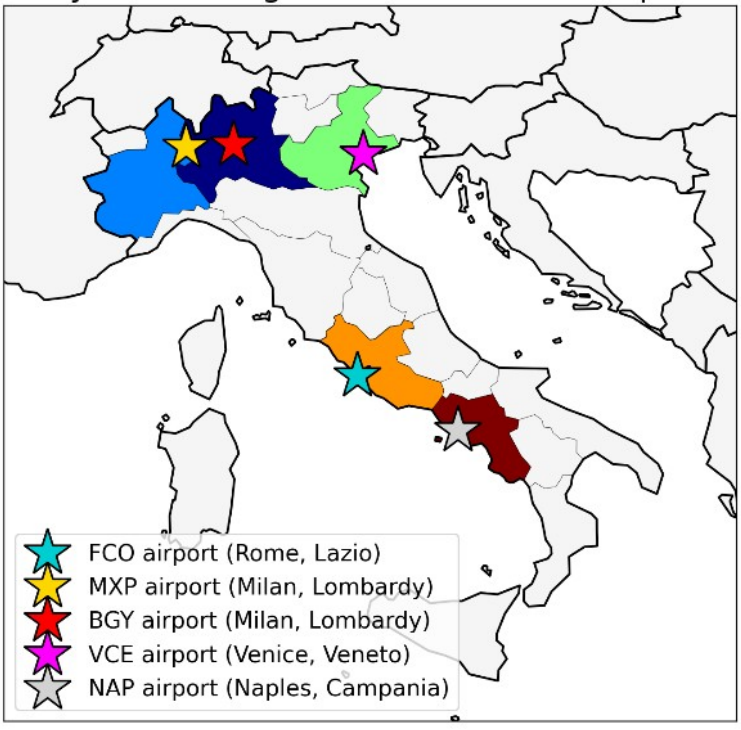
Hickey et al. (2025) "Constraints from geotemporal evolution of all-cause mortality on the hypothesis of disease spread during Covid"

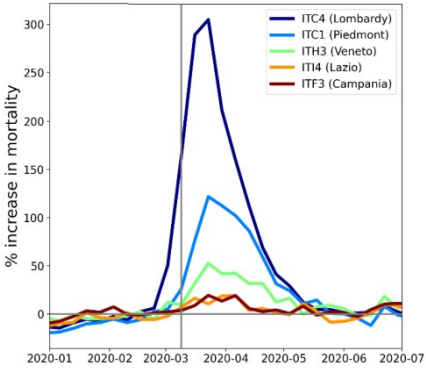
NUTS0



P-scores (First-peak) / NUTS0 regions (countries)

Hickey et al. (2025) "Constraints from geotemporal evolution of all-cause mortality on the hypothesis of disease spread during Covid"



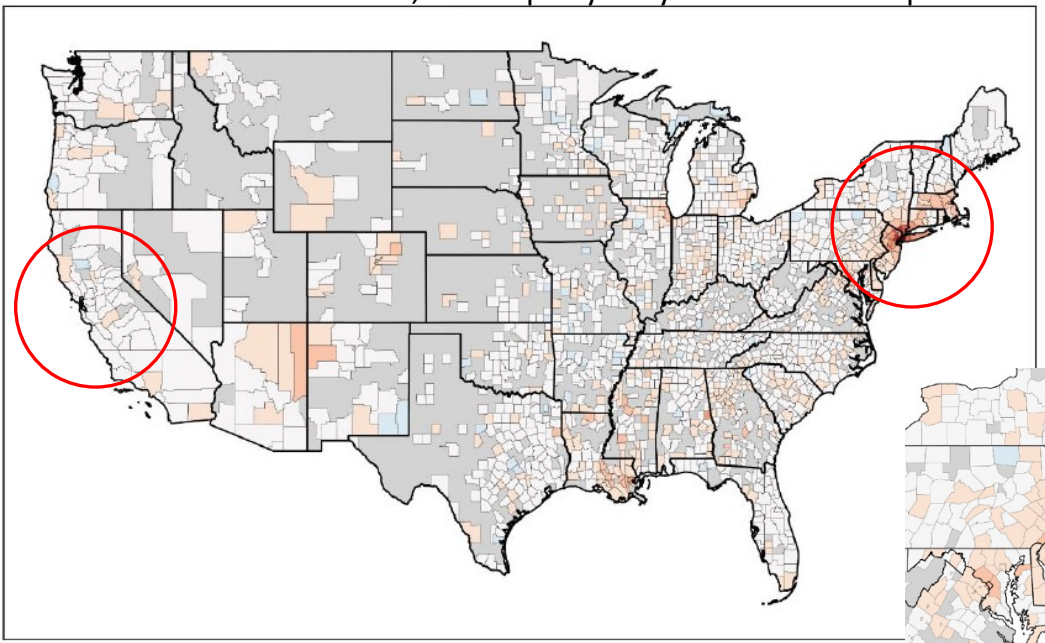


Q: Why?
A: Hospitals

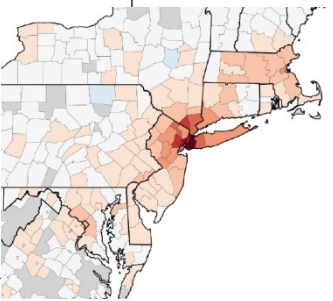
ITALY (NUTS2): Milan vs Rome / First-peak P-scores by week

Hickey et al. (2025) "Constraints from geotemporal evolution of all-cause mortality on the hypothesis of disease spread during Covid"

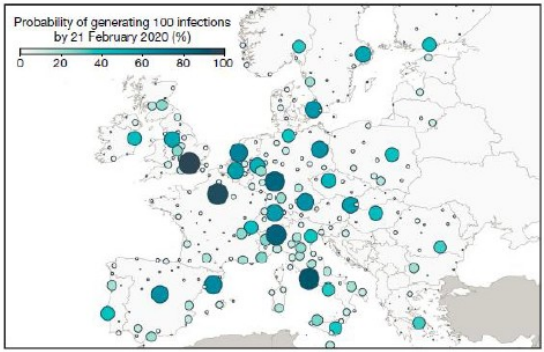
USA East & West coasts, with equally busy international airports

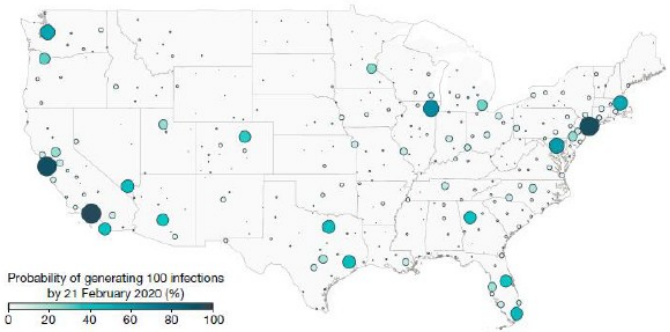


Q: Why?
A: Hospitals



Hickey et al. (2025) "Constraints from geotemporal evolution of all-cause mortality on the hypothesis of disease spread during Covid"





The empirical mortality data is incompatible with state-of-the-art theoretical calculations (here, Davis et al., 2021) of global contagion spread during Covid: re. Milan/Rome and East/West USA

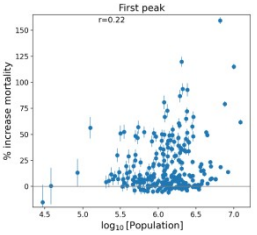
— no matter how you slice it / no matter how you tweak it —

Hickey et al. (2025) "Constraints from geotemporal evolution of all-cause mortality on the hypothesis of disease spread during Covid"

THERE WAS NO VIRAL RESPIRATORY DISEASE SPREAD CAUSING MORTALITY

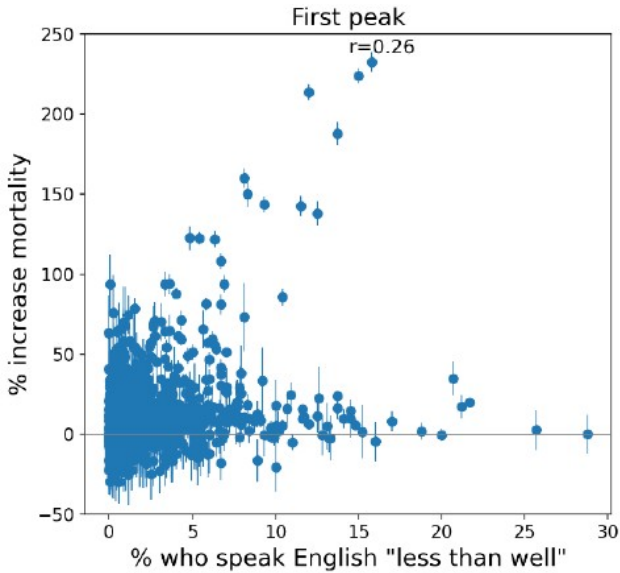
"THERE WAS NO PANDEMIC"

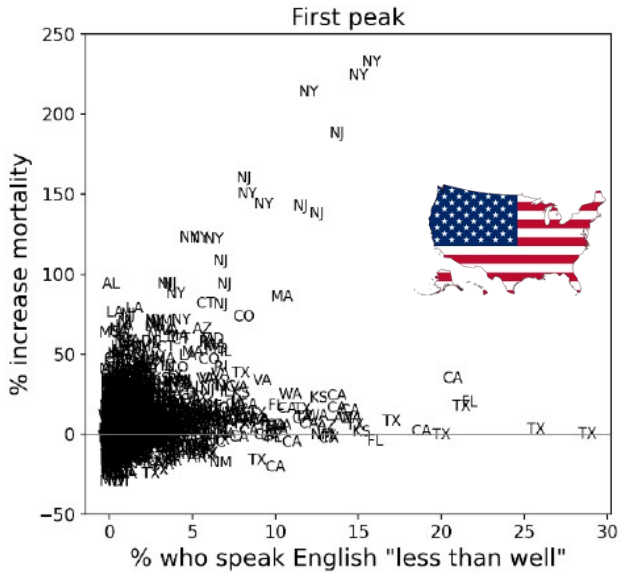
- Geostatic time evolution, not geotemporal
- Impenetrable borders despite large continued traffic
- Virtually nothing prior to 11 March 2020
- Synchronicity of hotspots across continents
- Unprecedented mid-summer mortality peaks, in each hemisphere
- Milan vs Rome
- NYC vs Los Angeles / San Francisco



SOCIOECONOMIC FACTORS, CIRCUMSTANCES AND CORRELATIONS

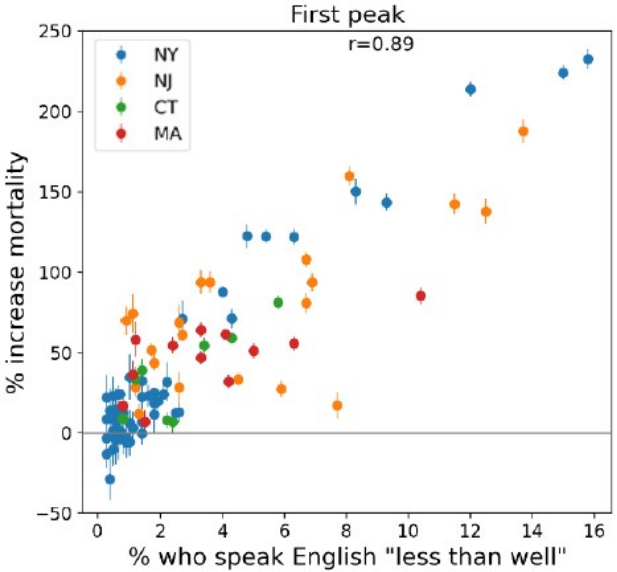
Hickey, Rancourt, Linard (2025) "Constraints from geotemporal evolution of all-cause mortality on the hypothesis of disease spread during Covid"





USA counties / First-peak P-score vs "less English"

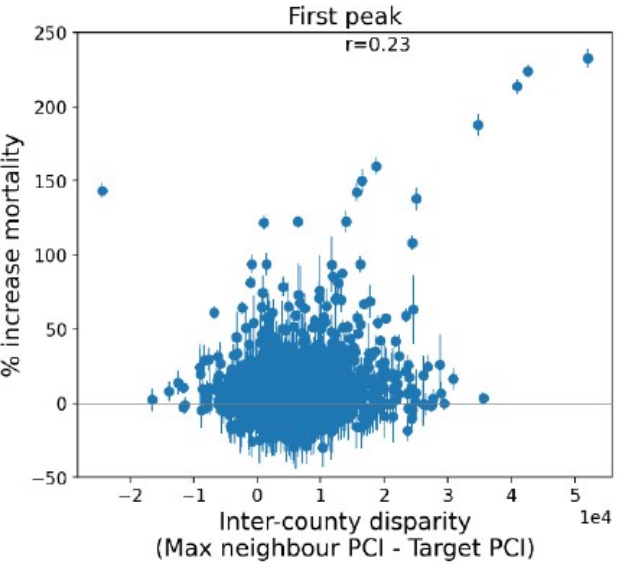
Hickey et al. (2025) "Constraints from geotemporal evolution of all-cause mortality on the hypothesis of disease spread during Covid"

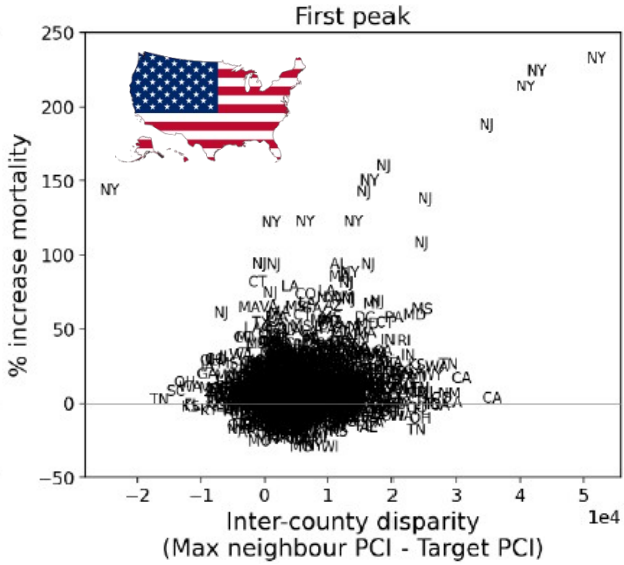


USA counties in the 4 highest mortality states (NY, NJ, CT, MA) / First-peak P-score vs "less English"

Hickey et al. (2025) "Constraints from geotemporal evolution of all-cause mortality on the hypothesis of disease spread during Covid"

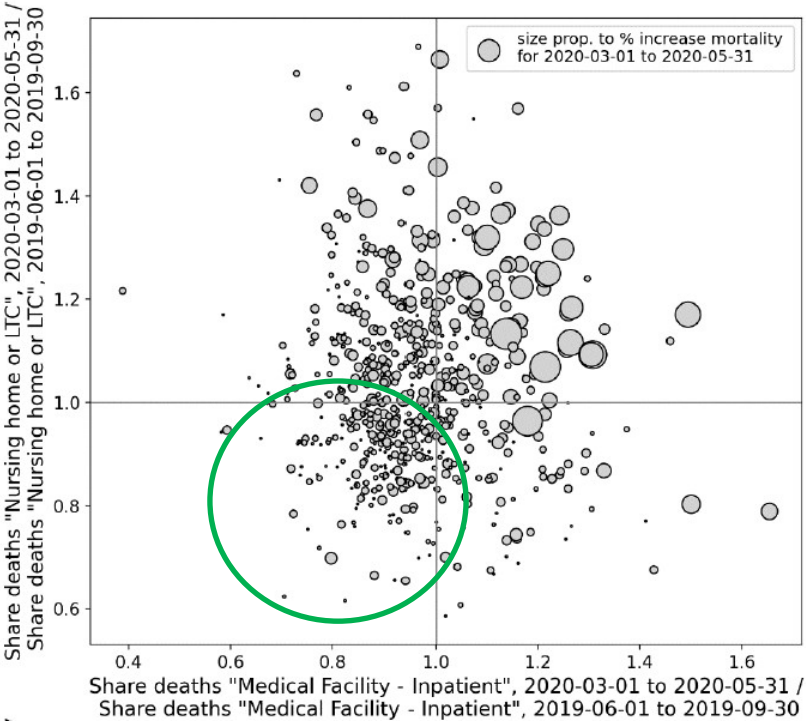
living near the rich is dangerous (e.g. Bronx, USA and inner-city London, UK)





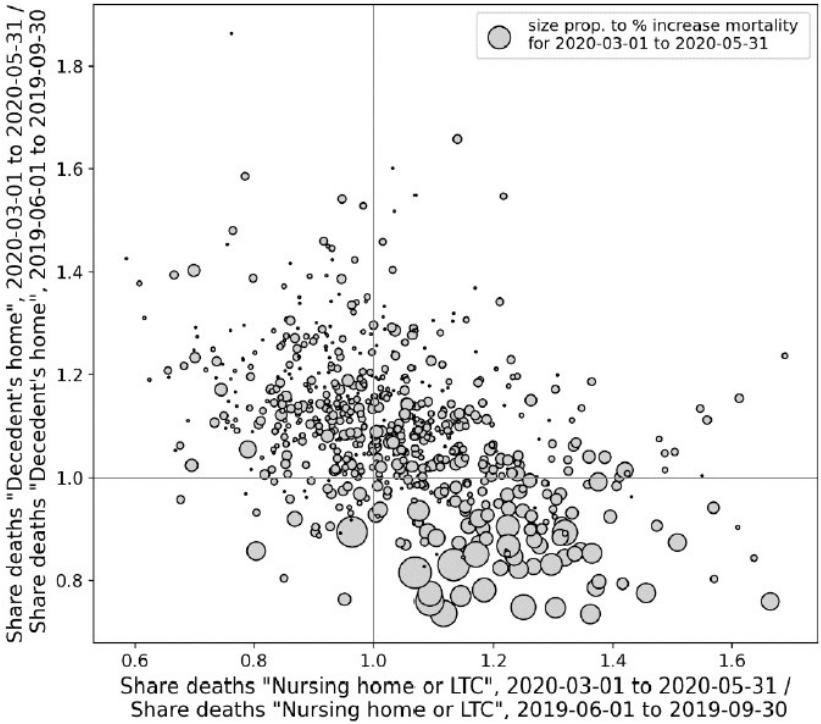
USA counties / First-peak P-score vs inter-county per capita income disparity

Hickey et al. (2025) "Constraints from geotemporal evolution of all-cause mortality on the hypothesis of disease spread during Covid"



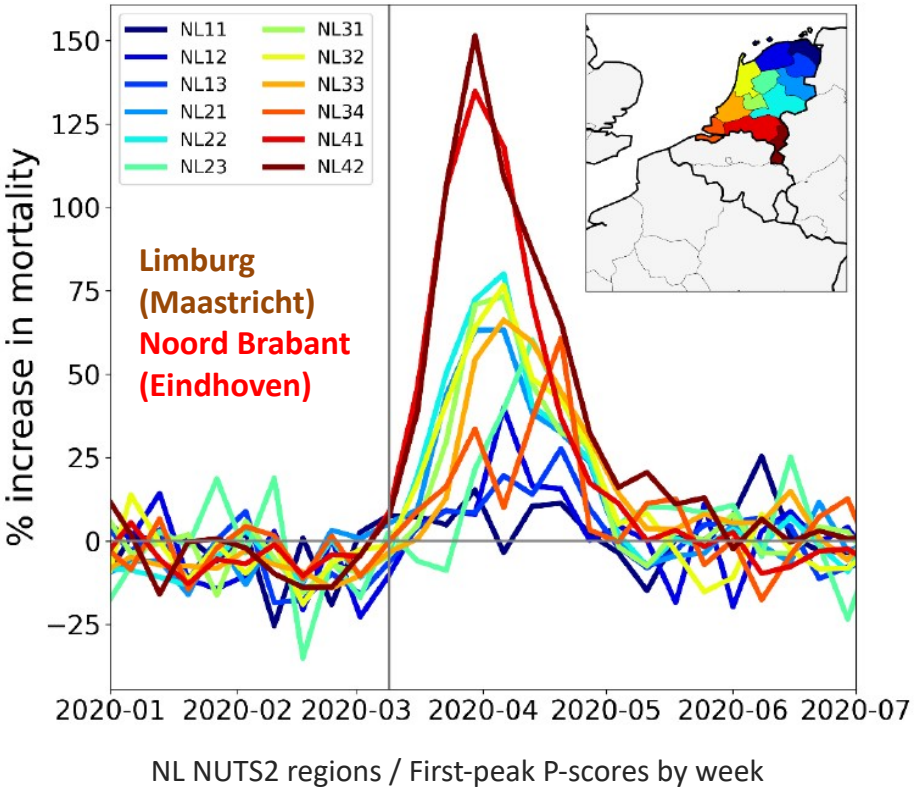
USA counties / **Deaths more in nursing+LTC vs more in hospitals**, relative to 2019

Hickey et al. (2025) "Constraints from geotemporal evolution of all-cause mortality on the hypothesis of disease spread during Covid"



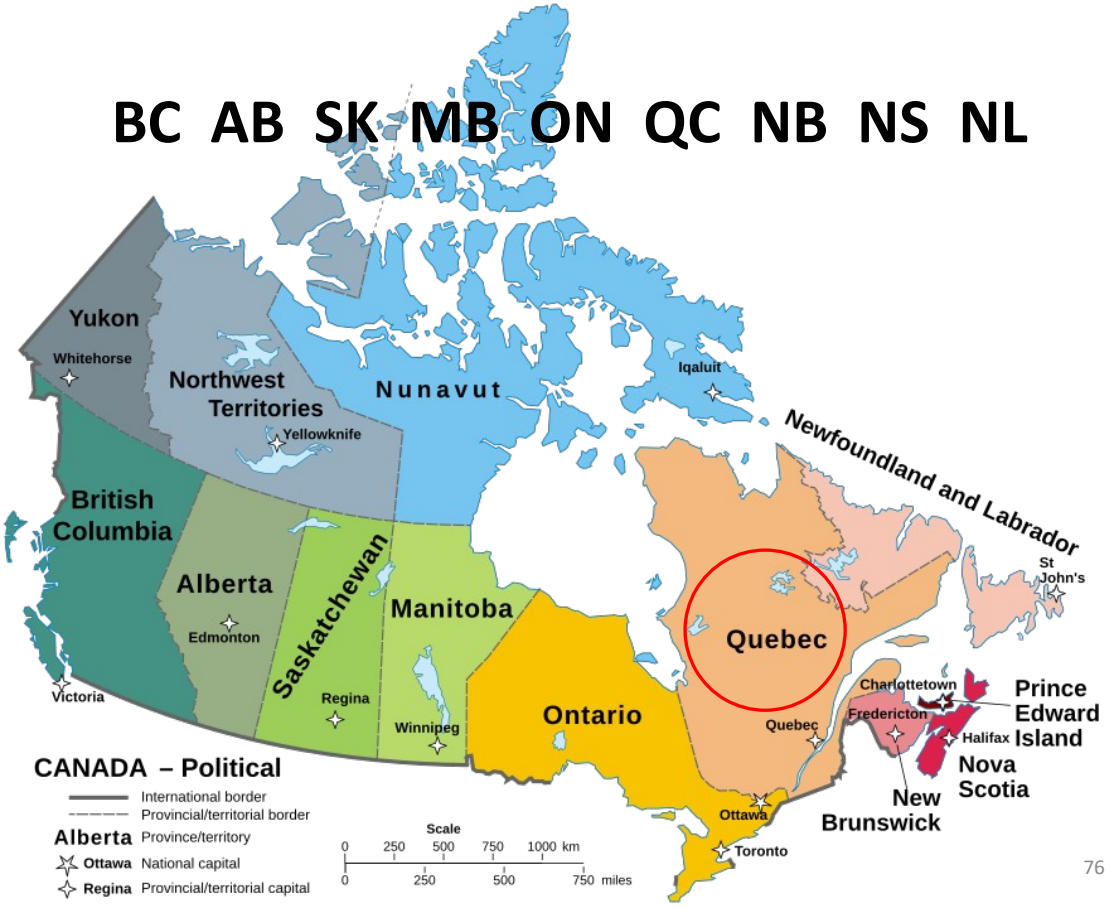
USA counties / **Deaths more at home vs more in nursing+LTC**, relative to 2019

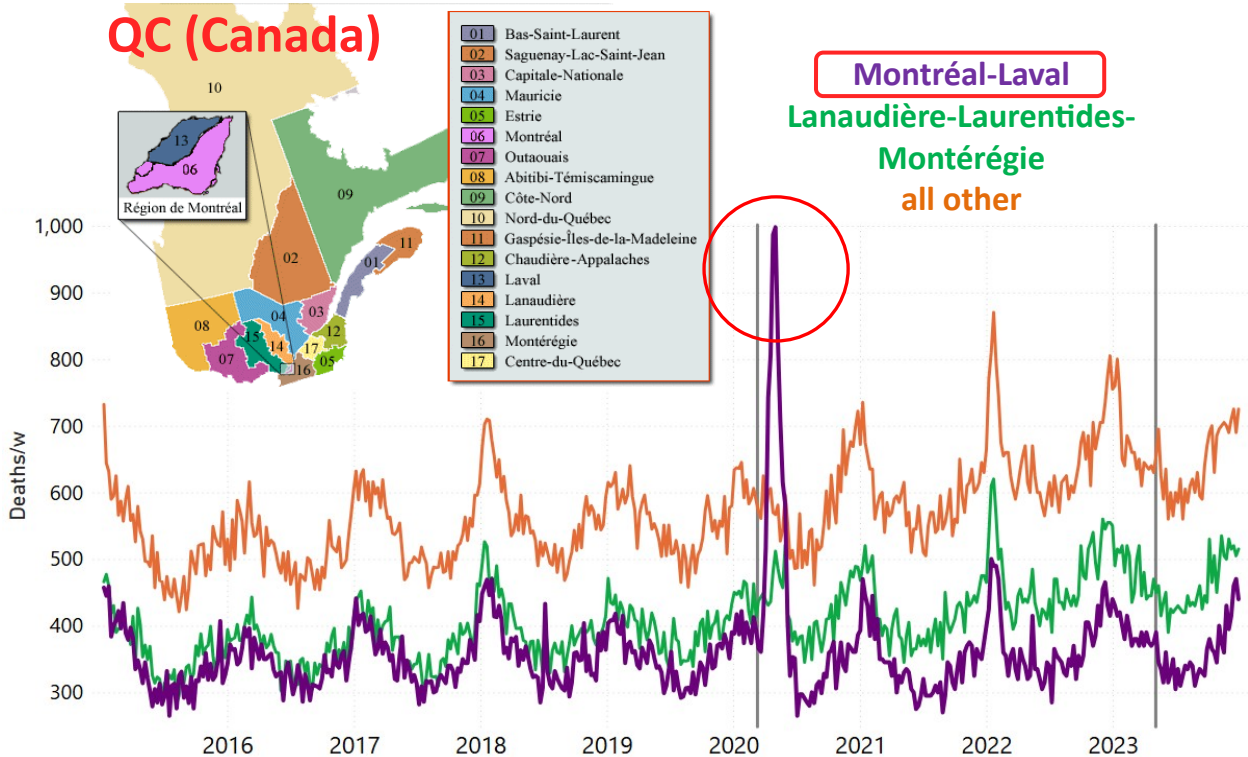
Hickey et al. (2025) "Constraints from geotemporal evolution of all-cause mortality on the hypothesis of disease spread during Covid"



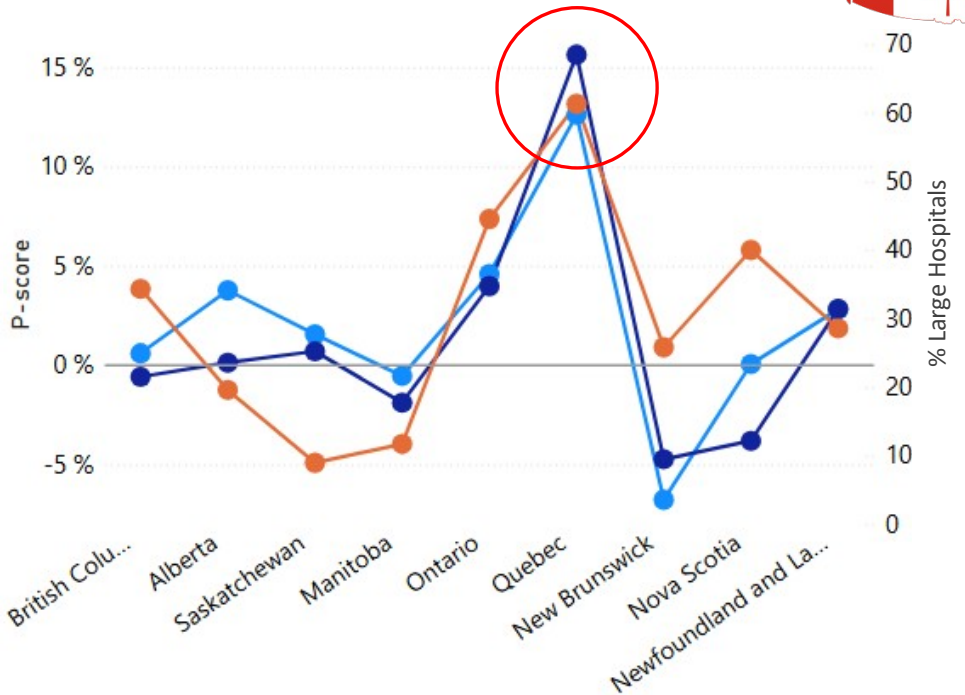
Hickey et al. (2025) "Constraints from geotemporal evolution of all-cause mortality on the hypothesis of disease spread during Covid"

BC AB SK MB ON QC NB NS NL

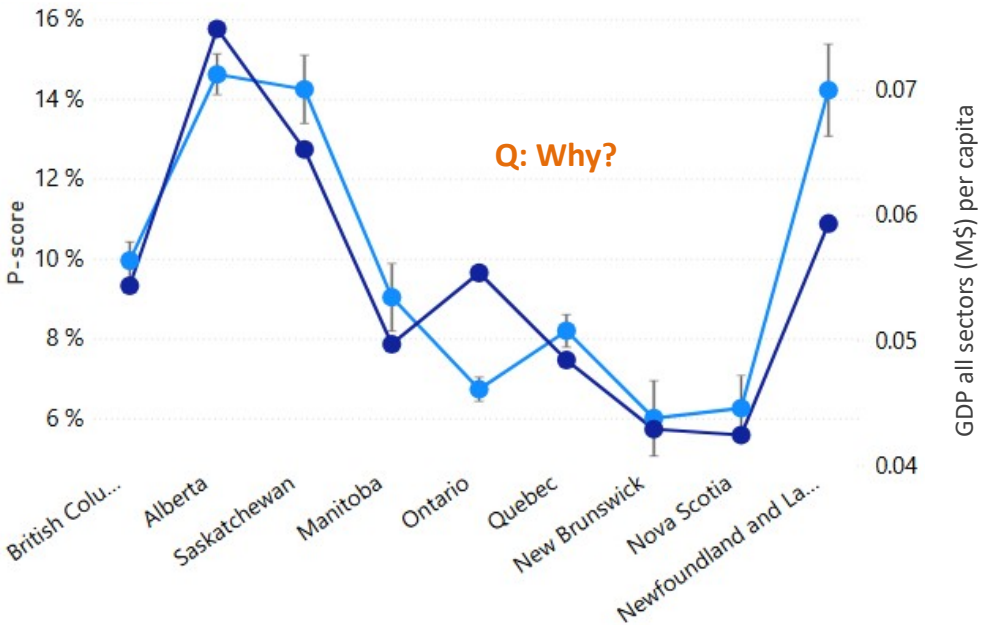



QC (Canada)
Région de Montréal
01 Bas-Saint-Laurent
02 Saguenay-Lac-Saint-Jean
03 Capitale-Nationale
04 Mauricie
05 Estrie
06 Montréal
07 Outaouais
08 Abitibi-Témiscamingue
09 Côte-Nord
10 Nord-du-Québec
11 Gaspésie-Îles-de-la-Madeleine
12 Chaudière-Appalaches
13 Laval
14 Lanaudière
15 Laurentides
16 Montérégie
17 Centre-du-Québec
Montréal-Laval
Lanaudière-Laurentides-
Montérégie
all other
Deaths/w
1,000
900
800
700
600
500
400
300
2016
2017
2018
2019
2020
2021
2022
2023

P-score (2020-H1): **all-ages**, **age 85+**
/ **% Large Hospitals**
/ by province (Canada)



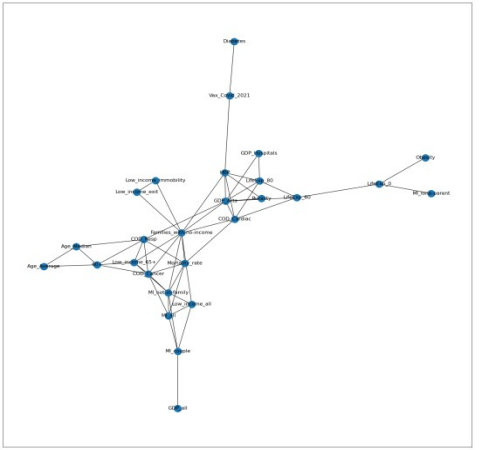
P-score (Covid period), all-ages
/ **GDP all sectors (M$) per capita**
/ by province (Canada)

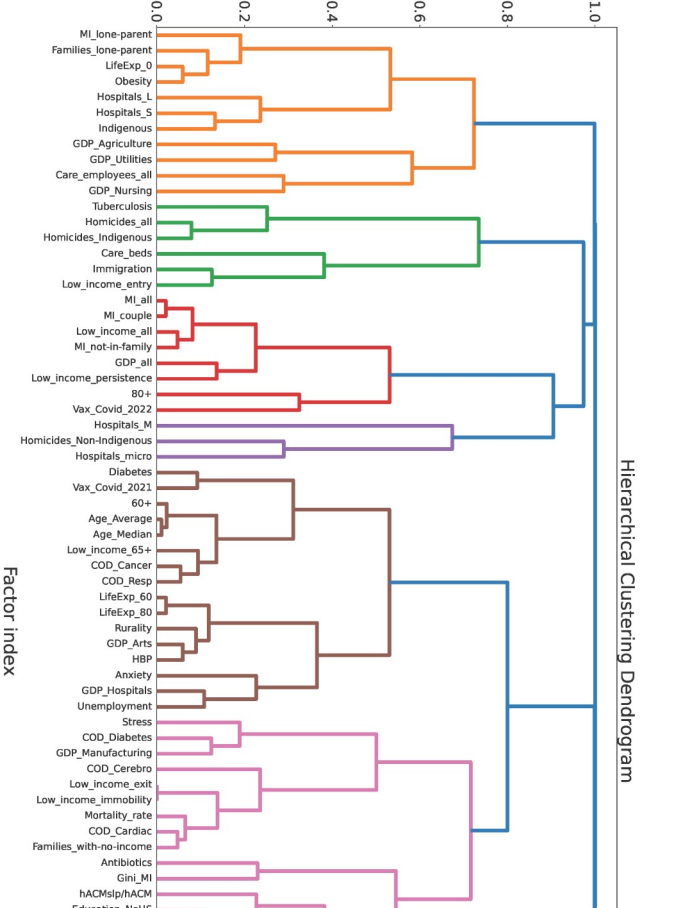


Canada: We analysed >80 province-specific SOCIOECONOMIC FACTORS:

poverty, disability, age structure, obesity, stress, institutional characteristics, economic factors, family structure, etc.

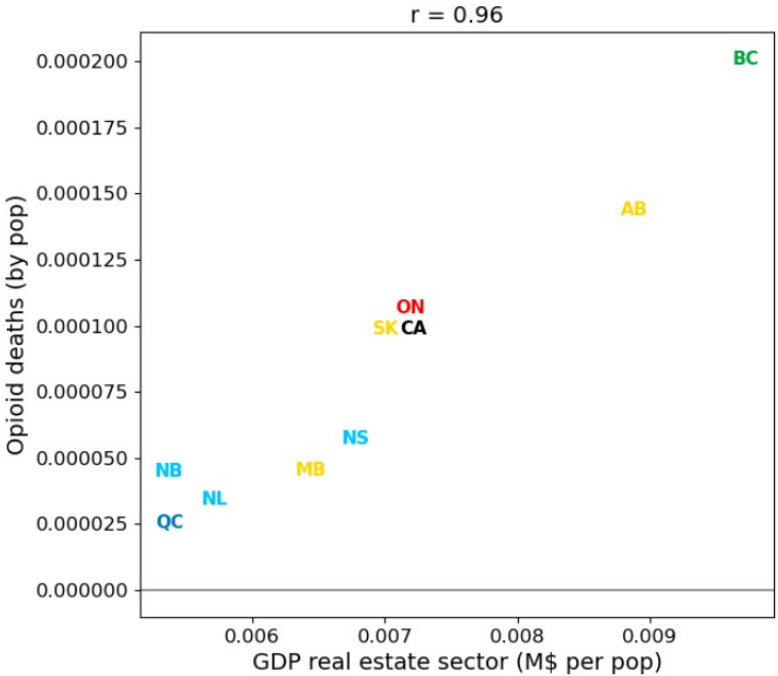
►Correlations by age and by time...





Opioid deaths vs GDP real estate

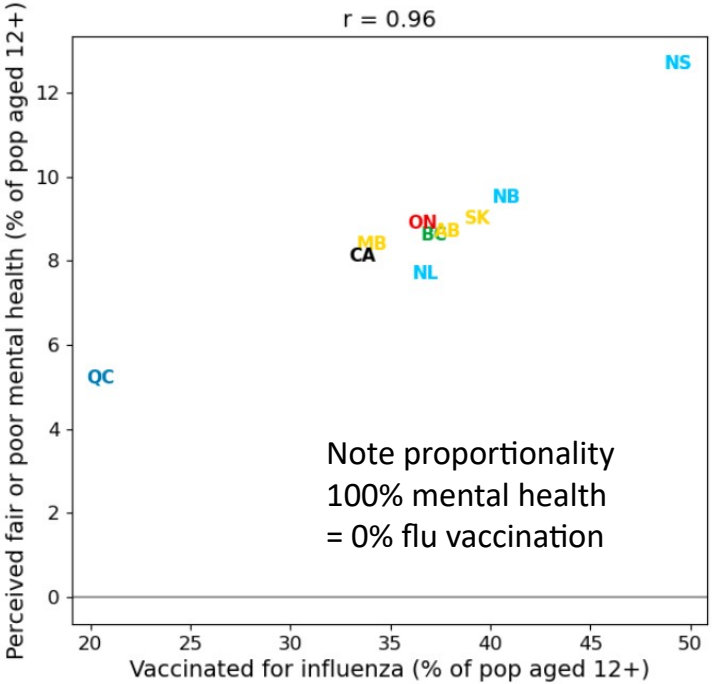
(both per capita, 2019, by province, Canada)



poor while living near the wealthy

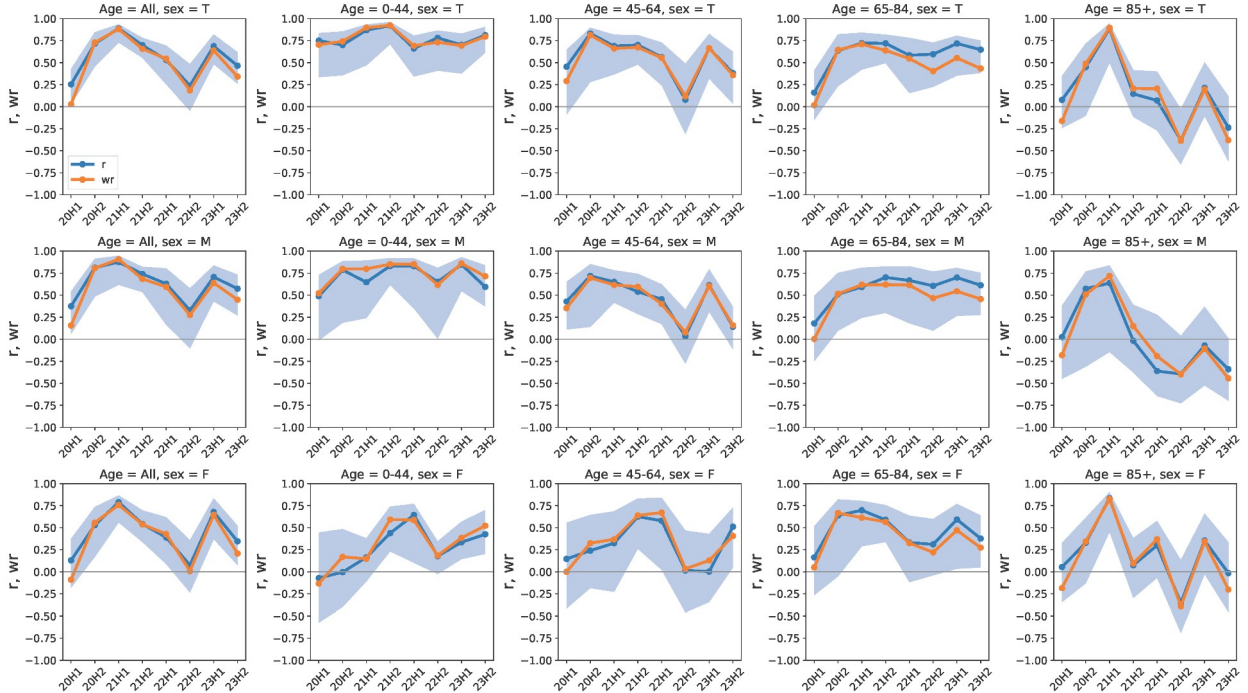
Poor mental health vs flu vaccination

(both %, 2019, by province, Canada)



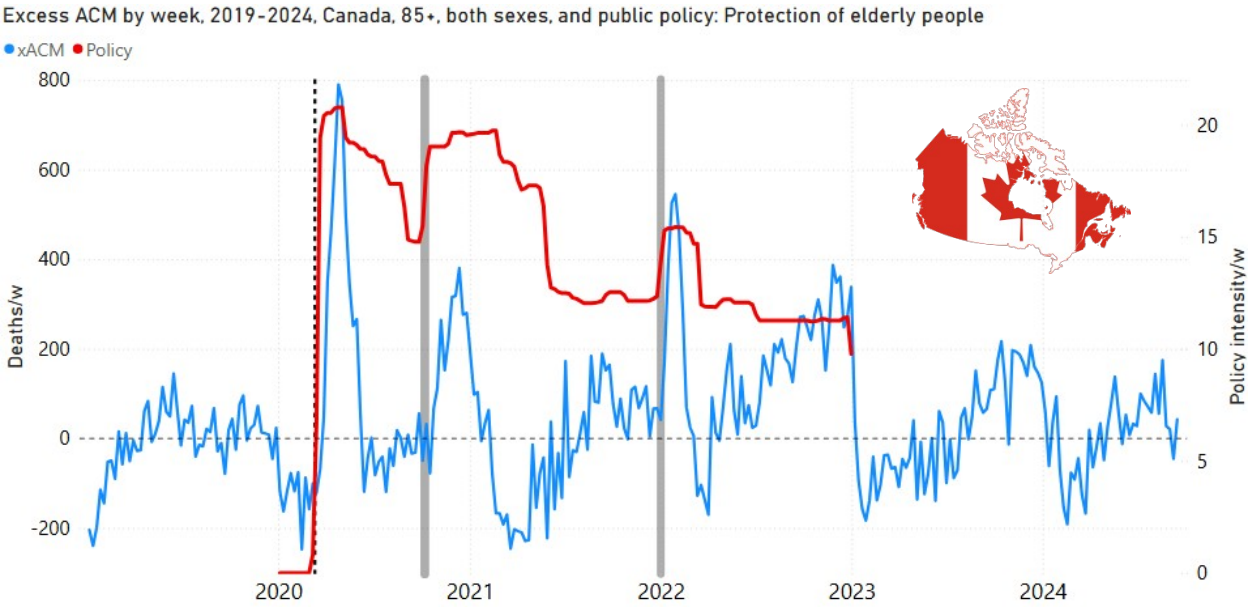
vaccinated while oppressed

Correlation coefficients (raw, weighted, confidence intervals)
P-score & 2019 GDP all-sectors (by half-year, by age, by sex) (Canada)



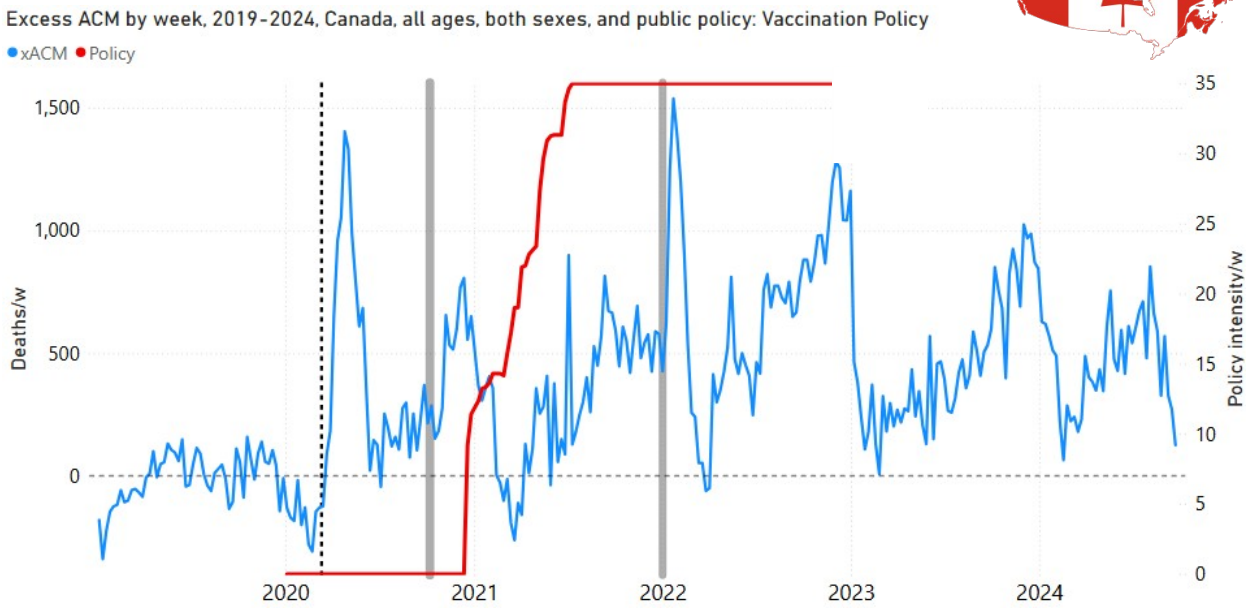
COVID MEASURES
AND EXCESS MORTALITY

xACM/w, age 85+ and intensity of protection of elderly people



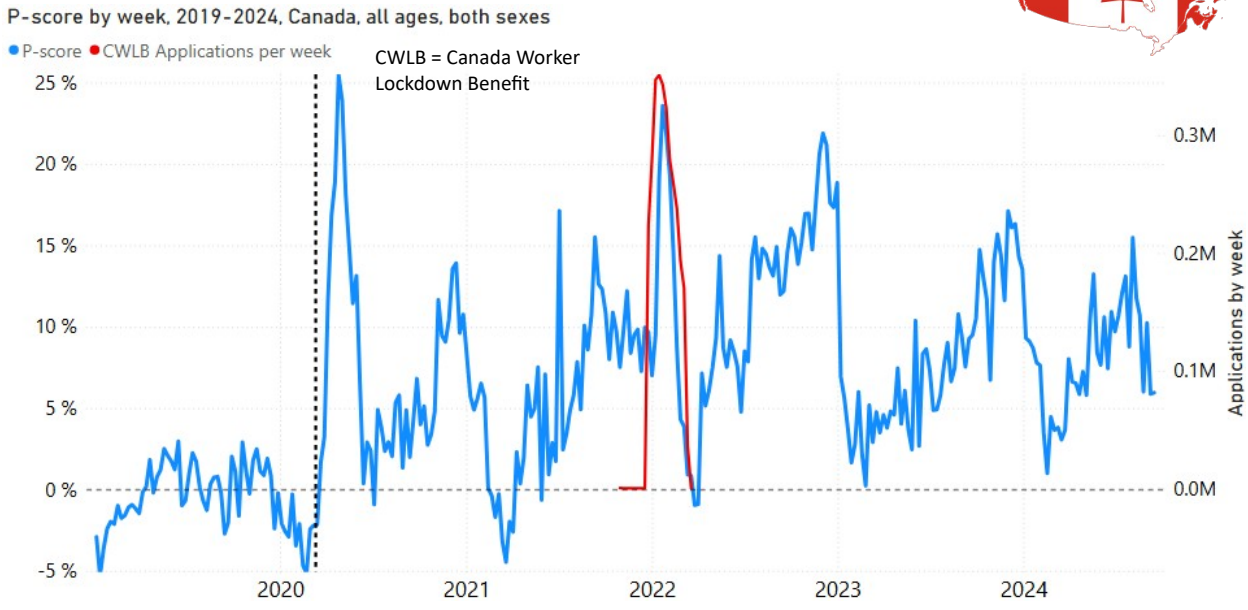
"Focussed Protection"

xACM/w, all ages and vaccination policy



At best: no benefit

P-score/w, all ages and "lockdown"



Sudden, coordinated and devastating

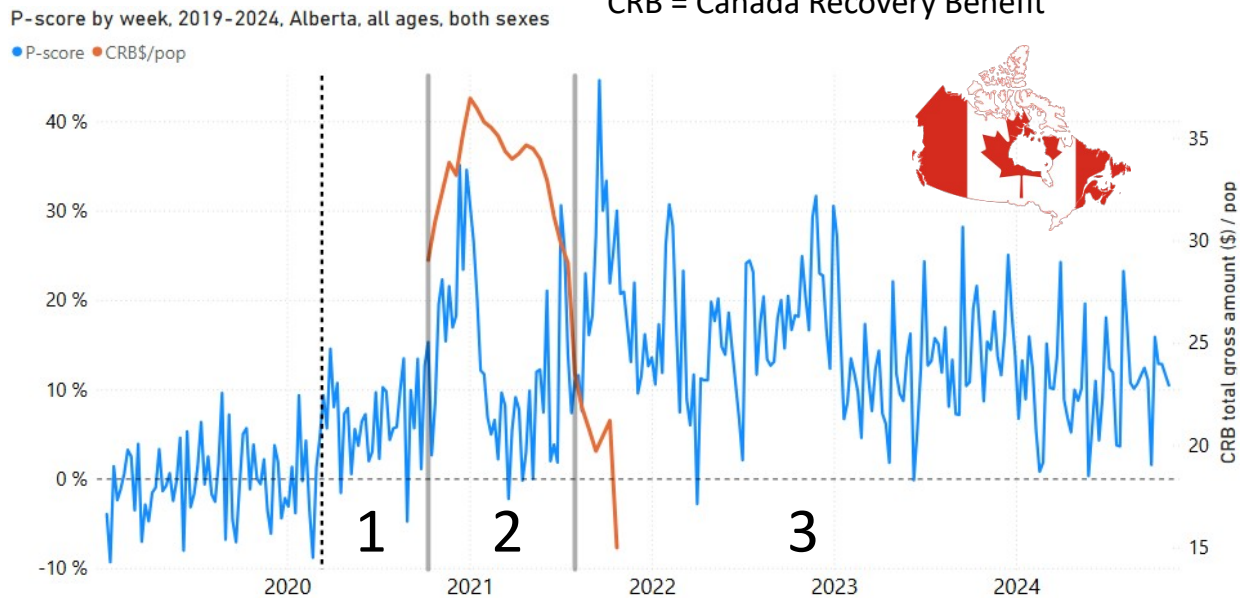
P-score/w, all ages and significant financial assistance programs

Loss of financial assistance x2

Alberta (AB), Canada

P-score/w, all ages, both sexes

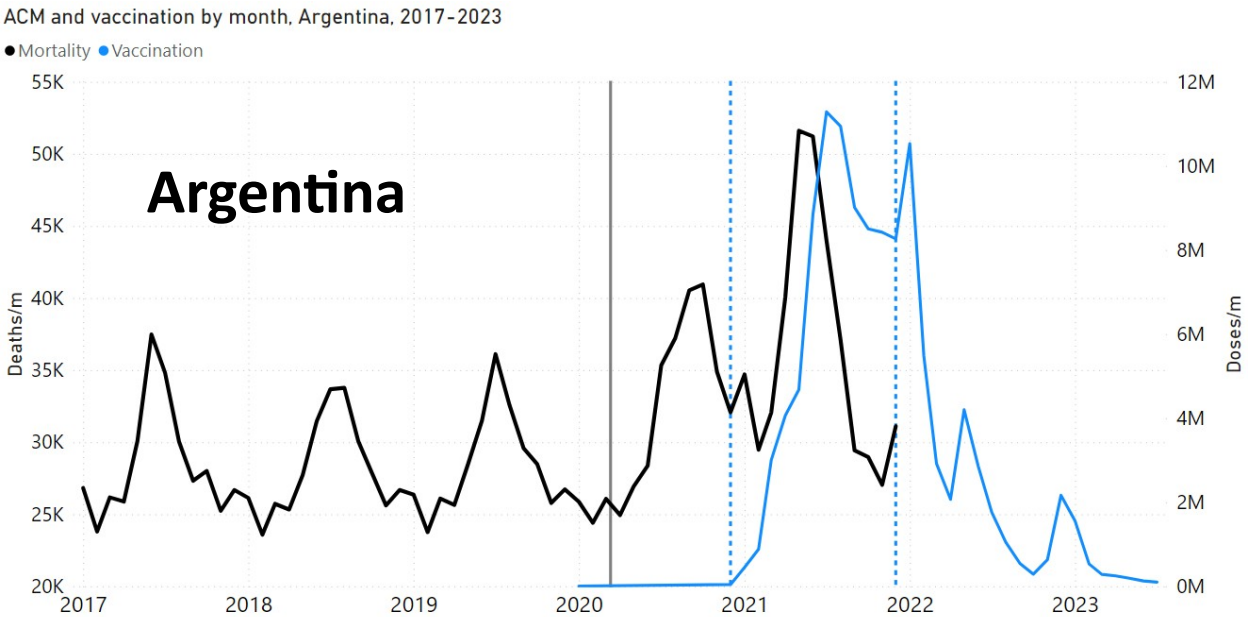
CRB = Canada Recovery Benefit

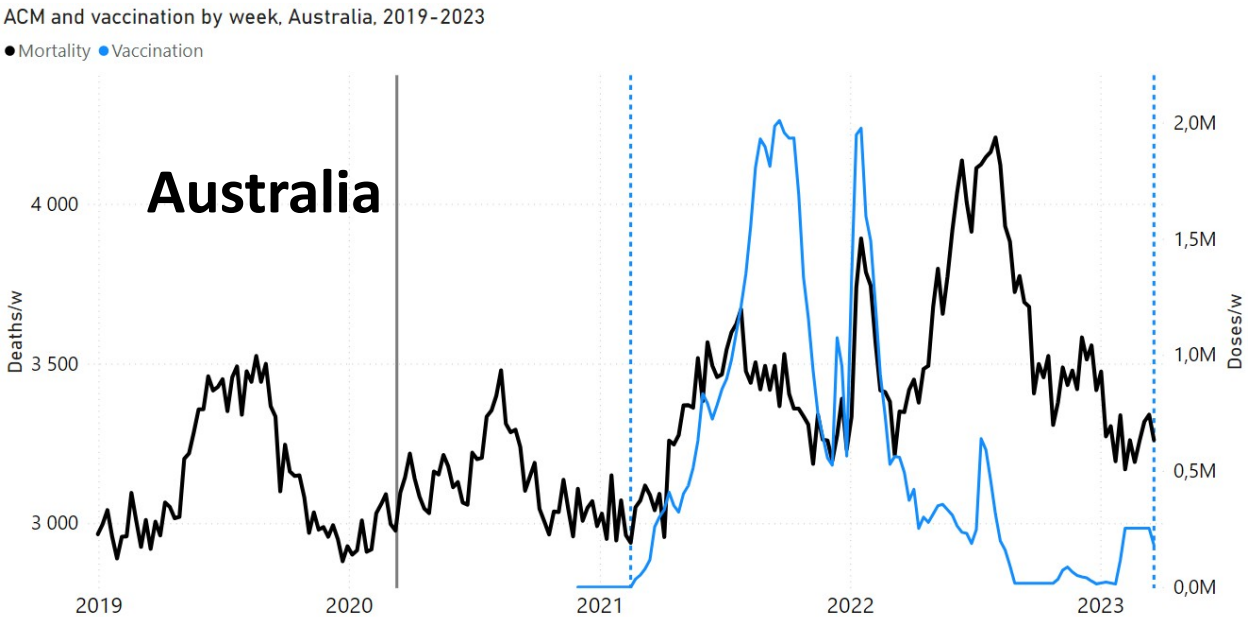


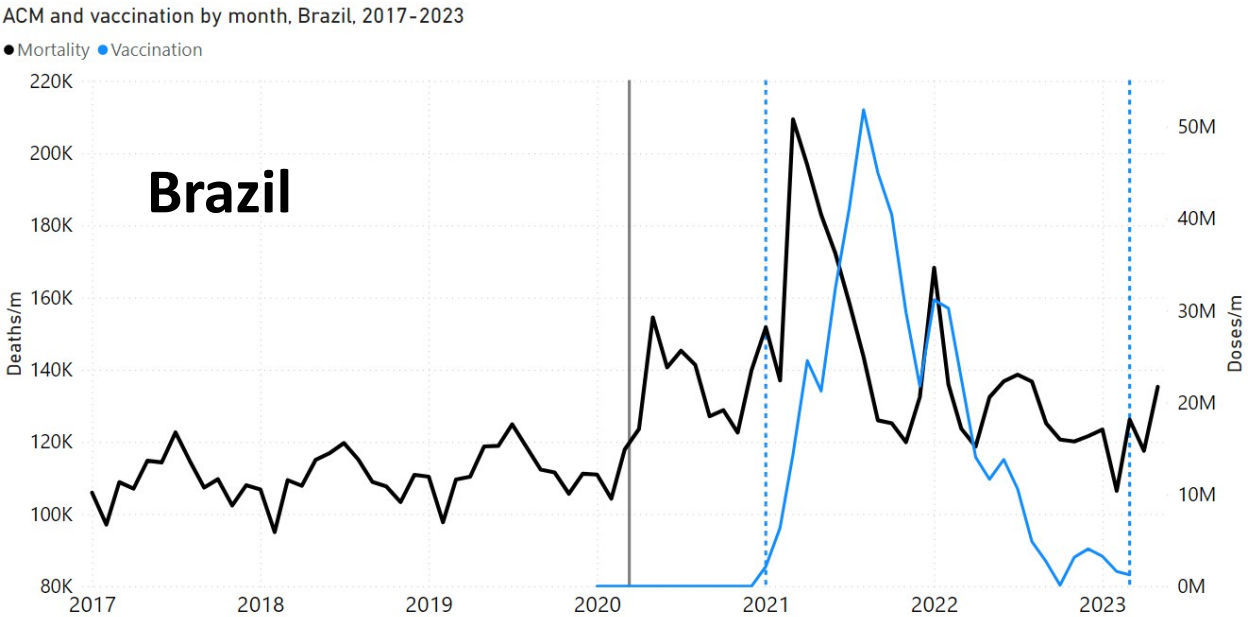
Loss of financial assistance x2

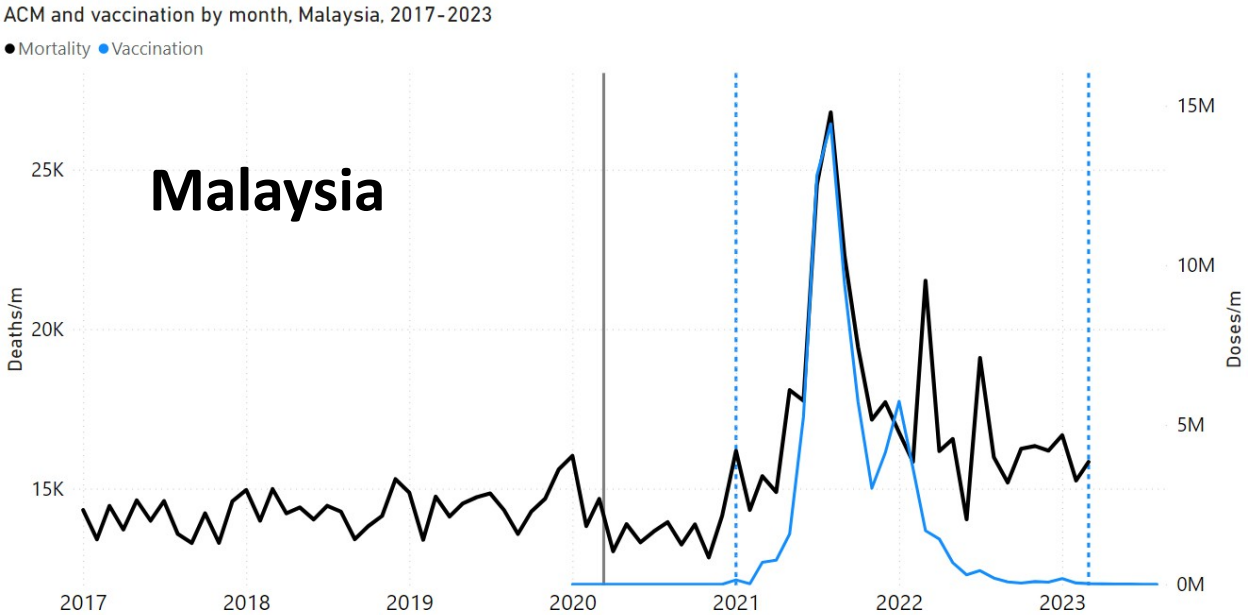
COVID VACCINE ROLLOUTS
AND EXCESS MORTALITY

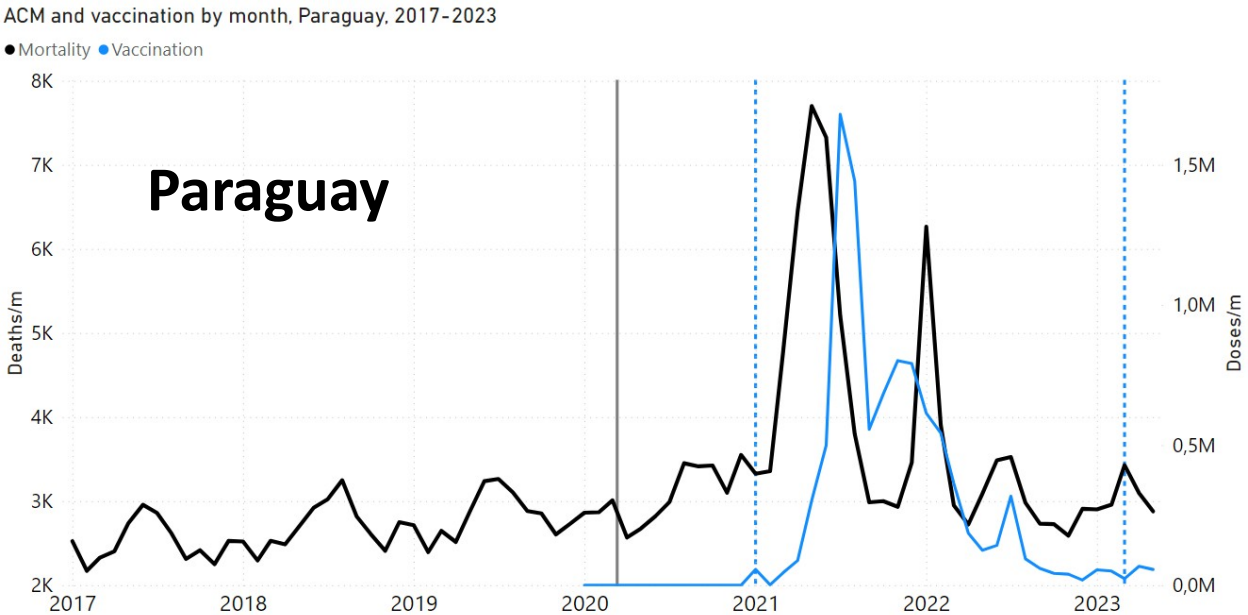
Rancourt, Baudin, Hickey, Mercier (2023) "COVID-19 vaccine-associated mortality in the Southern Hemisphere"

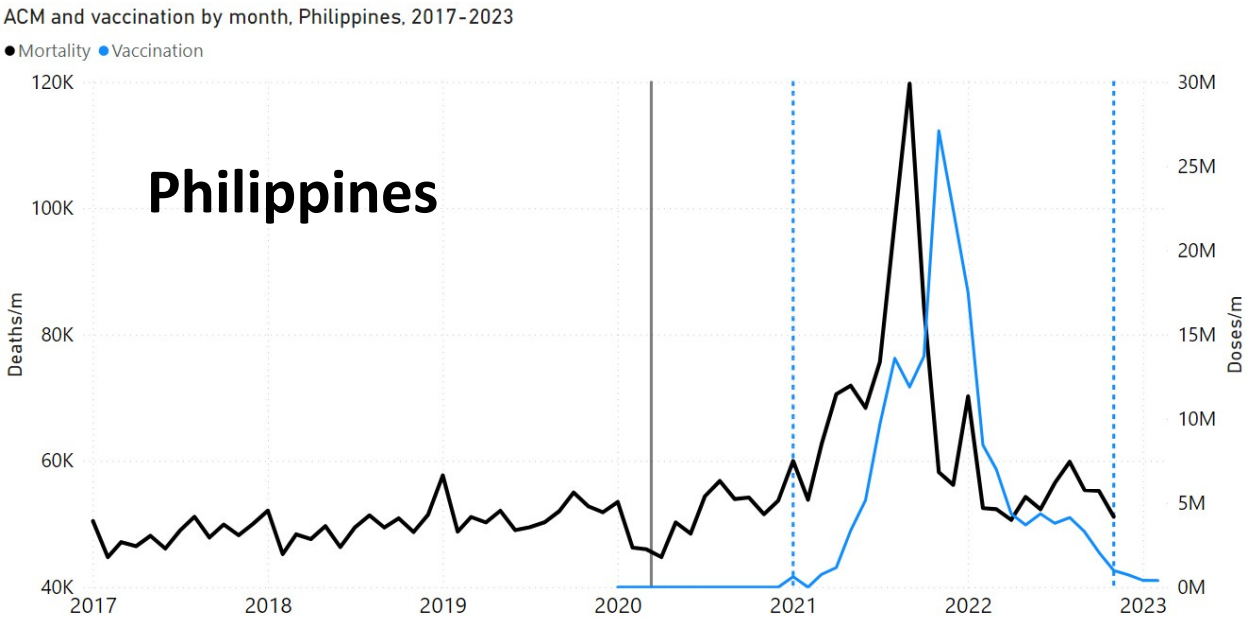

ACM and vaccination by month, Argentina, 2017-2023
Mortality
Vaccination
Argentina
Deaths/m
Doses/m
55K
50K
45K
40K
35K
30K
25K
20K
12M
10M
8M
6M
4M
2M
0M
2017
2018
2019
2020
2021
2022
2023

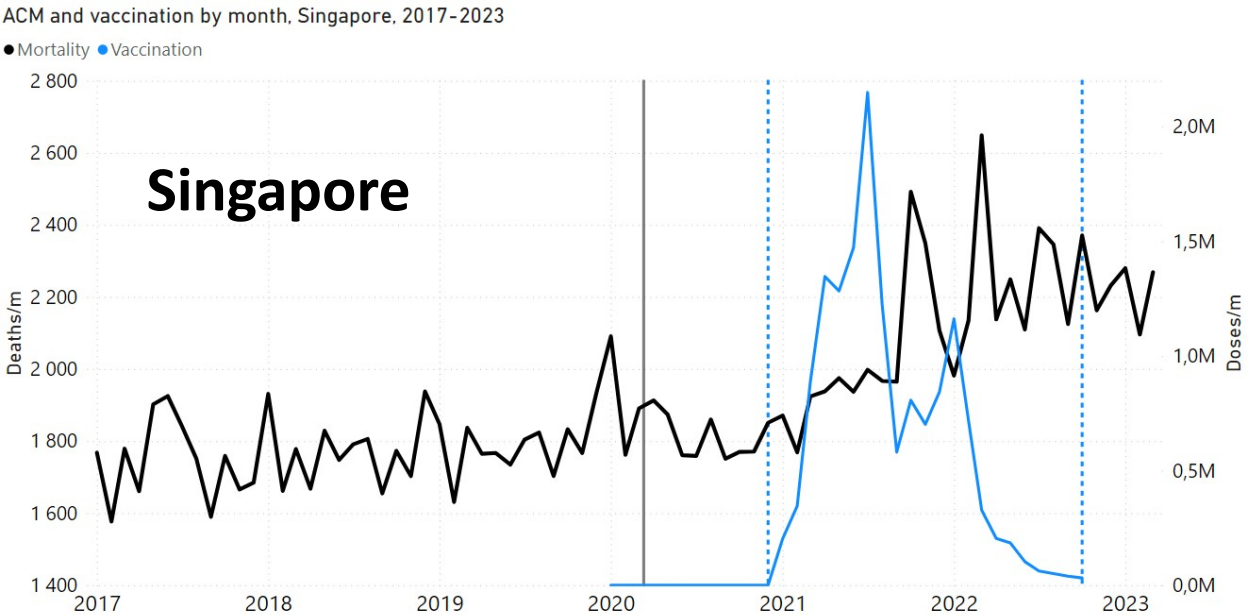

ACM and vaccination by week, Australia, 2019-2023
Mortality
Vaccination
Australia
4 000
3 500
3 000
Deaths/w
2,0M
1,5M
1,0M
0,5M
0,0M
Doses/w
2019
2020
2021
2022
2023

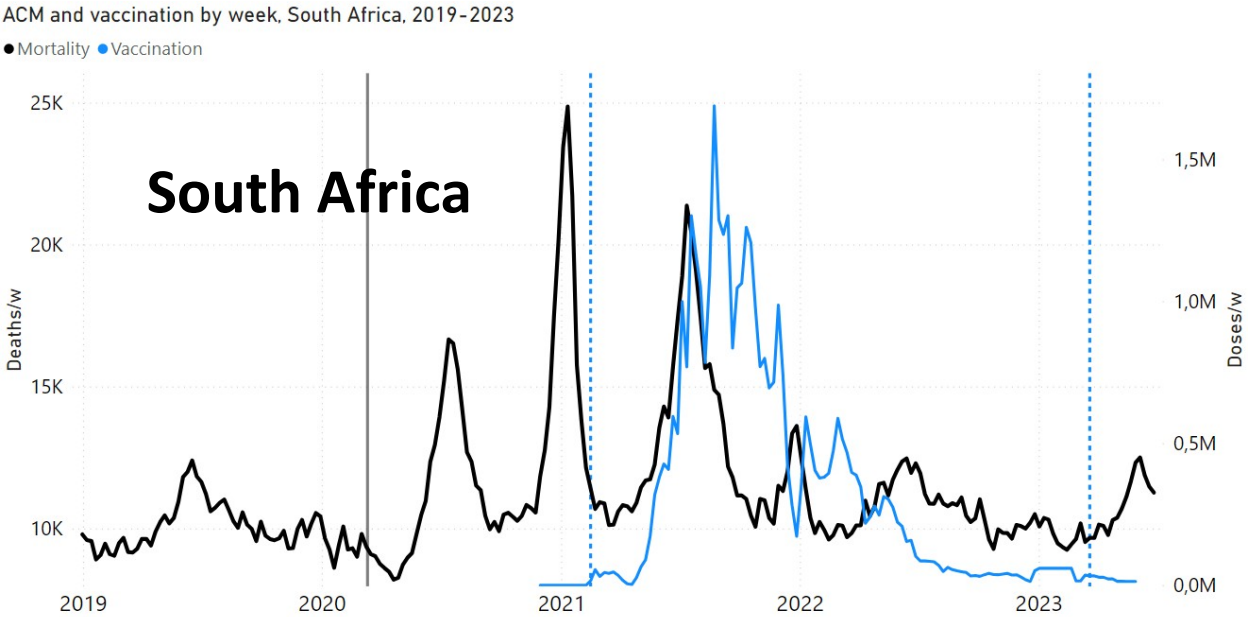

ACM and vaccination by month, Brazil, 2017-2023
Mortality
Vaccination
Brazil
220K
200K
180K
160K
140K
120K
100K
80K
Deaths/m
50M
40M
30M
20M
10M
0M
Doses/m
2017
2018
2019
2020
2021
2022
2023

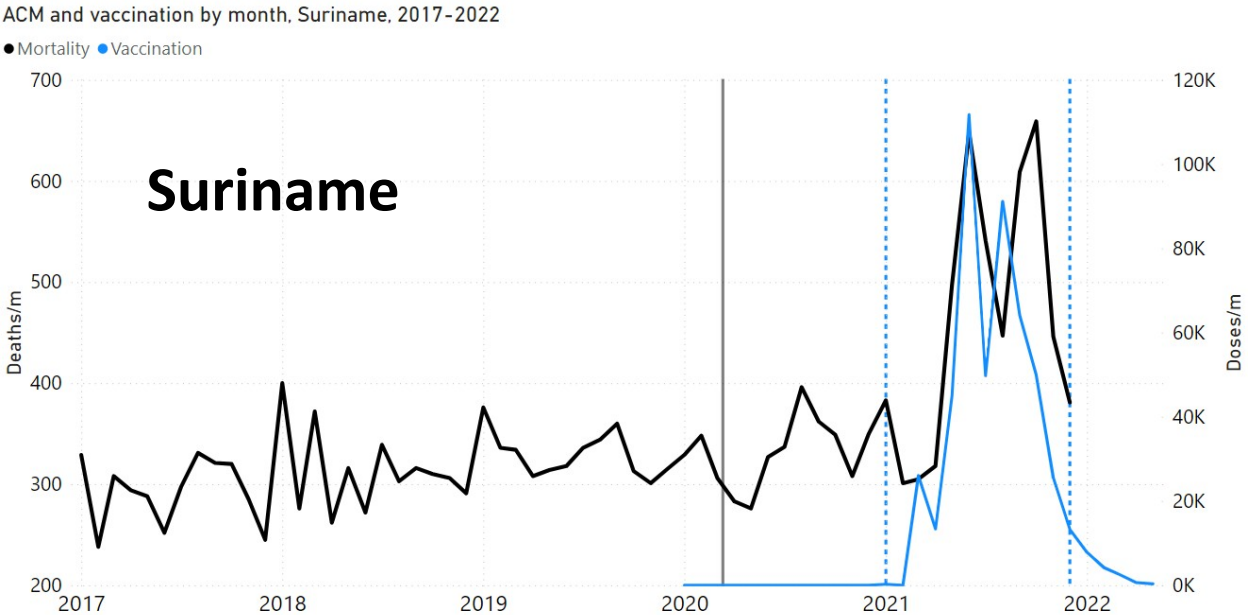

ACM and vaccination by month, Malaysia, 2017-2023
Mortality
Vaccination
Malaysia
25K
20K
15K
Deaths/m
15M
10M
5M
0M
Doses/m
2017
2018
2019
2020
2021
2022
2023

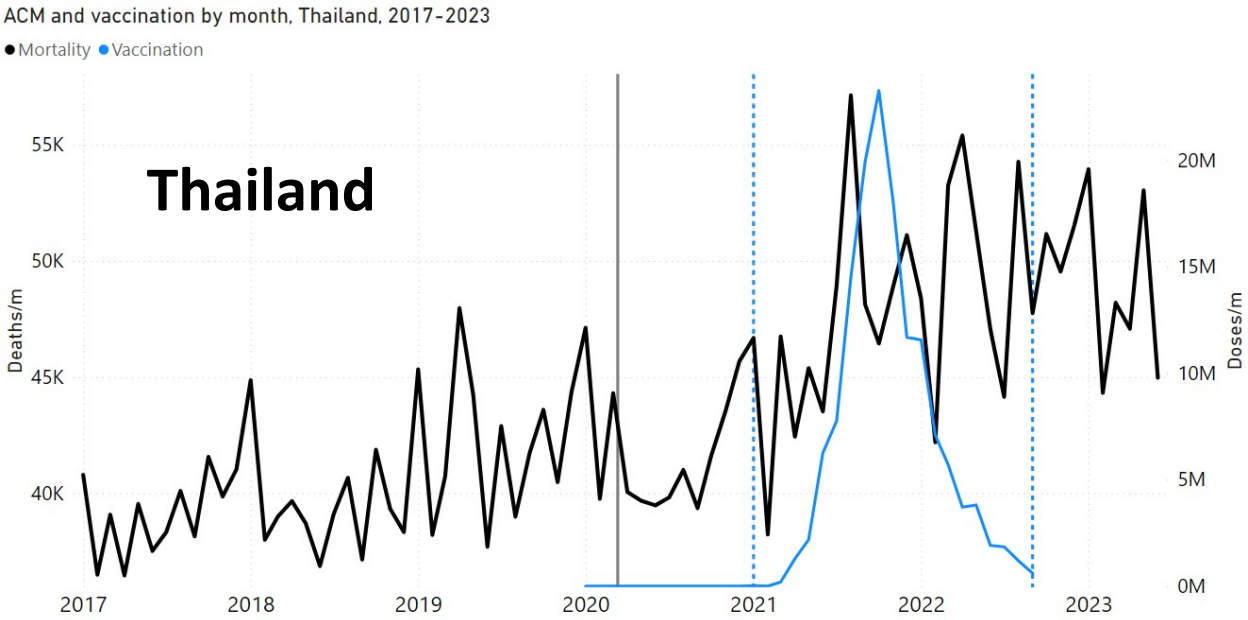

ACM and vaccination by month, Paraguay, 2017-2023
Mortality
Vaccination
Paraguay
8K
7K
6K
5K
4K
3K
2K
Deaths/m
1,5M
1,0M
0,5M
0,0M
Doses/m
2017
2018
2019
2020
2021
2022
2023

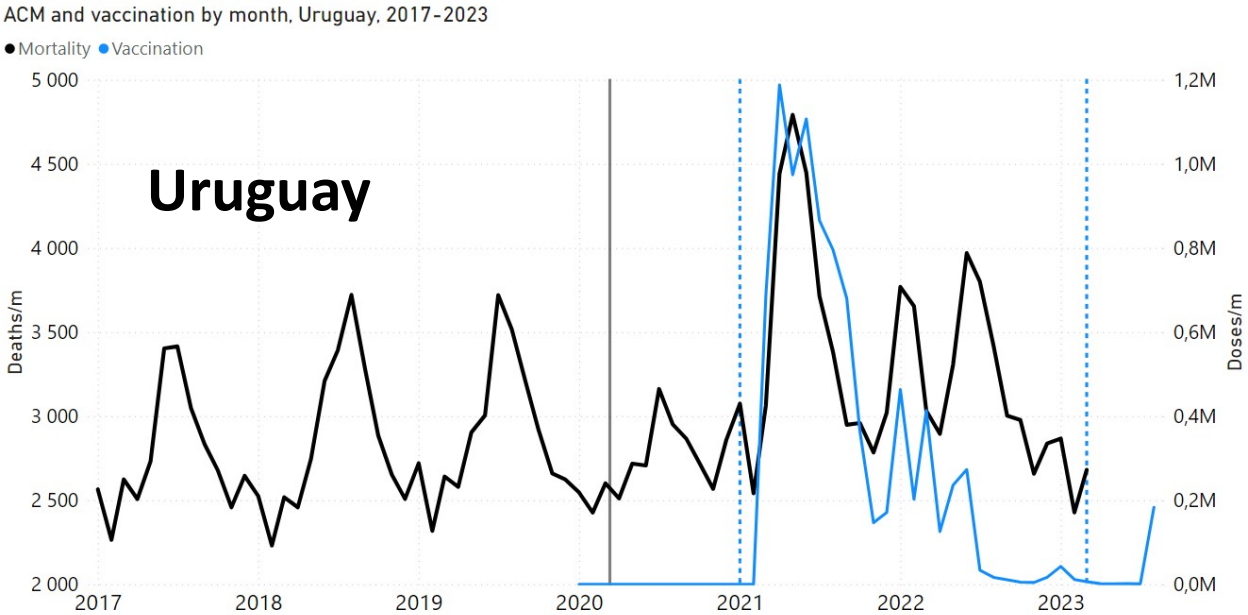

ACM and vaccination by month, Philippines, 2017-2023
Mortality
Vaccination
Philippines
120K
100K
80K
60K
40K
Deaths/m
30M
25M
20M
15M
10M
5M
0M
Doses/m
2017
2018
2019
2020
2021
2022
2023


ACM and vaccination by month, Singapore, 2017-2023
Mortality
Vaccination
Singapore
Deaths/m
Doses/m
2 800
2 600
2 400
2 200
2 000
1 800
1 600
1 400
2,0M
1,5M
1,0M
0,5M
0,0M
2017
2018
2019
2020
2021
2022
2023

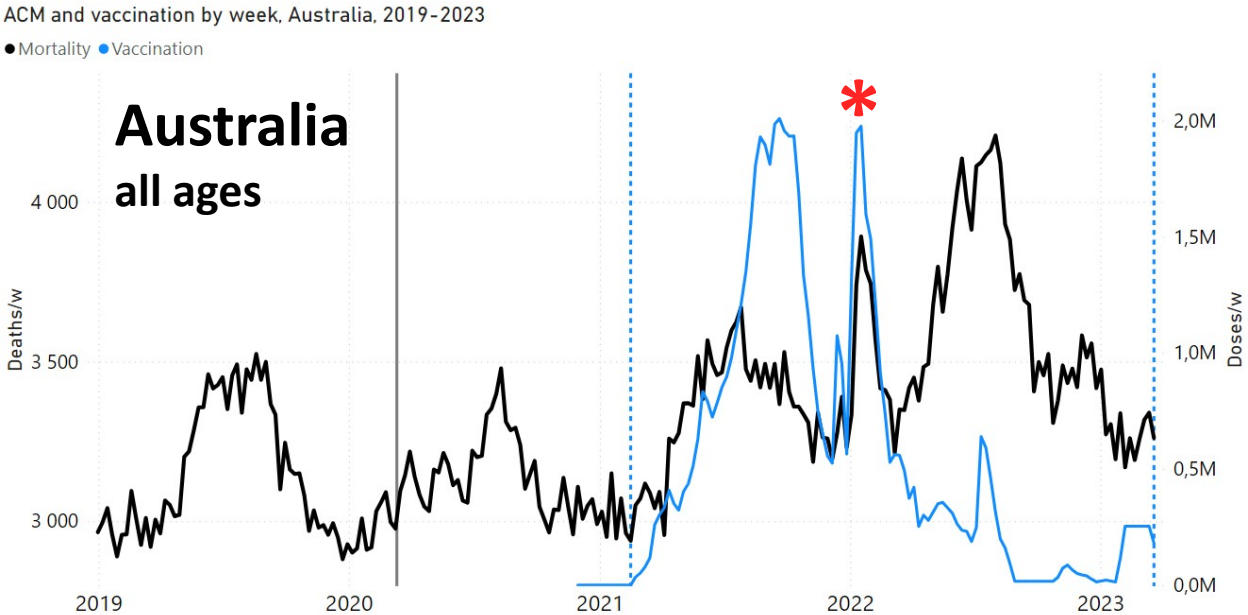

ACM and vaccination by week, South Africa, 2019-2023
Mortality
Vaccination
South Africa
25K
20K
15K
10K
Deaths/w
1,5M
1,0M
0,5M
0,0M
Doses/w
2019
2020
2021
2022
2023

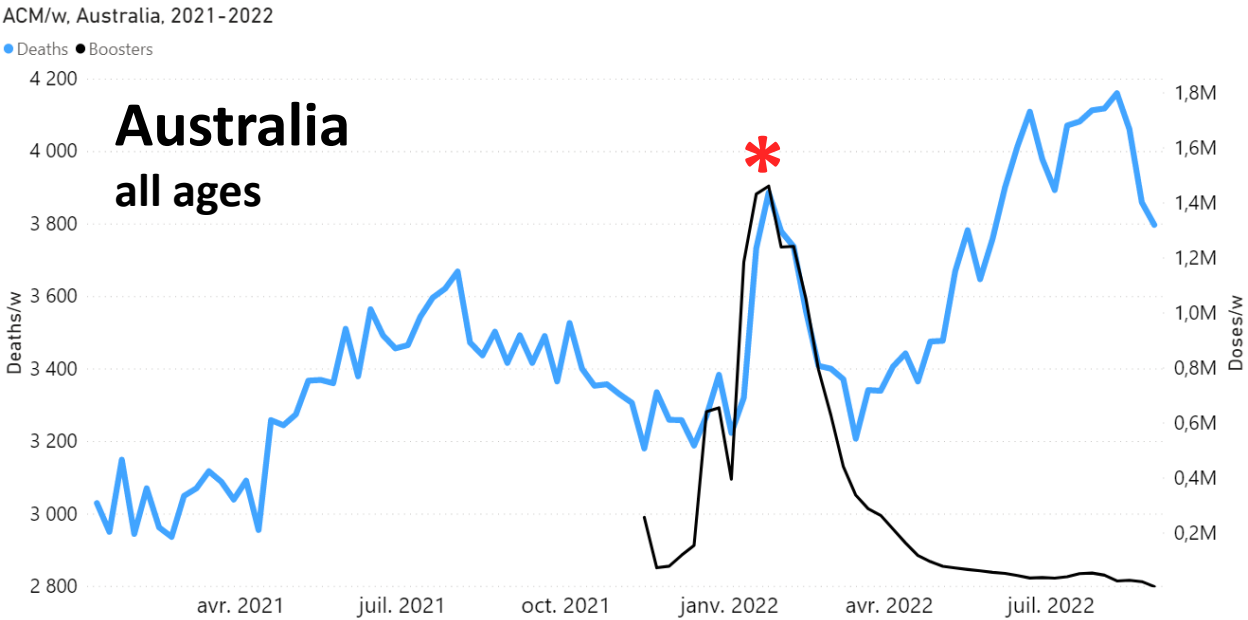

ACM and vaccination by month, Suriname, 2017-2022
Mortality
Vaccination
Suriname
Deaths/m
Doses/m
700
600
500
400
300
200
120K
100K
80K
60K
40K
20K
0K
2017
2018
2019
2020
2021
2022

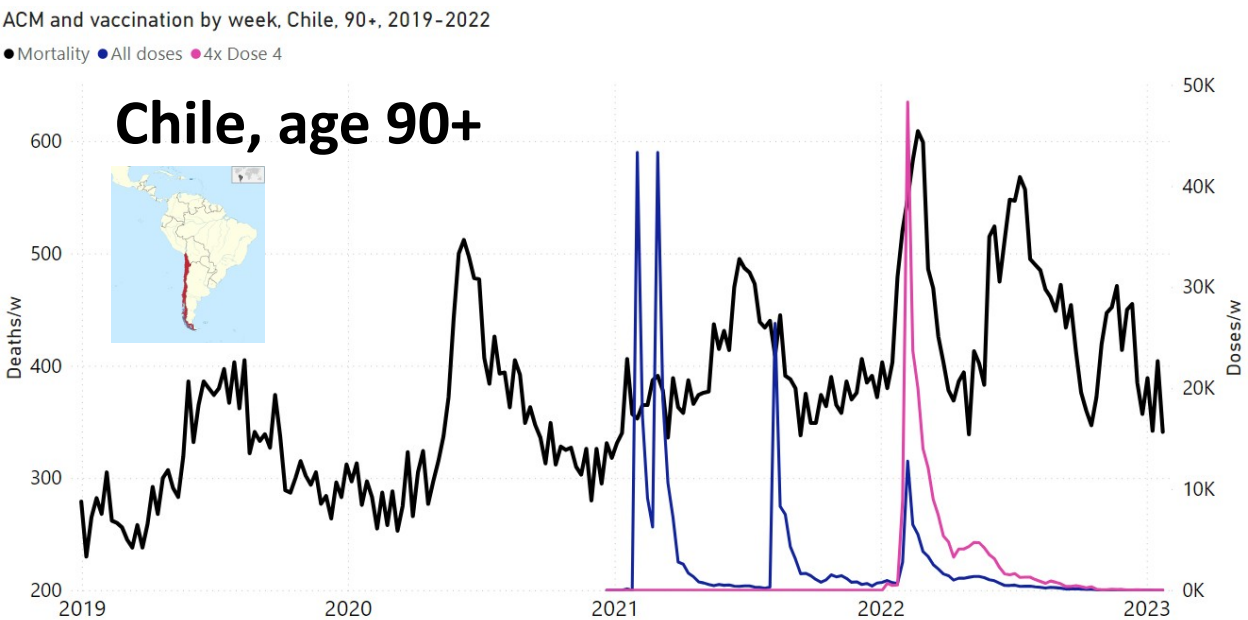

ACM and vaccination by month, Thailand, 2017-2023
Mortality
Vaccination
Thailand
55K
50K
45K
40K
Deaths/m
20M
15M
10M
5M
0M
Doses/m
2017
2018
2019
2020
2021
2022
2023

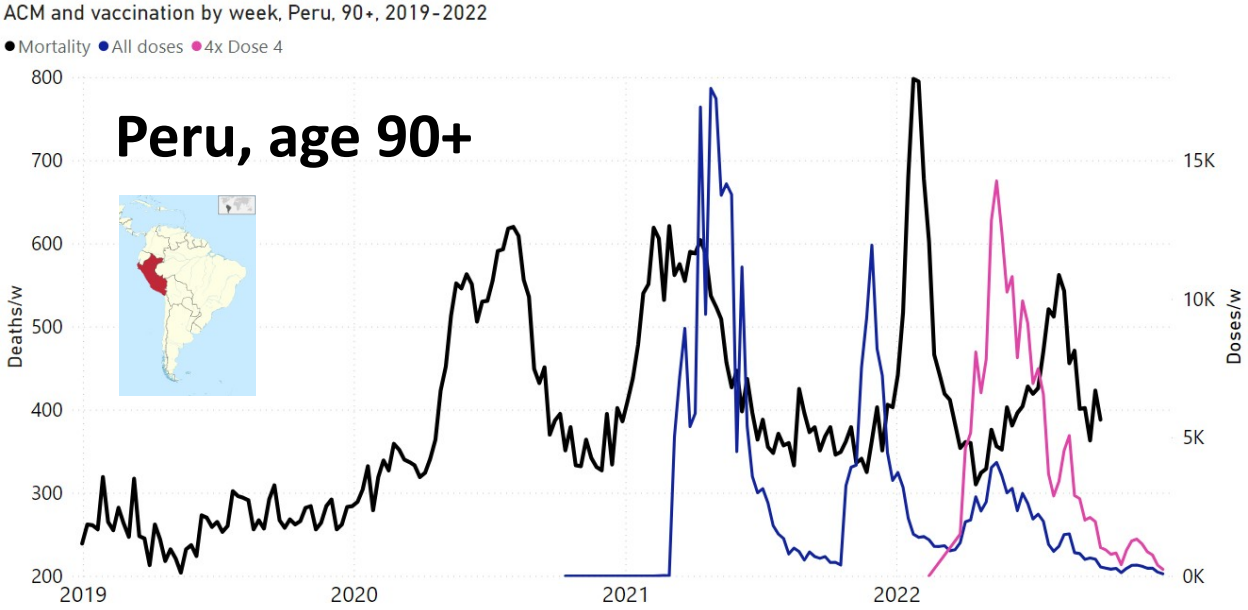

ACM and vaccination by month, Uruguay, 2017-2023
Mortality
Vaccination
Uruguay
Deaths/m
Doses/m
5 000
4 500
4 000
3 500
3 000
2 500
2 000
1,2M
1,0M
0,8M
0,6M
0,4M
0,2M
0,0M
2017
2018
2019
2020
2021
2022
2023

COVID BOOSTER ROLLOUTS
AND EXCESS MORTALITY

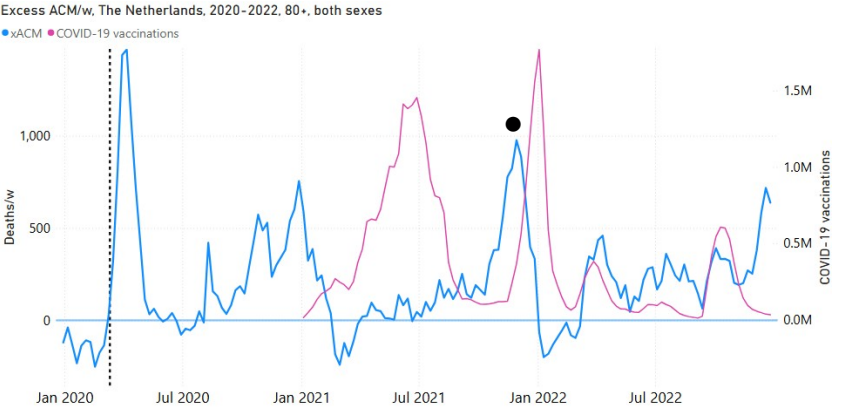

ACM and vaccination by week, Australia, 2019-2023
Mortality
Vaccination
Australia
all ages
4 000
3 500
3 000
Deaths/w
2,0M
1,5M
1,0M
0,5M
0,0M
Doses/w
2019
2020
2021
2022
2023
*


ACM/w, Australia, 2021-2022
Deaths
Boosters
Australia
all ages
*
4 200
4 000
3 800
3 600
3 400
3 200
3 000
2 800
Deaths/w
1,8M
1,6M
1,4M
1,2M
1,0M
0,8M
0,6M
0,4M
0,2M
Doses/w
avr. 2021
juil. 2021
oct. 2021
janv. 2022
avr. 2022
juil. 2022


ACM and vaccination by week, Chile, 90+, 2019-2022
Mortality
All doses
4x Dose 4
Chile, age 90+
Deaths/w
Doses/w
600
500
400
300
200
50K
40K
30K
20K
10K
0K
2019
2020
2021
2022
2023

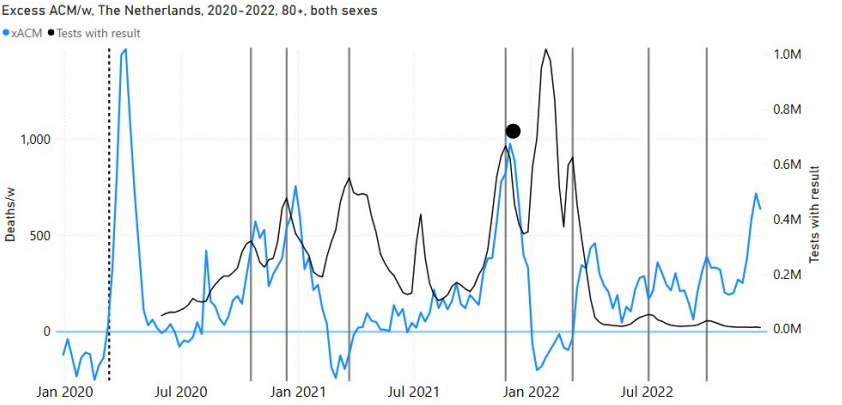

ACM and vaccination by week, Peru, 90+, 2019-2022
Mortality
All doses
4x Dose 4
Peru, age 90+
Deaths/w
Doses/w
800
700
600
500
400
300
200
15K
10K
5K
0K
2019
2020
2021
2022

INSTITUTIONAL ASSAULTS FROM COVID TEST AND VACCINE ROLLOUTS



NL xACM/week
2020-2022
age 80+

COVID
Vaccination



COVID
Testing

CONCLUSION... CONSTRAINTS ON ANY MODEL OR HYPOTHESIS TO EXPLAIN COVID ERA EXCESS MORTALITY

- There is a global and sudden transition of excess mortality at the WHO declaration date (11 March 2020), and no prior excess mortality
- There was no spread of a viral respiratory disease
- There are strong associations with applied measures, including testing and vaccination campaigns and lockdowns
- There are strong correlations to socioeconomic factors (esp. poverty)
- Excess all-cause mortality strongly associates with respiratory conditions, in the early Covid period, in the elderly
- Large First peak hot spots associate with population pools of individuals living in poverty and using hospitals
- Direct vaccine toxicity is not large enough alone to explain the observed associations between vaccine rollouts and large excess mortality peaks (or high mortality regimes)
- The first booster rollouts was globally synchronous and associated with mortality peaks irrespective of the season in a Hemisphere
- There are summer peaks in excess all-cause mortality (correlated to poverty)

CONCLUSION... our best surviving hypothesis

Covid = large-scale coordinated societal assault

isolation, segregation, mandates, immobilization, economic closure, medical assaults of all kinds, imposed repeated vaccinations, job firings, business closures, bank account seizures, police enforcement, absent legal protections, extreme censorship, relentless propaganda, banning from real and electronic venues...

DOMINANCE
AGGRESSION

sustained biological stress and trauma

MICROBIOME
DISRUPTIONS

- immediate deaths of sick and elderly (pneumonia)
- varied deaths of mid-life adults (heart attacks)
- self-harm deaths of young adults, teens, and addicts (opioids)

installed practices = Covid era persistent excess mortality

inhumane management of sick and elderly, recurring vaccination and testing campaigns, withdrawal of treatments (antibiotics)...

Which is consistent with...

- Evolution of animals with microbes and microbiomes vs the deadly nature of environmental and societal assaults
- The known primary determinant of individual health among social animals: Dominance aggression in a dominance hierarchy (resulting social status)
- The well established link between biological stress and disabling or deadly disease (possible evolutionary origin)
- The historic wave of societies spiralling into mass poverty and war, fuelled by elite and upper class corruption (i.e., the inherent instability of more egalitarian dominance hierarchies)

What really caused excess mortality, really?

- Covid was a planned, coordinated and executed assault against the societies and peoples controlled or influenced by the Western hegemon
- The attack on individuals were many, together and separately causing intense and sustained biological stress
- The said stress induced many disease manifestations, including transmissionless bacterial/microbiome pneumonia
- The said stress also caused increased addictive use and overdose deaths
- The resulting conditions (installed institutionalized practices and increased addictions) cause persistent excess mortality corresponding to lower life expectancies

*6 Conclusion

We are compelled to state that the public health establishment and its agents fundamentally caused all the excess mortality in the Covid period, via assaults on populations, harmful medical interventions and COVID-19 vaccine rollouts.

We conclude that nothing special would have occurred in terms of mortality had a pandemic not been declared and had the declaration not been acted upon.

**Rancourt, Hickey, Linard (2024) "Spatiotemporal variation of excess all-cause mortality in the world (125 countries) during the Covid period 2020-2023 regarding socio economic factors and public-health and medical interventions"*

SOLUTION

- Dismantle geo-economic and investor predation
- Dismantle the elite systemic corruption that drives geo-economic and investor predation
- Push for some movement towards democracy, transparency and accountability (flatten the dominance hierarchy pyramid)

"Stop only wanting to be oppressed fairly"

https://correlation-canada.org/research/