

WHO study reveals high excess mortality in Germany during the pandemic

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The actual death toll resulting from the German government's coronavirus policies is much higher than its official statistics show. This is proven by the latest study by the World Health Organisation (WHO) on excess mortality in the first two years of the pandemic.

The study established the death figures worldwide in 2020 and 2021 and compares them with the figures that would have been expected without the pandemic. It comes to the frightening conclusion that excess mortality due to the pandemic, at 15 million deaths, is 2.75 times greater than the official figure of 5.42 million coronavirus deaths. Other studies on excess mortality come up with even higher figures.

Such studies on excess mortality reveal the consequences of the pandemic much more precisely than, for example, the public reporting data of the health authorities can. In addition to direct coronavirus deaths, those who died indirectly, such as through breakdowns in the health care system, are also recorded.

In Germany in particular, the unrecorded number of deaths because of the pandemic is especially high. In 2020 and 2021, around 195,000 more people died in Germany than expected. That is 83,000 deaths or 42 percent more than the officially recorded 112,000 COVID deaths in the same period.

On average, excess mortality in Germany is 116 deaths per 100,000 inhabitants per year. This puts it in the top third of rich countries—significantly higher than in the UK, France or even Sweden, which is considered the home of the murderous “herd immunity” strategy of allowing the virus to rip through the population.

The period from October 2020 onwards contributed to these frightening figures, when no protective measures were taken for a long time in Germany, despite an exponential increase in the number of

infections and deaths. Particularly criminal are the deaths in 2021, when life-saving COVID-19 vaccines were already available. Despite this, excess mortality that year was 128,000, some 51,000 more than deaths recorded in the official statistics due to the virus.

The high excess mortality disproves the lie that Germany came through the pandemic well—a claim that is repeated like a prayer by Federal Health Minister Karl Lauterbach (Social Democratic Party, SPD) in particular. This is meant to normalise the mass suffering and deaths in the pandemic, which is still going on.

In fact, between 100 and 200 people are still dying every day in Germany and about 6,000 are hospitalised; 1,034 people currently need intensive medical care. The official 7-day incidence rate per 100,000 inhabitants is around 450. However, due to the reduction in testing capacities and the abolition of compulsory testing in almost all areas, the actual incidence levels can hardly be traced—and this even though it is becoming increasingly clear what long-term consequences a coronavirus infection can have even if the illness is “mild.”

Numerous studies show that at least 10 percent of those infected develop symptoms that last three months, and in many cases well over a year. Symptoms can affect almost every organ of the body. Infection with coronavirus is now associated with an overall increased risk of mortality, as well as heart disease, brain damage, diabetes, kidney disease, a compromised immune system and more.

Despite the official propaganda, the pandemic is not over. On May 12, at a virtual COVID-19 summit convened by US President Joe Biden, even German Chancellor Olaf Scholz (SPD) admitted that the virus was still a threat. “We may perceive the pandemic as

being over ... But in the harsh reality, the pandemic is by no means over,” Scholz declared. “Recent outbreaks and new worrying virus variants highlight the risk that the pandemic will drag on even longer.”

The ruling class knows what it is talking about. During the summit, two sad records were set: the official number of coronavirus deaths in the US reached 1 million and in Europe, 2 million. Nevertheless, governments in the US and Europe have been working hard for months to lift all remaining protective measures and promulgate the alleged end of the pandemic.

Lauterbach himself described the Zero-Covid strategy, i.e., the targeted elimination and ultimate eradication of the virus by taking scientifically sound coronavirus protection measures, as a failure. Cynically, he declared, “You can hardly achieve anything with containment measures, lockdown measures.”

What this means is clear: the policy of allowing mass infection in the interests of the financial markets will continue, no matter how many more lives this costs. Instead of containing the virus and preventing the pandemic from gaining further victims by adopting protective measures, the aim is to regulate who will die.

This is particularly repulsive in the case of Lauterbach’s proposed “triage law.” Draft legislation, which was leaked to the public last weekend, provides for the rationing of intensive medical treatment so that it could be discontinued for one patient in favour of another with a higher chance of survival.

The draft was met with popular indignation and harsh criticism by numerous lawyers and human rights activists. Above all, the envisaged “ex-post triage” was condemned as running contrary to human rights.

Even though Lauterbach reacted by announcing some sections of the law would be modified, the thrust of the draft legislation remains the same. There were “still other problematic points in the draft so far,” explained Leander Palleit, head of the monitoring office of the UN Convention on the Rights of Persons with Disabilities at the German Institute for Human Rights.

“It is envisaged that the ‘current and short-term probability of survival’ will be used to decide who is to be treated and who is not,” Palleit noted. “As seemingly neutral as this criterion is formulated, it nevertheless carries the danger of unintentionally

becoming a gateway to unconscious discrimination against people with disabilities and older people in practice.”

A person’s advanced age or severe physical impairment, “while not in itself a basis for decision-making, could indirectly be used as a negative indicator in the medical assessment of their short-term survival probability, at least in direct comparison with younger or supposedly ‘healthier’ people competing for the same intensive care bed,” Palleit continued her criticism. Casting this “immanent risk in legal form” was “incompatible with the equal dignity of every human life.”



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