



POST COVID-19 WAR Era, Recent (Un)Known Drugs and Vaccines-Related Sources Are Causing Excessive Morbidity and Mortality Rates

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Introduction

Unexpected increases in morbidity and mortality rates (MMRs) among long COVID patients, cancer patients, and those with cardiovascular issues, contrasted with a temporary decrease in the 5-year survival rate among veterans, children, women, and the elderly, have become a reality in this post-COVID-19 WAR period. While it was previously assumed that MMRs were declining nationally and internationally over the last few decades (between 2004 and 2018), which was encouraging news, drug overdose remains the leading cause of death among Americans aged 18 to 44. Scientifically, it defies logic that overdose rates in 2024 could result in so many deaths. Why? How? The reasons for these increases in MMRs are not yet fully understood.

What is (un)known?

Both known and unknown sources may profoundly affect, initiate, or directly induce MMRs. Ironically, due to certain restrictions, taxpayers become the primary targets of the projects they fund. On the other hand, one of the direct causes of MMRs is the administration of toxins, including pharmacotoxins, hematotoxins,

vaccine-associated toxins, and, last but certainly not least, self-treatment, abuse, and sudden unexpected overdoses. These factors have shown significant indirect effects as leading causes of death and mortal actions [1-10].

How many people died from drugs in 2024? New provisional data from the CDC's National Vital Statistics System predict a nearly 24% decline in drug overdose deaths in the United States for the 12 months ending in September 2024 compared to the previous year. This is the most recent national data available and indicates a continued steep decline in overdose deaths. Provisional data reveals approximately 87,000 drug overdose deaths from October 2023 to September 2024, down from around 114,000 the year prior. This represents the fewest overdose deaths in any 12-month period since June 2020 [10]. "It is unprecedented to see predicted overdose deaths drop by more than 27,000 over a single year," said Allison Arwady, MD, MPH, Director of CDC's National Center for Injury Prevention and Control [11,12]. "That's more than 70 lives saved every day. CDC's public health investments, our improved data and laboratory systems for overdose response,

and our partnerships with public safety colleagues in every state mean that we are more rapidly identifying emerging drug threats and supporting public health prevention and response activities in communities across America [10].

In these post-COVID-19 war periods, different agencies and official governmental organizations keep National and International mortality rates, in both confidential and publicly transparent systems. The sincere question(s) remain 1. Which synthetic chemical/ biologic solutions/ drugs/ vaccines are causing harm/ affecting human health and diseases(H&Ds), however? 2. Which synthetic chemical/ biologic solutions/ drugs/ vaccines did not follow the Pharmacopoeias regulations, standard GLPs/ GMPs, QC-QA-and did not follow QMSs, disastrously in the last decade, pre-and post-COVID-19 pandemic periods? How can one investigate the abovementioned questions now (March 2025)? It is good to know that the National Center for Health Statistics (NCHS) at the U.S. Centers for Disease Control and Prevention (CDC) reports data on fatalities involving drugs commonly associated with fatal overdose, paradoxically.

Timely data related to unintentional and undetermined intent drug overdose deaths by participating jurisdiction is also available from the CDC's State Unintentional Drug Overdose Reporting System (SUDORS). Data related to nonfatal drug overdoses are reported through the CDC's Drug Overdose Surveillance and Epidemiology (DOSE) system [1]. One is observing that presented data has no functional effect, and had not any value/influence to prevent overdose when the SUDORS is not usable for public, and profoundly implicating that the SUDORS was not used by overdosed subjects, remarkably. Various clinical statistical data are revealing a surprising paradoxical rise in M&MRs, which is unexpected in the 21st century (see various sources online, such as <https://www.hartstichting.nl/hart-en-vaatziekten/cijfers-hart-en-vaatziekten>; <https://ourworldindata.org/child-mortality>; <https://www.cancer.org/research/cancer-facts-statistics.html>; <https://www.who.int/data/data-collection-tools/who-mortality-database>, etc) (8-12).

On the other hand, recent increasing evidence-based studies, and clinical reports [1-9] are showing that different (un)known sources could potentially initiate both acute and/or chronic pain, which might play a pivotal rule to Accelerate Excessive Morbidity and Mortality Rate (AEMR) among different patients i.e. Cardiovascular and/or (chronic) cancer patients. In many case reports, direct cause-effect (co)relations are not completely elucidated in this post-COVID-19 war period. Since the COVID-19 pandemic, more people have been dying per year than was expected. This is called excess mortality i.e. How does the RIVM, the Dutch National Institute for Public Health and the Environment, monitor excess mortality in the Netherlands? Since 2009, the RIVM has been monitoring how many people die in the Netherlands per week. The number of deaths (referred to as mortality) is monitored based on data from Statistics Netherlands (CBS). This enables the RIVM to assess how mortality is affected by unique circumstances, such as an outbreak of an infectious disease [8].

In a recent video, Dr John Campbell concludes – based on data from the Organization for Economic Co-operation and Development – that there were high numbers of excess deaths in 2023 in countries with high COVID-19 vaccination rates such as the Netherlands, Australia, New Zealand and Denmark [9]. Meanwhile, a number of excess deaths in Poland, Hungary and Sweden are lower than expected. 1. How many people have to die before the European Medicines Agency investigates the connection between high COVID-19 (booster) vaccination rates and extremely high excess mortality rates in some countries? 2. Why is the Commission not investigating the more than likely possibility that COVID-19 vaccines are the cause of the continuing high excess mortality rates? And 3. Why does the Commission refuse to provide full transparency on COVID-19 vaccines (for example, by refusing to publish Ursula von der Leyen's Pfizer text messages and to fully answer our questions on COVID-19 vaccines)? [9] The take-home message would be known, and unknown new drugs are (in)directly causing premature and unnecessary accelerated excessive MMRs, which could be prevented, however. Globally, it would be nice if an official organization came up with a standard golden regulation to prevent unnecessary MMRs, especially between longcovid patients, dramatically. Now, in the 21st century, every pathological and pharmacotoxicologic process can be monitored online and offline. One is observing many error-derived, selection-bias, and economic-based goals interfering with certain implementations of healthy public protection strategies against increased (unnecessary) MMRs, eventually. It would be very nice sooner or later to implement new strategies for protecting patients and ordinary people against either overdose or premature MMRs.

Acknowledgement

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Conflict of Interest

No conflict of interest.

References

1. Bahram Alamdary Badlou (2024) Post Covid-19 War Era, Patients Protection Strategies Revisited, J Clinical Cardiology and Cardiovascular Interventions 7(8).
2. (2024) National Institute on Drugs Abuse Augustus.
3. Wu SY, Chambers M, Khan M, Chinweze M, Cao TM, et al. (2023) The Etiology of Abnormal TSH in Veterans Cared by a VA Medical Center - One High Serum Thyrotropin is Associated with Higher 5-Years Mortality. *Endocrinol Disord* 7(2): 133.
4. (2021) National Center for Veterans Analysis and Statistics, U.S. Dep. of Veterans Affairs.
5. Solomon DH (1991) Effect of aging on thyroid hormone metabolism, in *Thyroid Hormone Metabolism, Regulation and Clinical Implications* (Edited by Wu Sing-yung), Blackwell Scientific Publications, Boston PP: 267-292.
6. Park YJ, Yoon JW, Kim KI, Lee YJ, Kim KW, et al. (2009) Subclinical hypothyroidism might increase the risk of transient atrial fibrillation after coronary artery bypass grafting. *Ann Thorac Surg* 87(6): 1846-1852.
7. Cerillo AG, Storti S, Kallushi E, Haxhiademi D, Miceli A, et al. (2014) The low triiodothyronine syndrome: a strong predictor of low cardiac output

- and death in patients undergoing coronary artery bypass grafting. *Ann Thorac Surg* 97(6): 2089-2095.
8. Dutch Heart Foundation data base over cardiovascular diseases and associated statistical data <https://www.hartstichting.nl/hart-en-vaatziekten/cijfers-hart-en-vaatziekten>
 9. Our world in data statistics over unexpected children's mortality rates comparison between 2000-2024 <https://ourworldindata.org/child-mortality>
 10. RIVM homepage Vaccination and excess mortality <https://www.rivm.nl/en/coronavirus-covid-19/vaccination/vaccination-excess-mortality>
 11. John Campbell quotes at https://www.europarl.europa.eu/doceo/document/E-9-2023-003117_EN.html and video https://www.youtube.com/watch?v=_6xBiyidQ9g.
 12. CDC <https://www.cdc.gov/media/releases/2025/2025-cdc-reports-decline-in-us-drug-overdose-deaths>.