# Boosters Killing People?

July 27, 2022

Dr. Marian Laderoute

#### https://www.youtube.com/watch?v=aghsC-TO6ME



# What's the leading cause of death in Alberta in 2021?

It's not COVID.



Jessica Rose Jul 27 ♡ D 🖒

The number one cause of death listed in Alberta for 2021 was "Other ill-defined and unknown causes of mortality". Not malignant neoplasms, not heart disease, not COVID-19: some 'unknown' cause. What do you think Canadians? Do you believe that the uh-anti-uh-Fringe-uh-minority-guy-uh, uh-pushing experimental injections into every uh-Canadian soul should look into those shots being the etiological agents? Should I also say it in French to appear intelligent? Croyez-vous que les euh-anti-euh-Fringe-euh-minority-guy-euh, euh-poussant des injections expérimentales dans chaque âme euh-canadienne devraient examiner ces injections comme étant les agents étiologiques? Duh.

Mark Steyn did a good episode recently that you can watch <u>here</u>. In this episode, he covers the leading cause of death in Alberta, Canada. I had to check this out. I headed over to open.alberta.ca to see if I could download the data and plot it for myself. I could, and sure enough, Mark was correct.

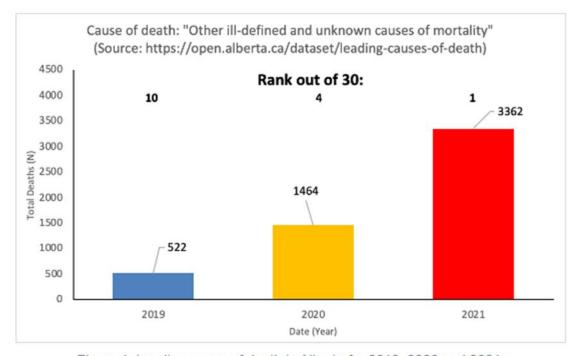
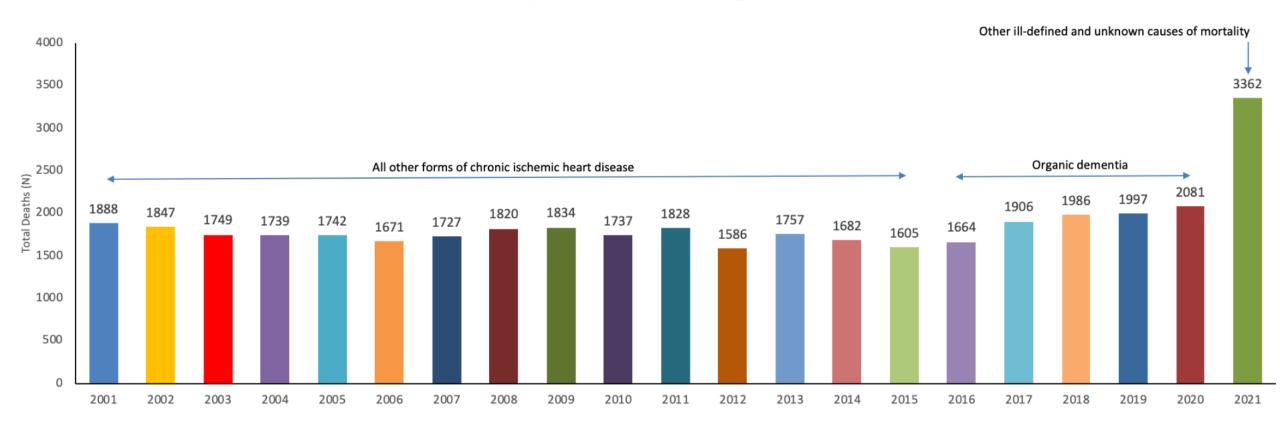


Figure 1: Leading cause of death in Alberta for 2019, 2020 and 2021. https://open.alberta.ca/dataset/leading-causes-of-death/resource/1a10c821-7399-4d0f-95fb-f96728d01fae



Number 1 ranked cause of death for the past 20 years in Alberta (Source: https://open.alberta.ca/dataset/leading-causes-of-death)



#### A few more tidbits:

- There was no category entitled "Other ill-defined and unknown causes of mortality" previous to 2019.
- The number 1 cause of death up until 2021 was ischemic heart disease and organic dementia (for the past 20 years).
- 3. The top 10 ranked leading causes of death in 2021 in Alberta show that Organic dementia has been ousted for this mystery death syndrome and that our mystery cause of death outranks it substantially: there is a 57% increase in death reports from mystery plate cause of death.

Let's make a wild and caaarrrazy assumption that the 'safe and effective' COVID-19 shots are this so-called 'Other-etc-he-who-shall-not-be named' cause of death, then doesn't this mean that almost twice as many deaths (1.7X) were attributed to the shots than to COVID-19 in Alberta in 2021? By the way, there's also that #10 ranked cause of death called 'Accidental poisoning by and exposure to drugs and other biological substances' category. I wonder how many of those belong in #1.

Jessica Rose

Food for thought and neighbors. Spread the word.

Number 1-10 ranked causes of death for 2021 in Alberta (Source: https://open.alberta.ca/dataset/leading-causes-of-death) 4000 3362 3500 3000 2500 Sq. 2135 1950 1939 2000 1552 <sup>™</sup> 1500 1075 1028 1000 728 612 500 Other ill-defined and Organic dementia COVID-19, virus All other forms of Malignant neoplasms Acute myocardial Other chronic Diabetes mellitus Stroke, not specified Accidental poisoning unknown causes of identified chronic ischemic heart of trachea, bronchus infarction obstructive as hemorrhage or by and exposure to mortality disease infarction drugs and other and lung pulmonary disease biological substances

# The United Kingdom (**UK**) has more complete statistics than Canada

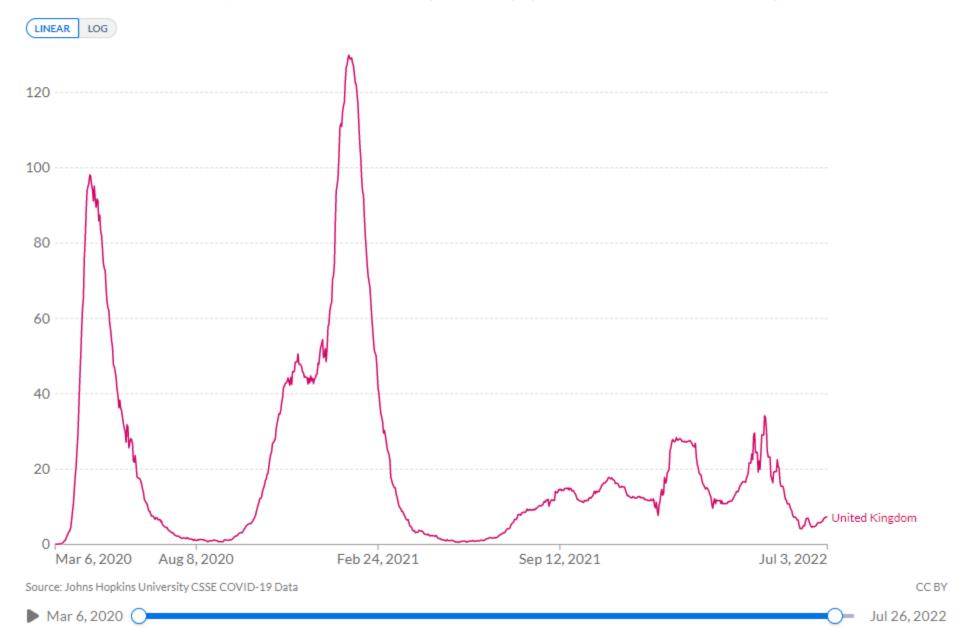
### for Excess All-Cause Mortality (EACM)

(% over previous years: 2015-2019)

#### Weekly confirmed COVID-19 deaths per million people



Weekly confirmed deaths refer to the cumulative number of confirmed deaths over the previous week. Due to varying protocols and challenges in the attribution of the cause of death, the number of confirmed deaths may not accurately represent the true number of deaths caused by COVID-19.

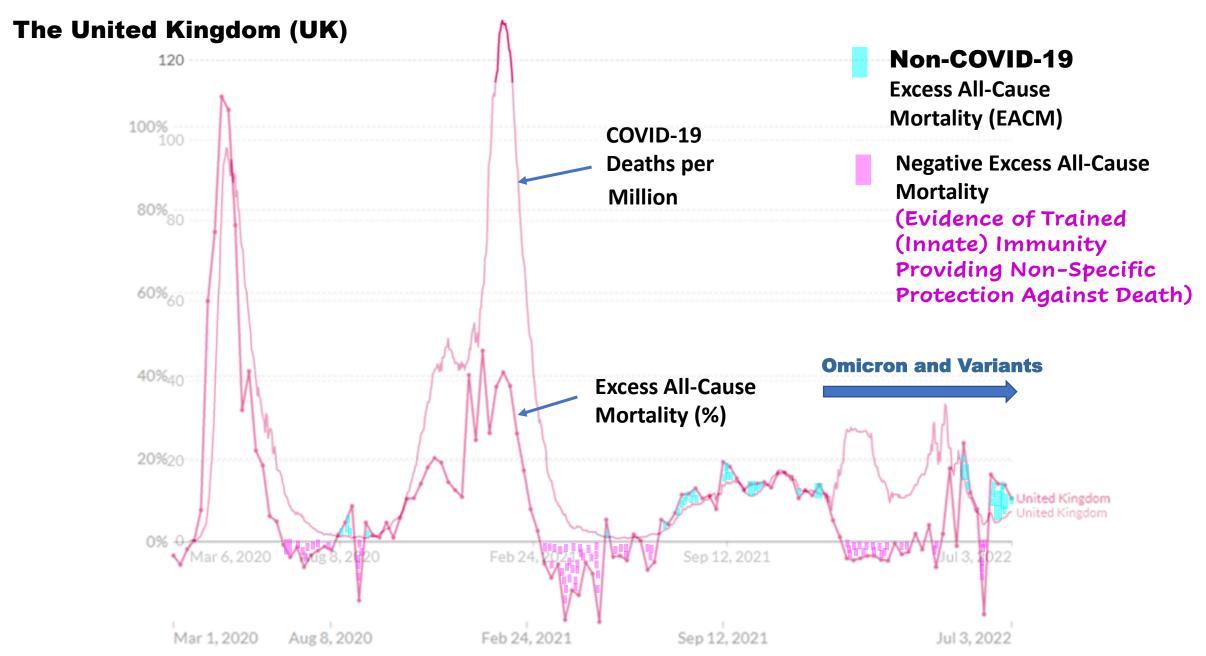


#### Excess mortality: Deaths from all causes compared to projection based on previous years

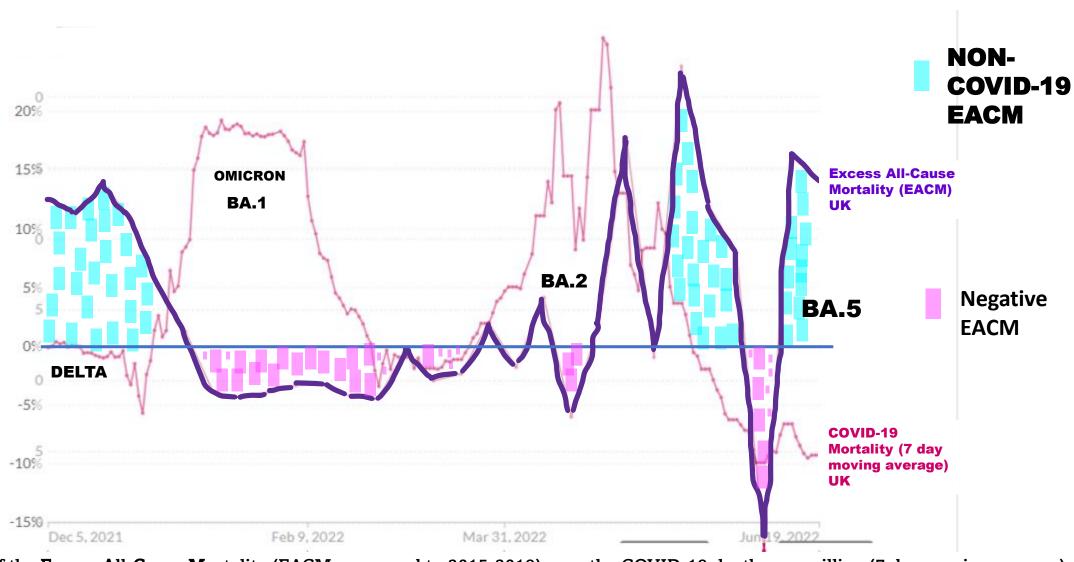


The percentage difference between the reported number of weekly or monthly deaths in 2020–2022 and the projected number of deaths for the same period based on previous years. The reported number might not count all deaths that occurred due to incomplete coverage and delays in reporting.

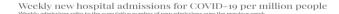




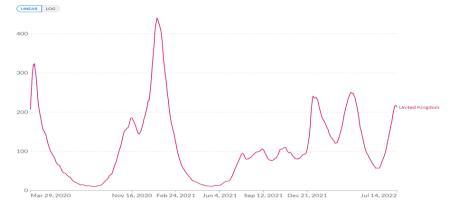
Overlay of the Excess All-Cause Mortality (% EACM compared to 2015-2019) over the COVID-19 deaths per million (7 day moving average).



The overlay of the Excess All-Cause Mortality (EACM compared to 2015-2019) over the COVID-19 deaths per million (7 day moving average) reveals Omicron stimulated trained immunity about 2 weeks after the increase in COVID-19 deaths started, providing protection against excess all-cause mortality. Boosting (?) however, appears to be associated with non-COVID-19 mortality (positive EACM) in the UK.





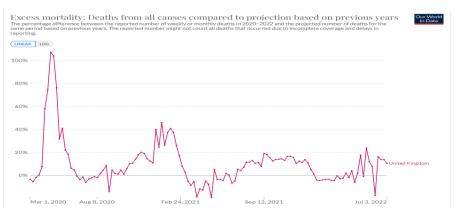


#### Daily new confirmed COVID-19 deaths per million people

7-day rolling average. Due to varying protocols and challenges in the attribution of the cause of death, the number of confirmed deaths may not accurately represent the true number of deaths caused by COVID-19.



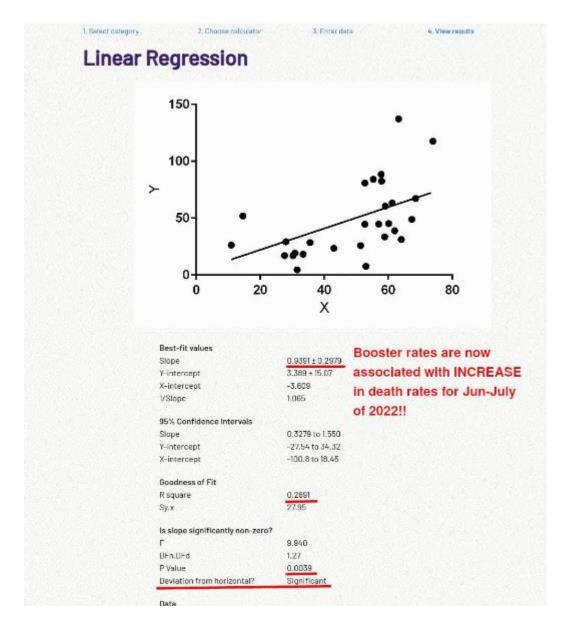




#### **UK Hospital Admissions**

UK COVID-19 Deaths per Million

UK Excess All-Cause Mortality (EACM) %



From: Joel S. Hirschom's **Pandemic Blunder Newsletter** 

## Interpretation

Non-COVID-19 deaths could be due to many causes such as suicide (having lost income, lost home or business going under associated with the lock-downs for example). However, the data coming from Alberta suggests an increase in death due to unknown causes (which excludes suicide). Without an autopsy, these deaths cannot be labelled as Sudden Adult Death Syndrome (SADS).

We see in **slide 9** for the UK that there are 4 distinct periods of 'negative EACM'. The first one occurred immediately around the tail end of wave 1 mortality (June 21 to August 12, 2020) but was more pronounced at the end of wave 2 mortality (March 10 to May 13, 2021). The latter is thought to be due to administration of the first dose of mRNA vaccine which induces 'trained (innate) immunity' known to provide protection against non-COVID-19 mortality (Xu S et al., MMWR, 2021. doi: <a href="https://dx.doi.org/10.15585/mmwr.mm7043c2">https://dx.doi.org/10.15585/mmwr.mm7043c2</a>) as well as COVID-19 mortality (Chung H et al., BMJ, 2021). The UK postponed their second shot by about 12 weeks due to limited supply. (Canada postponed their second shot by about 16 weeks for the same reason given the 1st dose provided better than 90% efficacy against infection). The third period of 'negative EACM' occurred January 11 to April 20, 2022 about 2 weeks after the start of the omicron-related wave of mortality *despite significant COVID-19 mortality (see slide 9 or 10)*. This could mean in the frail/immunosuppressed that omicron infection precipitated their deaths, but at the same time in others omicron infection provided protection against dying from chronic conditions due to the induction of 'trained (innate) immunity' and of course SARS-CoV-2. The fourth 'negative EACM' was very sharp and occurred June 1 to June 9, 2022 but was surrounded by non-COVID-19 mortality (slide 10), consistent with spike toxicity due to booster vaccination and/or BA.5 exposures. Joel S. Hirschom makes a case (slide 12) for booster rates correlating strongly with death rates in the UK (although he did not clarify if this was all-cause mortality or non-COVID-19 mortality. However, in slide 10, we see most of the deaths are not ascribed to COVID-19).

Accordingly, it appears that spike toxicity from the mRNA vaccines and/or BA.5 exposures has resulted in a new era of the SARS-CoV-2 pandemic where COVID-19 pneumonia as a cause of death is less common.

In view of this analysis, it would be best to **stop using spike-specific SARS-COV-2 vaccines!** 

#### For more information on how to protect oneself please see:



https://hervk102.substack.com/p/ the-herv-k-way-to-keep-coronavirus Kory P, Meduri GU, Iglesias J, Varon J, Cadegiani FA, Marik PE. "MATH+" multi-modal hospital treatment protocol for COVID-19 infection: clinical and scientific rationale. J Clin Med Res. 2022 Feb;14(2):53-79. doi: 10.14740/jocmr4658.

McCullough PA, Alexander PE, Armstrong R, Arvinte C, Bain AF, Bartlett RP, et al. Multifaceted highly targeted sequential multidrug treatment of early ambulatory high-risk SARS-CoV-2 infection (COVID-19). Rev Cardiovasc Med. 2020 Dec 30;21(4):517-530. doi: 10.31083/j.rcm.2020.04.264.

#### For more info on spike toxicity please see:

Seneff S, Nigh G, Kyriakopoulos AM, McCullough PA. Innate immune suppression by SARS-CoV-2 mRNA vaccinations: The role of G-quadruplexes, exosomes, and microRNAs. Food Chem Toxicol. 2022 Jun;164:113008. doi: 10.1016/j.fct.2022.113008.