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Most excess deaths during the COVID-19 pandemic can be linked to biological stress brought on by coordinated and large-scale mandates and medical assaults — ranging from lockdowns to vaccination to denial of antibiotics and antivirals — according to **a paper** released Monday by excess mortality researcher **Denis Rancourt, Ph.D.**

The theory that the novel virus and its variants spread globally, causing cascading pandemics and massive numbers of related deaths cannot account for the actual patterns of excess death worldwide during the 2020-2023 **COVID-19** period, Rancourt argues in the paper.

That narrative has been used to justify permanent, national vaccination campaigns to repeatedly boost national immunity against new variants, according to the paper. However, it can't explain what caused 31 million **global excess deaths** during the COVID-19 pandemic period according to Rancourt, a lead scientist for 20-plus years at the University of Ottawa in Canada.

Instead, Rancourt argues excess deaths between 2020-2023 can largely be attributed to illnesses including certain types of bacterial pneumonia, also known as **aspiration** pneumonia, that were often misdiagnosed on death certificates as COVID-19.

Such illnesses typically occur when biological stress affects the immune system making people more susceptible to infections that come from the microbes and parasites in their own bodies — a phenomenon more common among the elderly and immunocompromised — he wrote.

Rancourt concluded:

“Within the present state of knowledge, it is possible that the declared Covid pandemic (2020-2023) was entirely caused by the coordinated and largescale **mandates**, measures, so-called responses, and medical assaults including testing, diagnostic bias, isolation, denial of treatment (especially antibiotics for pneumonia), mechanical ventilation, sedation, experimental and improper treatments, and vaccination.”

If that is the case, Rancourt said the medical establishment has “vastly underestimated and largely disregarded” the impact of biological — including psychological — stress on health and mortality.

Rancourt also suggested this theory of stress-induced mortality could account for “all pandemics within recorded history,” not only the COVID-19 pandemic because most pandemics have occurred amid major societal and environmental crises.

The paper builds on extensive research into COVID-19 **pandemic-related all-cause mortality** done by Rancourt and his colleagues at the Canadian nonprofit **Correlation Research in the Public Interest** over the last several years. It is published on the organization's website.

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COVID virus can't explain excess mortality

Rancourt and his colleagues have argued that key characteristics of excess mortality during the pandemic period contradict the argument that the COVID-19 virus was responsible for that mortality.

For example, excess mortality varied significantly from country to country, but didn't cross jurisdictional borders — so there wasn't evidence that a virus with consistent virulence was spreading from one place to another.

Rancourt also noted that none of the excess mortality peaks preceded the **World Health Organization's announcement** on March 11, 2020, that COVID-19 was a global pandemic. Instead, **excess mortality peaks** often followed vaccine and booster rollouts in many countries.

Citing U.S. data, **Rancourt found strong evidence** that respiratory infections were the primary condition associated with excess all-cause mortality. However those deaths may have been designated on death certificates as COVID-19, when the primary cause of death was actually something else, he wrote.

For example, Rancourt and colleagues previously found that more than half of the deaths attributed to COVID-19 likely included co-occurring bacterial pneumonia. They concluded that **PCR testing schemes** led to many bacterial pneumonia infections being misdiagnosed as COVID-19 during a time when key treatments such as antibiotics and **ivermectin** were withdrawn.

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Massive socio-economic disruptions subjected societies to major stressors.

Research shows that social and environmental stressors are a major determinant of **health**, including death, according to Rancourt. Psychological stress and social isolation have particularly strong associations with respiratory infections and their severity, as does age.

Rancourt told **The Defender** that the massive socio-economic disruptions associated with the pandemic subjected societies worldwide to major stressors.

Recent studies on mice showed that even a single episode of **restraint and immobilization stress** could lead to severe immunosuppression, leaving them vulnerable to bacterial infections. The study suggested that confinement in humans could produce similar effects, Rancourt wrote.

Disruptions included lockdowns, which increased social isolation, and deprived people of incomes and limited mobility. Fear-driven propaganda terrorized people and those who resisted mainstream narratives about the virus and **vaccines** experienced aggression and marginalization.

Hospitals and medical providers imposed aggressive and experimental medical interventions on some people, including the systematic use of **ventilators, experimental treatment protocols** and **palliative care** for those who were severely ill. Others were denied access to medications like ivermectin or antibiotics.

Rancourt also pointed to temporal correlations between **vaccine and booster rollouts** and increases in excess all-cause mortality in every country with sufficient data. It is highly unlikely that the vaccine-mortality associations are coincidental, he wrote.

He told The Defender this spike could be due to **vaccine toxicity** itself. Or, he said, the vaccine rollouts could have corresponded with other aggressive medical or health interventions. Combining the COVID-19 vaccine with **other vaccines**, and the stress of coercive vaccination

could have weakened people's immune systems. It is also possible that multiple factors were at play, he said.

Rancourt believes the most compelling explanation for most excess deaths — namely the surges in respiratory deaths often associated with the excess deaths — is that a combination of different social, political and medically induced stressors led to widespread aspiration pneumonia.

Aspiration pneumonia, which doesn't require person-to-person transmission, is a dominant cause of death among the elderly, particularly in care homes and hospitals. Treatment requires proper diagnosis and the administration of antibiotics.

Risk factors include immunosuppression, and several pandemic-related factors, including denial of antibiotics, ventilation, overuse of sedatives and hypnotics, tube feeding, depression, and disruptions to the digestive system caused by interventions.

If this is correct, Rancourt said, the primary cause of death contributing to spikes in all-cause mortality was "Covid-period mandates and measures" that made people susceptible to these illnesses.



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Brenda Baletti, Ph.D., is a senior reporter for The Defender. She wrote and taught about capitalism and politics for 10 years in the writing program at Duke University. She holds a Ph.D. in human geography from the University of North Carolina at Chapel Hill and a master's from the University of Texas at Austin.

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