

Published Another Op-Ed Trying To Call Attention To The Exploding Rates Of Death Amongst Young, Working-Age Americans

With the investigative journalist Mary Beth Pfeiffer, we are again trying to get the public and government's attention to focus on the "inexplicable" (yeah right) rates of death still being recorded.



PIERRE KORY, MD, MPA

OCT 6, 2023



416



123

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I really don't know how much worse it can get yet still be ignored by health and governmental authorities the world over. But it is bad, like really bad, and it ain't just the U.S.

John Campbell and Ed Dowd and MP Andrew Bridgen are trying to do the same with the insane excess mortality rates being measured in the U.K. In a rare "win," Andrew told me that he has successfully scheduled a hearing on UK's excess mortality in the House of Commons (a hearing that they scheduled for the aptly named "graveyard shift" (i.e. last spot of the day on a Friday when all the MP's try to get out of dodge).

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I don't know what else to do but.. to keep trying. Here is our latest attempt, [published in the Washington Examiner:](#)



What's behind the spike in deaths among younger, working people?

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OPINION

What's behind the spike in deaths among younger, working people?

by Pierre Kory and Mary Beth Pfeiffer | October 06, 2023 11:57 AM



Life insurance data show a massive spike in excess [deaths](#) among younger, working-age people that began in 2021, even as [COVID-19](#) deaths decreased, and continues today. So far, good explanations are elusive. A concerted, bipartisan investigation should explore this threat to America's economic future and recommend a course of action.

A report by the nonprofit Society of Actuaries found that [34% more 35- to 44-year-olds died than expected](#) in the last three months of 2022. More deaths occurred among white-collar vs. blue-collar workers. The organization also reported [a sudden jump in employee deaths](#) in the fall of 2021. Independent sites aggregating Centers for Disease Control and Prevention data confirm these trends. According to [U.S. Mortality](#), excess deaths in September 2021 among 25- to 44-year-

olds were [70% above normal](#). That number has thankfully dropped, but as of May 2023, the most recent month for which data are available, deaths in this age group remained 10% above expected. Among people under 25, it was [16% above normal](#).

The Society of Actuaries maintains that COVID-19 does not fully explain these deaths. So what does?

Experts have posited all sorts of theories, from [rising obesity rates](#) to [extreme heat](#) to lagging effects from [lockdowns](#) to wider [alcohol abuse](#). These possible contributors deserve careful consideration. Given the [sheer number](#) of COVID-19 vaccine deaths reported to the Vaccine Adverse Event Reporting System, more than 36,000 to date, the possible role of vaccines should be examined, too.

Virtually everyone agrees that COVID-19 vaccines [carry risk](#). The debate is over the frequency and intensity of harm. With the CDC recommending an updated vaccine for everyone 6 months of age and older, it's time to reassess this delicate balance. If even a fraction of the deaths resulted from vaccination, we should want to understand the trend to help people accurately weigh the benefits and risks.

VAERS is one of the strongest available tools to track and [prevent vaccine harm](#). It is an open database used by consumers, patients, and healthcare professionals to report vaccine problems, which are then analyzed by the CDC. The Department of Health and Human Services [describes](#)

it as “a national early warning system to detect possible safety problems in U.S.-licensed vaccines.”

VAERS has a track record of results. In 1997, U.S. physicians modified the childhood polio vaccine schedule based on a handful of vaccine-induced paralysis reports that showed up annually [in VAERS](#). A hepatitis B vaccine was [suspended](#) in 1998 due to a suspected link to multiple sclerosis. That same year, rotavirus vaccines found to contain porcine circovirus type 1 were [removed](#). A meningococcal vaccine was [withdrawn](#) in 2008 on suspicion of causing Guillain-Barre syndrome, and in 2009, an H1N1 flu vaccine was [suspended](#) for increasing the risk of narcolepsy.

In 2021, VAERS received more reports of [post-vaccination deaths](#) than in the prior 30 years combined. The totals for 2022 and 2023 are lower than 2021 but still dwarf pre-pandemic years. These reports do not automatically signify the cause of death and must be carefully analyzed. But with tens of thousands of reports in VAERS for COVID-19 vaccine-related deaths alone, it isn't realistic to expect the CDC to investigate them all.

Public health authorities should be concerned about the widening gap between their guidance and vaccine behavior. By February 2021, [more than half](#) of U.S. adults were vaccinated against COVID-19. But according to the latest *Reuters/Ipsos* poll, just 29% are “[very interested](#)” in getting the updated vaccine. The effect seems to be contributing to [vaccine hesitancy more broadly](#), too.

Solving chronic disease, substance abuse, extreme heat, and public health problems exacerbated by the pandemic will require sustained, multidisciplinary work over many years. Reducing COVID-19 vaccine-related deaths may be simpler: Reserve them for vulnerable, targeted populations. It's a timely and appropriate course of action. New COVID-19 variants are milder and usually treatable. This explains why the rise in cases has not translated into more deaths, and why even Dr. Anthony Fauci does not predict another “[tsunami of hospitalizations and deaths](#).”

How many more people will die needlessly before we discover the cause? Until we understand this trend, we can't compel the changes needed to stop it. Getting to the bottom of what's killing us should be a national priority.

Pierre Kory, M.D., is president and chief medical officer of the Front Line COVID-19 Critical Care Alliance. Mary Beth Pfeiffer is an investigative reporter and author of two books.

P.S I just want to say thanks to all my subscribers, especially the paid ones! Your financial support is greatly appreciated as it allows me to devote what is often large amount of time I spend researching and writing my posts, so again, thanks. - Pierre

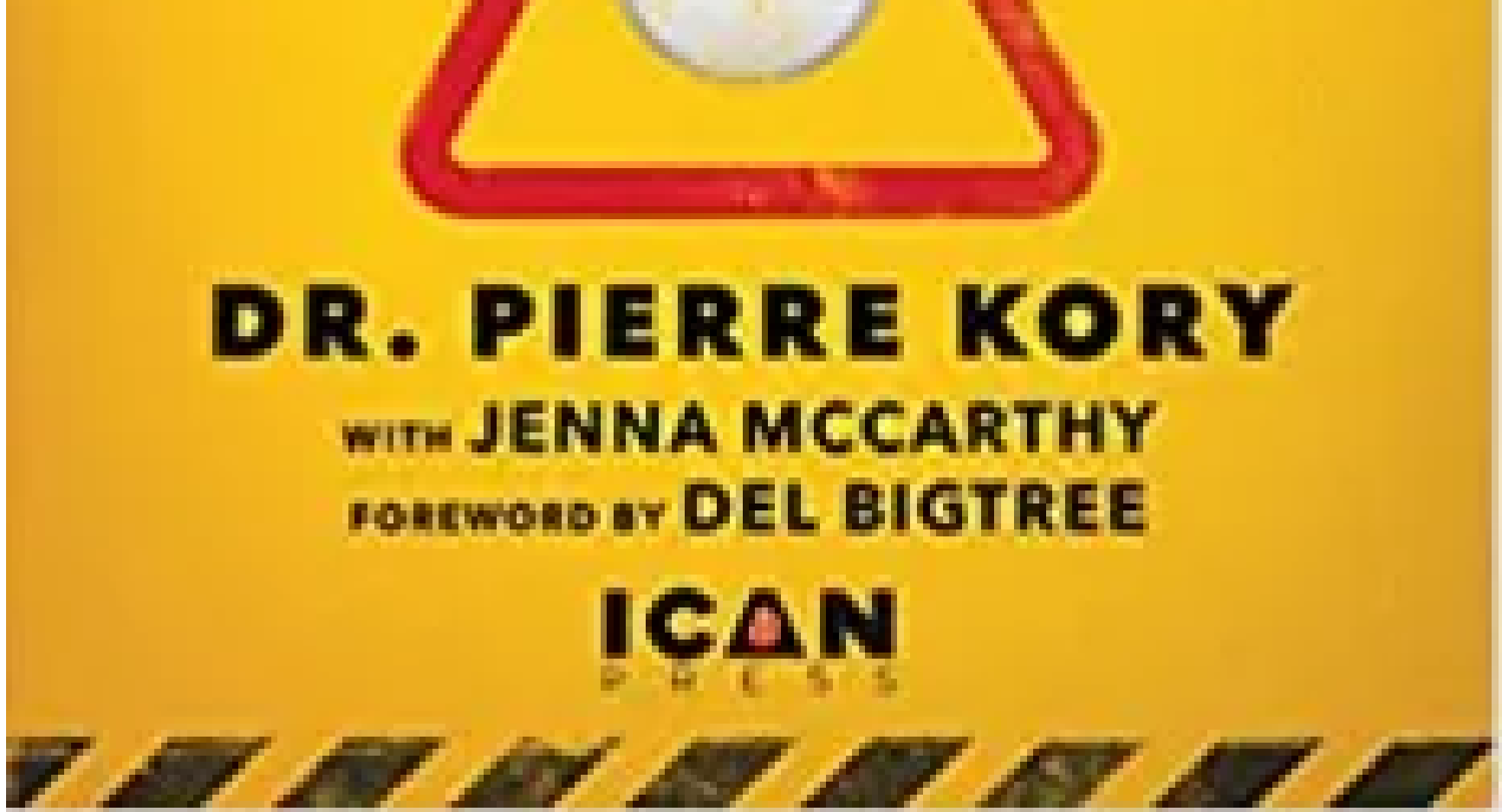
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MILLIONS AND COULD HAVE
ENDED THE PANDEMIC





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KBB Oct 6

Stole this from someone who commented on the Coffee & Covid substack a week or so ago.

The Anthem of SADS Victims

Vaxxer, Vaxxer, so obsessed, wore your mask and took your tests

Still got Covid, every strain - spike proteins in every vein...

Short of breath at twenty four, "Dr. Fauci, give me more!"

Swollen heart at twenty five, "thank Moderna I'm alive!"

Heart attack at twenty six, prayed to Pfizer for a fix.

Vaxxer, Vaxxer, death is lurking,

Doctor says, "That means it's working."

Died of SADS at twenty seven, all good Vaxxers go to heaven

Obituary headline noted: "Anti-Vaxxer Dies of Covid."

Family is quite dismayed, but they don't feel one bit betrayed

They all claim, "Its for the better – Without the vax, he would be deader."

—Anonymous (Modified)

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From the op-ed, this makes no sense:

“Reducing COVID-19 vaccine-related deaths may be simpler: Reserve them for vulnerable, targeted populations. It’s a timely and appropriate course of action.”

Why would you inject these covid vaccines, which have been proven to provide **NEGATIVE EFFICACY** into the vulnerable? Just a couple of weeks ago, the BMJ stated that they caused, “net harm.” And why would you vaccinate the weakened elderly who are less robust at their ages to deal with the harshness of the potential adverse effects?

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37 replies by Pierre Kory, MD, MPA and others

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