



## Evidence From Around the World Suggests COVID Vaccines Are Leading to More Deaths and Infections: French Medical Doctor

### Description

**ER Editor:** This report was put together by one of France's most renowned and outspoken doctors, **Dr. Gerard Délépine**, whose oncologist wife, [Dr. Nicole Délépine](#), is equally militant on behalf of patients against Big Pharma and government bureaucracy. See their biographies [here](#). See their site here: <https://docteur.nicoledelepine.fr/>

We remind readers that studies from Harvard and Johns Hopkins have shown that **only around 1% of all vaccine injuries and deaths get reported**. Some put that estimate higher, at between 1% and 10%. Either way, we can confidently add 1 zero, if not 2, to any vaccine statistics.

**Fatalities are worse following the Pfizer vaccine than the rest.** This should give pause for thought as to why the AstraZeneca shot has been targeted for vilification when all of them, in fact, should be withdrawn immediately.

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## Evidence from around the world suggests COVID vaccines are leading to more deaths and infections: French medical doctor

*'It is high time to go back to the proven facts and to their critical examination. In all countries, experimental vaccinations were followed by an increase in contamination and mortality attributed to COVID-19 and the appearance of mutants.'*

**DR. GERARD DELEPINE**

*LifeSite News & Global Research*

## Featured Image

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Dr Gérard Delépine Deborah Donnier / YouTube

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This article by Dr. Gérard Delépine was first published on May 25, in French on the Global Research French language website – mondialisation.ca

This article demonstrates unequivocally that **mortality and morbidity has increased dramatically as a result of the vaccine**. The incidence of COVID positive cases has also increased.

***“And everywhere they have been followed by a dramatic rise in new infections and mortality for several weeks or months.”***

**Dr. Delépine’s careful analysis of the pre- and post-vaccine trends for 14 countries around the world**

The latest official figures for the European Union, which are rarely acknowledged by the mainstream media, indicate that from **late December 2020 to May 22, 2021**:

1. **12,184 deaths and 1,196,190 injuries** following injections of four experimental COVID-19 shots (Moderna, Pfizer-BioNTech; AstraZeneca and Johnson & Johnson’s Janssen). Serious injuries are of the order of 604,744 (i.e. more than 50% of total injuries)
2. The Pfizer-BioNTech mRNA gene-edited vaccine has resulted in the largest number of fatalities: **Total reactions** for its mRNA vaccine **Tozinameran: 5,961 deaths and 452,779 injuries** to 22/05/2021

**While Pfizer has the largest numbers of deaths and injuries, the EU Commission (*ER: and their lackeys in the MSM*) has largely placed the blame on AstraZeneca.**

**Ironically, not only does [Pfizer have a criminal record with the US Department of Justice for “fraudulent marketing”](#), the EU Commission has chosen Pfizer BioNTech as its “Reliable Partner” for the production of 1.8 billion doses over the next 3-4 years, in a contract which is currently under negotiation.**

**Michel Chossudovsky, Global Research, May 27, 2021**

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*Two months ago, we tried to alert people to the paradoxical results of the COVID-19 vaccines by publishing the pre- and post-vaccination mortality curves for Israel and Great Britain, [1] which already showed that these vaccinations were followed by a considerable increase in contamination and mortality lasting 6 to 8 weeks after the start of vaccination. [2]*

*Since this period, vaccination campaigns have spread worldwide even to countries where COVID was not present. **And everywhere they have been followed by a dramatic rise in new infections and mortality for several weeks or months.** [3]*

*How many deaths and severe accidents will it take for executives, WHO, health agencies FDA, EMA among others, to look at the proven results of this experimental pseudo-vaccination in the real world and derive the results from it?*

## Reminder of the proven facts published by the WHO

We present below the epidemic curves of the most vaccinated countries as published by the WHO (with our comments in red).

### ASIA

#### In Nepal, a country of 28 million inhabitants

The vaccination campaign, using the Chinese vaccine and the Indian AstraZeneca, began at the end of January 2021. Until that point, after ten months of the epidemic, the country had 270,092 confirmed cases and 2,017 deaths, and the daily average of new cases amounted to 350.

**Four months after vaccination began, the epidemic has exploded** with a current average of 8,000 new cases daily. As of May 22, Nepal had 497,052 confirmed cases (+ 90%) and 6,024 deaths (+ 200%).)

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#### In Thailand, a country of 70 million inhabitants

The vaccination campaign using the Chinese vaccine began in the first week of March. So far, since the start of the epidemic, the country had only recorded 25,000 infected and 83 deaths attributed to COVID-19.

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Since the start of vaccination, **in 2 months, the number of recorded infections has multiplied by 5 (123,066 on May 22) and that of deaths by 9**

(735 on May 22).

### **In Cambodia, a country of 27 million inhabitants**

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### **In Mongolia, a country of 3.3 million inhabitants**

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## **SOUTH AMERICA**

### **In Colombia , a country of 50 million inhabitants**

A country severely affected by the disease, **the epidemic began to decline sharply until the start of the vaccination campaign** on February 18, 2021.

Since then, the number of daily infections has **quadrupled** and daily mortality has **multiplied by 3**.

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### **Chile, country of 18 million inhabitants**

Vaccination began on December 24 and a total of nearly 17.1 million doses of the vaccine have been administered to less than 20 million people. But despite the highest vaccination coverage rate in South America and harsh confinements, **the number of daily infections and the number of deaths remain close to triple what they were** before the start of the vaccination campaign.

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### **In Brazil, a country of 217 million inhabitants**

Vaccination began on January 18 as weekly mortality stabilized around 7,000

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## THE MIDDLE EAST

**In the United Arab Emirates, a country of 10.5 million inhabitants**

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**In Kuwait, a country of 4.2 million inhabitants**

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## EUROPE

**In Hungary, a country of 9.8 million inhabitants**

The vaccination campaign, which began at the end of February, was followed by a sharp increase in weekly contaminations, which rose from 25,576 on February 25 to 62,265 a month later, before gradually falling back to the pre-vaccination level.

**In two and a half months, Hungary has doubled its figures of recorded infections (400,000 to 800,000) and deaths** (from 14,000 to 29,000) reached after 11 months of the epidemic.

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**In Romania, a country of 20 million inhabitants**

The vaccination campaign began at the end of December at a time when the epidemic was waning, and according to official data from May 4, 2021, Bucharest has the highest vaccination rate in the country with 31.2% of its eligible population vaccinated. But shortly after the start of vaccination, the number of daily infections and mortality increased.

Before vaccination began, and after ten months of the epidemic, Romania had 618,000 infected and 15,000 dead. **After five months of the vaccination, she counts twice as much.**

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### Monaco, country of 38,000 inhabitants

Had only **3** deaths before vaccination and **32** since vaccination began.

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### Gibraltar, 34,000 inhabitants

Vaccination of the entire population was followed by an **800% increase in mortality** (from 10 to 94).

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## What can be deduced from the official data?

### The Israeli and British Pyrrhic victories [\[4\]](#)

Vaccination advocates claim vaccinations in Israel and Britain have been successful, as current, daily contaminations and mortality are low.

But these apparent successes correspond in fact to the ***disappearance of a large part of the people at risk (the “harvesting”)*** achieved by vaccination and to the spontaneous regression of the disease observed also in countries with little vaccination.

### Vaccine “harvesting”

In Israel and Britain, the mortality attributed to COVID increased sharply for 4 to 6 weeks, equaling all the deaths in 2020. The COVID per vaccination mortality curve in Israel is demonstrative.

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The “harvest” of 1,404 people in January and 949 others in February, the equivalent of a full year of COVID mortality without a vaccine (the year 2020) **sharply reduced the number of Israelis at risk**, resulting in de facto probably a **decrease in the apparent risk of mortality in the coming year**, in this age group.

But along with this decrease in its original target, **the virus has mutated to attack other segments of society and especially younger age groups.**

In November 2020, data from the Israeli Ministry of Health revealed that Israel had detected 400 cases of the coronavirus in children under the age of two. In February 2021, that number increased to 5,800.

The same “**harvesting**” has been observed in Great Britain. As COVID-19 threatens only a small part of the population (the elderly with comorbidities), **the peri-vaccination disappearance of a large part of this population at risk** (as much as the deaths of the year 2020) **mathematically reduces mortality observed**, at least transiently.

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Since the British vaccination campaign, the average mortality per million inhabitants in Great Britain (934 per million) is more than double that of the Netherlands (411 per million).

## **The natural regression of the epidemic**

The natural regression of COVID-19 also explains the drop in mortality, as shown in the comparison between the highly-vaccinated Great Britain and the very poorly-vaccinated Netherlands.

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The mortality curves per million inhabitants follow the same temporality in these two neighboring countries. That of the United Kingdom suffers from a much higher peri-vaccination peak, the current mortality in the Netherlands is slightly higher, reflecting the absence of the English “harvest.”

## **The current vaccination, accelerator of the epidemic and mortality?**

The review of the main countries which have adopted broad vaccination shows that in real populations, **generalized vaccination behaves more as an accelerator of the epidemic and of mortality** than as a prevention thereof. [5]

**In all highly vaccinated countries, the mortality recorded during the two months after vaccination is equal to or exceeds that of THE WHOLE OF 2020.**

## **Lack of solid experimental data**

The tests of these vaccines were insufficient, without hindsight, because they are in progress. **The first results are promised for early 2023.**

None of them pointed out the possibility of a possible increase in contamination and mortality, which

fortunately appear to be transitory. They are not very informative on the more or less serious side effects, such as the frequency of **early vascular accidents** in the days following vaccination, or the multiplication of **miscarriages and menstrual disorders** in women, or the possibility of **further side-effects in the medium and long term**.

The race for accelerated vaccination at all costs could ultimately be ineffective for popular confidence in all vaccinations. There's no point in running, you have to start on time, La Fontaine would have said. But new billionaires like the CEO of Moderna probably don't think like the turtle in the fable who has already amassed a fortune.

## **The future is early treatments mastered by field physicians**

Transparent studies are essential to understand the mechanism of these transient worsenings of the epidemic after vaccination and to deduce possible preventive measures, if a new outbreak occurs.

Especially since the future, after this **vaccine hecatomb**, remains very uncertain. The leaders who have violated the bases of medicine and democracy by imposing express vaccination without respecting the usual procedures for the safety and effectiveness of drugs placed on the market, all find themselves promising their populations early treatment for future waves, thus proving, like Boris Johnson, that they no longer believe in the vaccination they have imposed. [6]

## **Medicine should not be decided by policy**

Health policy should no longer be imposed or guided by often inaccurate simulations (and their displays sometimes influenced by policies, as English scientists admit), but should be based on **respect for democracy and clinical experience**.

All data must be transparent, like the figures of the [Sentinels Network](#), which reflects the number of real patients consulting doctors for clinical signs. Such data is much more reliable than the perennial infections figures based on unreliable PCR tests.

## **Freedom to care and be careful**

Above all, **doctors must be allowed to treat their patients freely** with all the means at their disposal without bureaucratic diktat, and this from the beginning of the disease, as in any other pathology. From the beginning of the epidemic, **early treatments based on antibiotics, macrolides, hydroxychloroquine, artemisia, vitamins D and C and zinc, then ivermectin were all known and were all demonized by the doctors in the service of the producers of new expensive drugs** such as remdesivir, and above all, future vaccines.

The political choice to prohibit the free choice of treatment by the authorities has led in several countries of the world, including France, to numerous deaths, at least some of which were preventable. The ongoing lawsuits will give voice to the families of the victims without repairing the irreparable loss of a loved one.

## **Essential moratorium**



Totalitarianism, systematic censorship and persecution of opponents and the suppression of fundamental freedoms in science, medicine and economics only lead to more or less long-term catastrophes, including for those responsible for them.

It is high time to go back to the proven facts and to their critical examination. In all countries, experimental vaccinations were followed by an increase in contamination and mortality attributed to COVID-19 and the appearance of mutants.

**As long as the phenomenon has not been elucidated, a moratorium on the COVID vaccines is essential and urgent.**

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### Source

### Endnotes

[1] [Great Britain: actual results of the anti-Covid-19 vaccination as of March 29 – \(ripostelaique.com\)](https://ripostelaique.com/great-britain-actual-results-of-the-anti-covid-19-vaccination-as-of-march-29-2021/)

[2] [Analysis of the results of the anti-Covid19 vaccination in Israel as of February 23, 2021 – Nouveau Monde \(nouveau-monde.ca\)](https://nouveau-monde.ca/analyse-des-resultats-de-la-vaccination-anti-covid-19-en-israel-le-23-fevrier-2021/)

[3] <https://nouveau-monde.ca/et-surgit-une-hecatombe-post-vaccinale/>

[4] A Pyrrhic victory is a tactical victory, achieved at the cost of losses so heavy to the winner that they compromise his chances of final victory.

[5] F Gobert Since we were vaccinated (anticovid), the average daily mortality has increased in 13 countries out of 14 Agoravox <https://www.agoravox.fr/actualites/sante/article/depuis-qu-on-vaccine-anticovid-la-233252> [

[6] <https://www.francesoir.fr/societe-sante/boris-johnson-veut-un-traitement-precoc-contre-la-covid-dici-lautomne>

### Date Created

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