17 Million Murdered by Covid Vaccines and Voodoo Death

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[TCTL editor's note:

In spite of the mention of "spike protein" which seems to have a mythology all of its own within medical freedom groups, Greg Reese's latest work is worth watching.

Here Reese shares the important work of Denis Rancourt wherein Rancourt analyzes death data during "covid" and demonstrates clearly how the cures for this made-up disease, along with cruel external force and mind control, were the actual cause of increased deaths.

Humanity historically has been bewitched and held spellbound by political and religious leaders, faux science and fear-based beliefs into cooperating with its own enslavement, self-harm and death.

As so many great researchers continue to look at what the so-called mRNA vaccines are about, what the actual contents are, and how they affect our biology, we do know that ALL vaccines have always been toxic and that NO virus has ever been isolated. All vaccines are forced upon us via lies and are all part of an incredibly ignorant (and nefarious) agenda.

Greg Reese has a unique way of writing and producing short impactful videos as he continues expanding his own awareness. This one is worth sharing.

~ Kathleen]

17 Million Murdered by COVID Vaccines and Voodoo Death

The groundbreaking research of Denis Rancourt

by **Greg Reese**, *The Reese Report*
January 11, 2024

Transcript:

Denis Rancourt has a PhD in Physics, he is a former tenured Full Professor, and has published over one hundred articles in leading science journals. Rancourt and his team have used all-cause-mortality data to prove there have been about seventeen million deaths as a result of official COVID-19 measures, but not from Covid, which was a lie.

> *As far as I can tell, from the all cause mortality data that we've been studying extensively for a long time, there's no such thing as a viral respiratory pandemic. (Denis Rancourt)*

He explains this all in his essay entitled, "There Was No Pandemic" which you can find on his SubStack.

> *There was no pandemic in the sense that there was not a particularly virulent new pathogen that was spreading and causing death. That is not what happened. What happened was huge assaults against vulnerable people by many different methods. And every time you did that, you caused excess mortality. In all the countries where they were not doing that, there was absolutely no excess mortality, even if it was a jurisdiction that was right beside the one that was doing this. (Denis Rancourt)*

Rancourt explains a science of psychological murder that has

been officially studied and documented for well over a century. It wasn't just the spike protein that killed us, it was the whole damn thing.

> *Psychological stress and social isolation are dominant determinants of an individual's health that causes a suppression of your immune system. And you're going to get some kind of infection, cancer, heart disease. And very often the lungs are very exposed to the environments and they're subjected to all the bacteria that you live with all the time. You get bacterial pneumonia and it's a huge killer when a society is stressed, meaning all of its individuals are stressed. The kind of psychological stress that kills you is when you're entire world is turned upside down. Your whole life you thought you had a place in the world and it's gone. That will kill you within a very short time.*
>
> *We always occupy a dominance hierarchy, a social dominance hierarchy. That is how we organize our societies because we are social animals. It is a fundamental truth of how we organize societies. The stress that is intended to keep you in your place within that dominance hierarchy is an everyday chronic stress, and the stressors have to keep changing how they're going to stress you because you get habituated to the stress. So they have to randomly hit you with hard things every once in a while to really make sure you understand what your place is. That stress is one of the biggest determinants of health.*
>
> *But we have to admit that medicine itself is a massive killer. It's a massive cause of premature death of individuals. (Denis Rancourt)*

Modern Western medicine is officially recognized as the third highest cause of death. It was designed to be a way of controlling the population.

> *It was designed to be a way of controlling the population. The role of medicine as an institution in our society is to maintain the dominance hierarchy, is to keep people sick and to put them in their place. It's just part of that institutionally. (Denis Rancourt)*

Financed by the Carnegie Foundation and published in 1910, the Flexner report was used to outlaw natural medicine practices in America. The Rockefeller foundation then funded a new kind of medicine. An inverted form of heath care that utilized petrochemical drugs and experimental surgery to keep people sick, and in many cases, kill the patient. As Denis Rancourt has pointed out, this is how societies have been run for centuries.

A de-classified document entitled, "Geomagnetic Factors In Spontaneous Subjective Telepathic, Precognitive And Postmortem Experiences", as well as decades of Trauma Based Mind Control research, shows us that the CIA and our governments are well aware of the deadly effects that traumatizing a population can induce. They are killing us with fear and trauma.

This is known as psychogenic death or psychosomatic death, It is the phenomenon of sudden death brought about by strong emotional shock. Chairman of the Department of Physiology at Harvard Medical School, Walter Cannon, called it Voodoo death because mind control is the main method used in Voodoo rituals. Which is well understood by our world leaders. Bill and Hillary Clinton spent their honeymoon in Haiti at a Voodoo ritual which Bill claims inspired him to run for political office.

> *I was particularly intrigued by the Voodoo religion.*
>
> *Voodoo's central ritual is a dance during which spirits possessed believers. On the most interesting day of the trip, I got the chance to observe voodoo in practice. After several minutes of rhythmic dancing to pounding drums, the*

spirits arrived, seizing a woman and a man. The man proceeded to rub a burning torch all over his body and walk on hot coals without being burned. The woman in a frenzy, screamed repeatedly, then grabbed a live chicken and bit its head off.

By the time we got back from Haiti, I had determined to run for attorney general.

(Bill Clinton)

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There Was No Pandemic: Denis Rancourt Testimony at National Citizens Inquiry Canada

There Was No Pandemic: Denis Rancourt's Testimony at National Citizens Inquiry Canada

Live video presentation took place on June 28, 2023. Find it at National Citizens Inquiry CA Rumble channel or Denis Rancourt Odysee channel.

There Was No Pandemic

by **Denis G. Rancourt, PhD**
June 22, 2023

This is radical.

The essay is based on my May 17, 2023 testimony for the National Citizens Inquiry (NCI) in Ottawa, Canada, my 894-page book of exhibits in support of that testimony, and our continued research.

I am an accomplished interdisciplinary scientist and physicist, and a former tenured Full Professor of physics and lead scientist, originally at the University of Ottawa.

I have written over 30 scientific reports relevant to COVID, starting April 18, 2020 for the Ontario Civil Liberties Association (ocla.ca/covid), and recently for a new non-profit corporation (correlation-canada.org/research). Presently, all my work and interviews about COVID are documented on my website created to circumvent the barrage of censorship (denisrancourt.ca).

In addition to critical reviews of published science, the main data that my collaborators and I analyse is all-cause mortality.

All-cause mortality by time (day, week, month, year, period), by jurisdiction (country, state, province, county), and by individual characteristics of the deceased (age, sex, race, living accomodations) is the most reliable data for detecting and epidemiologically characterizing events causing death, and for gauging the population-level impact of any surge or collapse in deaths from any cause.

Such data is not susceptible to reporting bias or to any bias in attributing causes of death. We have used it to detect and

characterize seasonality, heat waves, earthquakes, economic collapses, wars, population aging, long-term societal development, and societal assaults such as those occurring in the COVID period, in many countries around the world, and over recent history, 1900-present.

Interestingly, none of the post-second-world-war Centers-for-Disease-Control-and-Prevention-promoted (CDC-promoted) viral respiratory disease pandemics (1957-58, "H2N2"; 1968, "H3N2"; 2009, "H1N1 again") can be detected in the all-cause mortality of any country. Unlike all the other causes of death that are known to affect mortality, these so-called pandemics did not cause any detectable increase in mortality, anywhere.

The large 1918 mortality event, which was recruited to be a textbook viral respiratory disease pandemic ("H1N1"), occurred prior to the inventions of antibiotics and the electron microscope, under horrific post-war public-sanitation and economic-stress conditions. The 1918 deaths have been proven by histopathology of preserved lung tissue to have been caused by bacterial pneumonia. This is shown in several independent and non-contested published studies.

My first report analysing all-cause mortality was published on June 2, 2020, at censorship-prone Research Gate, and was entitled "All-cause mortality during COVID-19 — No plague and a likely signature of mass homicide by government response". It showed that hot spots of sudden surges in all-cause mortality occurred only in specific locations in the Northern-hemisphere Western World, which were synchronous with the March 11, 2020 declaration of a pandemic. Such synchronicity is impossible within the presumed framework of a spreading viral respiratory disease, with or without airplanes, because the calculated time from seeding to mortality surge is highly dependent on local societal circumstances, by several months to years. I attributed the excess deaths to aggressive measures and hospital treatment protocols known to have been applied suddenly at that time in those localities.

The work was pursued in greater depth with collaborators for several years and continues. We have shown repeatedly that excess mortality most often refused to cross national borders and inter-state lines. The invisible virus targets the poor and disabled and carries a passport. It also never kills until governments impose socio-economic and care-structure transformations on vulnerable groups within the domestic population.

Here are my conclusions, from our detailed studies of all-cause mortality in the COVID period, in combination with socio-economic and vaccine-rollout data:

1. If there had been no pandemic propaganda or coercion, and governments and the medical establishment had simply gone on with business as usual, then there would not have been any excess mortality
2. There was no pandemic causing excess mortality
3. Measures caused excess mortality
4. COVID-19 vaccination caused excess mortality

Regarding the vaccines, we quantified many instances in which a rapid rollout of a dose in the imposed vaccine schedule was synchronous with an otherwise unexpected peak in all-cause mortality, at times in the seasonal cycle and of magnitudes that have not previously been seen in the historic record of mortality.

In this way, we showed that the vaccination campaign in India caused the deaths of 3.7 million fragile residents. In Western countries, we quantified the average all-ages rate of death to be 1 death for every 2000 injections, to increase exponentially with age (doubling every additional 5 years of age), and to be as large as 1 death for every 100 injections for those 80 years and older. We estimated that the vaccines had killed 13 million worldwide.

If one accepts my above-numbered conclusions, and the analyses

that we have performed, then there are several implications about how one perceives reality regarding what actually did and did not occur.

First, whereas epidemics of fatal infections are very real in care homes, in hospitals, and with degenerate living conditions, the viral respiratory pandemic risk promoted by the USA-led “pandemic response” industry is not a thing. It is most likely fabricated and maintained for ulterior motives, other than saving humanity.

Second, in addition to natural events (heat waves, earthquakes, extended large-scale droughts), significant events that negatively affect mortality are large assaults against domestic populations, affecting vulnerable residents, such as:

- sudden devastating economic deterioration (the Great Depression, the dust bowl, the dissolution of the Soviet Union),
- war (including social-class restructuring),
- imperial or economic occupation and exploitation (including large-scale exploitative land use), and
- the well-documented measures and destruction applied during the COVID period.

Otherwise, in a stable society, mortality is extremely robust and is not subject to large rapid changes. There is no empirical evidence that large changes in mortality can be induced by sudden appearances of new pathogens. In the contemporary era of the dominant human species, humanity is its worst enemy, not nature.

Third, coercive measures imposed to reduce the risk of transmission (such as distancing, direction arrows, lockdown, isolation, quarantine, Plexiglas barriers, face shields and face masks, elbow bumps, etc.) are palpably unscientific; and the underlying concern itself regarding “spread” was not ever

warranted and is irrational, since there is no evidence in reliable mortality data that there ever was a particularly virulent pathogen.

In fact, the very notion of "spread" during the COVID period is rigorously disproved by the temporal and spatial variations of excess all-cause mortality, everywhere that it is sufficiently quantified, worldwide. For example, the presumed virus that killed 1.3 million poor and disabled residents of the USA did not cross the more-than-thousand-kilometer land border with Canada, despite continuous and intense economic exchanges. Likewise, the presumed virus that caused synchronous mortality hotspots in March-April-May 2020 (such as in New York, Madrid region, London, Stockholm, and northern Italy) did not spread beyond those hotspots.

Interestingly, in this regard, the historical seasonal variations (12 month period) in all-cause mortality, known for more than 100 years, are inverted in the northern and southern global hemispheres, and show no evidence of "spread" whatsoever. Instead, these patterns, in a given hemisphere, show synchronous increases and decreases of mortality across the entire hemisphere. Would the "spreading" causal agent(s) always take exactly 6 months to cross into the other hemisphere, where it again causes mortality changes that are synchronous across the hemisphere? Many epidemiologists have long-ago concluded that person-to-person "contact" spreading of respiratory diseases cannot explain and is disproved by the seasonal patterns of all-cause mortality. Why the CDC *et al.* are not systematically ridiculed in this regard is beyond this scientist's comprehension.

Instead, outside of extremely poor living conditions, we should look to the body of work produced by Professor Sheldon Cohen and co-authors (USA) who established that two dominant factors control whether intentionally challenged college students become infected and the severity of the respiratory illness when they are infected:

- degree of experienced psychological stress
- degree of social isolation

The negative impact of experienced psychological stress on the immune system is a large current and established area of scientific study, dutifully ignored by vaccine interests, and we now know that the said impact is dramatically larger in elderly individuals, where nutrition (gut biome ecology) is an important co-factor.

Of course, I do not mean that causal agents do not exist, such as bacteria, which can cause pneumonia; nor that there are not dangerous environmental concentrations of such causal agents in proximity to fragile individuals, such as in hospitals and on clinicians' hands, notoriously.

Fourth, since our conclusion is that there is no evidence that there was any particularly virulent pathogen causing excess mortality, the debate about gain-of-function research and an escaped bioweapon is irrelevant.

I do not mean that the Department of Defence (DoD) does not fund gain-of-function and bioweapon research (abroad, in particular), I do not mean that there are not many US patents for genetically modified microbial organisms having potential military applications, and I do not mean that there have not previously been impactful escapes or releases of bioweapon vectors and pathogens. For example, the Lyme disease controversy in the USA may be an example of a bioweapon leak (see Kris Newby's 2019 book "Bitten: The Secret History of Lyme Disease and Biological Weapons").

Generally, for obvious reasons, any pathogen that is extremely virulent will not also be extremely contagious. There are billions of years of cumulative evolutionary pressures against the existence of any such pathogen, and that result will be deeply encoded into all lifeforms.

Furthermore, it would be suicidal for any regime to vehemently

seek to create such a pathogen. Bioweapons are intended to be delivered to specific target areas, except in the science fiction wherein immunity from a bioweapon that is both extremely virulent and extremely contagious can be reliably delivered to one's own population and soldiers.

In my view, if anything COVID is close to being a bioweapon, it is the military capacity to massively, and repeatedly, rollout individual injections, which are physical vectors for whichever substances the regime wishes to selectively inject into chosen populations, while imposing complete compliance down to one's own body, under the cover of protecting public health.

This is the same regime that practices wars of complete nation destruction and societal annihilation, under the cover of spreading democracy and women's rights. And I do not mean China.

Fifth, again, since our conclusion is that there is no evidence that there was any particularly virulent pathogen causing excess mortality, there was no need for any special treatment protocols, beyond the usual thoughtful, case-by-case, diagnostics followed by the clinician's chosen best approach.

Instead, vicious new protocols killed patients in hotspots that applied those protocols in the first months of the declared pandemic.

This was followed in many states by imposed coercive societal measures, which were contrary to individual health: fear, panic, paranoia, induced psychological stress, social isolation, self-victimization, loss of work and volunteer activity, loss of social status, loss of employment, business bankruptcy, loss of usefulness, loss of caretakers, loss of venues and mobility, suppression of freedom of expression, etc.

Only the professional class did better, comfortably working from home, close to family, while being catered to by an army of specialised home-delivery services.

Unfortunately, the medical establishment did not limit itself to assaulting and isolating vulnerable patients in hospitals and care facilities. It also systematically withdrew normal care, and attacked physicians who refused to do so.

In virtually the entire Western World, antibiotic prescriptions were cut and maintained low by approximately 50% of the pre-COVID rates. This would have had devastating effects in the USA, in particular, where:

- the CDC's own statistics, based on death certificates, has approximately 50% of the million or so deaths associated with COVID having bacterial pneumonia as a listed comorbidity (there was a massive epidemic of bacterial pneumonia in the USA, which no one talked about)
- the Southern poor states historically have much higher antibiotic prescription rates (this implies high susceptibility to bacterial pneumonia)
- excess mortality during the COVID period is very strongly correlated (r = +0.86) – in fact proportional to – state-wise poverty

Sixth, since our conclusion is that there is no evidence that there was any particularly virulent pathogen causing excess mortality, there was no public-health reason to develop and deploy vaccines; not even if one accepted the tenuous proposition that any vaccine has ever been effective against a presumed viral respiratory disease.

Add to this that all vaccines are intrinsically dangerous and our above-described vaccine-dose fatality rate quantifications, and we must recognize that the vaccines contributed significantly to excess mortality everywhere that

they were imposed.

In conclusion, the excess mortality was not caused by any particularly virulent new pathogen. COVID so-called response in-effect was a massive multi-pronged state and iatrogenic attack against populations, and against societal support structures, which caused all the excess mortality, in every jurisdiction.

It is only natural now to ask “what drove this?”, “who benefited?” and “which groups sustained permanent structural disadvantages?”

In my view, the COVID assault can only be understood in the symbiotic contexts of geopolitics and large-scale social-class transformations. Dominance and exploitation are the drivers. The failing USA-centered global hegemony and its machinations create dangerous conditions for virtually everyone.

Connect with Denis Rancourt

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TCTL editor’s note: See the Bailey’s lastest video on Lyme disease as an alternate viewpoint to Denis Rancourt’s speculation about Lyme disease:

https://drsambailey.com/resources/videos/germ-theory/the-lyme-disease-lie/

Scientist Tells RFK, Jr.: 'Militaristic' Medicine Linked to Excess Deaths, Especially Among Poor and Disabled

Scientist Tells RFK, Jr.: 'Militaristic' Medicine Linked to Excess Deaths, Especially Among Poor and Disabled

> ***COVID-19 countermeasures — such as lockdowns and social distancing — were key contributors to the rise in excess deaths since the onset of the pandemic, according to Denis Rancourt, Ph.D., all-cause mortality researcher and lead scientist for 23 years at the University of Ottawa in Canada.***

by **Brenda Baletti**, **Ph.D.**, *The Defender*
February 9, 2023

The narrative that the COVID-19 virus was largely responsible for excess deaths during the pandemic isn't supported by statistical analyses, according to Denis Rancourt, Ph.D., all-cause mortality researcher and former physics professor and lead scientist for 23 years at the University of Ottawa in Canada.

During an episode of "RFK Jr. The Defender Podcast," Rancourt told Robert F. Kennedy, Jr., chairman and chief litigation counsel for Children's Health Defense, that the numbers suggest COVID-19 countermeasures — such as lockdowns and social distancing — imposed by governments and public health

officials were key contributors to the rise in excess deaths since 2020 when the pandemic began.

Rancourt – author of more than 100 peer-reviewed journal articles – said that if the COVID-19 virus had a "certain property" that was most responsible for causing death while the virus spread, then that idea should be reflected in the rate of deaths during that time period.

"But in fact," he told Kennedy, "that's not what was happening in terms of the overall deaths."

Rancourt said:

"The people who died were overwhelmingly disabled and extremely poor, and they were obese and they had diabetes, and they normally get a lot of antibiotics.

"A lot of them were institutionalized, and they were now isolated in their rooms and no one wanted to touch them and so on. These are the people who died, overwhelmingly: 1.3 million in the U.S.

"That's the kind of evidence that leads us to conclude that it was about the measures – what was being done – and how treatment was being done or not done."

According to Rancourt, looking at which states and jurisdictions applied strong lockdown measures is a "proxy for what's going on" in that area with the people who live there.

"The states and the jurisdictions that applied strong lockdowns are also the same states that have a more militaristic approach to medicine in the big hospitals and in how they treat institutionalized people."

Psychological stress, social isolation take higher toll on poor, disabled

Rancourt said his data showed that "when you destroy people's

lives by destroying the local economies, and you tell people they have to be isolated – they have to stay at home, they can't have social contact – they're going to be psychologically stressed."

Moreover, he said, this was further compounded particularly for individuals with mental or physical disabilities, who were already living in a medical institution and who, therefore, experienced extreme social isolation.

Suddenly, the individuals' caregivers are wearing masks and do not want to touch them, Rancourt explained.

"They [the individuals] have to be isolated in their room," Rancourt said. "They can only go to a certain washroom at a certain time."

Rancourt said he talked to people who were isolated in this way, and "it was horrendous for them."

According to Rancourt, the notion that COVID-19 primarily killed the elderly is not supported by all-cause mortality statistics because factors other than age – such as mental disability and poverty – appear to play a larger role.

"The correlation is to disability and to poverty," he said. "It's not to age. You cannot find a clear correlation to age. We weren't able to find it."

"So it wasn't just the elderly that were killed at that time – institutionalized young people were also killed."

Rancourt said:

"It's not an exaggeration to say that they were … I think 'scared to death' is not the right way to put it, but 'demolished to death.' Their lives were dissolved. They could have no social contact. All of a sudden they lost their caregivers. They were locked in.

"I think that many, many people were killed this way and it's hard to have that discussion with scientists because they cannot let go of their theoretical immunology and everything they want to believe about how viruses spread and so on."

3.7 million excess deaths in India linked to vaccine rollout

Kennedy and Rancourt also discussed a study Rancourt recently published that "shows 3.7 million excess deaths [were] almost certainly related to the COVID-19 vaccine and not related to COVID-19 [the virus]."

According to Rancourt, a "very dramatic" surge in the number of overall deaths in India — "like 500% more than the baseline total deaths in India major'' — coincided with the rollout of the vaccine in India.

"We concluded in our study that it was the vaccines that were doing this because we had seen in the United States peaks like that, when you had the so-called vaccine equity programs that would go into institutions and vaccinate people that had not yet been vaccinated, who were more fragile."

Watch the interview here:

Cover image credit: ElasticComputeFarm