

# Exhibit 17

What is the cause of Increased Mortality Rates?

<https://childrenshealthdefense.org/defender/increased-mortality-rates-cola/>

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# What Is the Cause of Increased Mortality Rates?

*Emerging statistics on excess mortality rates paint an alarming picture. Far more people died in 2021, after the rollout of the COVID-19 shots, and in 2022, than during the height of the COVID-19 pandemic in 2020.*

**By Dr. Joseph Mercola**

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## Story at-a-glance:

- Emerging statistics on excess mortality rates paint an alarming picture. Far more people died in 2021, after the rollout of the COVID-19 shots, and in 2022, than during the height of the COVID-19 pandemic in 2020.
- Mainstream media are trying to divert your attention from the elephant in the room — mass injection with experimental gene transfer technology — to anything and everything but that.
- The Telegraph blames the unexplained excess deaths on lockdown effects. Many didn't have access to routine medical care during lockdowns and are now dying from chronic diseases that went untreated.
- The UK Office for National Statistics data released on Aug. 16 show excess deaths in England and Wales were, as of Aug. 5, 14.4% higher than the five-year average, which works out to 1,350 more deaths per week than normal. A majority of these excess deaths were cardiovascular in nature — a primary adverse effect of the COVID-19 jabs.
- In the U.S., we lost 349,000 younger Americans to something besides COVID-19 and non-natural death between April 3 and Aug. 13, and that's not counting the tens of thousands of death records that the Centers for Disease Control and Prevention has inexplicably deleted. As much as 15% to 25% of the death reports that could indicate a COVID-19 job death are missing. Other data show that during the fall of 2021, Millennials, aged 25 to 44, had an 84% increase in excess deaths.

Emerging statistics on excess mortality rates paint an alarming picture. Far more people died in 2021, after the rollout of the COVID-19 shots, and in 2022, than during the height of the COVID-19 pandemic in 2020.

I will review some of those shocking statistics — which are mirrored around the world — in a moment.

But while rational people look at these figures and ask themselves what the most apparent and likely cause behind this sudden rise in deaths of working-age adults and younger people might be, mainstream media are trying to divert your attention from the elephant in the room — mass injection with experimental gene transfer technology — to anything and everything but that.

## Lockdowns blamed for excess deaths

In an Aug. 18 article, [Telegraph](#) science editor Sarah Knapton blames the “unexplained excess deaths” on “the effects of lockdown.”

Knapton [writes](#):

“Figures for excess deaths from the Office for National Statistics (ONS) show that around 1,000 more people than usual are currently dying each week from conditions other than the virus.

"The ... Department of Health has ordered an investigation into the figures amid concern that the deaths are linked to delays to and deferment of treatment for conditions such as cancer, diabetes and heart disease. Over the past two months, the number of excess deaths not from Covid dwarfs the number linked to the virus ...

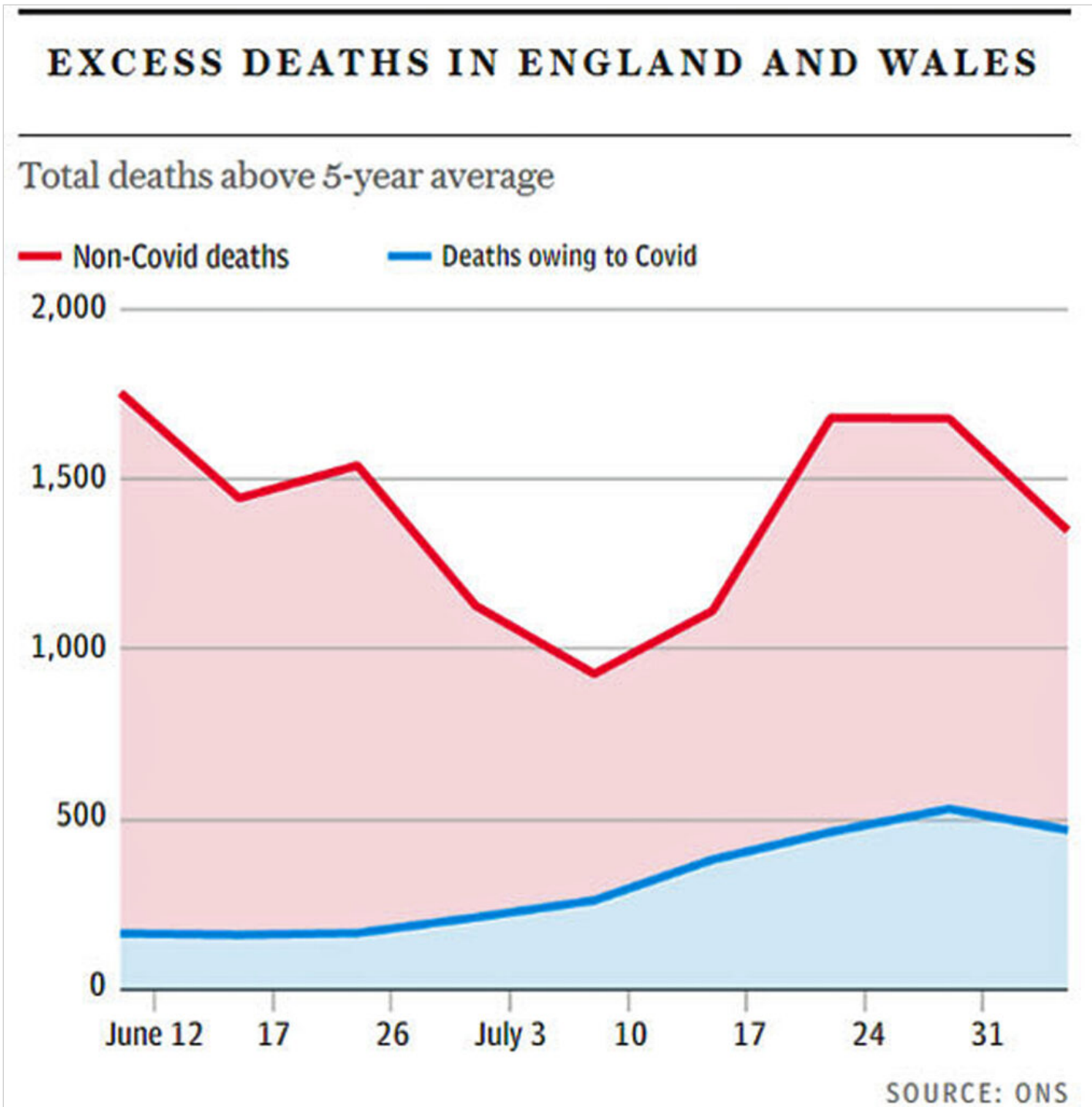
"Dr. Charles Levinson, the chief executive of Doctorcall, a private GP service, said his company was seeing 'far too many' cases of undetected cancers and cardiac problems, as well as 'disturbing' numbers of mental health conditions.

"'Hundreds and hundreds of people dying every week — what is going on?' he said. 'Delays in seeking and receiving healthcare are no doubt the driving force, in my view.'"

### **Cardiovascular problems kill in record numbers**

ONS data released on Aug. 16 show [excess deaths](#) in England and Wales were, as of Aug. 5, 14.4% higher than the five-year average, which works out to 1,350 more deaths per week than normal, Knapton reports.

As you can see in the [graph](#) below, COVID-19 is only involved in a small number of those deaths.



Credit: Office for National Statistics

In all, non-COVID-19 deaths are now more than three times that of COVID-19-related deaths.

According to the UK Office for Health Improvement and Disparities, a majority of these excess deaths were “preventable heart and stroke and diabetes-related conditions.”

However, while lack of routine health care — people avoiding seeing their doctors for fear of COVID-19 or due to various restrictions — may well have played a role, cardiovascular problems such as heart attacks and strokes are the primary side effects of the job as well.

**A look at U.S. mortality data**

The identical trend is also seen in the U.S. In part 1 of a three-part series, [The Ethical Skeptic](#) — self-described as a former intelligence officer and strategies for nations facing corruption challenges — reviews data from the U.S. National Center for Health Statistics showing “stark increase trends beginning in the first week of April 2021.”

The Ethical Skeptic notes:

“This date of inception is no coincidence, in that it also happens to coincide with a key inflection point regarding a specific body-system intervention in most of the U.S. population.”

He describes how, at the very end of May 2021, an “odd signal” developed in his COVID-19 tracking models.

This odd signal came in the form of an ICD death code (International Classification of Diseases code) called R00-R99, which stands for “Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified.” In other words, deaths from undetermined causes.

As a result of this odd signal, he started tracking these R00-R99 deaths, along with 11 other ICD-10 (the 10 stands for 10th revision, which is the most recent), such as suicides and overdoses, as well as a statistic called “Excess non-COVID natural cause deaths.”

The data The Ethical Skeptic used for his models were derived from three primary databases:

1. The Centers for Disease Control and Prevention (CDC): Weekly Counts of Deaths by State and Select Causes, [2014-2019](#)
2. The CDC’s Weekly Provisional Counts of Deaths by State and Select Causes, [2020-2022](#)
3. The CDC’s Wonder: Provisional Mortality Statistics, [2018 through Last Month](#) – Query by Constraint Engine

### **CDC is scrubbing death records**

Non-COVID-19 mortality saw a mild uptick in October 2020, an effect The Ethical Skeptic attributes to “the systemic damage which the SARS-CoV-2 infection and virus spike protein can produce in the human body. An erstwhile COVID delayed death if you will.”

The Ethical Skeptic writes that the noticeable explosion of non-COVID-19 deaths didn’t occur until Week 14, 2021, and “by the end of 2021 it had become abundantly clear that U.S. citizens were not just dying of COVID-19 to the excess, they were also now dying of something else, and at a rate which eventually became higher than that of COVID itself.”

Disturbingly, he discovered that death records were inexplicably being redacted and deleted during a very crucial time period — Weeks 4 through 20 in 2022.

The Ethical Skeptic writes:

“It is hard to envision a scenario explaining this 52,000-record data tampering across the most at-risk weeks ... of 2022, as not constituting malicious obfuscation of U.S. citizen mortality data.”

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**Deep dive into U.S. death statistics**

The Ethical Skeptic article is chockfull of charts for those who want to take a deeper dive into the statistics, but here are some extracts of his findings:

“The charts of particular concern ... include the charts featuring stark post MMWR Week 14, 2021 rises in mortality. Specifically, they are:

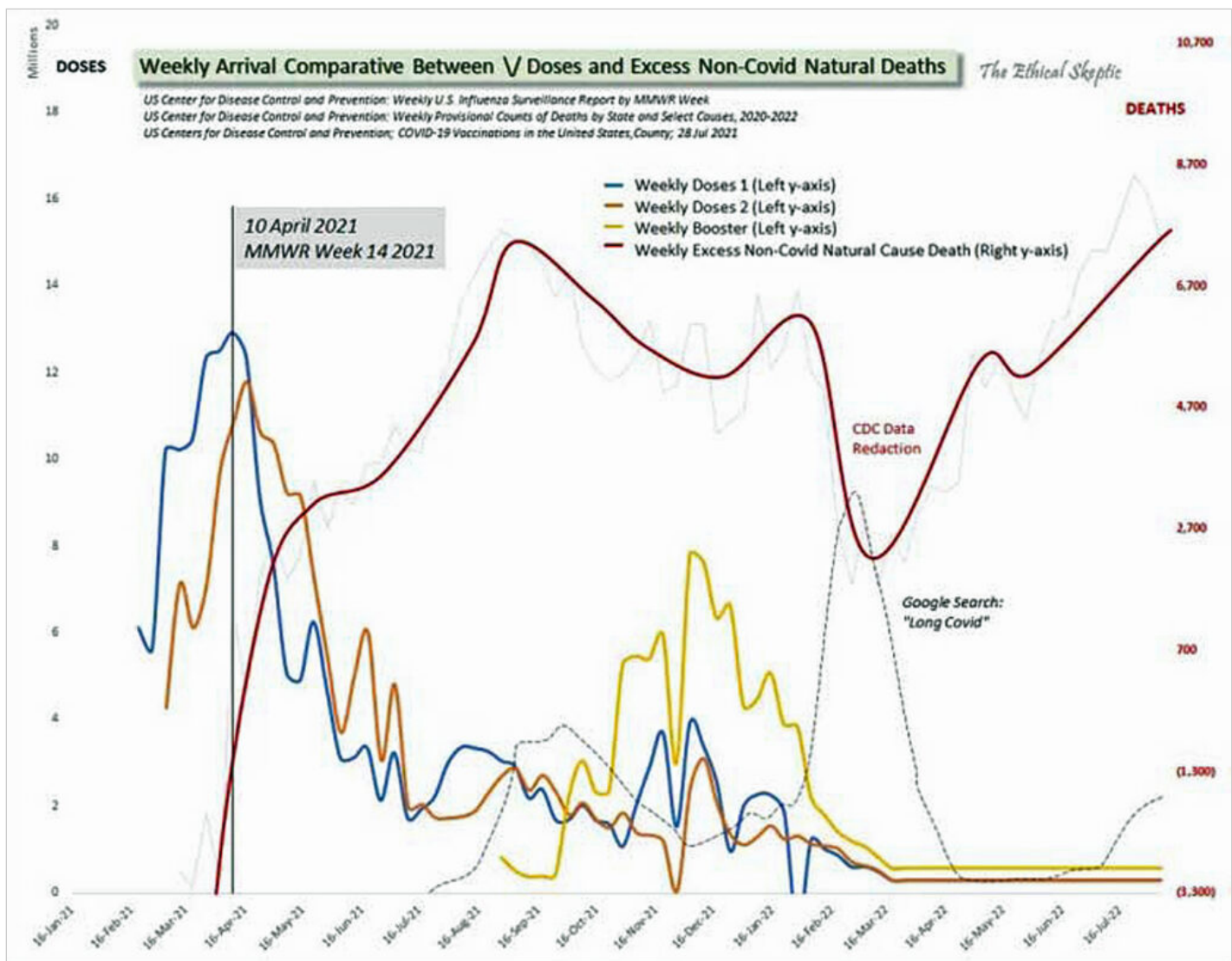
- Excess non-COVID natural cause, 5+ sigma
- Cancer and lymphomas, 9+ sigma
- Other respiratory conditions, 2 sigma
- Nephritis/Nephrotic syndrome, 4 sigma
- Septicemia, 2 sigma
- Heart diseases and ailments, 2 sigma
- All other ICD-10 tracked natural cause deaths, 4 sigma

“... While there are indeed increases in deaths incumbent inside the other ICD-10 codes, those increases appeared to plausibly conform to their same arrival patterns for 2020 as well. In other words, they appeared to be heavily Covid-related in their dynamics, both before and after the Week 14 2021 inflection.

“Of particular concern, are those deaths which relate to body-wide regulatory systems as opposed to specific organs or causes. In other words, cancer and lymphomas, heart, autonomous myocarditis/pericarditis/conductive disorders, injuries to the liver and kidneys, etc.

“These are not only the canaries in the coal mine in terms of pathology, but may serve to indicate as well that a pervasive systemic disruption is at play inside the average U.S. citizen human physiology, especially over the last 71 weeks. These are the death groups which exhibit the most stark trend of increase post MMWR Week 14, 2021 ...

“[Let] us for a moment also review the compelling rationale behind the MMWR Week 14 2021 inflection date. This date is a critical matter of concern for no small reason. Its derivation is no coincidence. The ‘Doses and Deaths Comparison Chart’, Exhibit B below, outlines why.



Credit: Centers for Disease Control and Prevention

**“Exhibit B** — The MMWR Week 14, 2021 inflection date also happens to correspond to the fastest velocity in administered vaccine doses inside the U.S. population. The red line is Excess Non-COVID Natural Cause Mortality extracted from the data behind Exhibit E below.”

According to The Ethical Skeptic, three types of death record codes, in particular, are signaling “population-wide systemic health disruption,” and those are: “Excess malignant neoplasm and lymphoma” deaths (coded C00-C97), “Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified” deaths (R00-R99) and “Excess non-COVID natural cause” deaths. All three trend very sharply against historical baselines.

For example, cancer and lymphoma deaths are now at a 9+ sigma level, although it could potentially be higher.

According to The Ethical Skeptic, 43,935 death records relating to “potential myocarditis, cancer, pericarditis, conductive, nephrosis, liver, and/or lymphoma deaths” have been removed from the CDC data sets, and as of his writing of that article had not been put back in or reassigned to another ICD code.

The Ethical Skeptic [writes](#):

“That is 7% of the total deaths for the period in question, and possibly 15 to 25% of these highly concerning death ICD-10 groups’ trend data — missing. Even absent this data however, the

entailed trends are alarming.”

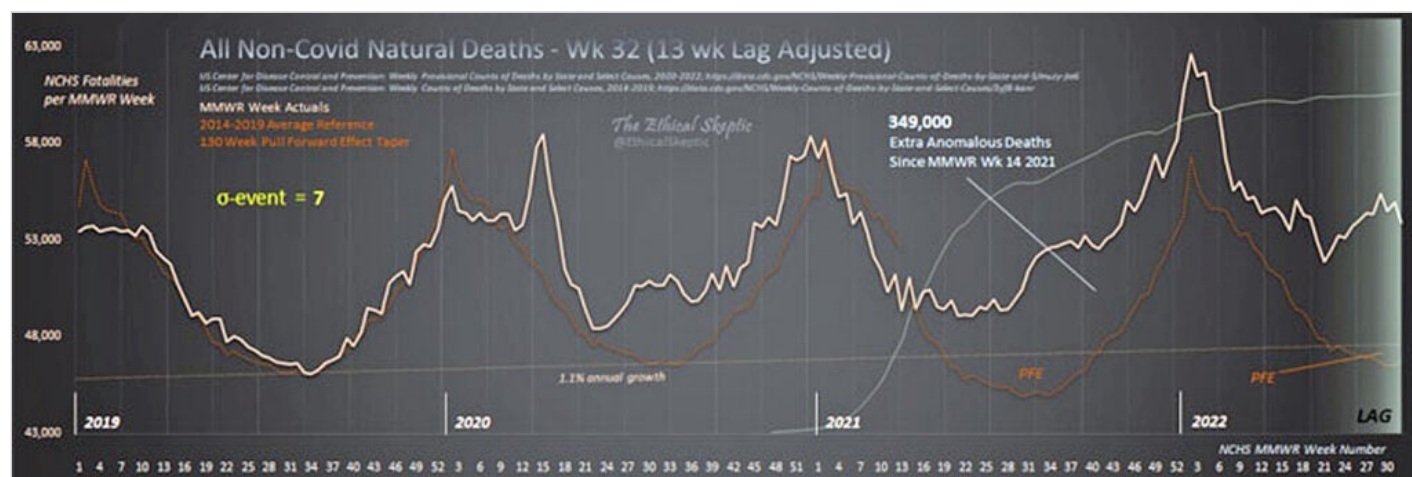
## U.S. excess non-COVID natural cause deaths

The [Ethical Skeptic](#) continues:

“Finally, we end with the most important chart of all — the chart which indicates deaths which are not from accidents, suicide, addiction, assault, abuse, despair, disruption, nor COVID-19. The Excess Non-COVID Natural Cause Mortality chart which we began monitoring on May 29th 2021. What I called then, the ‘What the hell is this?’ chart.

“As one can see, we have lost 349,000 younger Americans to something besides COVID and non-natural death, during the period from 3 April 2021 to 13 August 2022.

“The current rate of mortality in this ICD categorization, is around 5,000 – 8,000 per week ... which exceeds most weeks of the COVID pandemic itself (save for the absolute peak periods). By now, if all these mortality excesses were indeed a holdover from COVID-19 itself, they should have already begun to tail off. Unfortunately, they are not only not tailing off, in many cases they are still increasing.



Credit: Centers for Disease Control and Prevention

**“Exhibit E —** Excess Non-COVID Natural Cause Deaths are at an all time high as of MMWR Week 32 of 2022. 349,000 U.S. citizens have died of some additional factor since MMWR Week 14 of 2021. The current rate of excess mortality represents a five-week average of 5+ sigma in excess (hedging conservatively for lag).”

“Accordingly, and without a shadow of a doubt, we have established that right now there exists a problem in terms of U.S. citizen health and mortality. One which is differentiated from COVID-19 itself, and began in earnest MMWR Week 14 of 2021.”

## COVID jabs impair immune function

Kenji Yamamoto with the Department of Cardiovascular Surgery at the Okamura Memorial Hospital in Japan has also sounded the alarm, specifically highlighting the COVID-19 jabs' ability to impair your immune function.

“Recently, [The Lancet published a study](#) on the effectiveness of COVID-19 vaccines and the waning of immunity with time. The study showed that immune function among vaccinated individuals 8



months after the administration of two doses of COVID-19 vaccine was lower than that among the unvaccinated individuals ...

"The decrease in immunity can be caused by several factors such as N1-methylpseudouridine, the spike protein, lipid nanoparticles, antibody-dependent enhancement, and the original antigenic stimulus ...

"As a safety measure, further booster vaccinations should be discontinued. In addition, the date of vaccination should be recorded in the medical record of patients ... In conclusion, COVID-19 vaccination is a major risk factor for infections in critically ill patients."

It's important to understand that when your immune function is impaired, you become vulnerable to all kinds of infections and disease, including cancer. As such, the COVID-19 jab may well be responsible for any number of diseases resulting in death.

### **A not-so-comforting fact check by Reuters**

A recent [Thai study](#) found teenagers, aged 13 through 18, who received two doses of Pfizer's mRNA jab suffered a variety of heart problems.

A [Reuters](#) "fact check" notes:

"A study of 301 teens in Thailand found mild and temporary heart rhythm changes after a second dose of the Pfizer-BioNTech COVID-19 vaccine among one in six teenagers, not one-third as social media posts claim. The study also saw possible signs of heart inflammation in just seven of those teens with rhythm changes and confirmed myocarditis in only one of the seven."

Should we throw a victory parade over the fact that the jab causes heart problems in JUST 1 in 6 teens? Really?! Whether it's 1 in 3 or 1 in 6, this is not "good news" and surely not worthy of the dismissive tone used by Reuters.

As reported directly from the [study](#) in question:

"The most common cardiovascular effects were tachycardia (7.64%), shortness of breath (6.64%), palpitation (4.32%), chest pain (4.32%), and hypertension (3.99%). Seven participants (2.33%) exhibited at least one elevated cardiac biomarker or positive lab assessments.

"Cardiovascular effects were found in 29.24% of patients, ranging from tachycardia, palpitation, and myopericarditis. Myopericarditis was confirmed in one patient after vaccination. Two patients had suspected pericarditis and four patients had suspected subclinical myocarditis. Conclusion: Cardiovascular effects in adolescents after BNT162b2 mRNA COVID-19 vaccination included tachycardia, palpitation, and myocarditis."

### **Millennials died at staggering rates in late 2021**

I recently interviewed [Ed Dowd](#), a former equity portfolio manager for BlackRock and hedge fund "guru," but have not yet posted it.

In early March 2022 he shared disturbing CDC mortality statistics by age group on [Steve Bannon's War Room](#).

During the fall of 2021, Millennials, aged 25 to 44, had an 84% increase in excess mortality. "It's the worst-ever excess mortality, I think, in history," Dowd told Bannon. Between the summer and fall of 2021, 61,000 Millennials died who otherwise wouldn't.

To quote [Dowd](#):

“Basically, Millennials experienced a Vietnam War in the second half of 2021. 58,000 people died in the Vietnam War, U.S. troops [over the course of 10 years], so this generation just experienced a Vietnam War [in 6 months] ...

“We’ve had 1.1 million excess deaths since the pandemic began, many of which occurred in the second half of [2021] ...

“I think this is the smoking gun: that the vaccines are causing excess mortality in all age groups ... So, I’m going to put a word out there. It’s an old word but it should be re-introduced into the conversation. It’s called democide: Death by government. So the government, through the mandates has killed people ...

“If you’re on Wall Street and you still think Pfizer and Moderna are good buys, I’ve got news for you: there’s some catalysts coming that are probably not going to be good for holding those stocks.”

The following was posted on [Dowd’s GETTR account](#), on March 11. (A GETTR user called [MiloMac](#) also reproduced Dowd’s findings using public CDC data, creating additional graphs.)

In a commentary published in the Virology Journal on June 5, [Yamamoto noted](#):

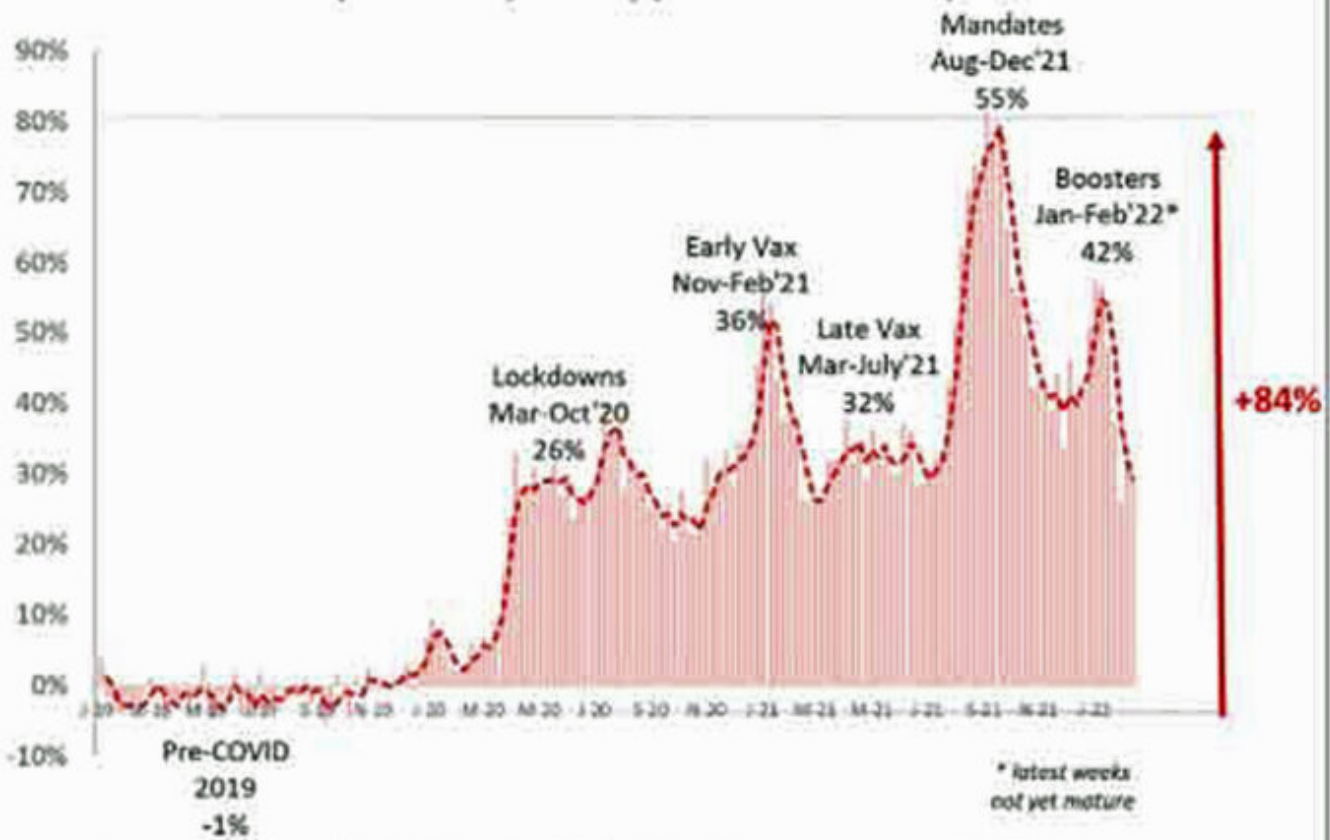
**The Millennial generation suffered its worst-ever excess mortality last fall, and these deaths occurred the same time as vaccine mandates were announced, and boosters approved.**

This younger population is not particularly at risk to COVID, and the size and timing of this spike in fall of 2021, raises clear questions about potential contribution from the vaccines and boosters.

As you know, mortality reporting for younger age people is also typically much slower (due to slower reporting of non-hospital deaths), so the recently elevated levels for this age group persisting into early 2022 will most likely develop further, and may signal for continuing elevated mortality among working age in 2022.

**Exhibit 4 | Millennials Suffered Rapid and Record Rate of Excess Deaths in Fall '21**

**CDC Excess Death Rate - Age 25-44  
by week & primary public health response**



Source: CDC published as per deaths adjusted for age groups, but (over) counts in younger age as still confirmed

Source: [https://www.cdc.gov/nchs/nvss/varr/covid19/excess\\_deaths.htm#dashboard](https://www.cdc.gov/nchs/nvss/varr/covid19/excess_deaths.htm#dashboard)

## The elephant in the room

In a March 15 commentary and follow-up on Dowd's revelations, [Steve Kirsch](#) wrote:

"I called Ed to clarify where he got the chart and then looked for verification of this. I found the verification. Then I verified that the deaths couldn't be explained by the COVID delta variant. OK, so what caused all the deaths? The only explanation is the vaccine because the deaths are so massive."

Kirsch posted a WhatsApp conversation (see below) with Marc Girardot, a French-American biotech innovator, who believes the COVID-19 jab may, in some people, age their arteries by as much as 50 years in just a few months. If true, that could certainly trigger rapid onset of cardiovascular disease leading to early death.



Marc Girardot



Embalmer Conundrum "AHA" Moment

Vaccine Safety Myth - Part 2 - "What happens to those billions of NanoParticles you've become host to?"  
covidmythbuster.substack.com

<https://covidmythbuster.substack.com/p/embalmer-conundrum-aha-moment?s=w>

1:54 PM

Elastin from destroyed endothelial walls + calcification due to loss of death of cell producing calcification inhibitors = white gooey elastic stuff your embalmer friend took out...

1:56 PM

are you certain? 2:41 PM ✓✓

Read my article...It makes a lot of sense... 2:49 PM

Calcification is proven by the HK study and is a well known phenomenon. 2:50 PM

so the vaccine could be giving a sort of accelerated atherosclerosis... 2:50 PM

just check my 2 by 2...the circulatory system is the most damaged part of the body. 2:51 PM

YESTERDAY

Steve,  
The vaccine mimics and emphasizes 50 years of endothelial wall aggression in a few months time. 1:54 AM

On everyone? Or just some people? Are some people unprotected? Credit: Steve Kirsch

## Teens and young adults die at higher rates in New Zealand

In an Aug. 16 [Substack](#) article, independent journalist Alex Berenson (a former New York Times reporter and novelist) highlighted COVID-19 job statistics from [New Zealand](#), which includes observed post-job deaths.

He explained:

“New Zealand’s Ministry of Health publishes regular and detailed reports on COVID vaccine safety, including specific lists of adverse events it has received. As part of the reports, the ministry also counts all deaths of people who have received the jabs in the previous 21 days ...

“New Zealand has a national COVID-19 immunization registry and a national death registry, so the records and matching should largely be accurate ... The ministry breaks down the deaths by age, ranging from 0-9 through over 80.

“It then compares the actual number of people who died in the three weeks after the shots to the ‘expected’ number. That figure is simply the number of deaths demographers would have expected over a random three-week period based on actuarial tables estimating mortality ...”

In summary, between Feb. 19 and April 30, people over the age of 30 had lower than normal death rates in the 21 days’ post-jab, but people younger than 30 (ages 10 to 29) for some reason died at higher rates. (The lack of observed deaths in the under-10 age group is likely due to reporting lag.)

**Table 7: Observed-versus-expected deaths<sup>a</sup> by age group from any cause, up to 21 days after Comirnaty dose 1, 19 February 2021 to 30 April 2022**

Age	Dose 1 – number administered	Expected deaths <sup>b</sup> in monitoring period	Observed deaths <sup>c</sup> in monitoring period	Relative risk <sup>c</sup> (95% confidence interval)
0 to 9	177,022	6.18	0	- d
10 to 19	583,330	10.92	12	1.10 <sup>e</sup> [0.57 – 1.92]
20 to 29	650,046	22.56	24	1.06 <sup>f</sup> [0.68 – 1.58]
30 to 39	676,279	31.11	14	0.45 [0.25 – 0.76]
40 to 49	592,642	57.50	24	0.42 [0.27 – 0.62]
50 to 59	607,911	135.65	64	0.47 [0.36 – 0.60]
60 to 69	516,442	269.24	128	0.48 [0.40 – 0.57]
70 to 79	349,262	491.00	240	0.49 [0.43 – 0.55]

Credit: Medsafe/ New Zealand Medicines and Medical Devices Safety

According to the health ministry, the slightly elevated deaths in the under-30 group is likely due to “chance.”

And as noted by Berenson, “the ministry does not provide any information on the causes of death in any age range, so it is impossible to determine whether myocarditis or other cardiac conditions played a major role in the higher-than-expected figures.”

While these data are nowhere near as alarming as some others, it's still a red flag that something odd is happening. Young people who should have decades of life left are dying.

And it's worth noting that New Zealand, just like the U.S. claims there are NO potential safety issues with the jabs — not a single one — despite thousands of [serious injury reports](#).

Considering the age group that is dying at a higher than normal rate — teenagers and young adults in their 20s — even a small increase ought to be taken very seriously, but is not.

To end where we started, which is the more likely culprit in these deaths? Past lockdowns temporarily preventing routine medical care, resulting in chronic diseases that kill even young people within a couple of years? Or the mass injection of experimental gene transfer shots that have never been used in humans before?

*Originally published by [Mercola](#).*

*The views and opinions expressed in this article are those of the authors and do not necessarily reflect the views of Children's Health Defense.*

## SUGGEST A CORRECTION

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### **Dr. Joseph Mercola**

Dr. Joseph Mercola is the founder of [Mercola.com](#).

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