

Covid-19 vaccines may be killing thousands of people around the world with the guilty complicity of governments

A new study compares mortality in Japan and Germany showing a substantial increase associated with vaccines

Hagen Scherb and Keiji Hayashi, from the Institute for Computational Biology in Munich and the Hayashi Pediatric Clinic in Osaka, published in March a study in *Medicine & Clinical Science* entitled [Annual All-Cause Mortality Rate in Germany and Japan \(2005 to 2022\) With Focus on The Covid-19 Pandemic: Hypotheses and Trend Analyses](#).

Germany and Japan are highly industrialized countries, which have large and aging populations in common. In 2022, total population sizes were 84.3 million in Germany and 125 million in Japan. From 2005 through 2019, both countries present essentially linearly increasing all-cause mortality base line trends, whereby the increase in Japan is twice that in Germany. In Germany the overall mortality odds ratio per year was 1.010, while in Japan it was 1.019. In order to establish what the Covid-19 pandemic has meant in terms of mortality, it is pertinent to analyze how much the annual all-cause mortality rates 2020 to 2022 in Germany and Japan deviate from the trends estimated from the preceding years 2005 to 2019. This is what the authors of this study have done, with truly striking results.

Mortality rate in Japan

Using [the annual Japanese population and the annual death rates](#), one can test and estimate whether and how much the 2011 earthquake/tsunami and the 2020/2021/2022 coronavirus pandemic have eventually entailed deviations from the expected mortality derived from the unaffected years. Are there negative or positive excess mortality rates associated with distinct events in certain years? Figure 1 shows the data in the form of deaths per 1000 inhabitants: in the years 2011-2013 following the earthquake and tsunami significant excess mortalities occurred ($p < 0.05$). According to the Japanese reconstruction authority, [the number of deaths was 19,747 and more than 2,500 people are still missing](#). However, the trend analysis of the mortality rates carried out by Scherb and Hayashi shows an absolute excess deaths around 49,000 in 2011, 30,000 in 2012 and 23,000 in 2013. The excess of 49,000 in 2011 is not quite compatible with the official number of victims

of approximately 20,000 cases. It is possible that more people may have died because of indirect disaster stress than were officially attributed explicitly to the earthquake and the tsunami. The further significant increases in mortality in 2012 and 2013 could as well be related to the aftermath of the earthquake and tsunami in 2011.

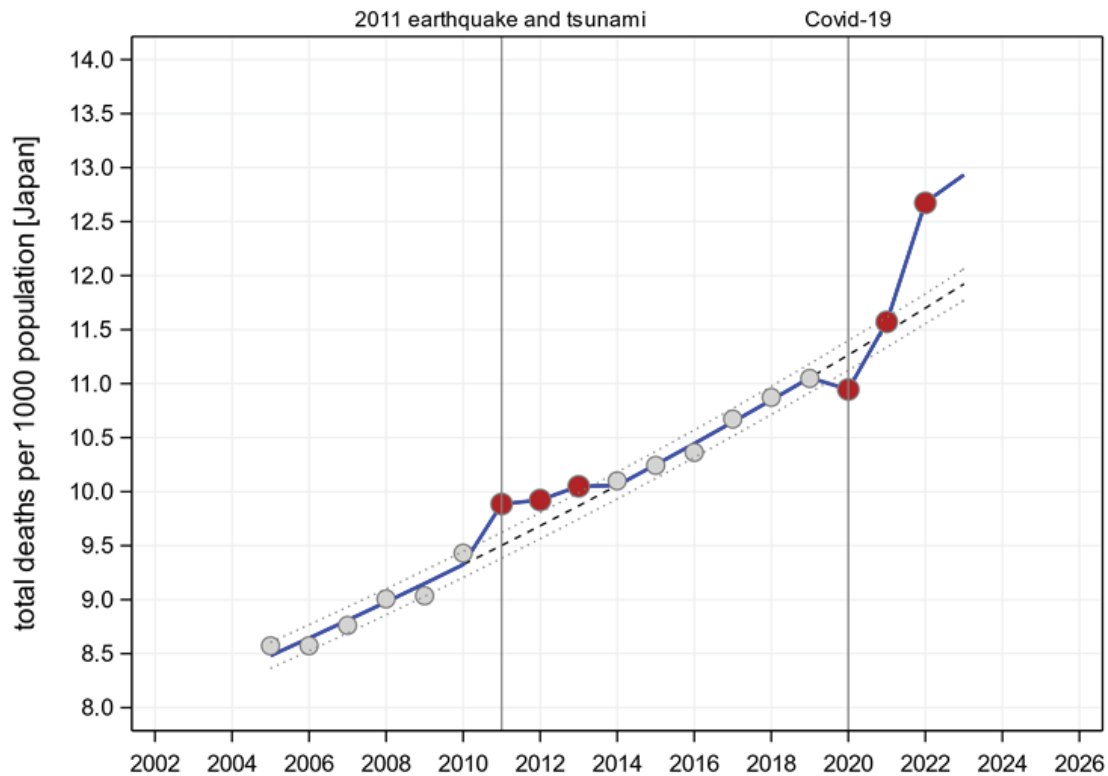


Figure 1. Annual total deaths in Japan per 1000 total population

Concerning the coronavirus pandemic in Japan, a significant under-mortality was observed in 2020 with odds ratio 0.971 (Fig 1). Therefore, similar to the findings described in Germany there is no significant excess mortality in Japan in 2020. However, a small in-significant mortality increase was seen in 2021 (odds ratio 1.008). This percentage excess of 0.80 translates into 11,547 additional deaths. The classical characteristic of a pandemic, i.e., massive excess mortality is thus not observed in Japan, neither in 2020 nor in 2021. **However, in 2022 a very high mortality rate was reached with a dizzying 122,158 absolute excess deaths corresponding to 8.37 percent above expectation (odds ratio 1.085) (Fig 1).**

Mortality rate in Germany

The annual population and annual death counts for Germany in the time period 2005-2022 were obtained from the [Federal Statistical Office](#). Figure 2 shows the corresponding annual mortality rates. In 2020, the mortality rate is slightly increased relative to the extrapolated trend from 2005 to 2019 with an odds ratio of 1.019 (corresponding to 18,274 absolute excess deaths and an excess percentage of 1.89). **In 2021 and 2022, on the contrary, the mortality rate excesses provided as percentages turn out to be 4.99 and 6.67, respectively.** These excess percentages translate into 48,617 deaths in 2021, and 66,528 deaths above expectation in 2022. That is, in 2020, a year with no Covid-19 mass vaccinations, the excess mortality amounts just to 1.89 percent of the expectation. This excess in 2020 is less than half the excess mortality percentage under the Covid-19 vaccination campaign in 2021 of 4.99 percent ($p= 0.001$).

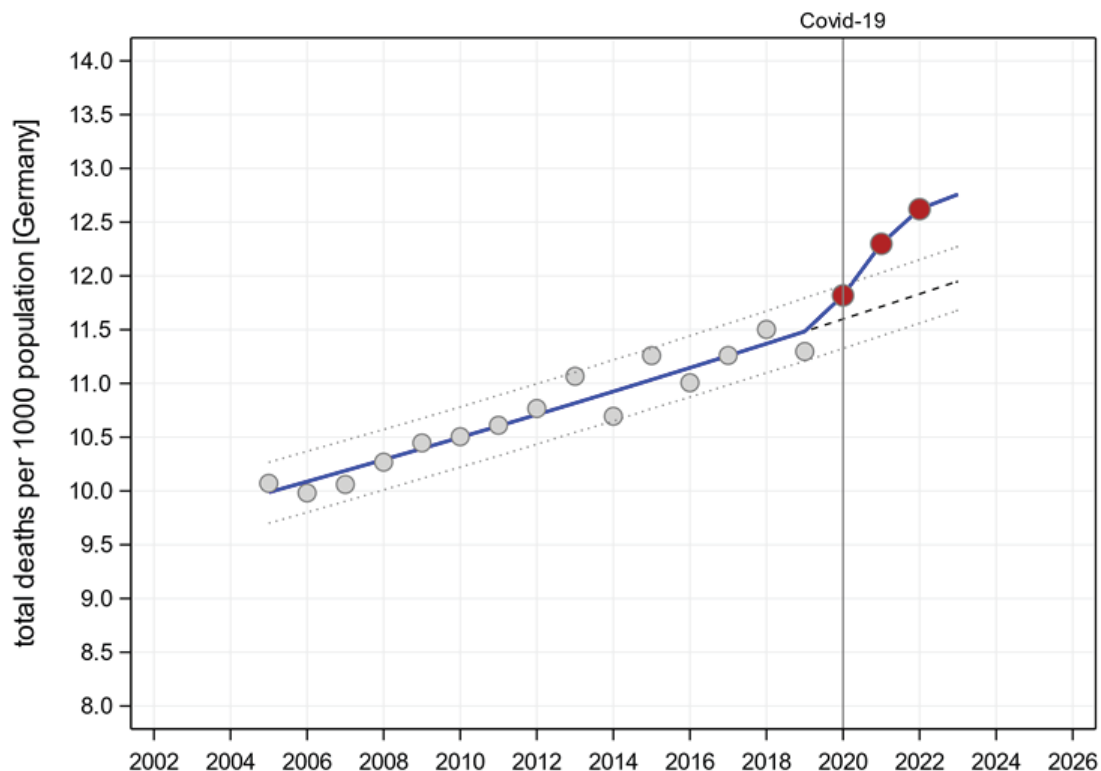


Figure 2. Annual total deaths in Germany per 1000 total population

To summarize the findings of the study by Hagen Scherb and Keiji Hayashi. In Japan, a significantly elevated mortality in the earthquake and tsunami era is observed from 2011 to 2013, rates that were never exceeded thereafter until

2021. The all-cause mortality in 2020 lies below and in 2021 it falls within the expected limits of the annual random fluctuations in the mortality trend from 2005 to 2019. **These mortality rates in 2020 and 2021 certainly do not indicate the terrible effects of a classical pandemic characterized by an unusually high mortality, nor do they imply personal mass damage caused by the coronavirus containment measures during those two years in Japan.** However, in 2022 the mortality rate is extremely elevated (8.37 percent), which is more than twice the average excess in the earthquake and tsunami years (Fig 1). **This significant excess mortality in Japan in 2022 warrants thorough investigation and clarification of its causes, for which their citizens are still in debt.** A somewhat different picture emerges in Germany. In contrast to Japan, there are no significant deviations from the mortality trend during the period 2005 to 2020. **In 2021 and 2022, however, a very significant excess mortality of more than 5 percent is observed** (Fig 2), which cannot be explained by direct effects of the pandemic.

Final lesson

The official [fear-mongering forecasts and the allegedly confirmed high death toll in 2020 from Covid-19 in high-income countries](#) did not come true, neither in Japan nor in Germany. To the contrary, based on early investigations in 2020 and 2021 by JPA Ioannidis, Professor of Medicine and Health Research at Stanford University School of Medicine, [great damage was not to be expected](#). Therefore, it should be investigated to what extent the about 5 to 10 percent highly significantly increased mortalities in Germany and Japan in 2021 and 2022 might be due to the pandemic counter measures, [including the vaccinations with their possibly underestimated immediate or long-term side effects](#). From this point of view, **it is extremely plausible that a high vaccination rate has contributed to an increase in all-cause mortality in a majority of countries** (Europe, USA, Canada, Australia, New Zealand, Israel, South Korea and Taiwan, among others). It is essential to closely monitor national secular mortality trends over the next years and to examine promptly (now, not in the future when evidence of causality may no longer be accessible or recoverable) the possible causes of significant excess mortality. **Inexplicably, the medicines regulatory agencies have not yet undertaken this urgent task, when this one and no other is their main and maximum responsibility.**

ICMRA statement on the safety of Covid-19 vaccines

The International Coalition of Medicines Regulatory Authorities (ICMRA) has recently released a [statement on the safety of Covid-19 vaccines](#) sustaining that Covid-19 vaccines significantly reduce the risk of severe infection, hospitalization and death from SARS-CoV-2 virus and potentially save millions of lives worldwide; they have a very good safety profile in all age groups and their benefits far outweigh the potential risks; the vast majority of side effects are mild and short-term, with some very rare serious side effects (occurring in less than 1 in 10,000 people); medicines regulatory agencies around the world have implemented measures to reduce the risk of harm from these serious side effects; reports of side effects after Covid-19 vaccination are continuously collected and evaluated by authorities; in most cases the reported side effects were not caused by the vaccines; false and misleading information about the safety of Covid-19 vaccines often exaggerates the frequency and severity of side effects, with this information most likely leading people to refuse vaccination and giving rise to many more deaths than vaccine adverse effects do; there is no evidence that Covid-19 vaccines have contributed to excess mortality during the pandemic, in fact there is strong evidence that Covid-19 vaccines save lives and prevent serious harm associated with SARS-CoV-2 infection.

Obviously, none of the assertions contained in this statement is consistent with stubborn reality. Regardless of the doctrine imparted within this pronouncement, some solid bibliographic support with weighty empirical-scientific objective data at least for a single one of the numerous categorical statements in this document about the efficacy and safety of Covid-19 vaccines would have been appreciated, beyond the bunch of flimsy quotes with which ICMRA intends to so pompously support its position. Above all because the citizens of the 21 member countries and 14 associate members of ICMRA deserve consistent and truthful information about these vaccines that have been widely administered and, of course, are neither as effective nor as safe as we were initially told after the publication of Moderna and Pfizer clinical trials in December 2020. In the last two years, there are numerous published studies that objectively demonstrate the opposite. It is astonishingly surprising that none of them are cited. It is very important to inform the public, but the information must be as complete and aseptic as possible.

Spanish Ministry of Health

In Spain, until December 31, 2022, a total of 84,650 notifications of adverse reactions in relation to Covid-19 vaccines [have been registered in the database of the Spanish Pharmacovigilance System \(FEDRA\)](#), of which 14,003 were considered serious and 500 had a fatal outcome. This register has been operational since 1983, and a total of 433,000 adverse drug reactions have since been included. **In just 20 months, adverse reactions to Covid-19 vaccines represent no fewer than 19.5 percent of all notifications recorded over 40 years in Spain.** Given the passive nature of pharmacovigilance systems, which creates a serious problem of underreporting, the number of adverse events [is actually much higher than the reported notifications \(around an estimated factor of 31\)](#). Using this underreporting conversion factor, the suggested actual number of adverse reactions in Spain would amount to a total of 2,624,000, serious reactions would have been 434,000, and deaths related to Covid-19 vaccines would have been 15,500 (probably many more considering the excess of 115,000 deaths in Germany in the first two years of the vaccination campaign).

It must be emphasized that the remaining vaccines used in general in the Spanish population (influenza, hepatitis B, polyvalent, mumps, polio, measles, papilloma, tetanus, chickenpox and herpes zoster) **have caused in these 40 years a number of adverse effects ten times lower (7,955) than Covid-19 vaccines in 20 months.** Faced with such a gigantic deviation and never seen before, together with the results of the Scherb and Hayashi excess mortality analysis published in March of this year on the table, **the Spanish Medicines Agency (AEMPS) continues without adequately interpreting these data as a powerful alarm signal of a possible health risk for Covid-19 vaccines recipients.** Much less worrisome alarms [cause the suspension of the marketing of other drugs](#). A stringent vigilance that is not being applied to Covid vaccines.

The need for research is urgent and ineluctable for at least a year now. Although it should have been done at the time of clinical trials promoted by the manufacturers, there is no alternative but to decree a moratorium on Covid-19 vaccines so that careful retrospective analysis and meticulous re-evaluation can be done.

If we continue to ignore these safety signals, we are failing to do our due diligence to protect patients. We have a collective duty to restore the

principles of medical ethics in our practice and clinical research —*primum non nocere*— to protect the population, and especially the most vulnerable groups, from unwanted harm.

In the absence of long-term adverse effects data, the Covid-19 vaccination should be paused while a comprehensive safety investigation is carried out, [definitive toxicology, genotoxicity and teratogenicity results are obtained](#), and it is firmly and unequivocally established that the benefits of vaccination clearly outweigh the risks.

Any health authority with institutional responsibility that continues to ignore these data on excess mortality related to Covid-19 vaccines, that have been promoted and sponsored by governments, and does not act firmly by suspending the vaccination campaign until a qualified and pertinent academic research can really resolve whether or not there is a causal relationship, **would be fatally complicit in the irreparable damage caused to thousands of affected adults and children, incurring in a criminal offense detrimental to the life and rights of their country citizens with legal, political and moral consequences of gigantic proportions.**

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