

Who's Actually Dying From Covid?

If public health authorities were distributing this information, there would be no interest for this article. Alas, here we are.

[Rav Arora](#) Jan 26

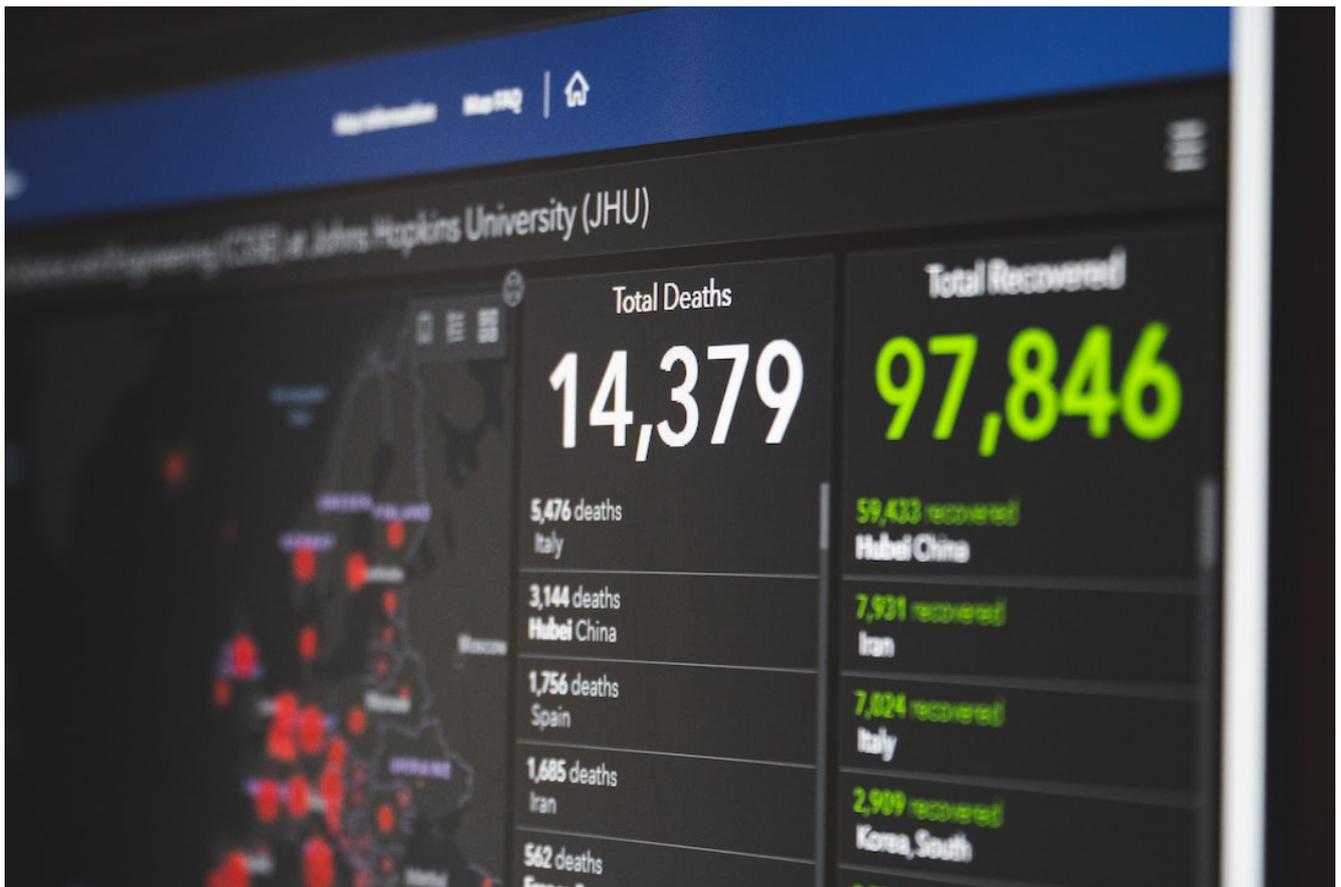


Photo by [Martin Sanchez](#) on [Unsplash](#)

We must have an accurate grasp of reality if we are to make major policy decisions with wide-ranging societal ramifications. Throughout the pandemic, governments in the West have recklessly shut down schools, closed

businesses, and promoted experimental vaccines with *formerly warned against* — and now *rightly acknowledged* as [alarming — adverse effects](#).

And all for what?

Because Covid was deemed such a monstrous threat to the well-being of the public that [a mass experiment](#) with billions of participants could be justified and economic deterioration normalized.

I've previously written about the [infection fatality rate](#). The now-peer-reviewed pre-vaccination Covid infection fatality analysis from Stanford epidemiologist Dr. John Ionnadis finds a median infection fatality rate (IFR) of 0.035% for those aged 0-59, who represent 86% of the global population.

The age-stratified risks are as follows:

Ages 0-19: fatality rate 0.0003%; survival rate 99.9997%

Ages 20-29: fatality rate 0.003%; survival rate 99.997%

Ages 30-39: fatality rate 0.011%; survival rate 99.989%

Ages 40-49: fatality rate 0.035%; survival rate 99.965%

These rates are extremely low, but even they can inflate the real risk of Covid for the vast majority of individuals.

The crucial question is, who is in that fractional subset of 0.035% who died of Covid before vaccines became available?

What kind of individuals comprise the 0.011% of people in their 30s who died of Covid?

There appears to be a strange level of confusion surrounding this issue, as evidenced by umpteen data-oriented, scientific thinkers who have pushed disastrous policy measures in attempts to thwart such a high risk. For example, the multiple times I've poked pro-vaccine scientist Dr. Peter Hotez, he warns me of the serious risk of death in my age cohort:

Other rational thinkers such as Sam Harris have deemed the risk of Covid to be so high, vaccine hesitancy from anyone above the age of adolescence is considered deranged and conspiratorial.

In a [podcast episode](#) from the summer of 2021, Harris demonized the unvaccinated young, male waiters at a restaurant he was sitting at (waiters who were visibly masked were unvaccinated, as he was informed) as foolish followers of dangerous misinformation.

Since the risk of Covid death and hospitalization in a cohort of younger (and likely healthy) men is deemed to

be so high in the view of Harris, their decision not to get vaccinated is nonsensical by all metrics.

But is that risk so high? Who exactly faces this frighteningly high risk?

According to an in-depth [Italian study](#) published last year, over two-thirds of deceased Covid patients had three or more comorbidities. Another 18% had two comorbidities. A mere 3% of deceased Covid patients had no underlying health conditions. What percentage of those in the three-percent minority were incidental (i.e died of other causes but tested positive for Covid) remains unknown.

As per the [CDC's own data](#), just over 5% of U.S Covid deaths had no other cause listed on the death certificate. For the overwhelming majority of deaths where other health conditions were a major contributor, there were an average of 4 comorbidities.

In terms of hospitalisations, the data is similar: [another CDC study](#) showed 95% of those hospitalised with Covid had at least one pre-existing health condition.

So if relatively low-risk, healthy people comprise the majority of the population, why were hospitals so overwhelmed with patients suffering from Covid (on top of other conditions) throughout the pandemic?

Well, in the United States — where sensationalist Covid media coverage was most amplified — poor health is a norm more than ever and obesity, the leading risk factor

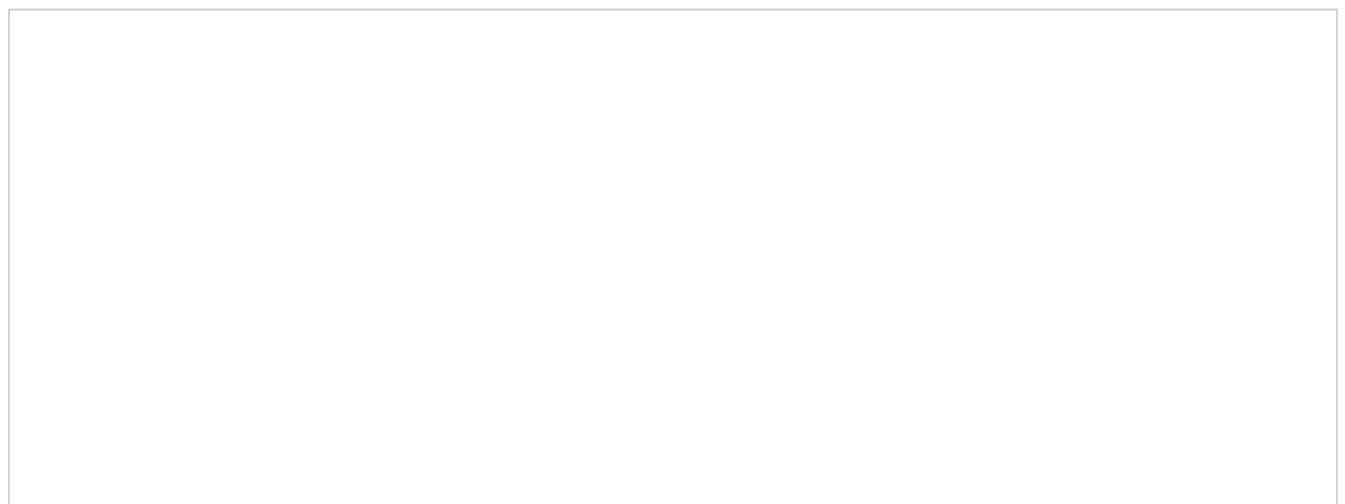
for severe Covid, is rampant.

The obesity rate in the United States is a whopping [42%](#). What's more, just under [10%](#) of the population is estimated to have "severe obesity" — people who are so obese, they are physically disabled, have a difficult time getting up and moving, and are suffering from a host of other conditions such as diabetes, heart disease, and coronary artery disease.

Right there, that's 32 million.

Yes, 32 million Americans who are severely obese and physically ill in many other ways. That is no small number.

Specific data on obesity and Covid risk illustrates the robust connection. In March of 2021, the CDC reported [78%](#) of people hospitalized with Covid were obese or overweight.



And this is not even to mention the elderly population — obese or not — who are also at a relatively high risk of Covid death. To illustrate the disproportionate risk the

elderly face, consider the following fact: the average age of Covid death is higher than the life expectancy in many countries ([example: UK data](#)).

As Alex Berenson's [recent reporting](#) on Covid death certificates in Milwaukee showed, 40% of reported Covid deaths "had either a marginal link to [Covid] or none at all."

The other 60% of people were those who were not already on the verge of dying, but Covid was the driving cause. However, as Milwaukee medical examiner Dr. Brian L. Peterson told Berenson, most of the people in the 60% cohort were quite unhealthy (2+ comorbidities). As Berenson writes,

In other words, fewer than *1 percent* of all the Covid deaths Peterson reviewed had occurred in people who were not already very unwell.

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The official [1.1 million Covid death toll figure](#) (U.S)

everyone relies on to emphasize Covid risk is most certainly inflated. Dr. Tracy Beth Hoeg recently shared data from [Denmark](#), showing 60-70% of deaths in 2022 where the patient tested positive for Covid were "*with Covid*" rather than "*due to Covid*":

Image



Moreover, the CDC's own "[Covid death classification](#)" is incredibly loose: "any death from (any) illness occurring within 30 days of a positive test result automatically be classified as due to COVID-19." As a result, thousands of accidents, homicides, and suicides were officially logged in as "Covid deaths."

Here are a handful of examples included in the "1.1 million Covid death toll" (courtesy of [Justin Hart](#)):

In November, a 39-year-old Black female died of homicide. The cause of death was a combination of acute respiratory failure related to injury to her spinal

cord from an assault 5/

In August, a 36-year-old White male died as a result of homicide. The cause of death was an assault with a sharp object, which resulted in an open wound to the abdomen and other unspecified parts of the body. Additionally, the decedent had liver cirrhosis. 6/

In December, a 32-year-old Black man died in a homicide. The cause of death was assault by bodily force, which resulted in an unspecified injury to his head. Further contributing to his death were COVID-19, pneumonia, and other unspecified causes. 7/

As a result, the true U.S Covid death toll is likely in the range of 600,000 to 800,000.

But even then, the problem is not young people dropping dead of Covid, but people with poor health conditions for whom Covid could be a tipping point towards even more serious illness and possibly death.

Yet, public health authorities failed to convey such a message to the public when mass-administering a highly experimental product whose efficacy and safety was not properly understood at the time.

Some say mRNA vaccines should have never been administered to anyone under 65, but the government could at the very least have been honest that most people had little to gain and could suffer unknown consequences

in the future (at the time).

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Though what is perhaps most concerning is all the previously rational, intelligent thinkers — not beholden to government dictates — who suddenly became captured by the vaccine hysteria and morally shamed those who refused to take part in an extremely low-benefit experiment.

Time has naturally vindicated those who kept their principles — and ironically now shamed those who followed along in complicity.

Rav Arora is a 21-year-old, independent journalist formerly writing for top publications such as The Globe and Mail and New York Post before critically covering vaccines and government mandates. Please consider supporting his fearless journalism, focusing

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