

Viewers' comments on recent **SOLARAVUS** YouTube videos
presenting analyses of Scottish mortality figures for 2021
NB: asterisked comments were removed by YouTube

*Fri, 26 Nov 2021, 05:45

New comment on "Seven facts and one prediction: a concise summary of excess non-COVID deaths in Scotland in 2021"

Oskar Theme

From fact #7 I infer the two categories distinguish nothing in reality. In a nutshell, what you have revealed is that COVID deaths are really "COVID" deaths. ;) Good on ya!

*Thu, 25 Nov 2021, 23:01

New comment on "A preliminary analysis of excess deaths in Scotland during 2021"

Raul Gubert

the euromomo site is important to check.

*Thu, 25 Nov 2021, 22:56

New comment on "A preliminary analysis of excess deaths in Scotland during 2021"

Raul Gubert

for me it's the mass vaccination...we should have expected lowering the deaths because of the vaccine....is what they told us, but it seems the mass vaccination has killed people, many people.

*Tue, 23 Nov 2021, 14:44

New comment on "Update on 2021 Scottish mortality data, part 2: a deeper dive into weeks 21 – 43"

Günther Schwab

A new study on excess mortality in Germany by Rolf Steyer and Gregor Kappler. The analyzed data relate to the period from Sept. 6, 2021 to Oct. 10, 2021. They are based on publications by the Federal Statistical Office and the Robert Koch Institute.

Conclusion: Excess mortality in Germany is closely related to the vaccination rate.

The study states: "The correlation is + .31. This is astonishingly high, and, above all, it goes in an unexpected direction. The correlation should actually be negative, so that one could say: The higher the vaccination rate, the lower the excess mortality.

However, the opposite is the case, and this urgently needs clarification. Excess mortality can be found in all 16 countries [of the BRD]. The number of Covid deaths reported by the RKI in the period under review represents only a relatively small part of the excess mortality and, above all, cannot explain the critical issue: the higher the vaccination rate, the higher the excess mortality." A link to the study can be found

here: <https://www.utebergner.de/der-wert-eines-menschen-haengt-nicht-von-seinem-impfstatus-ab/>

Mon, 22 Nov 2021, 15:43

New comment on "Update on 2021 Scottish mortality data, part 2: a deeper dive into weeks 21 – 43"

Günther Schwab

Dear Dr Newman, thank you for this clear and interesting presentation! As to the probabilistic riddle you illustrated with your example of five composers (from min 34:20 onwards), the following considerations and hypotheses came to my (alas statistically unsophisticated) mind: 1. The steady increase of the excess death rate might show, with a time delay, the steady increasing of a disease-causing milieu (DCM). This milieu has yet to be identified. 2. The steady strengthening of this unknown DCM could be quantitative, qualitative, or both, i.e. the DCM could be spreading in the population and/or intensifying. 3. For a large part of the deceased – or even for the vast majority of them? – the curves for the five categories of death (“cancer, circulatory, dementia, respiratory, other”) might be interconnected in a complementary way, insofar as each of these deaths might have been preceded by more illnesses than that particular illness which became the (primary) cause of death. These persons laboured from more than one of the five sorts of afflictions listed. Many suffered from two of them, quite a few from three, some even from four or all five. On each death certificate, however, only one disease gets classified as the (presumed) cause of death – the one disease that in this individual patient outpaced his other illness(es) in causing his death. But due to the as yet hypothetical DCM, it could be true for a large part of the deceased that, if the person had not died of that particular illness, he would have died of (one of) his other illness(es) – or of a new ailment – relatively soon afterwards anyway. 4. Should assumptions 1–3 be true, then maybe it wouldn’t be so surprising that, on the one hand, there are fluctuations within each of the 5 death categories, whereas on the other hand they show, taken together, a steady upward trend. The fluctuations in each category – caused more or less by accident(?) – bring about that, even if the nature of the DCM would have been known right from the start, a reliable prediction for most (or all) of the many subgroups of the multiply-ill as to ‘which cause of death will be prevalent at a given three weeks interval in the future’ would scarcely have been possible. What, however, in this case might have been possible nevertheless is the prediction (*a*) that the increasing DCM will cause proportionally an increasing number of the multiply-ill risk patients to die faster from any of their previous illnesses than, on average, this would have been the case with such patients over the last 5 years (i.e. without the influence of the DCM); and (*b*) that the DCM will not only aggravate one or more of the already existing illnesses of more and more patients, but will also provoke the emergence of additional illnesses, both in already seriously ill and in hitherto healthy or not seriously ill persons, causing some of them to die, too; and (c) that in proportion with the increase of the DCM the sum of these deaths (*a*) + (*b*) will result in a steady rise of the excess deaths.

*Tue, 9 Nov 2021, 14:59

New comment on "A preliminary analysis of excess deaths in Scotland during 2021"
Günther Schwab |

Very interesting: Nov. 6: "May we suggest readers pay particular attention to the analysis Professor Richard Ennos presents in his response letter to the Scottish government, which he describes as follows: 'Analysis of the timing of this rise in excess death shows that it started in the oldest age group and is initiated sequentially in ever younger age groups . . . This strongly suggests that there is some cause for these excess deaths at home that operates first in the elderly and works its way sequentially down the age groups in Scotland.' As yet it appears that this increase shows no sign of slowing down, and may even be accelerating, only now really getting started in the younger groups." The letter can be read at <
conservativewoman.co.uk/are-vaccines-driving-excess-deaths-in-scotland-a-professor-of-biology-asks/ >

*Tue, 9 Nov 2021, 08:44

New comment on "A preliminary analysis of excess deaths in Scotland during 2021"
Günther Schwab

By the way: For Germany, Karsten Montag in his study „Abrechnungsdaten der Krankenkassen: Nur jeder zweite „Corona-Patient“ wegen Corona-Verdacht im Krankenhaus“ (= The billing data of the health insurance companies show: Only every second "Corona patient" has been in the hospital because of suspected Corona [online at „multipolar-magazine.de“ since Oct. 30, 2021]) made some observations which would be in tune with your second hypothesis, i.e. downstream health consequences of lockdowns: "The number of cases treated in intensive care (IC) other than acute respiratory diseases has increased significantly after the first lockdown. The assumption that excess mortality can also be traced back to causes other than the coronavirus is also supported by the high number of inpatient cases with an IC stay from the 22nd to the 42nd calendar week 2020 compared to 2019, as shown in the figure 3 can be seen. [...] Since the increase in the number of all cases with acute respiratory diseases treated in(IC, regardless of whether a SARS-CoV-2 infection was detected or not, was only less than ten percent in this period, other reasons for the increase in cases must be responsible for the increase of IC cases. In fact, between the 22nd and 42nd calendar week 2020, the number of IC cases with strokes, cancer, liver cirrhosis and other diseases was in some cases significantly higher than in the comparison period in 2019, as Figure 4 shows. [...] Since, as can be seen from Figure 5, the number of all hospitalized cases in 2020 decreased significantly compared to 2019 in the same period, the knowledge gained here CAN BE AN INDICATION THAT, DUE TO THE POSTPONEMENT OF INTERVENTIONS THAT WERE NOT URGENTLY NECESSARY AND THE LOWER USE OF HOSPITAL SERVICES, THE CASES OF ILLNESS HAVE BEEN MORE CRITICAL AND ACCORDINGLY HAVE CAUSED MORE DEATHS."

*Sat, 30 Oct 2021, 14:00

New comment on "A preliminary analysis of excess deaths in Scotland during 2021"
David Ringer

Thank you, Dr. Newman, for pointing out this alarming looking statistical anomaly and demanding an immediate investigation! It might also be interesting to look if there is a corresponding rise in emergency room admissions, and especially: if there is a rise in certain causes for emergency room admissions (e.g cardiovascular and neurological causes). This then should be compared with the statistics of the other European countries, taking into account the respective dates of the onset of Covid mass vaccination. At minute 9:00 you say: "Now there will be Covid deaths hidden in there". This is true, but I find it important to note that there will be non-Covid deaths hidden in the officially published curve of Covid deaths, too. And for different reasons, not least political ones, those could even amount to a much larger distortion. You name "age distributions, gender, socio-economic status, co-morbidities" as factors which should be accounted for in an analysis of the excess deaths by (I would add: independent) experts. In such an analysis I would also like to see taken into account the status of vaccination and the distance of time between the first Covid vaccination and death. This perspective should be combined with comparing (differentiated by age groups and the (primary) organ failures which led to death) the death rates within the vaccinated and the unvaccinated population during the interval of the Scottish excess deaths. (In such an analysis, people who got vaccinated only once before they died should not, as the vax producers and their allies might be tempted to do, be counted and rated as if they were UNvaccinated.)

Tue, 19 Oct 2021, 20:12

New comment on "A preliminary analysis of excess deaths in Scotland during 2021"
anonjan82

Its an interesting phenomenon. Its also visible in other countries. I the msm are a bit scared to write or talk about it. They might be right. I am curious to learn what's the cause.