

US Life Expectancy Falls Again in ‘Historic’ Decline

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According to the latest statistics, life expectancy in the United States dropped precipitously in 2020 and 2021. In 2019, the average life span of Americans of all ethnicities was nearly 79 years. By the end of 2021, life expectancy had dropped to 76 — a loss of nearly three years

Even small declines in life expectancy of a tenth or two-tenths of a year mean that on a population level, a lot more people are dying prematurely than they really should be

Native Americans and Alaska Natives have the highest rate of diabetes out of any ethnic groups — 1 in 7 — and obesity is also common. Both of these conditions have been identified as comorbidities that make you more susceptible to serious COVID-19 infection

Aside from COVID, causes of death listed as contributors to this loss of life expectancy include accidental deaths, drug overdoses, heart disease, chronic liver disease and cirrhosis. However, excess deaths from all causes are wildly elevated, across age groups

That life expectancy has dropped by three years since the start of the pandemic can be explained by the simple fact that the primary “remedy” for COVID — the experimental mRNA COVID jabs — are the most lethal drugs in medical history

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According to the latest statistics reported by The New York Times¹ August 31, 2022, life expectancy in the United States dropped precipitously in 2020 and 2021.

In 2019, the average life span of Americans of all ethnicities was nearly 79 years. By the end of 2021, two years into the COVID pandemic and one full year into the mass inoculation campaign, life expectancy had dropped to 76 — a loss of nearly three years.

Even small declines in life expectancy of a tenth or two-tenths of a year mean that on a population level, a lot more people are dying prematurely than they really should be. And

this was nearly THREE years or 35 times more.

What Has Caused Drop in Life Expectancy?

According to The New York Times, Native Americans and Alaska Natives have the highest rate of diabetes out of any ethnic groups — 1 in 7 — and obesity is also common. Both of these conditions have been identified as comorbidities that make you more susceptible to serious COVID-19 infection, which could help explain why life expectancy among Native Americans and Alaska Natives dropped by four years in 2020.

They do not necessarily explain the continued drop in life expectancy in 2021, however. According to Minnesota Chippewa tribe member Dr. Ann Bullock, former director of diabetes treatment and prevention at the federal Indian Health Service agency, the COVID jab campaign was very successful among Native Americans and Alaska Natives, which made the continued drop during 2021 “all the more upsetting.”

Bullock told The New York Times,² “The Native American population did quite well in the vaccination efforts, and that made us feel that 2021 would not be as devastating as 2020.”

Aside from COVID, causes of death listed as contributors to this loss of life expectancy include accidental deaths, drug overdoses, heart disease, chronic liver disease and cirrhosis. As you might expect, the idea that the COVID shots might have something to do with it is completely dismissed, even though it’s the proverbial elephant in the room.

Lethal Traffic Accidents Are at 20-Year High

The increase in “accidental deaths” seem particularly odd, considering the many lockdowns, but it’s possible the COVID jabs might have something to do with this as well. According to the U.S. National Highway Transportation Safety Administration (NHTSA), lethal traffic accidents have steadily risen during 2021 and 2022,³ reaching a 20-year high in the first quarter of 2022.

Some have started referring to these accidents as “vaccidents,” caused when jabbed individuals suddenly experience a stroke, heart attack or temporary black-out while driving.

It cannot be proven that side effects from the jab are causing these accidents, but it’s still something worth considering. The jabs are also known to cause mental fog, disorientation and confusion, which could contribute to any number of accidents, on and off the road.

‘Sudden Death Syndrome’ May Be Driving Down Life Expectancy

Excess mortality, a statistic that is related to but separate from life expectancy, certainly plays a role. Excess mortality refers to the difference between the observed numbers of deaths (from all causes) during a given time period, compared to the expected number of deaths based on historical norms, such as the previous five-year average. (Formula: reported deaths - expected deaths = excess deaths.)

Across the world, excess mortality has dramatically risen since the start of the pandemic, and barely a day now goes by without a healthy adult suddenly dropping dead with no apparent cause. People have died during live broadcasts, in the middle of speeches and

during dinner.

Clearly, they were feeling well enough to go to work, to an event or a restaurant, and something caused them to instantaneously die without warning. These are the people making up these excess death statistics. They shouldn't be dead, yet something took them out.

While COVID-positive deaths were part of the equation in 2020, excess deaths really took off after the rollout of the COVID jabs, and in 2021 far exceeded deaths labeled as COVID deaths.⁴

In the video above, John Campbell, retired nurse teacher, reviews excess death data in Scotland, where excess mortality is now so high across all age groups that the government has launched a formal inquiry to determine the cause.⁵ Data show excess deaths are 11% above the five-year average, and has remained above average for the past 26 weeks.

Healthy Athletes Dropping Dead at Record Numbers

Campbell also reviews the individual case of Rob Wardell, a 37-year-old champion mountain biker who died in his sleep mere days after winning the Scottish MTB XC championship.⁶ His partner, Katie Archibald tweeted:⁷

"I still don't understand what's happened; if this is real; why he'd be taken now — so healthy and happy. He went into cardiac arrest while we were lying in bed. I tried and tried, and the paramedics arrived within minutes, but his heart stopped and they couldn't bring him back."

Wardell is just one of several hundred athletes who have suddenly dropped dead, worldwide, and the one common denominator is that they all had one or more COVID jabs.

Between January 2021 and August 2022 (a period of 19 months), at least 1,249 athletes suffered cardiac arrest or collapse after COVID injection, and at least 847 died,⁸ with more being recorded as reports come in. Historically, the annual average of sudden death in athletes has been between 29⁹ and 69,¹⁰ so this is clearly nowhere near normal, regardless of what the "fact checkers" say.

Campbell goes on to review a paper in the European Journal of Preventive Cardiology,^{11,12} which notes that 80% of athletes who die suddenly have no symptoms of family history of heart disease.

The authors suggest using genetic testing to identify athletes at risk of sudden cardiac death. Still, with the dramatic uptick in athletes suddenly dying, it seems beyond unreasonable to attribute such deaths to undiagnosed preexisting heart disease.

Excess Death Trend in the US

A National Institutes of Health preprint¹³ published mid-May 2022, reviewed excess all-cause mortality across 3,127 counties in the U.S. between March 2020 and December 2021.

According to this paper:

“An estimated 936,911 excess deaths occurred during 2020 and 2021, of which 171,168 (18.3%) were not assigned to COVID-19 on death certificates as an underlying cause of death ...

The proportion of excess deaths assigned to COVID-19 was lower in 2020 (76.3%) than in 2021 (87.0%), suggesting that a larger fraction of excess deaths was assigned to COVID-19 later in the pandemic. However, in rural areas and in the Southeast and Southwest a large share of excess deaths was still not assigned to COVID-19 during 2021 ...

Excess death rates were highest in Mississippi (301 deaths per 100,000 residents) followed by Arizona (246 deaths per 100,000 residents) in 2020 and in West Virginia (298 deaths per 100,000 residents) followed by Mississippi (271 deaths per 100,000 residents) in 2021.”

Again, while a majority of the excess deaths were attributed to COVID (which we know simply means they had a positive PCR test at the time of death, or within a certain time period of death), 171,168 excess deaths were not attributable to COVID. So, why did so many people die that “shouldn’t” have?

Working Age Adults Dying in Record Numbers

[Life insurance data](#) tell an even more horrifying story. In January 2022, OneAmerica, a mutual life insurance company based in Indianapolis, reported that the death rate of working-age Americans (18 to 64), in the third quarter of 2021, was 40% higher than prepandemic levels — and these deaths were not attributed to COVID. They also had an uptick in long-term disability claims. According to CEO Scott Davidson:¹⁴

“We are seeing, right now, the highest death rates we have seen in the history of this business — not just at OneAmerica. The data is consistent across every player in that business.

And what we saw just in third quarter, we’re seeing it continue into fourth quarter, is that death rates are up 40% over what they were pre-pandemic. Just to give you an idea of how bad that is, a three-sigma or a one-in-200-year catastrophe would be 10% increase over pre-pandemic. So, 40% is just unheard of.”

Dr. Robert Malone addressed OneAmerica’s finding in a Substack article, stating:¹⁵

“AT A MINIMUM, based on my reading, one has to conclude that if this report holds and is confirmed by others in the dry world of life insurance actuaries, we have both a huge human tragedy and a profound public policy failure of the U.S. Government and U.S. HHS system to serve and protect the citizens that pay for this ‘service.’

IF this holds true, then the genetic vaccines so aggressively promoted have failed, and the clear federal campaign to prevent early treatment with lifesaving drugs has contributed to a massive, avoidable loss of life.

AT WORST, this report implies that the federal workplace vaccine mandates have driven

what appears to be a **true crime against humanity**. Massive loss of life in (presumably) workers that have been forced to accept a toxic vaccine at higher frequency relative to the general population ...”

Excess Death Trends in England and Wales

Excess deaths are also soaring in England and Wales.¹⁶ As reported by The Telegraph¹⁷ August 18, 2022, for 14 out of the past 15 weeks, England and Wales have averaged an extra 1,000 non-COVID deaths per week above the seven-year average, and the percentage of people dying at home is disproportionately higher than expected (28.1% higher than statistical norm).

According to The Telegraph, the spike in excess deaths became very noticeable around the end of April 2022, and if this trajectory continues, the number of non-COVID excess deaths will outpace COVID deaths in 2022. The top three causes of non-COVID deaths in England and Wales are currently cardiovascular diseases, diabetes and cancers.¹⁸

Excess Deaths Should Be BELOW Average in 2022

Campbell also reviews data¹⁹ from the British Office for National Statistics that highlight an important point. People who under normal circumstances would have died in 2022 from old age and natural causes, already died from COVID, either in 2020 or 2021.

COVID (and state-enforced mistreatment of patients) caused the premature death of many, even if only by some months or a couple of years. And, since so many elderly had already died who statistically should have died this year, the excess death rate in 2022 should actually be BELOW average. But it's not. It's way higher so, clearly, something is very wrong.

People who should have decades of life expectancy left are the ones dying. As just one example, “an unprecedented series of sudden deaths among healthy children and adolescents” is being reported in Greece,²⁰ and “forensic experts are unable to provide any clear explanation for this.” Between January 2020 and June 2022, unexplained deaths among children under the age of 19 rose from 70 to 138.

What's Killing Younger Healthy People?

Since COVID-19 isn't killing younger, healthy people, what is? What changed in 2021 that might have such a devastating effect on people's health? Well, the most obvious change is that 67.7% of the global population has received at least one dose of the experimental COVID shots,²¹ and doctors and scientists have elucidated several [mechanisms by which these gene transfer technologies might injure or kill](#). As reported by vaccine safety blogger Steve Kirsch:²²

“Normally death rates don't change at all. They are very stable. It would take something REALLY BIG to have an effect this big. The effect size is 12-sigma.²³ That is an event that would only happen by pure chance every 2.832 billion years. That's very rare. **It's basically never.**

The universe is only 14 billion years old which is 1.413. In other words, the event that happened is not a statistical 'fluke.' Something caused a very big change ... Whatever it is that is causing this, it is bigger and deadlier than COVID and it's affecting nearly everyone."

Kirsch lists 14 clues as to what this deadly "something" might be, including the following:²⁴

The rise in deaths began after the rollout of the COVID shots
It's primarily working age people (18 to 64) who are dying
There are more excess deaths than any time in history, which suggests they're caused by a novel threat
COVID deaths have significantly diminished, so COVID-19 can be ruled out
People are dying from a wide variety of causes, so most pathogens can be ruled out
To get an effect size this high, the lethal agent must affect massive numbers of people. "It is something new affecting at least half the population," Kirsch writes, "like a new mandated vaccine for example"
The dramatic rise in disabilities suggests that many who aren't killed by this novel threat are seriously injured, often long-term. As mentioned, doctors and scientists have detailed several mechanisms of action by which the COVID shots can maim or kill

In conclusion, that life expectancy has dropped by three years since the start of the pandemic can be explained by the simple fact that the primary "remedy" for COVID — the experimental mRNA COVID jabs — are the most lethal drugs in medical history.

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Notes

^{1, 2} [New York Times August 31, 2022 \(Archived\)](#)

³ [NHTSA August 17, 2022](#)

⁴ [Our World in Data Excess Mortality During COVID Pandemic](#)

⁵ [Scottish Parliament Inquiry Into Excess Deaths](#)

⁶ [The Telegraph August 24, 2022](#)

⁷ [The Guardian August 24, 2022](#)

⁸ [Good Sciencing Athlete Deaths](#)

⁹ [European Journal of Cardiovascular Prevention and Rehabilitation December 2006; 13\(6\): 859-875](#)

¹⁰ [Circulation February 16, 2009; 119: 1085-1092](#)

¹¹ [European Journal of Preventive Cardiology June 16, 2022; zwac080](#)

¹² [Science Daily June 16, 2022](#)

¹³ [medRxiv May 17, 2022](#)

¹⁴ [The Center Square January 1, 2022](#)

¹⁵ [Robert Malone Substack January 2, 2022](#)

¹⁶ [Gov.UK Excess Mortality in England and English Regions](#)

^{17, 18} [The Telegraph August 18, 2022](#)

¹⁹ [ons.gov.uk Provisional Deaths August 23, 2022](#)

²⁰ [Parliamentary Question e-00219/2022](#)

²¹ [Our World in Data COVID Vaccinations](#)

^{22, 24} [Steve.kirsch.substack January 3, 2022](#)

²³ [Roundingtheearth.substack January 3, 2022](#)

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