



Dr. Marian Laderoute

# Plain & Simple

All-Cause Mortality

**Risk-Benefits of  
COVID-19  
Interventions**

September 17, 2022  
[heruk102.substack.com](http://heruk102.substack.com)



Plain & Simple: All-Cause Mortality for  
Vaccine Risk/Benefit Analysis



# Agenda

- Introduction: Why All-Cause Mortality?
- Vaccine Data Censorship
- Responsible Physicians Seek Open and Transparent Release & Discussion of COVID-19 Vaccine Data
- Mortality by Vax Status: All-cause, Non-C19 & C19
- Summary



# Introduction

For the evaluation of therapies intended to decrease death from certain diseases including preventative vaccines, the **gold standard to establish risk/benefit** has always been the **all-cause mortality evaluation**. \*

To date for COVID-19 vaccines, **NO** regulatory authority, public health organization, advisory committee or vaccine manufacturer has provided the all-cause mortality evaluation despite the global administration of 12.67 billion doses of COVID-19 vaccines representing 67.9% of the world population since December 2020. The relevant data has **only been** released **July 6, 2022** by the **Office for National Statistics** in the **UK**.

[<https://ourworldindata.org/covid-vaccinations>].



\* It makes no sense to authorize a product which substitutes death from one cause with another, let alone approve a toxic intervention which kills more than it protects. For immunological interventions, it may take years of study before the true extent of the damage becomes revealed.



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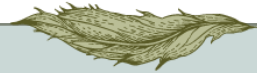
There has been a willful attempt by the US Government to keep citizens worldwide not only in the dark about the lack of safety and effectiveness of COVID-19 vaccines, and most importantly, that the vaccines are literally killing people, but to censor or silence those who may question the validity of the mandating of these vaccines, which do not protect anyone from catching or transmitting SARS-CoV-2. Even the CDC has recently acknowledged that the distinction of SARS-CoV-2 vaccinated from unvaccinated has no scientific basis, and thus, acknowledges that there is no premise for the mandating of the vaccines. Yet they continue to recommend the administration of these deadly vaccines including the untested omicron hybrid vaccines such as on September 1, 2022 and mandates are being upheld at secondary institutions of higher learning. Entry into the USA still requires vaccination.

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**The CDC's own VAERS data shows an extraordinary and unprecedented level of death associated with the administration of these unproven and insufficiently studied novel gene therapy-type vaccines (next slide).**

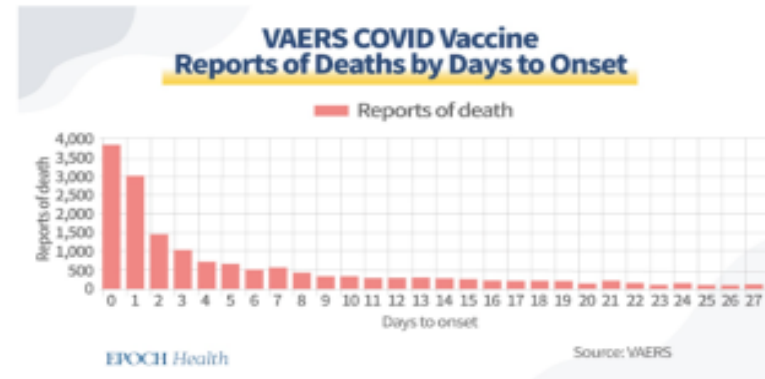
# CDC Vaccine Adverse Event Reporting System (VAERS)



The latest numbers of COVID-19 vaccine adverse events in the American Vaccine Adverse Event Reporting System (VAERS) as of August 26, 2022 were: 1,394,703 reports of vaccine adverse events, including 30,605 deaths, 175,020 hospitalizations, 134,530 cases of urgent care, and 204,343 doctor office visits. There were also 51,879 cases of myocarditis/pericarditis, 16,385 heart attacks, and 8,942 cases of thrombocytopenia/low platelets.



2002-2020



# Illegal Collusion Between Government and Big Tech Exposed

## (Through Court Documents)

### Federal Agencies Involved in Free Speech Suppression

Documents obtained so far have identified more than 50 federal employees across 15 federal agencies, who participated in these censorship meetings or otherwise engaged in illegal censorship activities.<sup>2</sup> This includes officials from:

The Cybersecurity and Infrastructure Security Agency's (CISA) Election Security and Resilience team
Department of Homeland Security's (DHS) Office of Intelligence and Analysis
The FBI's foreign influence taskforce
The Justice Department's (DOJ) national security division
The Office of the Director of National Intelligence
White House staff (including White House lawyer Dana Remus, deputy assistant to the president Rob Flaherty and former White House senior COVID-19 adviser Andy Slavitt)
Health and Human Services (HHS)
Centers for Disease Control and Prevention (CDC)
National Institutes of Allergy and Infectious Diseases (NIAID)
The Office of the Surgeon General
The Census Bureau
The Food and Drug Administration (FDA)
The State Department
The U.S. Treasury Department
The U.S. Election Assistance Commission

Mercola, J. Illegal Collusion Between Government and Big Tech Exposed. September 15, 2022.  
<https://articles.mercola.com/sites/articles/archive/2022/09/15/government-and-big-tech-collusion.aspx>



<https://articles.mercola.com/sites/articles/archive/2022/09/15/government-and-big-tech-collusion.aspx>



Moreover, the questioning of the safety and effectiveness of the COVID-19 vaccines has been illegally censored by various federal government agencies.

Displaced Physicians Have Been Fighting Against the **Censorship & Fraud Involved in the Vaccine Mandates** and Are Particularly Concerned about the Lack of Early Treatment and the Censoring of the Ability of Physicians to Choose Appropriate Treatment Plans for Hospitalized COVID-19 Patients.



**Finally, useful data has been released by the UK ONS which enables the assessment of risk versus benefit of COVID-19 vaccination.**

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsinvolvedwithcovid19byvaccinationstatusengland/deathsoccurringbetween1january2021and31may2022>



Office For National Statistics (UK)

July 6, 2022





# The Benefits of COVID-19 Vaccination

**DO NOT Outweigh the RISKS!**



# Factual Findings:

		Morality Rate Ratios Vaxed/Unvax		
UK ONS July 6 2022		Ratios		
		All-Cause	NON-C19	C19
2021	Jan	1.39	1.48	1.29
	Feb	0.61	0.87	0.21
	Mar	1.27	1.44	0.05
	April	2.19	2.25	1.26
	May	4.99	5.04	1.86
	June	6.33	6.46	1.58
	July	6.40	7.16	1.03
	Aug	6.04	7.09	1.00
	Sept	5.19	6.08	1.41
	Oct	7.67	9.10	1.76
	Nov	9.10	11.00	1.71
	Dec	9.04	11.41	2.16
2022	Jan	11.04	13.38	3.95
	Feb	12.41	10.08	4.36
	Mar	8.33	9.01	4.16
	April	15.81	9.51	3.91
	May	9.45	9.95	3.37
	<b>MEAN</b>	<b>6.90</b>	<b>7.14</b>	<b>3.17*</b>
	pvalues	0.0001	0.0001	0.01
		unpaired T test, 2 GraphPad sided		* Only for 3rd dose. Oct 2021 to May 31 2022

The released age standardized mortality data per 100,000 person years by ONS on July 6, 2022 proves beyond a shadow of a doubt that the COVID-19 vaccines are not safe nor effective for the prevention of COVID-19, non-COVID-19 and/or all-cause mortality. There was overall for the 17 months, a significantly higher risk of death following vaccination of about 6.90 fold ( $p=0.0001$ ) for all-cause mortality.

**The Benefits of Vaccination DO NOT Outweigh the Risk of Death.**

# All-cause Mortality

Vaccinated exhibit a higher risk of all-cause mortality (p=0.0001) than the unvaccinated.

## Age standardized ALL-CAUSE Mortality Rate per 100,000 person years

UK ONS Data July 6, 2022

											Mortality Rates for Individual Doses					
		Unvax raw deaths	RATE unvax	vax raw deaths	# claimed Evervax' d Rate	Actual RATE All Vax'd	Ratio of Vax/ Unvax Rates	Total	Differen ce	% Deaths Associated with Being Vaccinated		1st	2nd < 6 m	2nd > 6 m	3rd < 21 d	3rd > 21 d
<b>2021</b>	Jan	52459	2507.6	10463	1251.8	3483.5	<b>1.39</b>	5991.1	975.9	<b>16.3%</b>	3051.9	431.6	x	x	x	
	Feb	19800	5261.5	22599	905.7	3205.4	<b>0.61</b>	8466.9	-2056.1	<b>-24.3%</b>	2045.7	1159.7	x	x	x	
	Mar	7622	3307.8	27620	901.7	4192.7	<b>1.27</b>	7500.5	884.9	<b>11.8%</b>	3066.2	1126.5	x	x	x	
	April	3850	2298.4	28006	868.3	5039.7	<b>2.19</b>	7338.1	2741.3	<b>37.4%</b>	3794.4	1245.3	x	x	x	
	May	2810	1718.8	30088	901.6	8582.6	<b>4.99</b>	10301.4	6863.8	<b>66.6%</b>	6913.6	1669	x	x	x	
	June	2339	1589.7	28923	878.9	10060	<b>6.33</b>	11649.7	8470.3	<b>72.7%</b>	7755	2305	x	x	x	
	July	2347	1610.7	32893	944.6	10307.1	<b>6.40</b>	11917.8	8696.4	<b>73.0%</b>	7036.6	2722.7	547.8	x	x	
	Aug	2354	1711.6	32769	942.5	10340.7	<b>6.04</b>	12052.3	8629.1	<b>71.6%</b>	7152.3	2448.4	740	x	x	
	Sept	2172	1664.5	33505	990.3	8639	<b>5.19</b>	10303.5	6974.5	<b>67.7%</b>	5501.7	1819.4	1095	222.9	x	
	Oct	2154	1623.7	36894	1046.7	12456.3	<b>7.67</b>	14080	10832.6	<b>76.9%</b>	6699	3076.9	1765.9	406.2	508.3	
	Nov	2147	1708	36713	1073.9	15546.6	<b>9.10</b>	17254.6	13838.6	<b>80.2%</b>	7392.4	4034.2	2813.4	588.8	717.8	
	Dec	2375	1878.5	39874	1126.7	16974.3	<b>9.04</b>	18852.8	15095.8	<b>80.1%</b>	6090.2	4143.2	4784.6	1103.6	852.7	
<b>2022</b>	Jan	2166	1812	38457	1084.5	19997.9	<b>11.04</b>	21809.9	18185.9	<b>83.4%</b>	7374.9	5030.3	4877.1	1779.7	935.9	
	Feb	1493	1384.5	32613	1015.7	17186.7	<b>12.41</b>	18571.2	15802.2	<b>85.1%</b>	5335.1	5752.8	3208.8	1965.4	924.6	
	Mar	1437	1231.7	35348	992.6	10257.2	<b>8.33</b>	11488.9	9025.5	<b>78.6%</b>	2402.5	2252.2	2667.1	1955.3	980.1	
	April	1349	1204.6	34885	1008.8	19040.4	<b>15.81</b>	20245	17835.8	<b>88.1%</b>	9076.5	5119.7	2355.6	1522.5	966.1	
	May	1017	872.9	29468	822.6	8246	<b>9.45</b>	9118.9	7373.1	<b>80.9%</b>	1873.4	1815.9	1703.7	2056	797	

# Non-Covid-19 Mortality

Vaccinated exhibit a higher risk of non-COVID-19 mortality (p=0.0001) than the unvaccinated.

## Age standardized non-C19 Mortality Rate per 100,000 person years

UK ONS Data July 6, 2022

		Unvax raw deaths	RATE unvax	vax raw deaths	# claimed Evervax'd Rate	Actual RATE All Vax'd	Ratio of Vax/ Unvax Rates	Total	Difference	% Deaths Associated with Being Vaccinated	Mortality Rates for Individual Doses				
											1st	2nd < 6 m	2nd > 6 m	3rd < 21 d	3rd > 21 d
2021	Jan	28095	1320	6970	580	1958	1.48	3278	638	19.5%	1571	387	x	x	x
	Feb	12140	3087	17707	722	2689	0.87	5776	-398	-6.9%	1614	1075	x	x	x
	Mar	6311	2716	25847	848	3909	1.44	6625	1193	18.0%	2815	1094	x	x	x
	April	3612	2153	27482	853	4855	2.25	7008	2702	38.6%	3621	1234	x	x	x
	May	2733	1673	29875	895	8426	5.04	10099	6753	66.9%	6767	1659	x	x	x
	June	2242	1534	28699	872	9916	6.46	11450	8382	73.2%	7638	2278	x	x	x
	July	2010	1392	32058	920	9960	7.16	11352	8568	75.5%	6769	2659	532	x	x
	Aug	1764	1307	31112	895	9266	7.09	10573	7959	75.3%	6273	2322	671	x	x
	Sept	1676	1297	31341	925	7884	6.08	9181	6587	71.7%	4971	1681	1009	223	x
	Oct	1724	1302	34525	980	11845	9.10	13147	10543	80.2%	6369	2970	1625	392	489
	Nov	1591	1287	34338	1004	14155	11.00	15442	12868	83.3%	6470	3877	2547	570	691
	Dec	1693	1358	37884	1071	15501	11.41	16859	14143	83.9%	5340	3911	4354	1069	827
2022	Jan	1473	1227	34543	975	16417	13.38	17644	15190	86.1%	5805	4114	4039	1627	832
	Feb	1229	1126	30166	940	11346	10.08	12472	10220	81.9%	2363	3463	2848	1812	860
	Mar	1235	1048	32690	919	9445	9.01	10493	8397	80.0%	2119	2088	2420	1906	912
	April	1143	1000	31520	912	9510	9.51	10510	8510	81.0%	2199	2786	2166	1484	875
	May	935	795	28186	787	7914	9.95	8709	7119	81.7%	1751	1746	1597	2056	764



# Covid-19 Mortality



By October 2021 and associated with the 3<sup>rd</sup> dose of COVID-19 vaccine, the vaccinated are at a higher risk of dying with a positive PCR test for SARS-CoV-2 than the unvaccinated (p=0.01).

**Age standardized C19 Mortality Rate per 100,000 person years**

UK ONS Data July 6, 2022

											Mortality Rates for Individual Doses					
		Unvax raw deaths	<b>RATE unvax</b>	vax raw deaths	<b># claimed Evervax' d Rate</b>	<b>Actual RATE All Vax'd</b>	<b>Ratio of Vax/ Unvax Rates</b>	<b>Total</b>	<b>Differen ce</b>	<b>% Deaths Associat ed with Being Vaccinate d</b>		1st	2nd < 6 m	2nd > 6 m	3rd < 21 d	3rd > 21 d
<b>2021</b>	Jan	24364	<b>1187</b>	3493	672	1526	<b>1.29</b>	2713	339	<b>12.5%</b>	1481	45	x	x	x	
	Feb	7660	<b>2174</b>	4892	184	456.8	<b>0.21</b>	2630.8	-1717.2	<b>-65.3%</b>	432.1	24.7	x	x	x	
	Mar	1311	<b>5919</b>	1773	53.7	283.9	<b>0.05</b>	6202.9	-5635.1	<b>-90.8%</b>	251.8	32.1	x	x	x	
	April	238	<b>145.8</b>	524	15.7	184	<b>1.26</b>	329.8	38.2	<b>11.6%</b>	173.2	10.8	x	x	x	
	May	77	<b>45.5</b>	213	6.2	84.5	<b>1.86</b>	130	39	<b>30.0%</b>	74.2	10.3	x	x	x	
	June	97	<b>55.6</b>	224	6.7	87.7	<b>1.58</b>	143.3	32.1	<b>22.4%</b>	82	5.7	x	x	x	
	July	337	<b>218.2</b>	835	24.1	224.9	<b>1.03</b>	443.1	6.7	<b>1.5%</b>	186.4	38.5	x	x	x	
	Aug	590	<b>404.2</b>	1657	47.2	402.9	<b>1.00</b>	807.1	-1.3	<b>-0.2%</b>	288	45.4	69.5	x	x	
	Sept	496	<b>367.8</b>	2164	65.7	520.2	<b>1.41</b>	888	152.4	<b>17.2%</b>	372.1	61.9	86.2	x	x	
	Oct	430	<b>322.3</b>	2369	67	568.6	<b>1.76</b>	890.9	246.3	<b>27.6%</b>	330.6	63	141.4	14.2	19.4	
	Nov	556	<b>421.3</b>	2375	69.7	721	<b>1.71</b>	1142.3	299.7	<b>26.2%</b>	297.9	110.7	266.7	18.6	27.1	
	Dec	682	<b>520.5</b>	1990	56.3	1121.9	<b>2.16</b>	1642.4	601.4	<b>36.6%</b>	460.3	170.3	430.5	35.1	25.7	
<b>2022</b>	Jan	693	<b>584.6</b>	3914	109.8	2310.9	<b>3.95</b>	2895.5	1726.3	<b>59.6%</b>	711.7	503.8	838	153.1	104.3	
	Feb	264	<b>258.7</b>	2447	75.6	1128.4	<b>4.36</b>	1387.1	869.7	<b>62.7%</b>	398.9	150.8	360.8	153.7	64.2	
	Mar	202	<b>183.5</b>	2658	74.2	763.6	<b>4.16</b>	947.1	580.1	<b>61.3%</b>	283.8	164.6	247.3	x	67.9	
	April	206	<b>204.7</b>	3365	96.5	800.8	<b>3.91</b>	1005.5	596.1	<b>59.3%</b>	298.6	168	243	x	91.2	
	May	82	<b>77.6</b>	1282	35.5	261.8	<b>3.37</b>	339.4	184.2	<b>54.3%</b>	122.4	x	106.3	x	33.1	

<https://www.researchgate.net/profile/Martin-Neil-2/publication/357778435> Official mortality data for England suggest systematic miscategorisation of vaccine status and uncertain effectiveness of Covid-19 vaccination

January 12 2022



Neil M et al, (see above) for an earlier version of the ONS data have argued that ONS may have taken the deaths which occurred within the first 21 days after vaccination and labelled these as ‘unvaccinated’. Each of the mortality subsets of data have a column marked with “#” which represents the inappropriate adjustment of the mortality rates for the ever-vaccinated by the ONS (which omits relevant data). Instead, the age standardized mortality rates per 100,000 person years are added up to generate the total mortality rate for all the vaccinations in that month.



# Summary

The all-cause mortality analysis reveals why governments are very anxious to hide vaccine safety and effectiveness data from the public. This is because the COVID-19 vaccines are not safe nor effective at preventing COVID-19 infection, transmission, hospitalization nor death.

There may be an almost **SEVEN-fold** increased risk of death associated with vaccination which appears to increase with each dose as demonstrated in the UK. The mandating of such deadly vaccines is a crime against humanity.

The willful hiding of this pertinent data from the public and the medical professionals is unconscionable and defies the Nuremberg code. The fraudulent labelling and censoring of physicians and scientists who have questioned the safety and effectiveness of the vaccines as spreading misinformation while in fact it was the US government colluding with Big Tech and Big Pharma who were in fact the ones spreading misinformation at the expense of the lives of thousands who perished or became severely disabled by vaccination, can only be viewed as the worse crime ever committed against humanity.

These revelations that the agencies meant to protect public health are corrupted by Big Pharma and Big Tech means it is time to dismantle these agencies and to hold responsible parties accountable.



Plain & Simple: All-Cause Mortality for COVID-19 Vaccine Risk/Benefit Analysis  
Reveals These Vaccines are **Neither Safe nor Effective.**