

THE WALL STREET JOURNAL.

Jump in death claims on insurance

Higher non-covid deaths

The Second Pandemic

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The first pandemic of the present decade

Early 2020 saw the onset of the Covid-19 pandemic. In the UK, significant numbers occurred in March, and by March 23rd there had been 28 deaths from Covid-19. The government had to do something. As government advisors (mathematician modellers) had predicted huge numbers of deaths, action was essential. It was in the form of “lockdown” on March 23rd, the closure of schools, universities, places of worship, holidays, concerts, most transport, and many places of work.

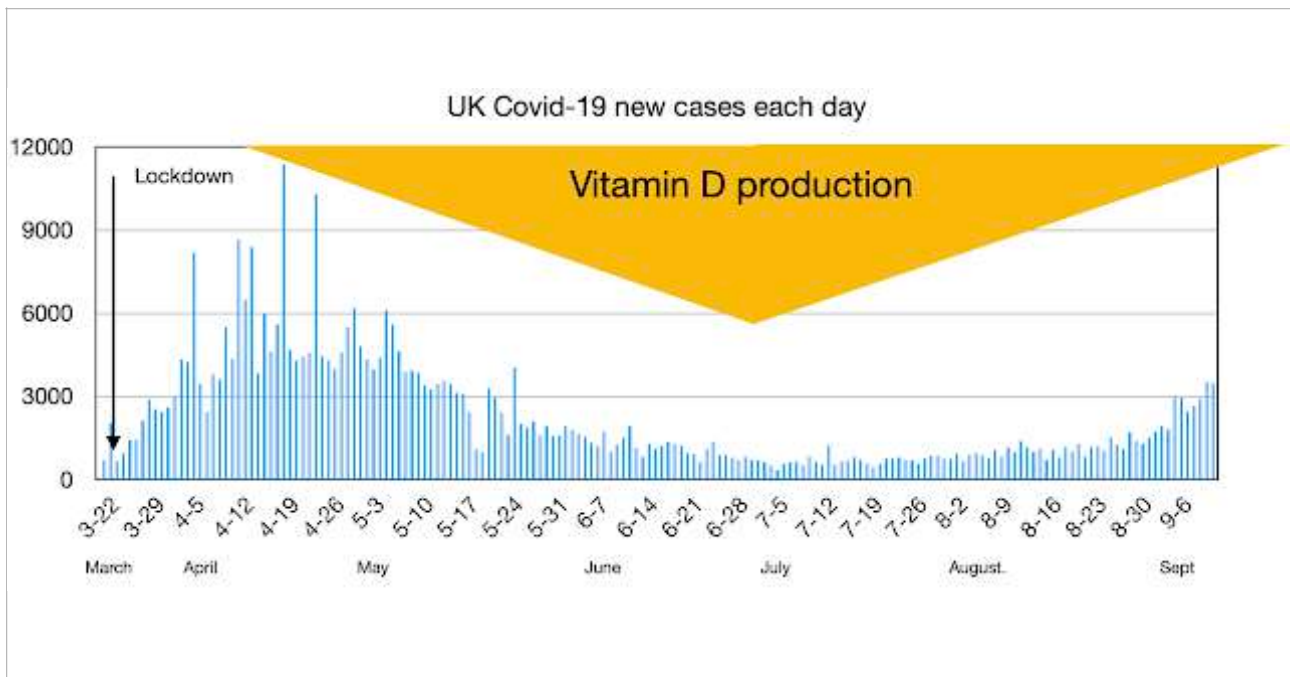


Figure 1a. The Covid-19 pandemic in the UK in 2020, cases

Damaging as it was to society and the economy, Lockdown had no obvious effect on the number of Covid-19 deaths, which by April 8th had increased to almost 1,000 per day.

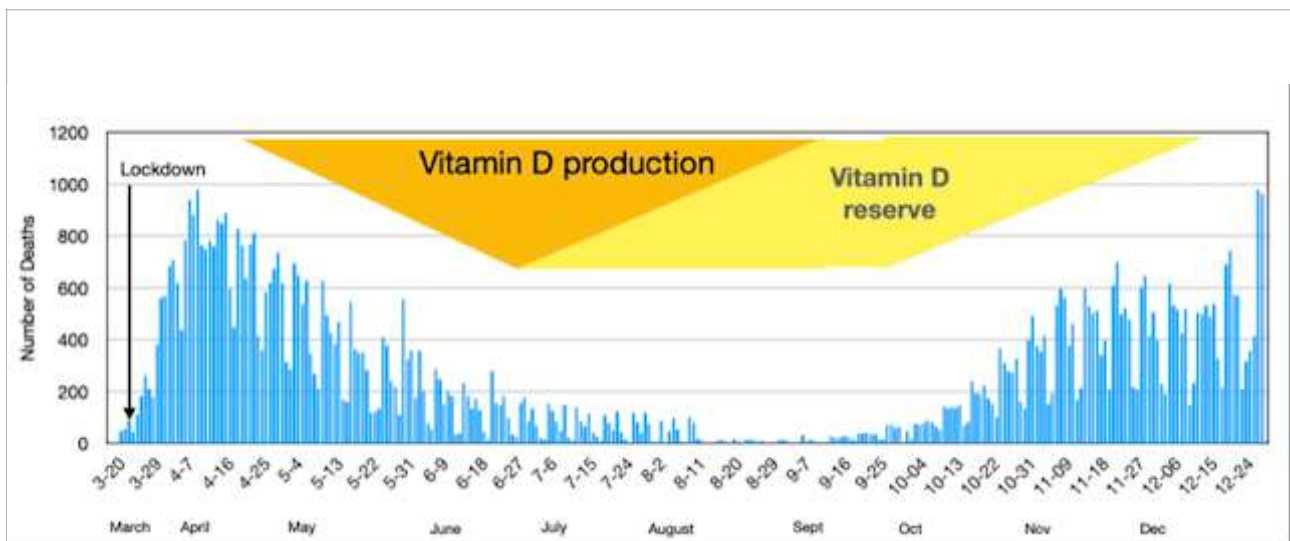


Figure 1b. The Covid-19 pandemic in the UK in 2020, deaths

The benefit from UV and vitamin D

After April 2020 there was a progressive decline of cases and also of Covid-19 deaths, to only single numbers each day in the summer (Figure 1b). This should have come as no surprise: it was the result of “nature”. Every year the incidence of respiratory infections is maximal in the winter and progressively reduces to a minimum in the summer. Covid-19 was no exception. This annual phenomenon is the result of an increasing penetration of solar UV to ground level as the Sun rises higher above the horizon. The UV acts on our skin to convert the synthesised 7-dehydrocholesterol (7-DHC) into vitamin D, which is essential for the escalation of defensive immunity.

Ignoring those at most risk

50% of those who died from Covid-19 in the UK were older than 85 years. The other groups with a high risk of death were the obese, those with [Black African and South Asian ethnicity](#), and [Haredi Jews](#). The great majority of people in all these groups were known before the appearance of Covid-19 to be seriously deficient of vitamin D.



Figure 2. Doctors who died from Covid-19 in 2020 in the UK

Why was this knowledge ignored? This was serious clinical negligence, especially when compounded by the failure to absorb new knowledge published during 2020 and 2021.

Disinformation from the Secretary of State for Health

Matt Hancock, the Secretary of State for Health in 2020, was asked about multiple studies showing a link between serious Covid-19 and vitamin D deficiency. He replied that a British study had found the opposite. Officials have recently admitted that this was not true, and that the health secretary “mis-spoke”. This disinformation meant that vitamin D supplements in appropriate dose were not used to protect against Covid-19 in the UK, and elsewhere.

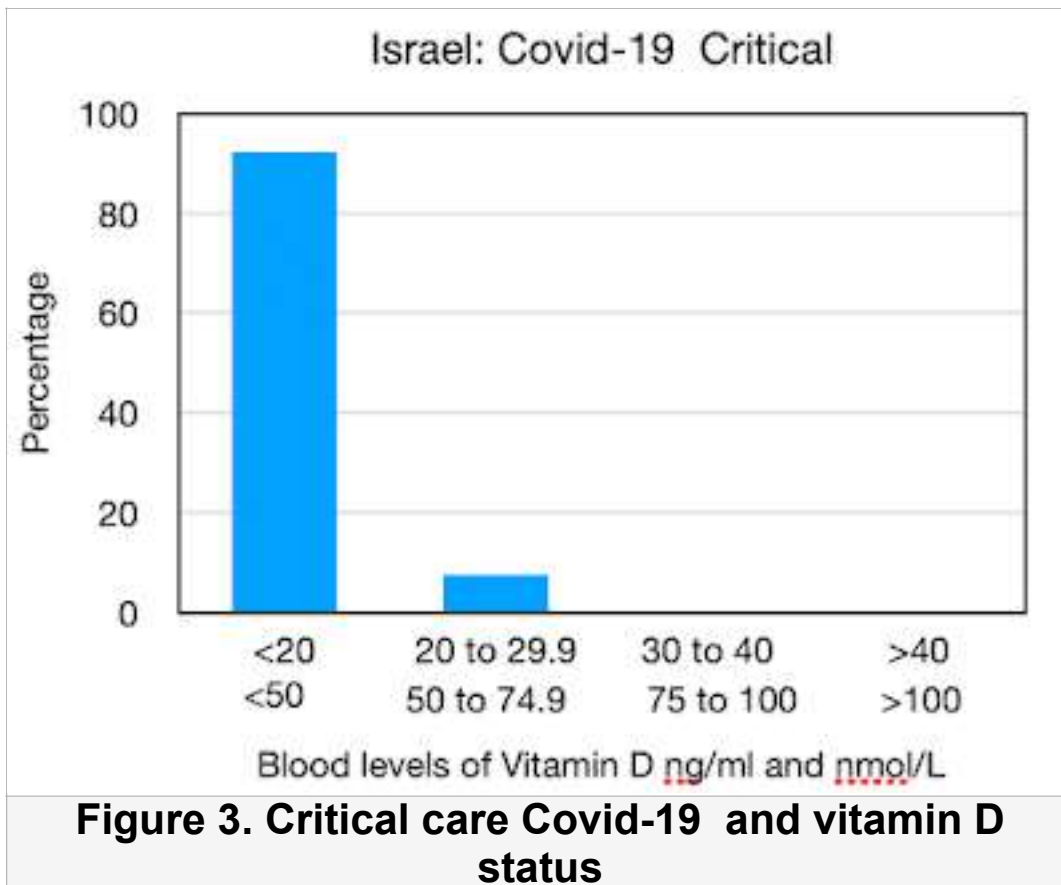
Variation of Covid-19 deaths in 2020

It was not surprising that there was an increase in Covid-19 deaths in the autumn of 2020 when the intensity of solar UV declined and the production of vitamin D in the skin diminished. This would be expected, but it is surprising that the peak increased to an even higher level in early 2021. We will follow this shortly.

The importance of vitamin D

Several studies demonstrated that a very low blood level of vitamin D is found in people with critical or fatal Covid-19. It has been pointed out and it is true that a serious infection can reduce the blood level of vitamin D in an individual, but this has not been clearly quantified. It could have been quantified in detail during the 2020 pandemic but if so results are not available.

However it became clear ([especially from Israel](#)) that low blood levels of vitamin D were of great predictive value in respect of a serious critical or fatal Covid-19 outcome, Figure 3.



We can see in Figure 3 that in this study all (100%) of the Covid-19 cases who were critically ill were vitamin D deficient. 95% were severely deficient with pre-illness blood levels less than 20ng/ml, 50nmol/L. The future opportunity for prevention of illness is glaringly obvious.

A typical epidemic/pandemic

We are accustomed to epidemics of disease and deaths, which usually occur during the winter months, especially January to March when the blood levels of vitamin D are at their lowest. The epidemic, if fatal disease, produces a sudden increase in a number of deaths more than expected at that time. It is the vulnerable that usually die, but they can only die once. This means that the increase in the number of deaths for a given population is followed by a compensatory decrease in the number subsequently, in Figure 4.

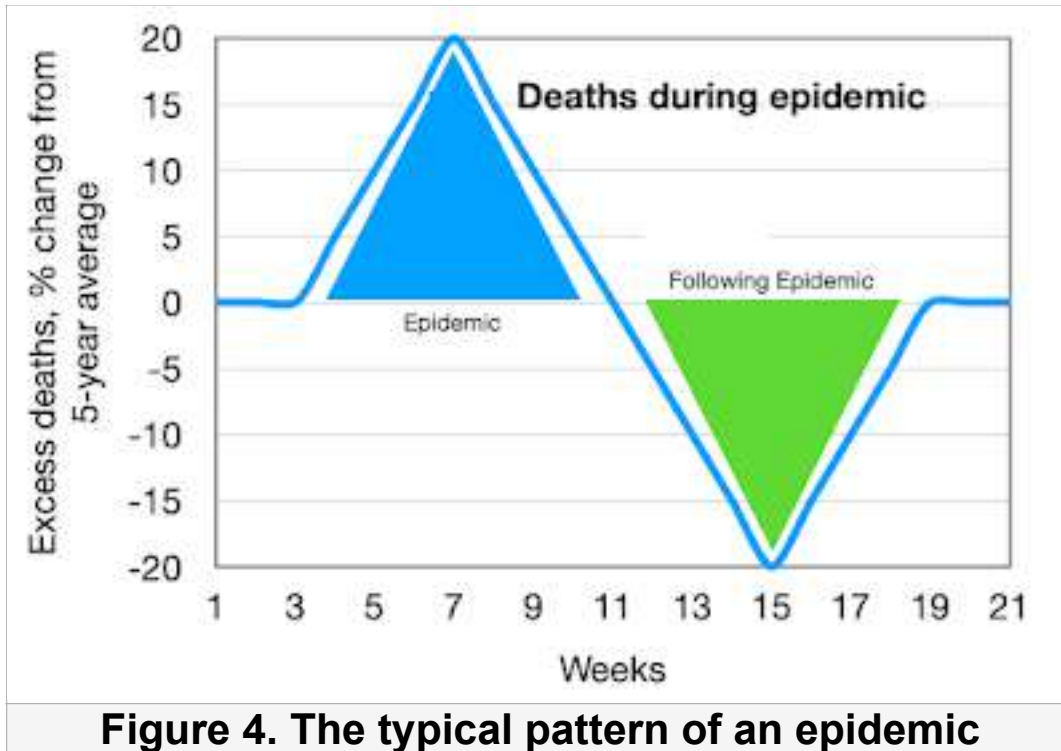


Figure 4. The typical pattern of an epidemic

We remember that in early 2020 we saw many deaths from Covid-19, a rapid increase over expected numbers of deaths, followed by reducing numbers in the Spring. But we were only shown Covid-19 deaths at the time, not total number of deaths. It is only from total deaths that we can appreciate a compensatory reduction of deaths. The number of those who died in the pandemic is matched by the subsequent reduction in the number of deaths. This always happens.

New Zealand

The time-line of the first pandemic is illustrated well by the experience of New Zealand. This information from Our World in Data shows total deaths. We can see in Figure 5 the excess deaths in early 2020 compared with the 2015–2019 average, indicating the initial Covid-19 pandemic. It is followed by a reduction of “excess” deaths, negative, in the following weeks.

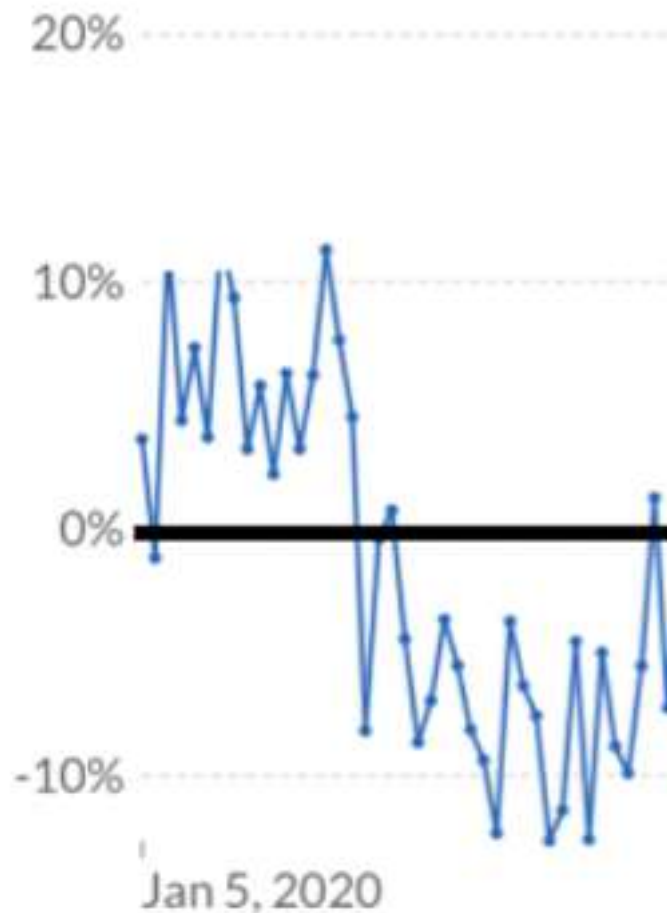


Figure 5. The typical pattern of an epidemic, example from New Zealand

Germany

We have been provided with [total deaths occurring in Germany](#) during 2020. The important data concern the proportionate increase or decrease. The baseline of the bar chart shown in Figure 6 is the average during the years 2015 to 2019, expressed as zero for the purpose of comparison with subsequent years.

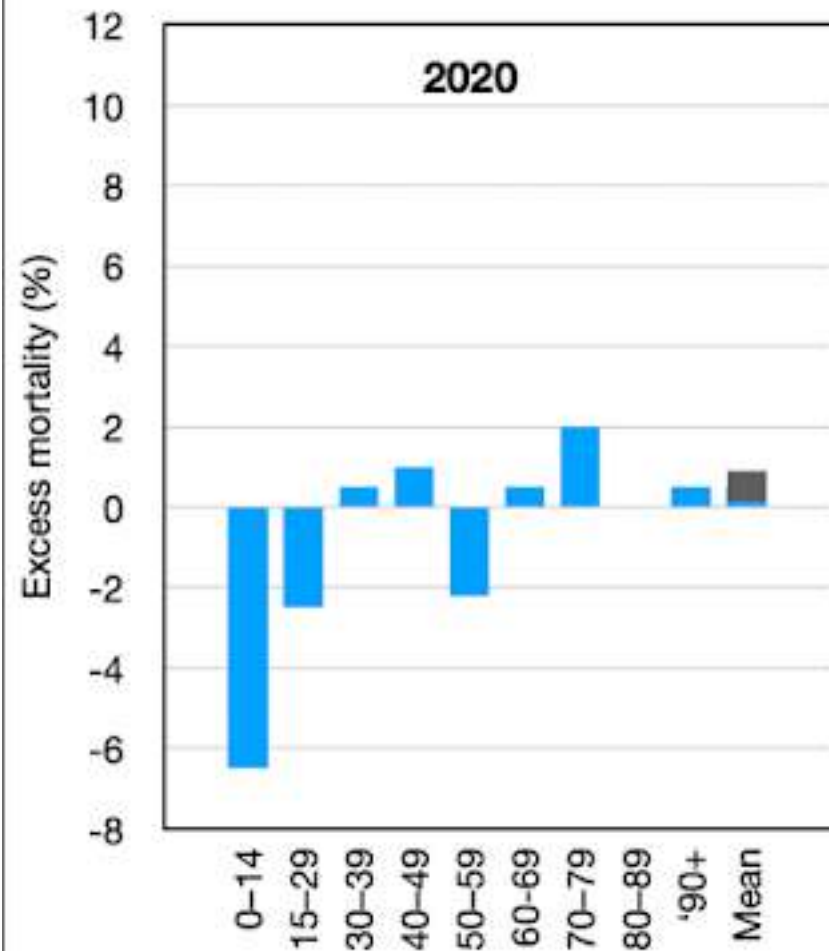


Figure 6. Germany – excess deaths by age-group in 2020

It is interesting to note that there was only an overall minimal excess deaths during 2020 (grey column in the Figure 6). The excess was only minimal even in people above the age of 70, those who experienced most deaths. The point is that we are looking average deaths per week during all of 2020. The elderly people who died in the initial weeks of the pandemic were no longer alive during subsequent weeks. In other words they were destined by their age and frailty to die during 2020, and the pandemic merely brought forward their deaths by a few weeks or months.

It is also interesting to look at excess deaths among children of school age. There was a large reduction of deaths, but this could hardly be a direct result of the Covid-19 pandemic. We can only speculate, but it seems to be most likely that the reduction of deaths of children was the result of lock-down, with closure of schools and places of worship, children being confined to the house, and the absence of road traffic should they venture outside. Although Lockdown appears to have reduced the number of deaths of children, there are recent reports that another effect was to reduce the communication skills of children with a negative effect on education.

The second pandemic – excess deaths

Sudden unexpected deaths

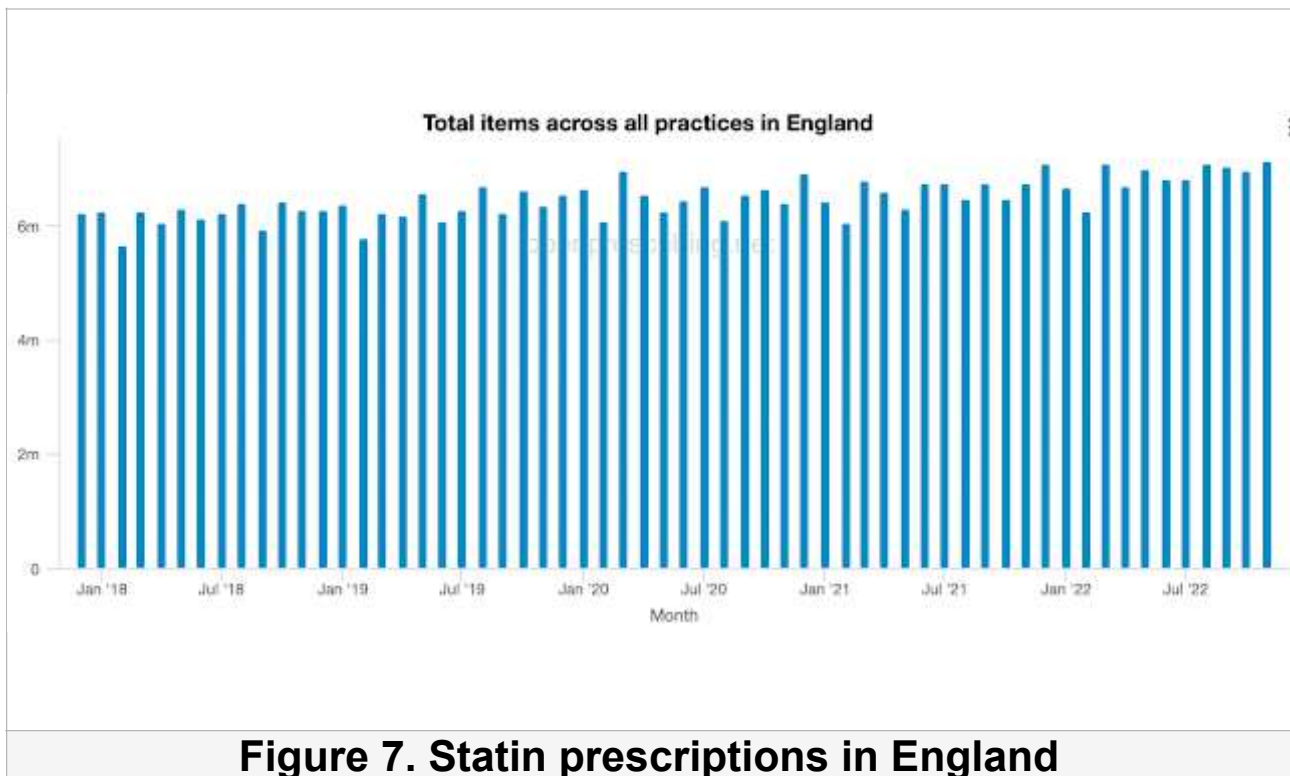
During 2022 it became clear that there was an unusually large number of young and middle-aged people dying from “sudden unexpected death”. This phenomenon was often called in the press “heart attacks”, which is a euphemism meaning that individual died suddenly and unexpectedly as presumably the heart suddenly stopped beating. Sometimes the cause of the sudden death has been given as “natural causes”, meaning not trauma or homicide, but from the medical view point this is completely unhelpful.

We have not had any clear understanding of the results of autopsies in these “sudden and unexpected deaths”, and there are reports of a distinct official policy to discourage or even prevent autopsies being performed. We therefore have little or no knowledge of whether or not there was an underlying or pre-existing disease.

We must remember that during the 20th century there was a pandemic of coronary heart disease (CHD) with its peak in 1970. This was shown clearly by information from the [USA](#) and from the [UK](#). During the pandemic, and especially at its peak, cardiac arrests were relatively common. This led to the introduction of cardio-pulmonary resuscitation

(CPR), defibrillation, and coronary care units (CCUs), unknown before the late 1960s. I qualified in medicine in 1966 and I remember this very well. The underlying heart disease was atherosclerosis in a particularly vicious form. The early stages were identified very clearly in [young US soldiers](#) killed in action. It was obvious that the development time from initial disease to clinical and perhaps fatal disease was at least twenty years. The "sudden and unexpected" deaths during the past three years suggests a disease process other than known CHD.

The number of sudden unexpected deaths during 2022 is not known because national data has not been published. When questioned, the UK Chief Medical Officer, Sir Chris Whitty, did not deny the existence of many additional sudden and unexpected deaths, but he suggested that the reason was that people had stopped taking their statin medications (reported on January 18th 2023). The lack of effectiveness of statins is not important at present, but a perusal of the weekly UK reports of medicines dispensed indicates no change in respect of statins during 2022 (Figure 7). More disinformation from government.



During 2020 the national newspaper *The Guardian* drew attention in its news and obituary pages to 49 sudden and unexpected deaths. Without comparison with previous years, this seemed to be a remarkably large number, but *The Guardian* was unwilling to display the total. During 2023 there have been 18 similar reports or obituaries, but whether the decline is the result of a lower incidence or a change in editorial reporting policy is not clear. The average age at sudden death among these sudden and unexpected deaths was 59 years, range 17 to 78.

There were so many reports of sudden and unexpected deaths in 2021 and 2022 reported in the media. They were inevitably deaths among well-known people, such as Lisa Marie Presley (famous father, 54), Paul Grant (actor, 56), Shane Warne (Australian cricketer, 56), Lance Reddick (actor, 62), Paul Cattermole (musician, 46), Dominic Kwiatkowski (Paediatrician and geneticist, 69), Helen Smart (headteacher and former Olympic swimmer (43), Maddy Cusak (Sheffield United footballer, 27), Ivan Andaur (pilot, 56). Many of the sudden and unexpected deaths were among sports-people, but they were all individual events. They were all human stories, human tragedies but there was little attempt to collate them.

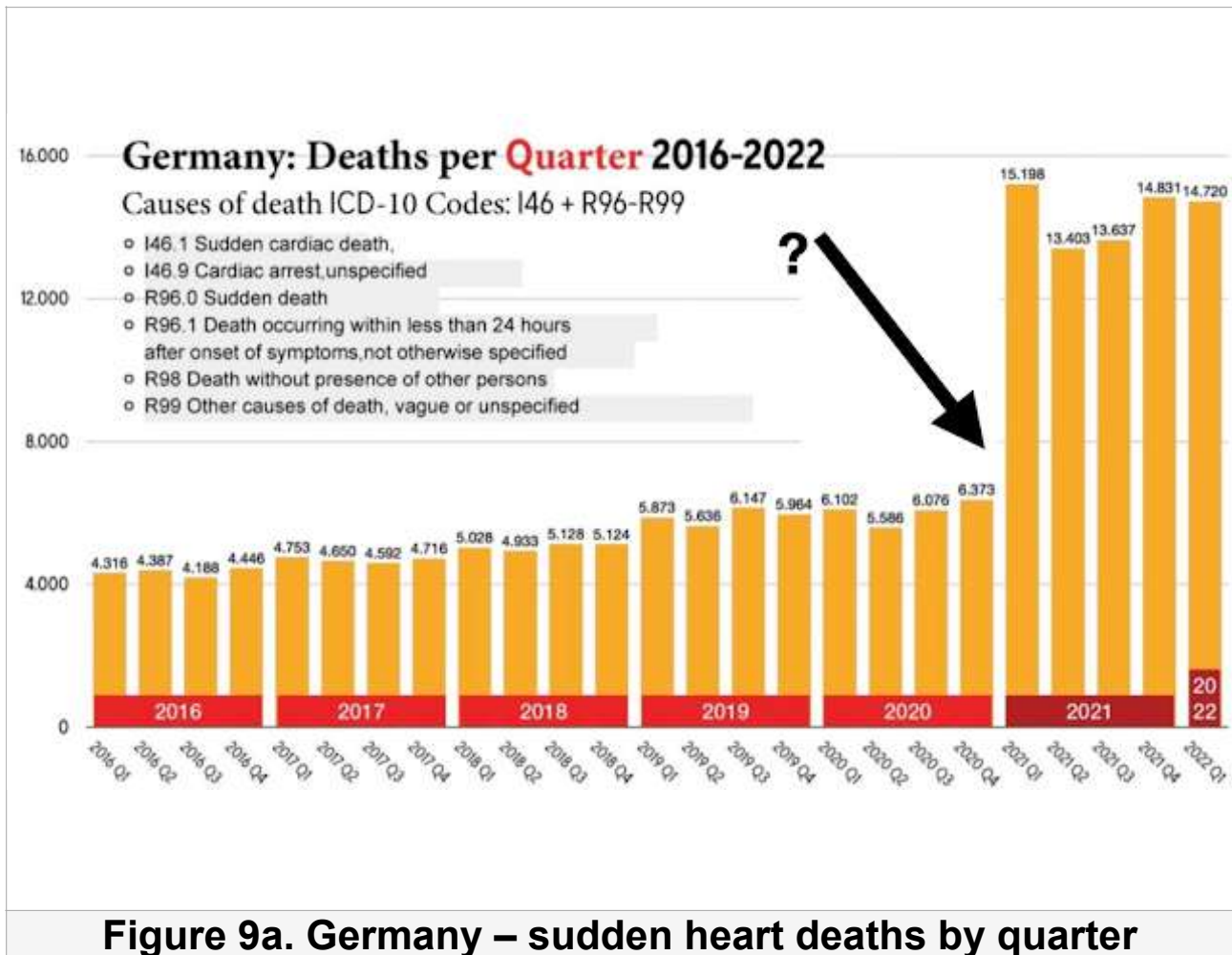


The image is a screenshot of a news article from 'THE IRISH NEWS'. The header includes a 'MENU' icon, the newspaper's name, and a search icon. Below the header, there are navigation links for 'News', 'Opinion', 'Sport', 'Business', 'Life', and 'Magazine'. The main headline reads: 'Young doctor who died after collapsing at leisure centre was due to marry on Friday'. Below the headline is a photograph of a young man with a beard, wearing a blue suit jacket, smiling. The caption below the photo reads 'Dr Sean McMahon'. The entire screenshot is enclosed in a light grey border.

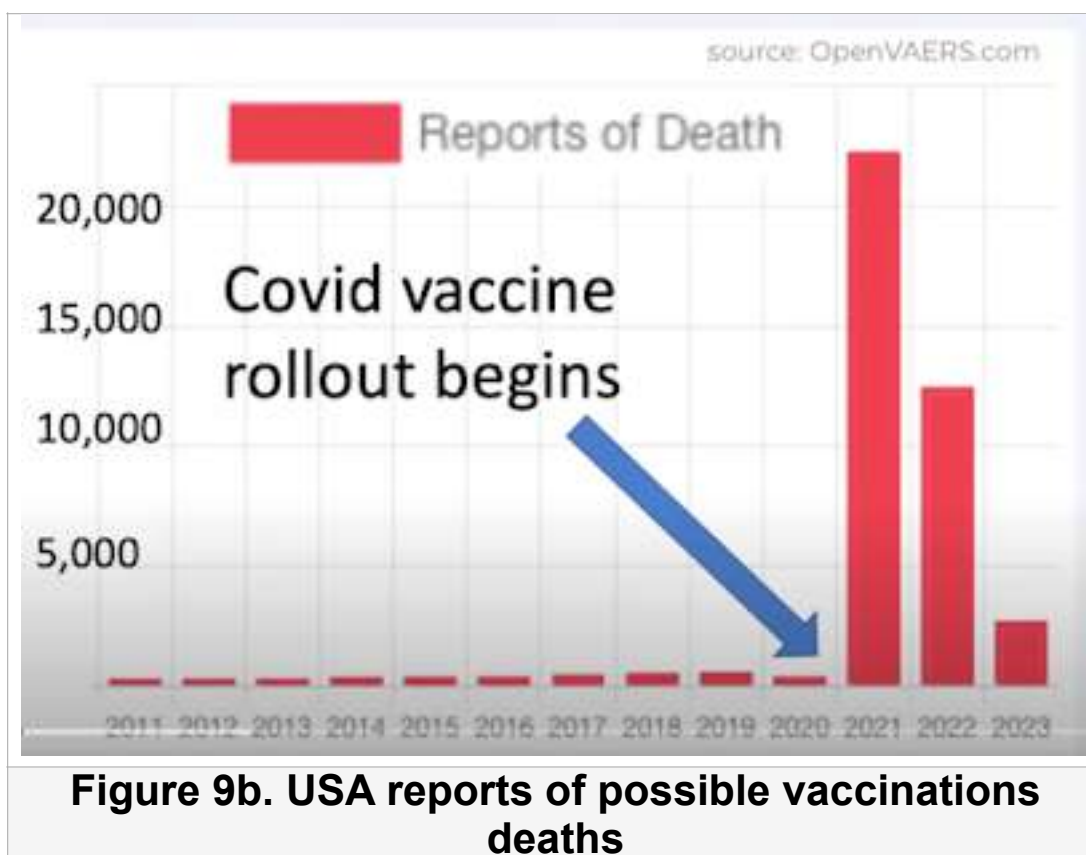
Figure 8. one of many similar sudden unexplained deaths

More information from Gemany

Further data analysis from Germany looked at diagnostic categories of sudden death and cardiac arrest. The data was that of death from these categories by quarter from 2016, as reported in official international diagnostic (ICD-10) codes. There is a slight gradual increase up to the end of 2020, but then a very sudden increase, a doubling of these deaths in 2021 and the first quarter of 2022. This is alarming, and was obviously not random.



A similar pattern was seen in the USA, this time looking at the total number of alleged deaths due to vaccinations from 2011 to 2023, Figure 9b. This data is from the official long-standing Vaccine Adverse Events Reporting System (VAERS). Again, something happened in 2011 that had not been experienced previously. The numbers of alleged deaths due to vaccinations was unprecedented



What is it that happened in Germany, the USA, and in other countries in early 2021 that might have caused this abrupt increase of sudden heart deaths, real or possible? Because of official silence on the phenomenon we cannot be certain and therefore speculation is inevitable. The official UK explanations of "not taking statins" or "delayed hospital treatment" are clearly not credible. Take for example, Helen Smart and Maddy Cusak, mentioned above.

The obvious question is, "What else happened in early 2021 that might have been responsible?" The widespread Covid-19 vaccination programme at the beginning of 2021 becomes a contender, especially as it soon emerged officially that the new mRNA vaccines could damage the heart causing myocarditis. Exercise in someone experiencing acute myocarditis (perhaps asymptomatic) might be expected to result in a high risk of cardiac arrest.

The role of the mRNA vaccinations has been disputed, but without an alternative credible explanation. Silence from government and other official bodies suggest that there might be something to hide.



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Why are so many footballers collapsing? There has been a worrying spike in cardiac arrests and stars retiring with heart-related issues, but leading sports cardiologist insists it is NOT to do with Covid vaccine

- Sergio Agüero was forced to retire from football on Wednesday due to ill health
- Agüero is the latest footballer who has had heart-related issues this year
- Denmark playmaker Christian Eriksen had a cardiac arrest during Euro 2020
- Charlie Wyke went into cardiac arrest during a Wigan training session last month
- **EXCLUSIVE:** The Premier League is going to 'crash' unless players are fully vaccinated, the UK's top sports cardiologist Professor Sanjay Sharma warns

Figure 10. Cardiac arrests of footballers ?not a vaccine effect

Excess deaths

Sudden unexplained deaths became obvious during 2021 because they became the experience of people in respect of their friends or family or from reports of sudden unexpected deaths reported in the newspapers. However the total number of deaths in a day/week/month/quarter/year would be outside the experience of an individual and the data can only come from national data collection.

It is important to look at total deaths, and with this the number of deaths in a given time period compared to what is expected from the experience of a previous five-year average. As we have seen above, this gives us a measure of excess deaths.

United Kingdom

Data from the Office of National Statistics (ONS) informed us that in week 21 of 2023 there were 12,528 deaths in the UK. This included 1,076 deaths additional to the number expected compared to the 2015–2019 five year average for this particular week. Covid-19 was written on the death certificate in only 282 of these .

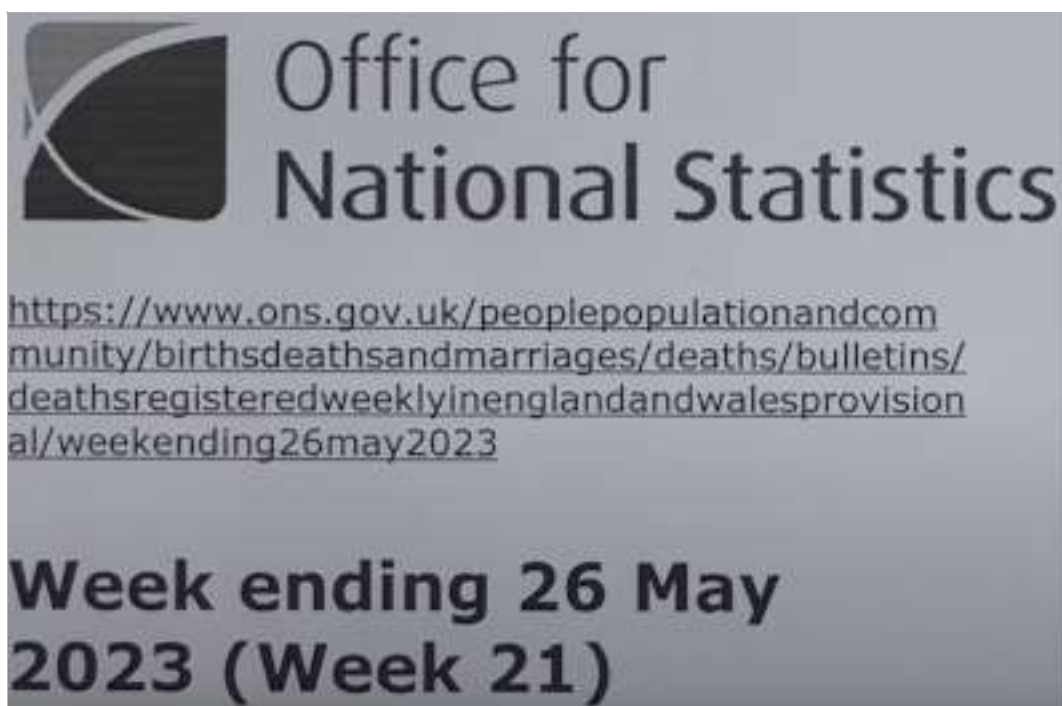


Figure 11. UK ONS – 1074 excess deaths this week

A thousand excess deaths in a week is alarming. Had it been a result of an earthquake, tsunami, or other natural disaster it would have been visible. But that was not the case. The 1,076 deaths were individuals in different places, just one at a time, peacefully, quietly, unknown to all but their close family and friends. Individuals might have been mentioned in newspaper death announcements, but there was no aggregated death report in the newspapers or medical journals.

The government has remained silent. Government officials will obviously have known about these deaths and there would obviously be detailed discussion behind closed doors. As there would appear to be no public action to be taken, it was in the interests of the government to make no comment.

No doubt through government direction, there has been no report of excess deaths in the general press, but on June 22nd 2023 The *Daily Telegraph* informed us that “*Heart deaths surge by more than 500 a week since pandemic*”. These heart deaths are half of total excess deaths, but no detailed analysis was given. The story lasted just a day.

The BBC has reported the excess deaths of 2022, but again with no sign of government interest.



Excess deaths, Our World in Data

We can look at total deaths in the UK from early 2022, information from [Our World in Data](#). We see the number of deaths expressed as a percentage difference from the 2015 to 2019 average.



Figure 13. UK – excess deaths 2022–2023

The 100% increase in January 2020 was due to the Covid-19 pandemic. The increase in the following winter was when the summer vitamin D production had come to an end. 2021 was the year of vaccinations, intended to bring excess deaths to an end. But in 2022 excess deaths were at about 20%, and in 2023 continuing steadily at about 10%.

The UK government explained the thousands of excess deaths during 2022 as being due to hot weather during the summer. By international standards the UK does not have exceptionally hot summers. Older people were not issued with air-conditioning units during 2023.

Heat-related deaths for 2022 hit record level in England

Thousands of people died, ONS data reveals, as rate increases over recent years

Figure 14. UK – excess deaths due to hot weather ?

Stillbirths and neonatal deaths

There has not been a compensatory reduction in deaths, but a continuing excess. The total number of excess deaths can be judged (or counted) as the area under the graph points. Without a compensatory reduction of the number of deaths or an increased birth rate, a reduction of population will be occurring.

Unfortunately there appears to be a new increase in the number of deaths just before and just after birth, especially in socio-economically disadvantaged families.

Pregnancy

Stillbirths and newborn deaths rise for first time in seven years

Report suggests widening inequalities as black babies and those from deprived backgrounds more likely to be stillborn

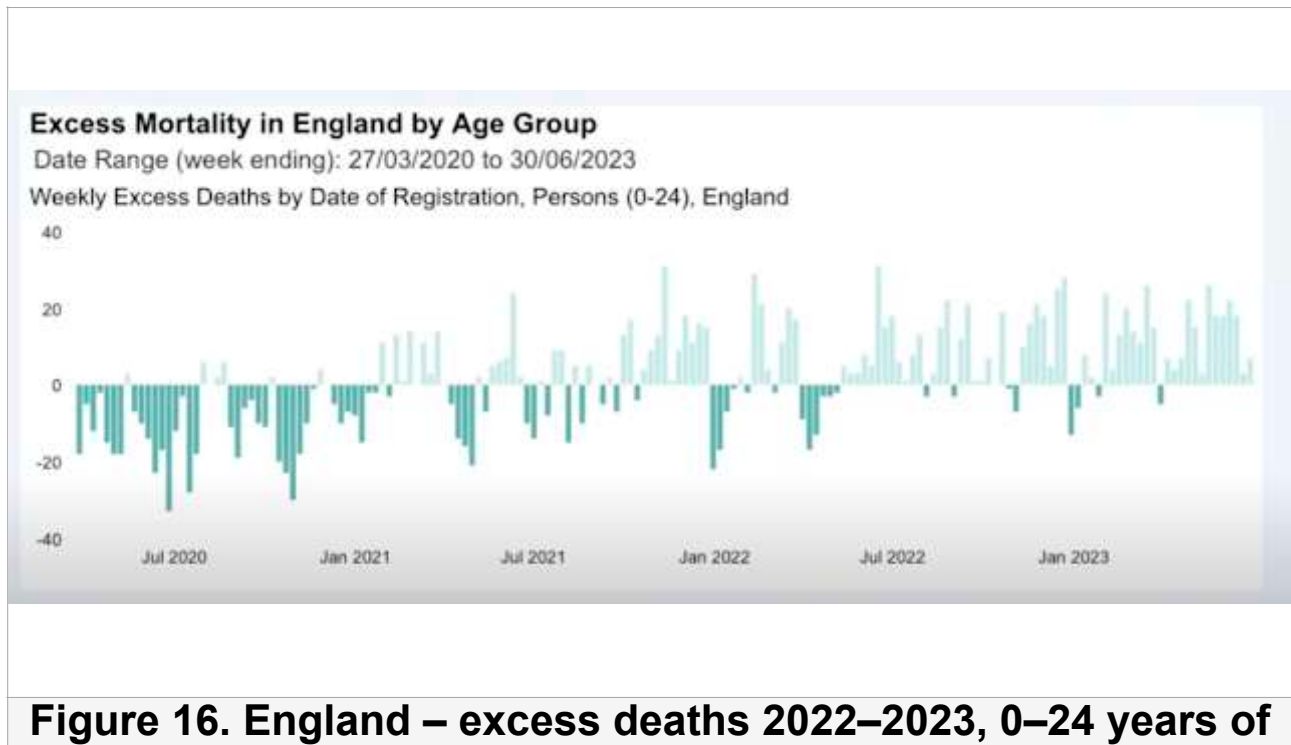
Hannah Devlin *Science correspondent*



Figure 15. UK – excess perinatal deaths, *Guardian*

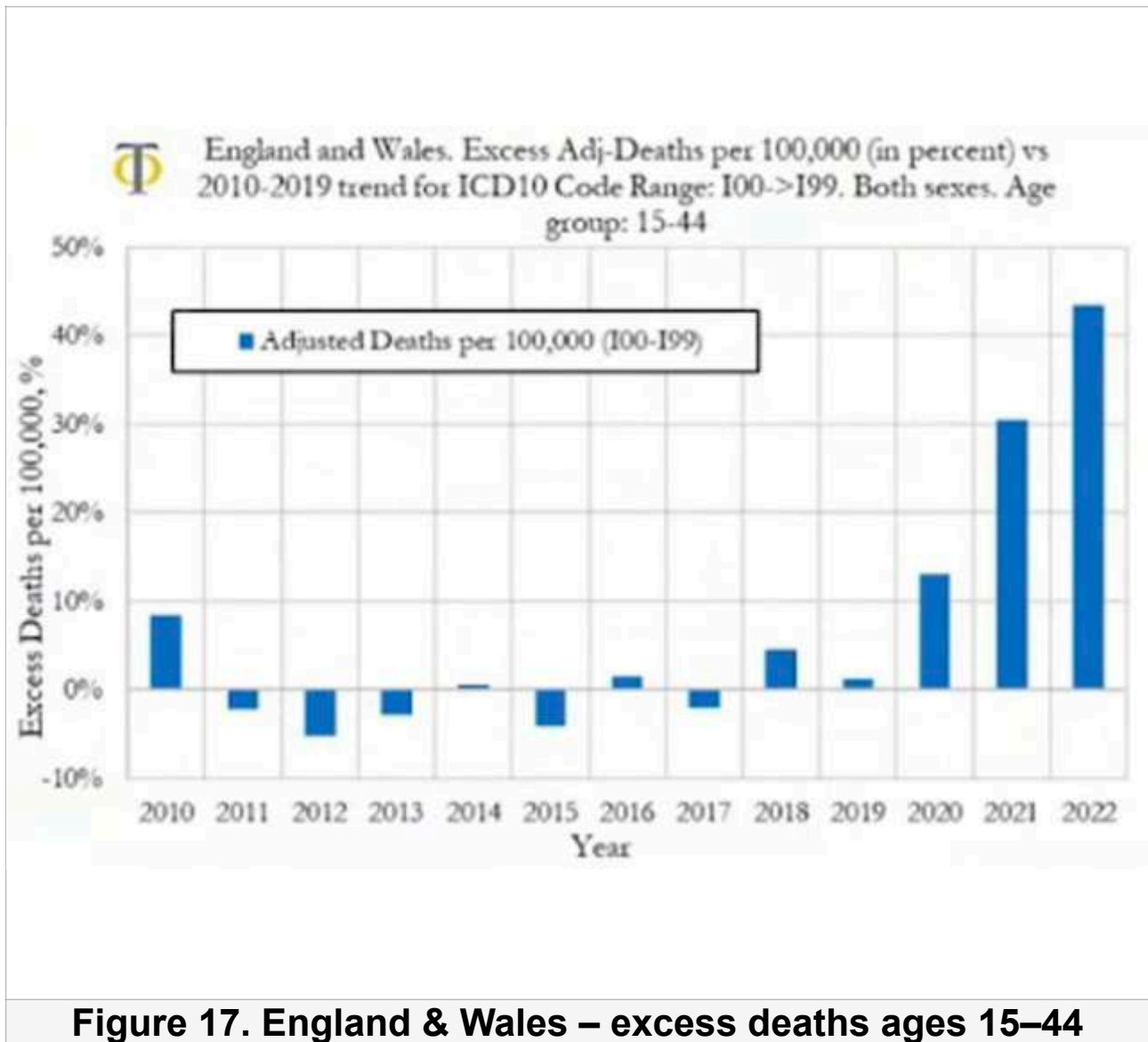
Excess deaths of young people

There is a concern that it is not just the elderly who have been dying in excess numbers during 2022 and 2023. Figure 16 shows excess deaths in the 0–24 age group in England.



We can see, as with the experience in Germany, a reduction in expected deaths during the first pandemic, Covid-19. The excess deaths in this age group during 2022 and 2023 is very disturbing, but the detail of causes of these deaths is not yet available.

Edward Dowd is a health insurance expert and data analyst in the USA. He has noted the increasing insurance claims and has also analysed data from the UK Office for National Statistics (ONS). Figure 17 shows [his analysis of excess deaths](#) in the UK, young adults aged 15 to 44.



We see a 30% increase of excess deaths in 2021 and 2022. The numbers for 2023 are not yet available.

In the UK there have been in 2023 strikes by doctors who demand a pay increase. The government states that this is the reason for excess deaths, but it would not have an effect beyond the shores of the UK. We will look at what has been happening in other countries.

Ireland

In Ireland we see in Figure 18 the current excess deaths at about 20% above expected. This has been persistent during 2021–2023 and it shows no sign of settling.

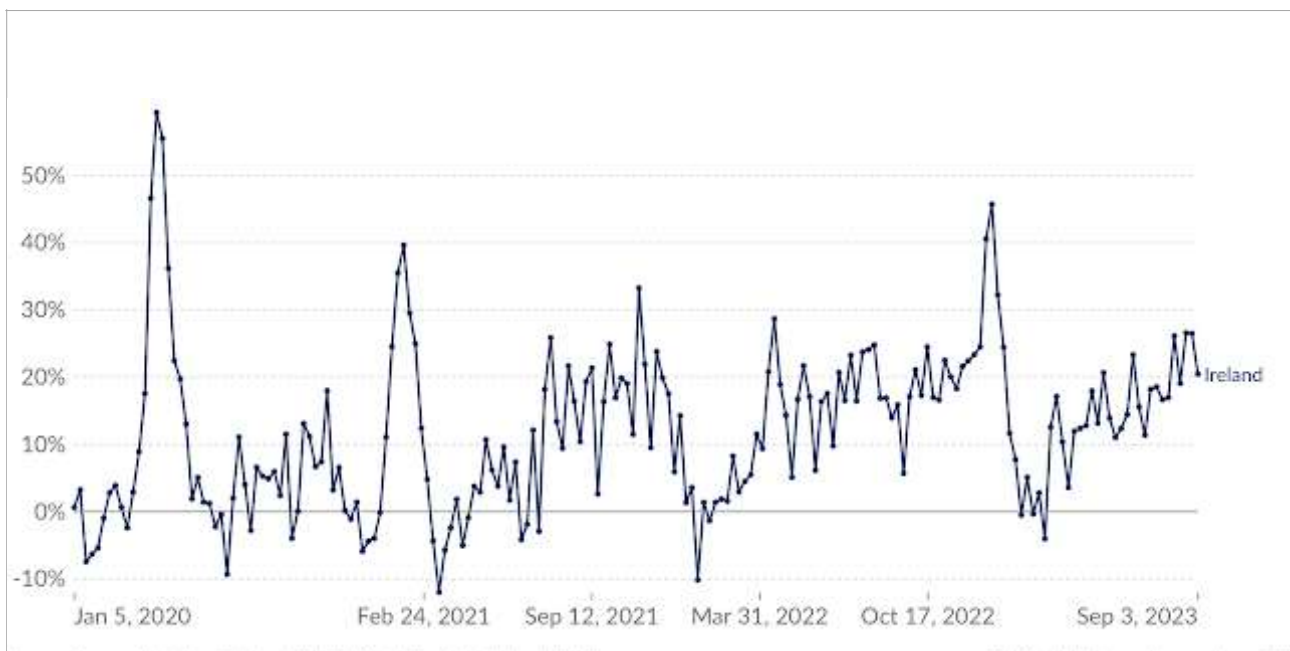


Figure 18. Ireland – excess deaths 2020–2023

New Zealand

We have seen in Figure 5 the excess deaths in New Zealand during 2020, but the time-line of excess deaths in New Zealand up to the middle of 2023 is seen in Figure 19. It is interesting and alarming, with

excess deaths rising to 30% above expected during 2022, but perhaps settling in late 2023.

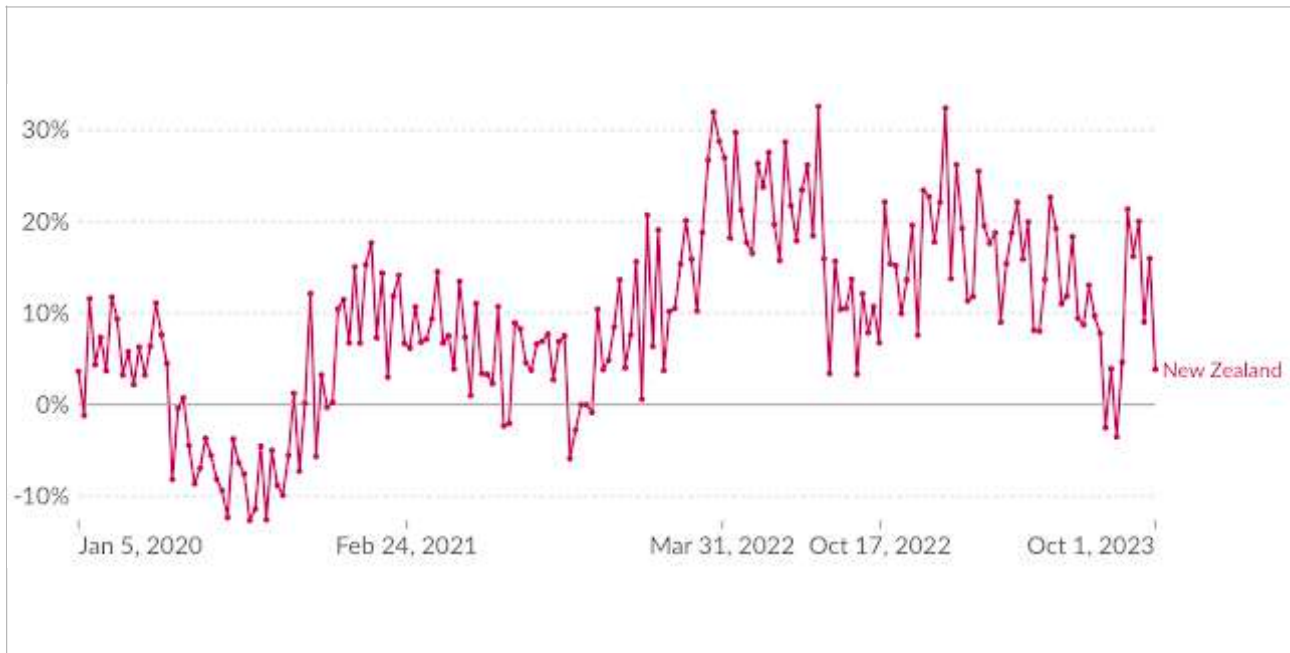


Figure 19. New Zealand – excess deaths 2020–2023

Australia

A similar timeline is recorded in Australia, but no data have been recorded since mid-summer. The first pandemic in 2020 had a small effect with compensatory reduction in deaths. But in 2022 we see a second pandemic. Excess deaths have been steady at about 15% during 2023. Once again the area under the graph in Figure 20 indicates total excess deaths, and there has been no compensatory reduction. Excess deaths continue.

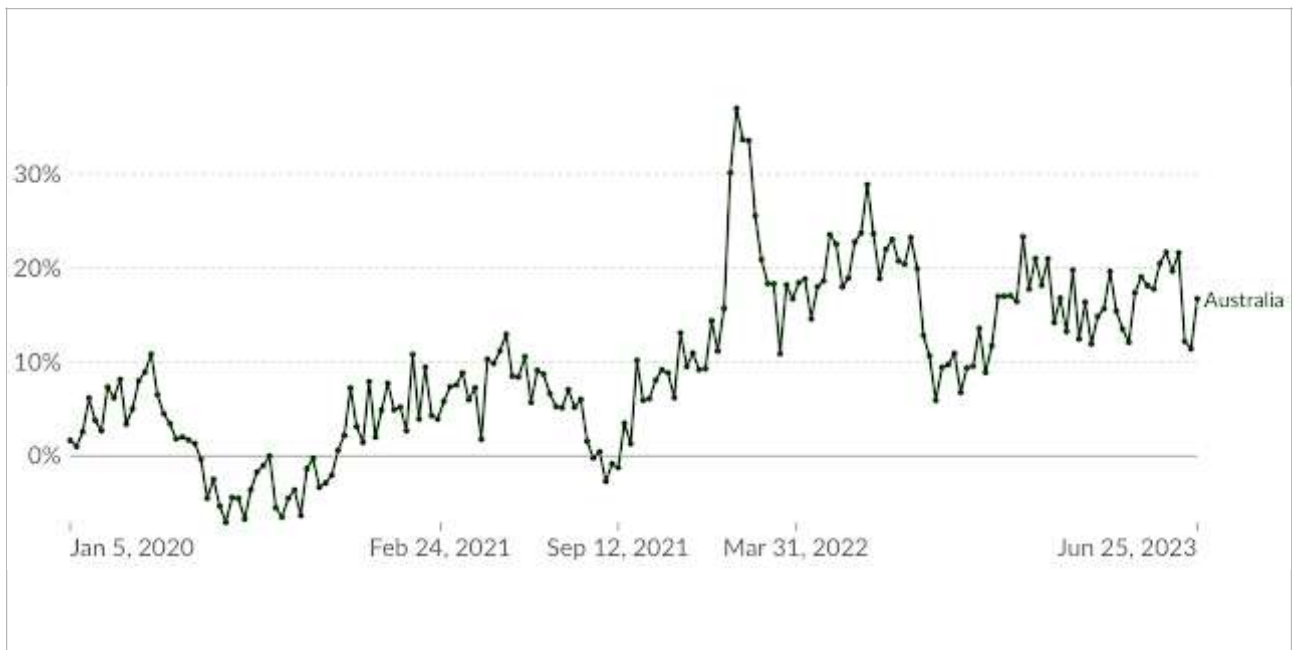


Figure 20. Australia – excess deaths 2020–2023

Germany

We have seen in Figure 6 the interesting information of excess deaths in Germany during the 2020 Covid-19 pandemic. Although excess deaths were minimal in 2020, there was a 2% increase in the 70–79 age group.

Looking at the same [data source](#), we can see in Figure 21 that 2021 was different: there was an overall 3.5% excess death rate. It was still negative for young people, particularly high (about 7–8%) for the middle aged, but minimal for the elderly.

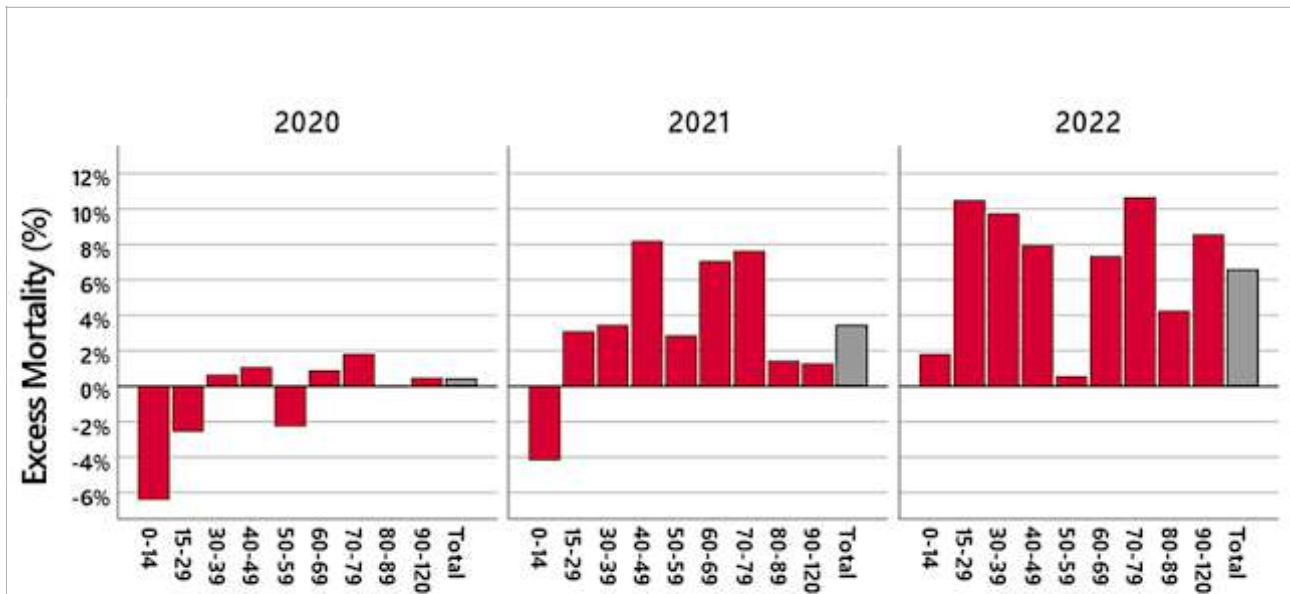


Figure 1: Yearly excess mortality.

Figure 21. Germany – excess deaths by age group, 2020,

There were more excess deaths in 2022, 9.5% for the 5–29 age group, and this is particularly alarming. The excess deaths were more than 10% in the 70-79 age group, and overall 6% above the pre-2020 five-year average.

The overall Our World in Data result for Germany is shown in Figure 22.

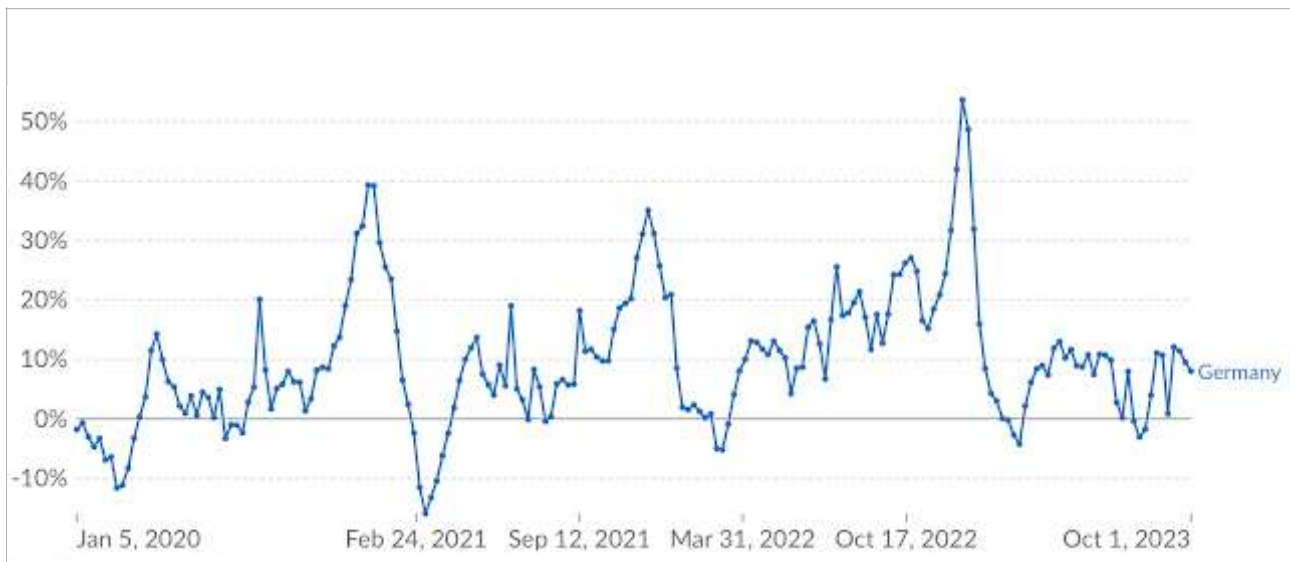


Figure 22. Germany – excess deaths 2020–2023

Excess mortality reached a peak of more than 50% above expected levels in late 2022 but is now about 10%.

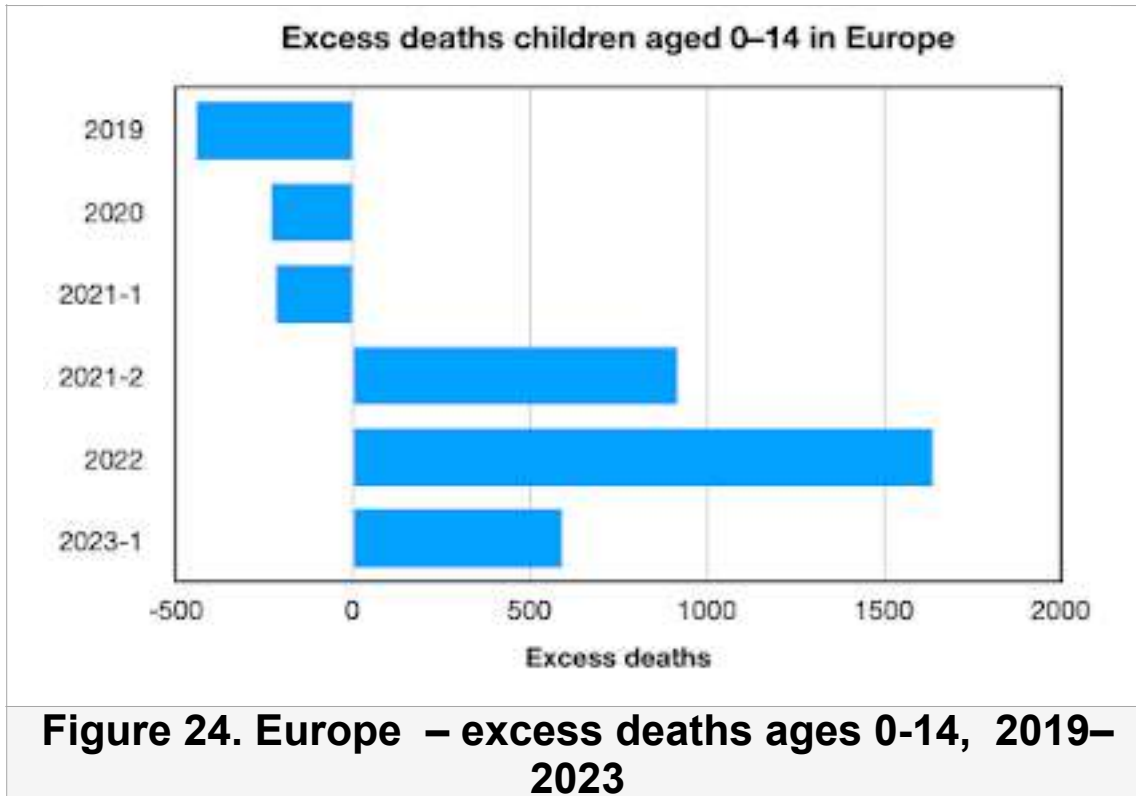
Europe

The important source of data Eurostat provides further information, but I will just provide the Spring 2023 headline.



Figure 23. Europe – excess mortality

The EU has also released information concerning excess deaths of children, absolute numbers in the EU populations. We can see 1,500 excess deaths in 2022, and 600 excess deaths in the first half of 2023.



Norway

In Norway we can see in Figure 25 the usual variation in numbers of deaths throughout the years 2014 to 2020, with more in the winter, fewer in the summer, but varying around a steady average. The number of excess deaths in the winter is always compensated by fewer than average deaths in the summer.

The excess winter deaths were always less than 1,000, even in 2020, the year of the Covid-19 pandemic. But in 2021 we see a steady increase in the number of deaths, increasing in 2022 to a cumulative excess of 7,000. This trend has been unprecedented, but the 2023 number is not yet available. There appears to be an epidemic starting at the end of 2021. The excess deaths are no longer compensated by below average deaths in the summer, show in Figure 25. The pattern is as in Figures 4 and 5.

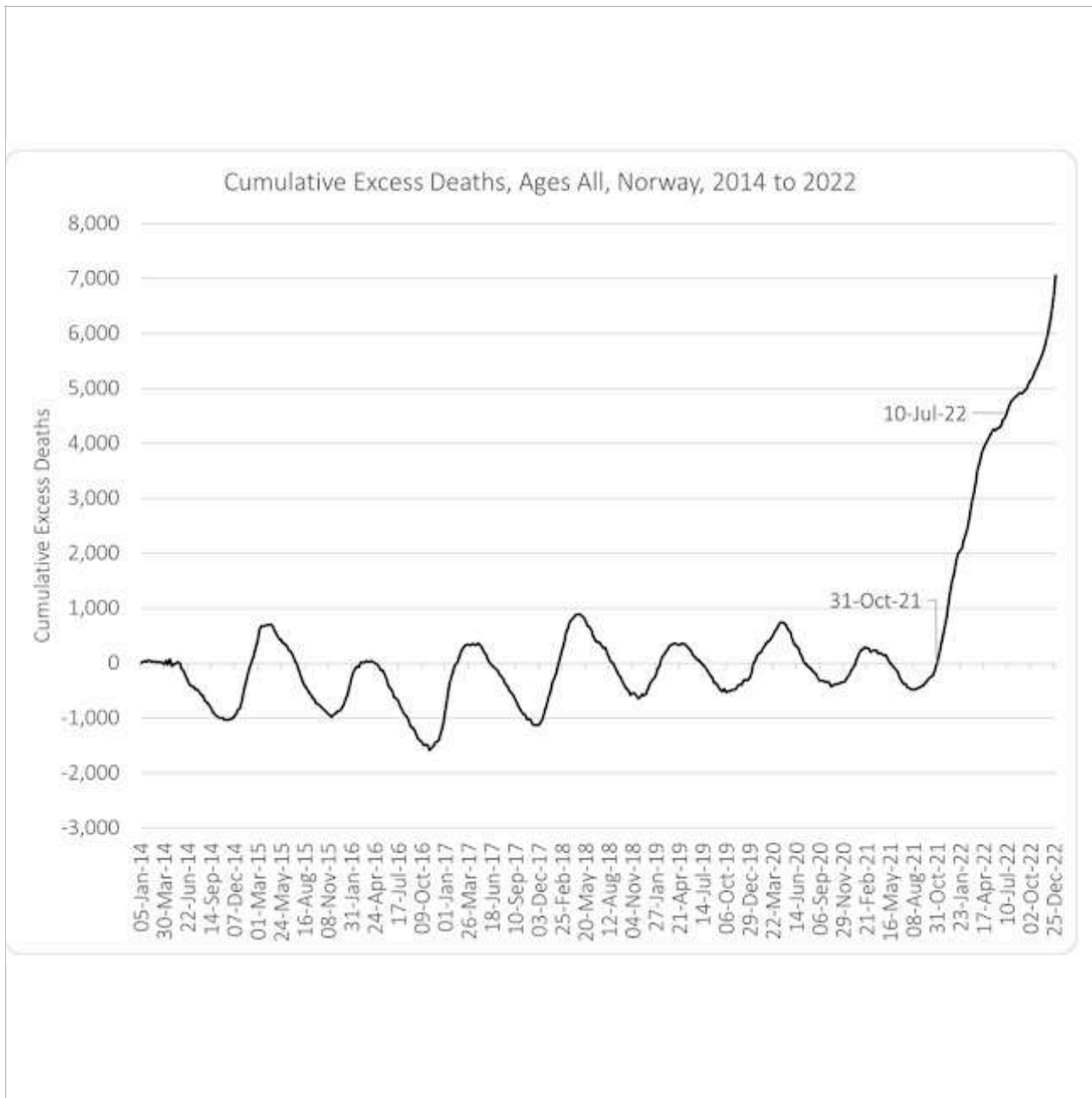


Figure 25. Norway – pattern of deaths 2014–2022

The Our World in Data timeline for Norway is below. We can see the Covid-19 epidemic effect in 2020, and a compensatory recovery in early 2021. But in late 2021 and 2022 we can see again what appears to be a second epidemic, of ill-defined fatal illness.

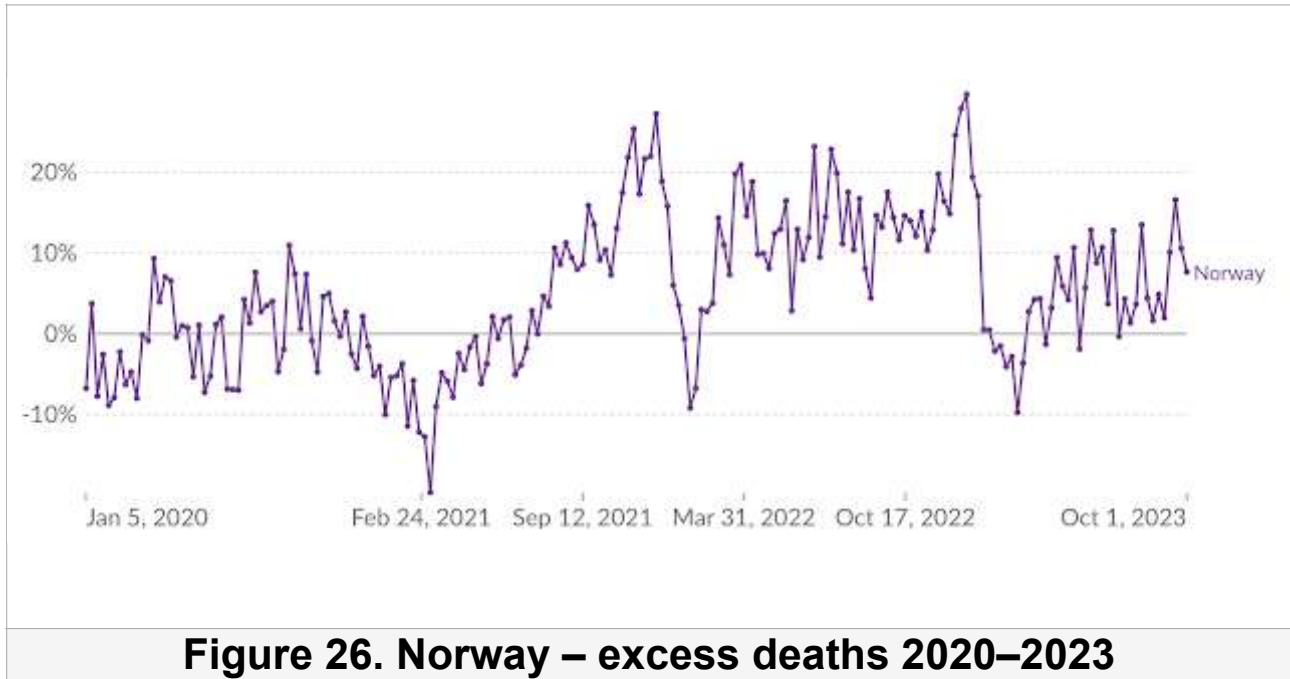


Figure 26. Norway – excess deaths 2020–2023

Canada

Again the same pattern is seen in Figure 27, but with excess deaths increasing to 30% in 2022 and 2023. The sudden drop to 10% excess in April 2023 is encouraging but there is no data beyond that time. The area under the time-line represents the total number of excess deaths. There is no end to this, no compensatory reduction of deaths.



Figure 27. Canada – excess deaths 2020–2023

USA

The pattern of excess deaths shown in Figure 28 is similar to what we have seen in Canada. After peaks of more than 40% excess deaths, the excess still continues steadily at 10% above what is expected from previous experience.

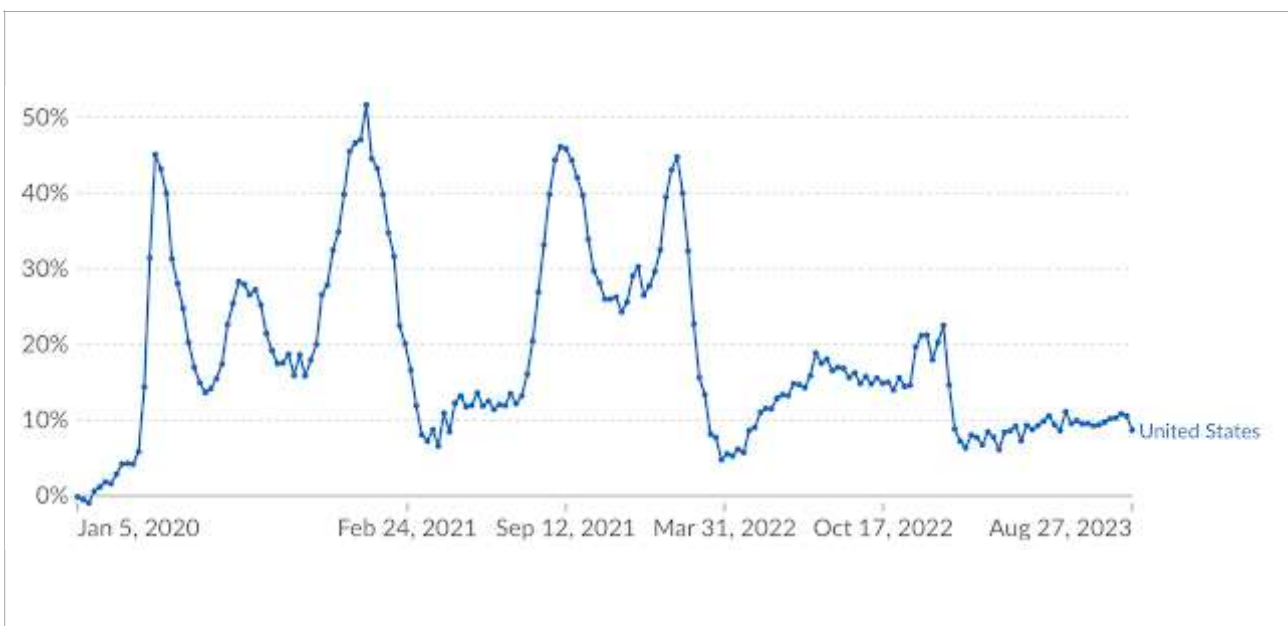


Figure 28. USA – excess deaths 2020–2023

Malaysia

From the far East we can see the example of Malaysia. Similar to Australia and New Zealand, there were few if any excess deaths in 2020, but an epidemic appeared in 2021 and it has not completely settled. It would appear to be something other than Covid-19. It coincided with the introduction of mRNA vaccinations. Deaths continue to be excessive, about 15% above previous average.

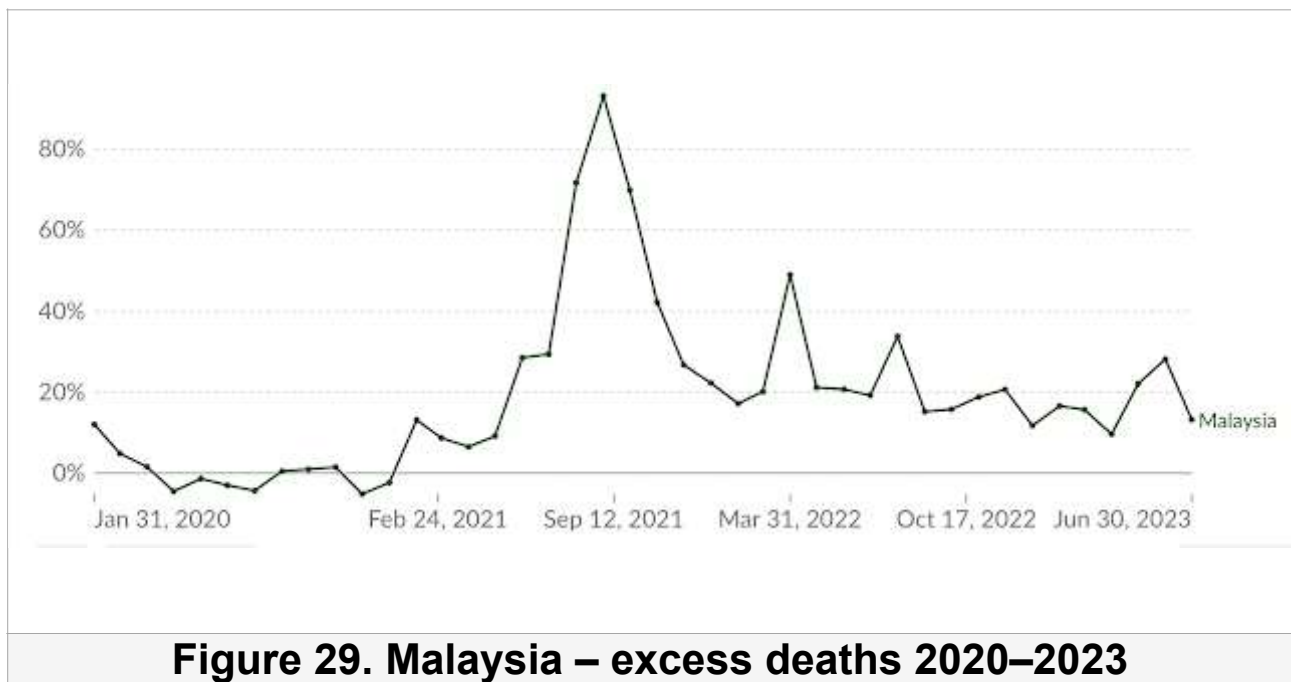


Figure 29. Malaysia – excess deaths 2020–2023

End of the pandemic?

As we have seen, we can only conclude that a pandemic is over when we see the compensatory reduction in the number of deaths. We have not yet seen this.

Serious non-fatal illness

Ed Dowd, US data analyst and insurance expert mentioned above, has brought to attention the increase of claims made to life and health insurance companies in the USA concerning the apparent epidemic of sudden deaths in the USA. The reasons for and mechanisms of these deaths have not been defined, and as in the UK and other countries,

there has been no official acknowledgement. This book "counts the bodies" and describes the tragedies of the many young people dying far too early in their lives.

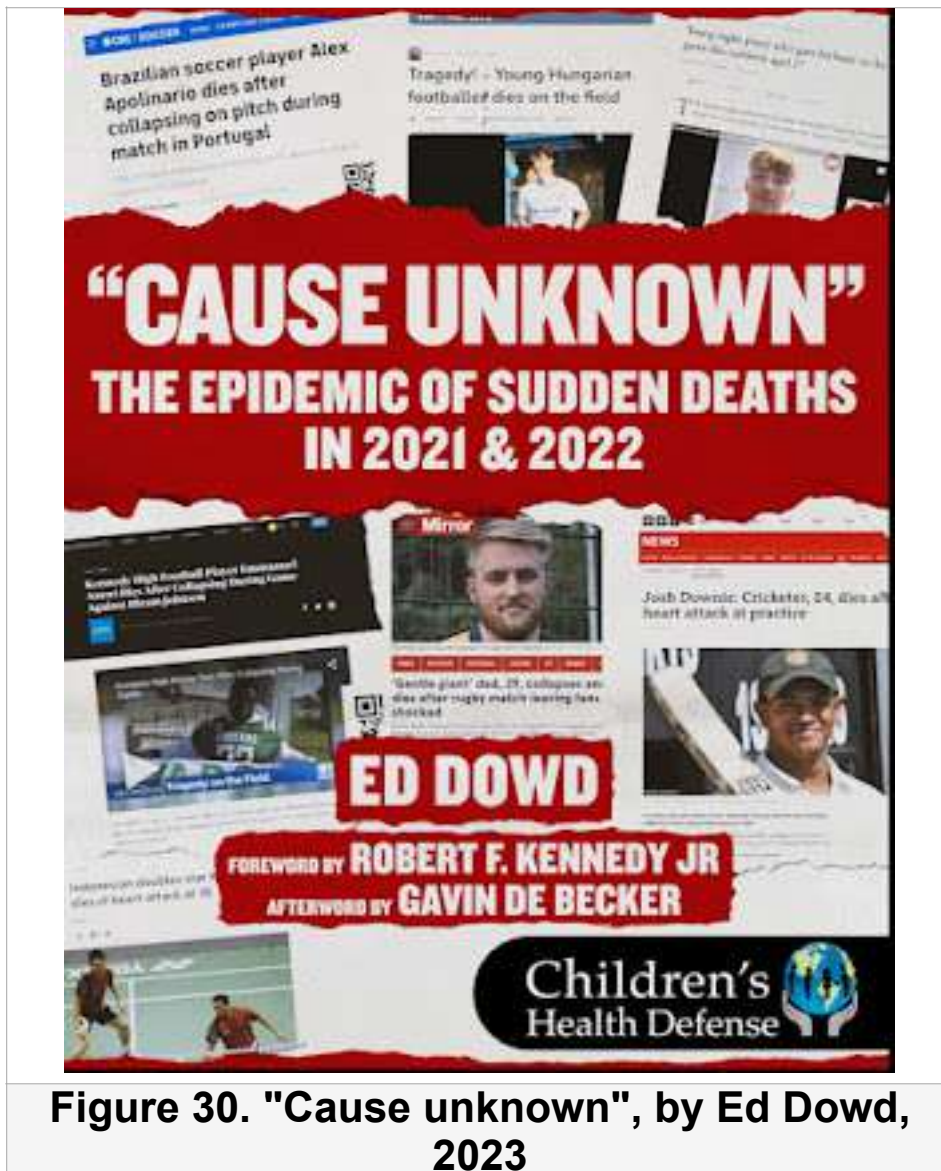


Figure 30. "Cause unknown", by Ed Dowd, 2023

Dowd also extracts data from US insurance claims concerning disability resulting in absence from work. The data did not come through government agencies but from the insurance companies themselves.

We can see in Figures 31 and 32 the pattern of disability resulting in absence from work and claims for insurance. There is an obvious increase in 2022 and 2023, even more obvious in women than in men.

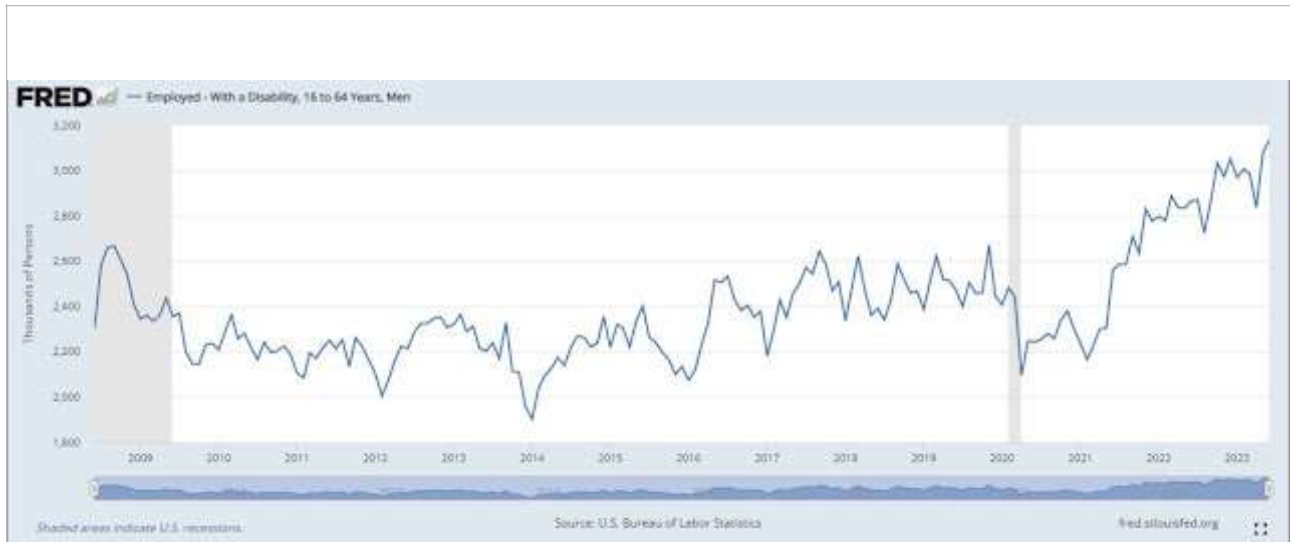


Figure 31. USA: insurance claims for sickness, men

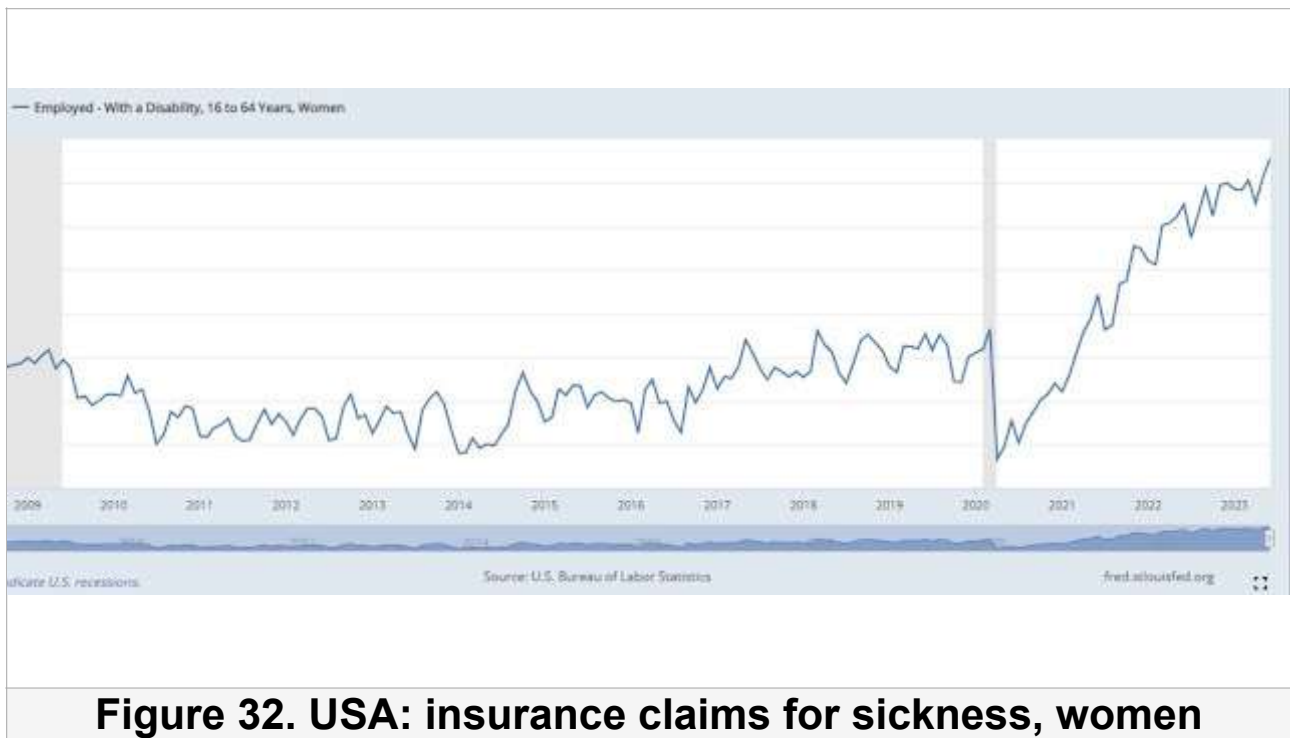


Figure 32. USA: insurance claims for sickness, women

The insurance companies are responsible for paying claims in excess of what they had expected, and this has become greater than the income from those at work. This will produce a financial crisis within the insurance industry.

Dowd also examined ONS data looking to see if there is a similar increase in disabling illness in the UK. There is.

In the UK there is National Insurance, administered by government agencies. The principle is the same, working people pay and when they are off work on account of illness they receive financial support. The government therefore has accurate records of the numbers of people receiving "sick pay". In current official language, it is called Personal Independence Payment (PIP).

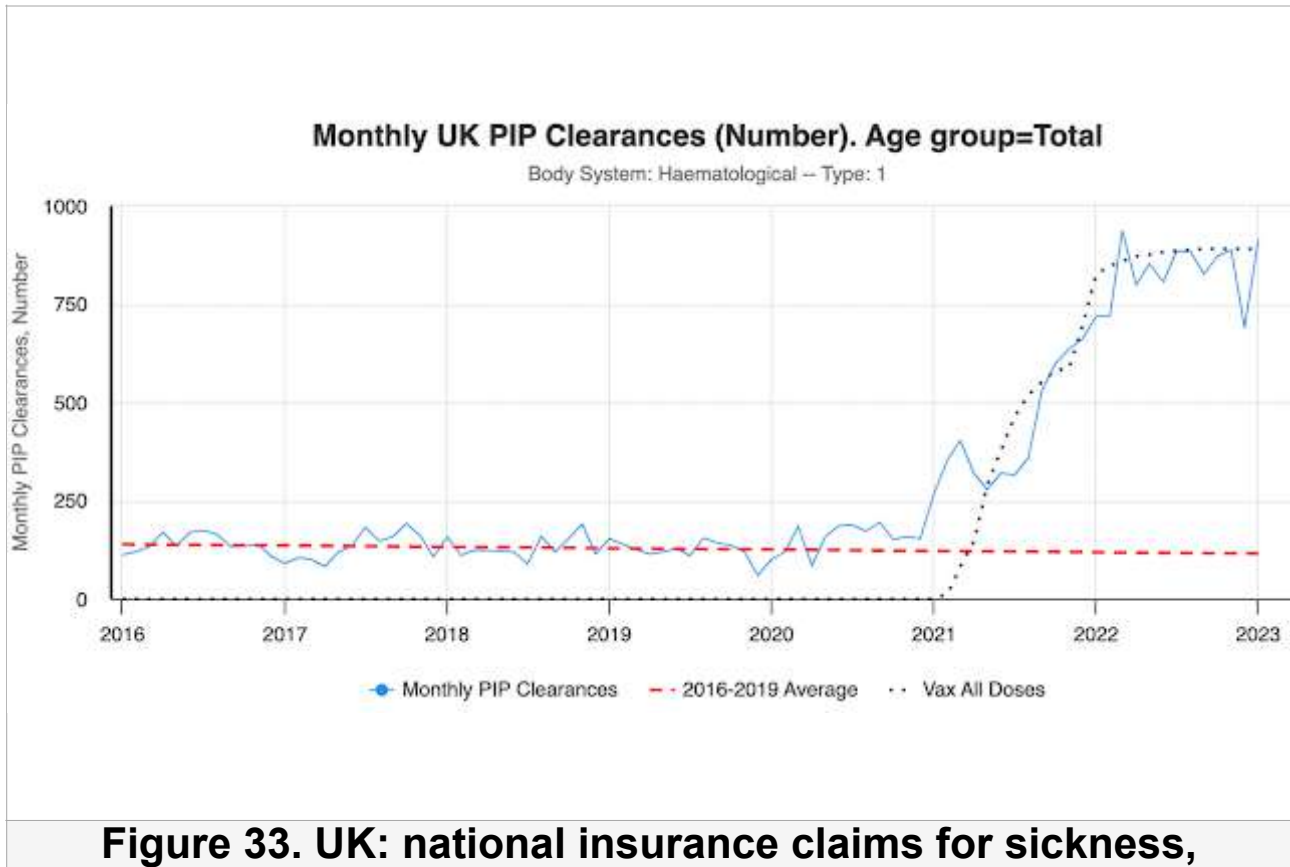


Figure 33. UK: national insurance claims for sickness,

In previous figures we have seen excess deaths appearing after the Covid-19 pandemic, that is in late 2021, 2022 and 2023 up to the present time. Now we see disabling illness, hopefully short-term and not long-term, but time will tell.

Figure 33 also shows vaccinations, starting at the beginning of 2021. The association is remarkable but whether the illness epidemic is the result of vaccines cannot be concluded. Is there a plausible alternative explanation?

We see indirectly the numbers of excess ill people by noticing the pressures on family doctors and hospitals. The Accident & Emergency departments are overloaded, unable to cope with the numbers. *"The busiest ever day in the A&E ward"*, and this was on June 15th 2023, the middle of the summer but not excessively hot.



Figure 34. My local newspaper, June 15th 2023.

There are also long delays of several hours before a patient requiring admission can be transferred to an appropriate inpatient ward.

A&E: 12-hour waits to admit

Number of patients spending >12 hours from decision to admit to admission each month in A&E departments in England



Figure 35. UK numbers of Emergency patients waiting for

We can see in Figure 35 that this has been a feature since the end of 2021.

The "Debate"

Those who raise alarms about possible vaccine damage are called "antivaxers", and there is much pressure to silence them.



And also more direct action in social media against "anti-vaxers".



Figure 37. "Not to resist government mandates".

"Not to resist government mandates" is chilling.

There is no debate concerning the pathological mechanism and cause of excess deaths and serious illness, and suspicions of a causative role of vaccines is constantly suppressed. In the UK we can see the attendance in the House of Commons when time was given for a short debate on possible vaccine damage. Hardly an inspiring event, and YouTube showed a clip of members of parliament being actively sent out of the chamber.



Figure 38. UK: House of Commons debate on possible vaccination damage

After more than 20 attempts, Andrew Brigden, a UK member of parliament, was granted an adjournment debate, late on a Friday afternoon. It took place on Friday October 20th. On this occasion there were about 20 members of parliament present. He gave a convincing presentation on the important topic of excess deaths, and this was followed by a feeble response from a junior government minister.



Figure 39. Andrew Brigden MP

The debate is published in the Parliamentary [Hansard](#), and it is available to the public. There is also a [YouTube of the debate](#), presented by John Campbell.



Figure 40. UK: Hansard report, House of Commons debate on excess deaths

The parliament of Australia made a decision concerning alleged vaccine damaged citizens.

**30,000 mRNA vaxx
victims will not be
investigated by a senate
inquiry**



AUSTRALIAN SENATE

Figure 41. Australia: Senate approach to possible vaccination damage

The "victims" were claimants, but investigation was denied. Hardly transparency.

But the UK government did accept an increase of "sick leave" to a 10 year high, and proposed an answer.

Stress-related absences driving staff sick leave to a 10-year high

Report finds stress as one of the main contributors to absence as staff take 7.8 days off a year on average

Figure 42. UK: sick leave due to stress?

There had to be some explanation to counter suspicions of vaccination damage. "Stress" is the old stand-by to explaining illness, but it is difficult to define and impossible to measure.

The obviously important policy was to keep the vaccination show on the road.



Figure 43. UK: Pfizer images to promote vaccinations in 2023

Pfizer led the way with the Marvel characters. There is no time for reflection, despite obvious concerns, and no explanation of or interest in the second pandemic.

Could it be that multiple vaccinations might be the cause of the second pandemic, or might there be another credible possibility? Not hot weather or stress, but perhaps something that has a strong scientific foundation.

Vitamin D and the Second Pandemic

Remember that an epidemic occurs in one country or one continent. When it occurs in all continents (except Antarctica) it is called a pandemic.

We have seen above that the second pandemic is a true pandemic. The strange thing is that an epidemic or pandemic is usually due to a specific disease or micro-organism, for example Covid-19. This is not the case with the second pandemic of the present decade. The pandemic is an excess of disabling illness and death in all ages, without a defined disease. Without an accurate official count, there appears to be several diseases that are in excess.

The one that is officially accepted is myocarditis, an inflammation of the heart muscle. It is usually the result of a virus, but the mechanism of the relationship to mRNA vaccination is not clear. The cardiac arrests that have occurred are sometimes reversed by prompt defibrillation, but many are fatal. There is usually no record of pre-existing heart disease.

There is also an increase of neurological disabling illness, such as Guillan-Barré syndrome, a paralytic neuropathy, and facial palsy. There is an increase in deaths from liver cirrhosis, not easy to understand. There is also a curious reduction of deaths from respiratory disease.

There are convincing reports of an increase in cancer deaths, with activation of cancer in remission, and what have been called "turbo-

cancers", very rapidly progressive. This subject has been brought to attention by Angus Dalgliesh, professor of oncology at St George's Hospital Medical School, London. He is a medical practitioner and scientist with a long and distinguished career. He has great experience and a great deal of knowledge to call upon. He has been interviewed at length by Dr John Campbell, and [the interview is available on YouTube.](#)

It is as though there is something fundamental that is occurring, that increases susceptibility to a number of diseases, fatal or not.

There is a parallel and that is AIDS, in which T-cell immunity is suppressed leading to the development of a number of unusual and fatal infections and malignancies. It has been suggested in Australia that this is happening now, what we might call VAIDS, vaccine induced acquired immune deficiency syndrome.



It is possible that vitamin D deficiency is driving the immune deficiency, as we know that vitamin D is essential for defensive immunity and is a powerful stimulator of the vitally important T-cells.

It was just on September 22nd 2023 the the UK Government released the information that during 2023 the incidence of tuberculosis, TB, has

increased. This is likely to be the result of depressed immunity, especially T-cells, as has been a major feature of AIDS. Depression of immunity at the present time is likely to be a result of repeated mRNA vaccinations.



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Press release

Tuberculosis (TB) cases continue to rise in England in 2023

Tuberculosis (TB) cases in England increased by 7% in the first half of 2023 compared to the same timeframe in 2022.

From: [UK Health Security Agency](#)

Published 22 September 2023

Figure 45. Increasing incidence of TB in the UK

I have indicated previously that in the process of defensive immunity a molecule of vitamin D, in its activated form 1,25(OH)D, can be used only once, and then it is inactivated. With repeated infections, or vaccinations (which simulate infections so as to produce an immune response) the body supplies of vitamin D will become depleted. The result will be susceptibility to infections and malignancies.

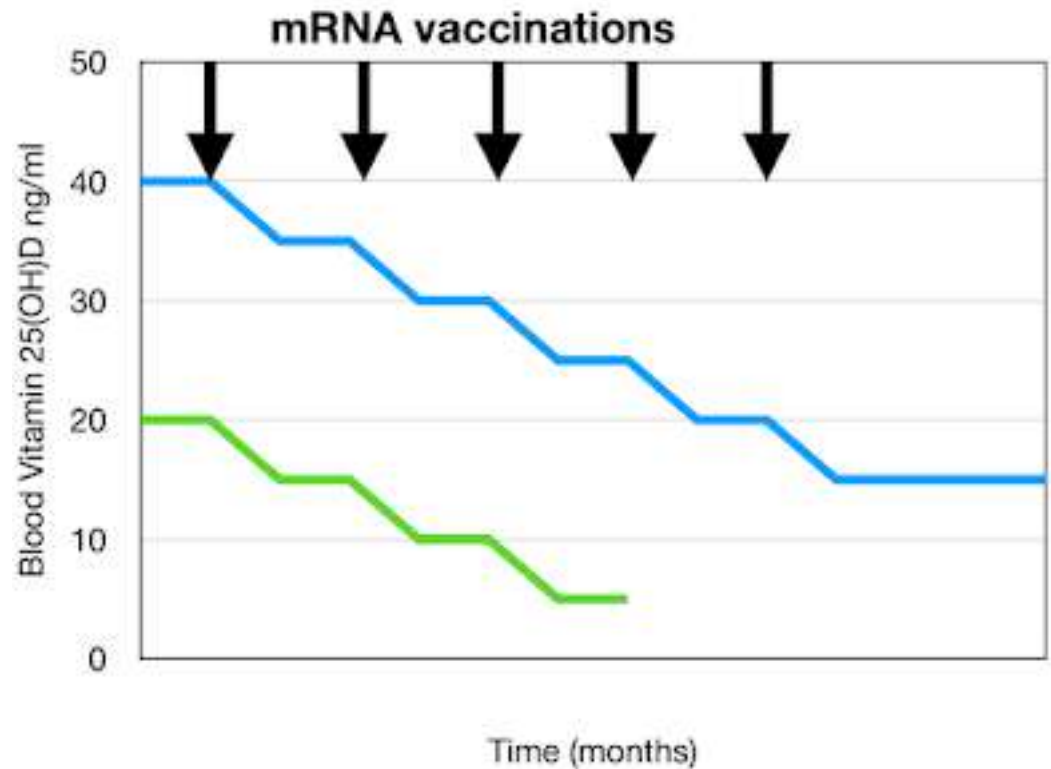
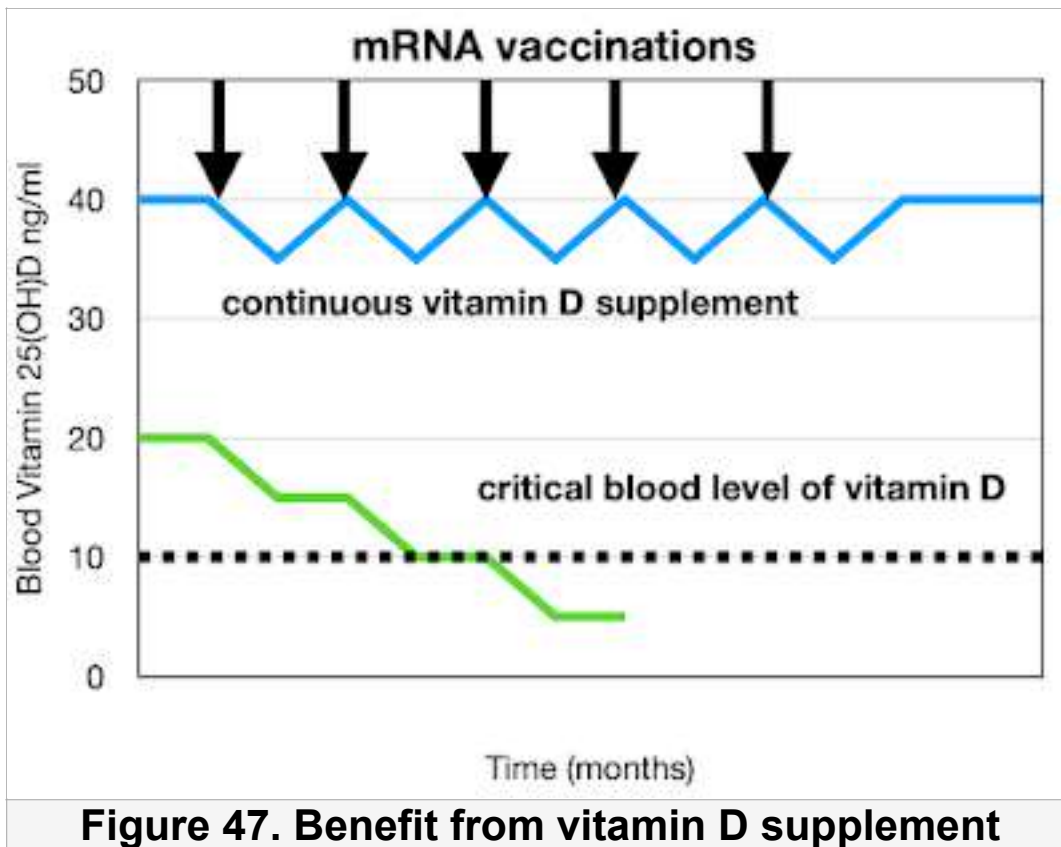


Figure 46. Hypothetical effect on multiple vaccinations on blood level of vitamin D

We can see that the person represented by the blue line starts with a good blood level of vitamin D in its circulating form 25(OH)D, 40ng/ml, 100nmol/L. Despite repeated depletion by immune challenge, this person manages to maintain a blood level above the danger level of 10ng/ml, 50nmol/L.

The person represented by the green line starts with a low blood level of only 20ng/ml, 50nmol/L, and repeated immune challenges, Covid-19 or vaccinations, soon cause very serious depletion of vitamin D to a level at which fatal illness would be inevitable.

The way to avoid this is to have a constant and adequate supply of vitamin D to maintain a good defensive blood level.



In Figure 40 the blue line person is receiving a continuous supplement of vitamin D, and so the depletion following infection or vaccination is rapidly corrected. A good blood level of vitamin D is maintained. The green line person without the vitamin D supplement does not have a good future.

This is a theoretical model but perfectly credible. Appropriate research to confirm or refute the suggestion could easily have been undertaken during the Covid-19 pandemic, but to my knowledge the perhaps unique opportunity has been missed.

There is no official acknowledgment of the value of vitamin D in defensive immunity, despite the knowledge from forty years of research plus a wealth of evidence accumulated during the Covid-19 pandemic.

This can only be regarded as serious neglect, with many lives lost as a consequence.

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