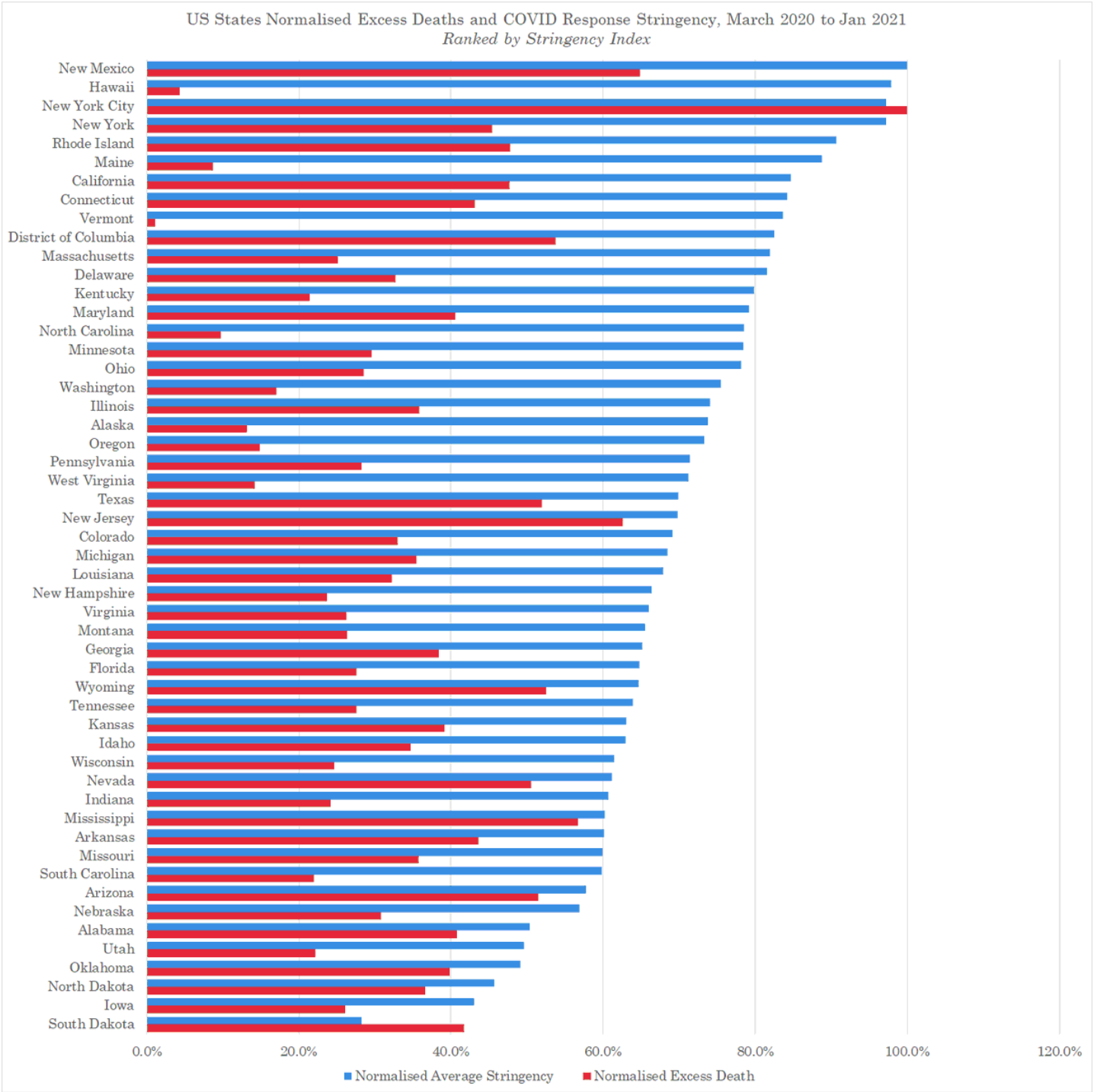
Twitter Thread by Joel Smalley

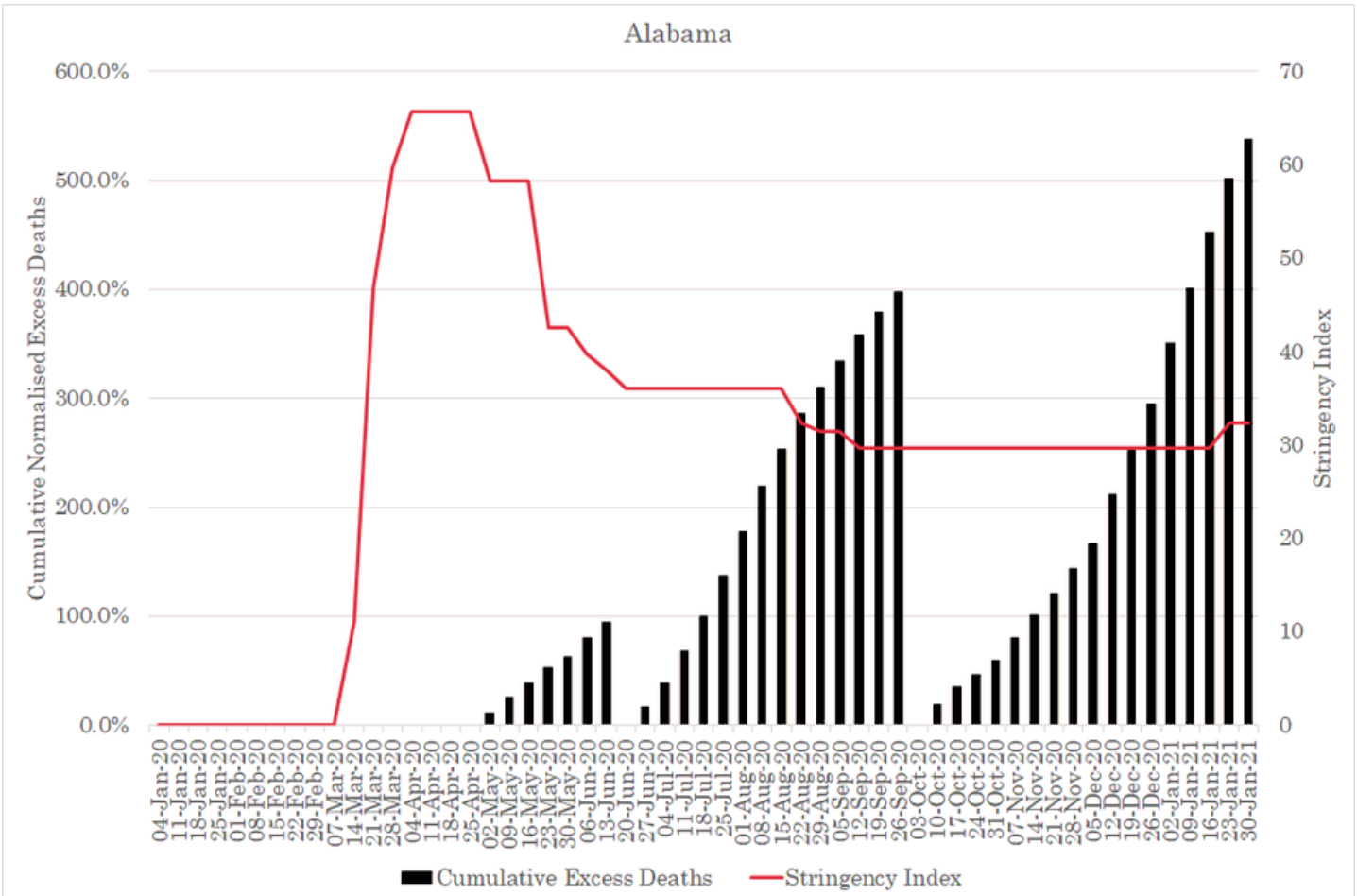


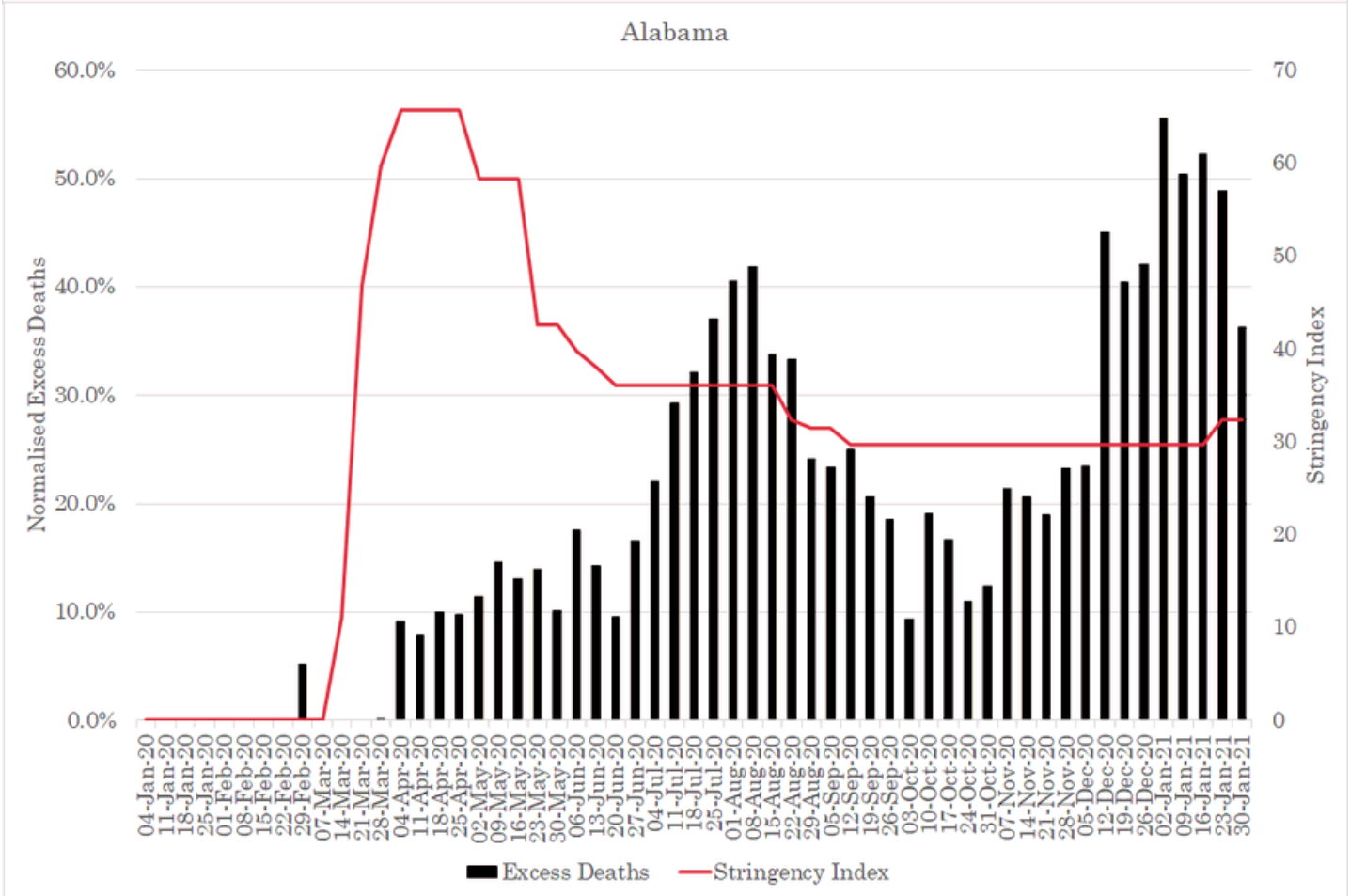
Joel Smalley
@RealJoelSmalley

I've done a study on US states now that there is almost a decent amount of data to analyse. I find no correlation whatsoever between average stringency of COVID response and normalised excess deaths.

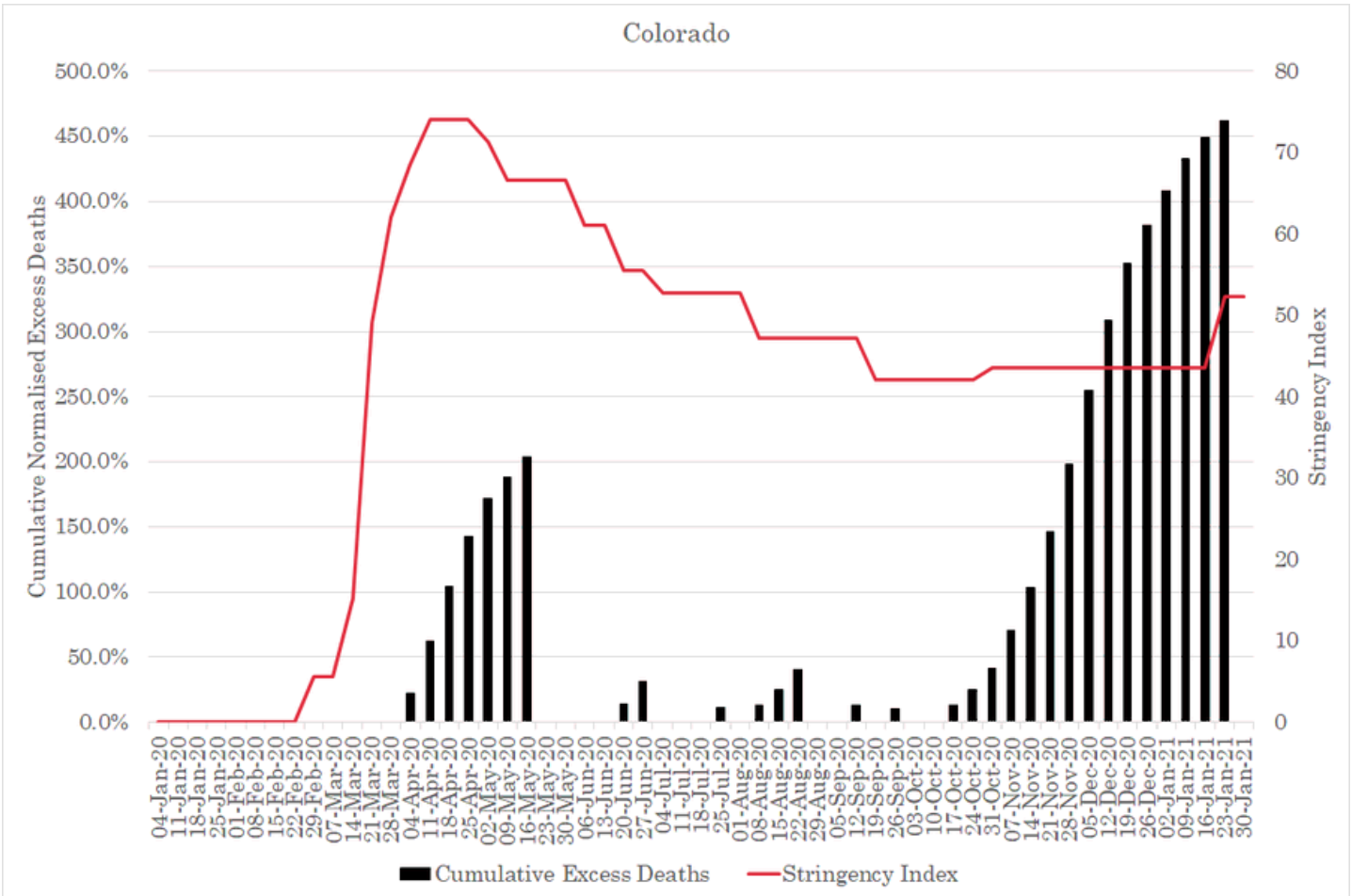


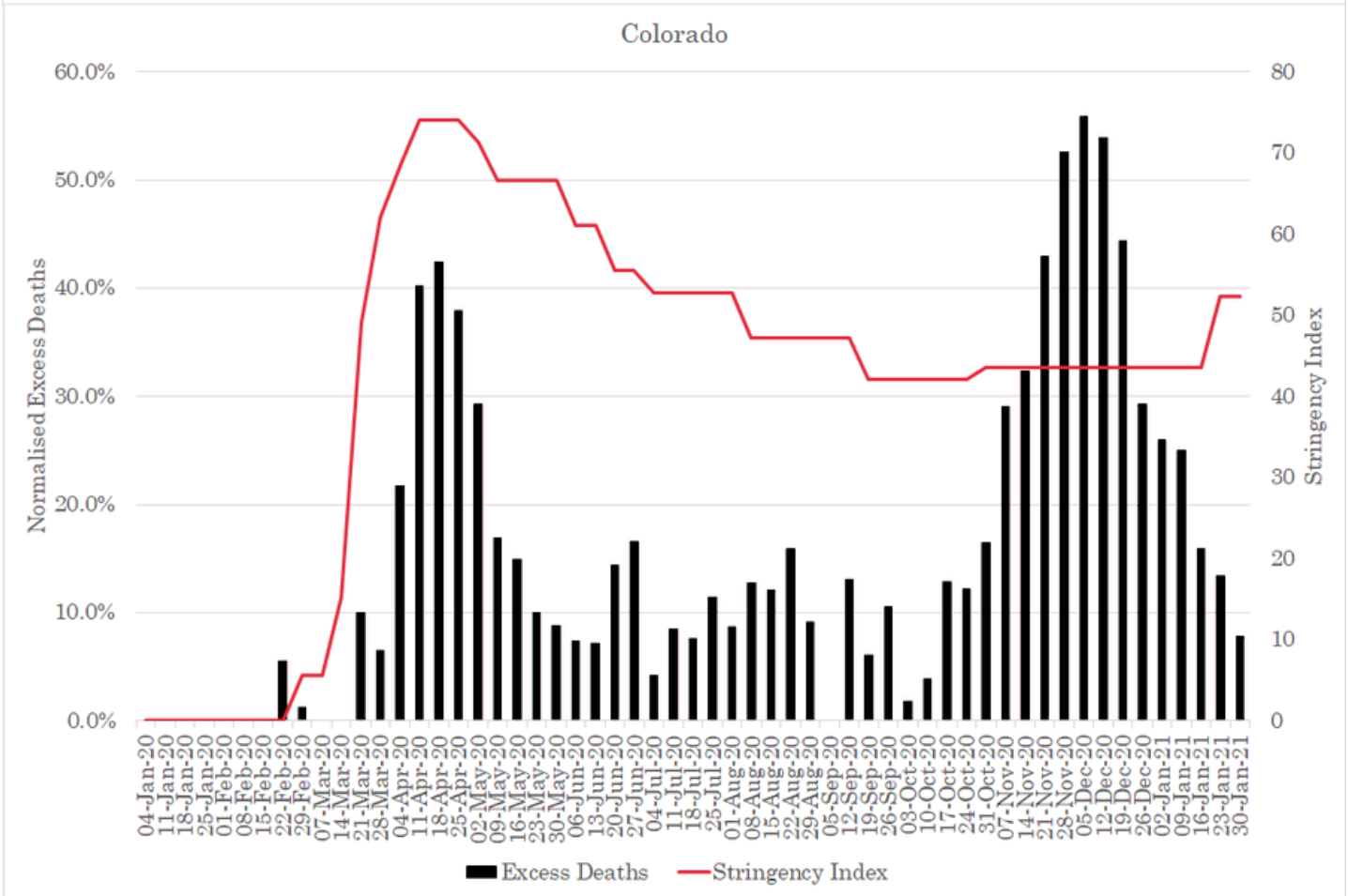
In fact, I'll challenge anyone to find me one state that demonstrates a clear negative correlation between stringency and excess mortality, or indeed any evident unnatural inflections in the mortality distributions.



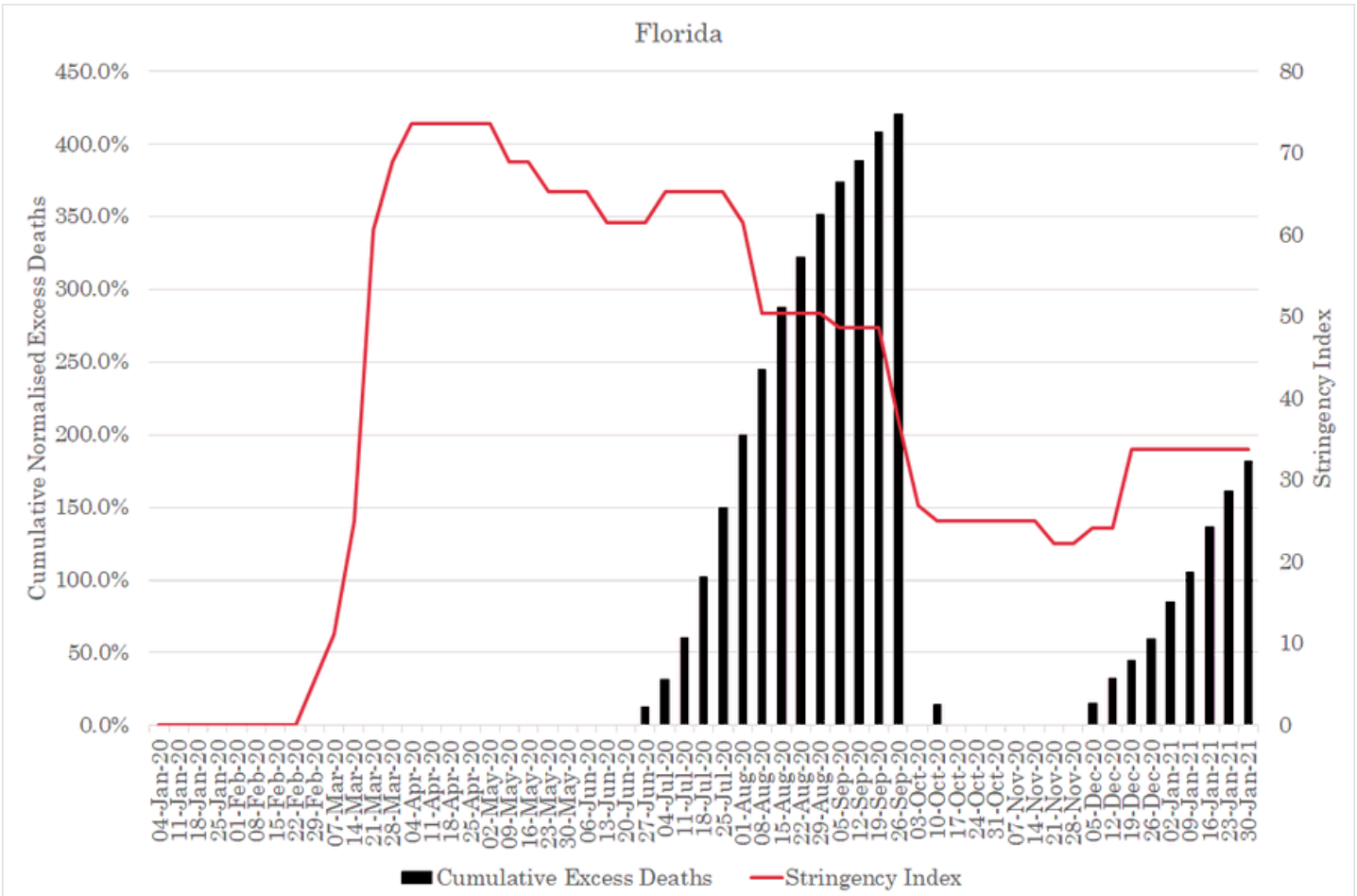


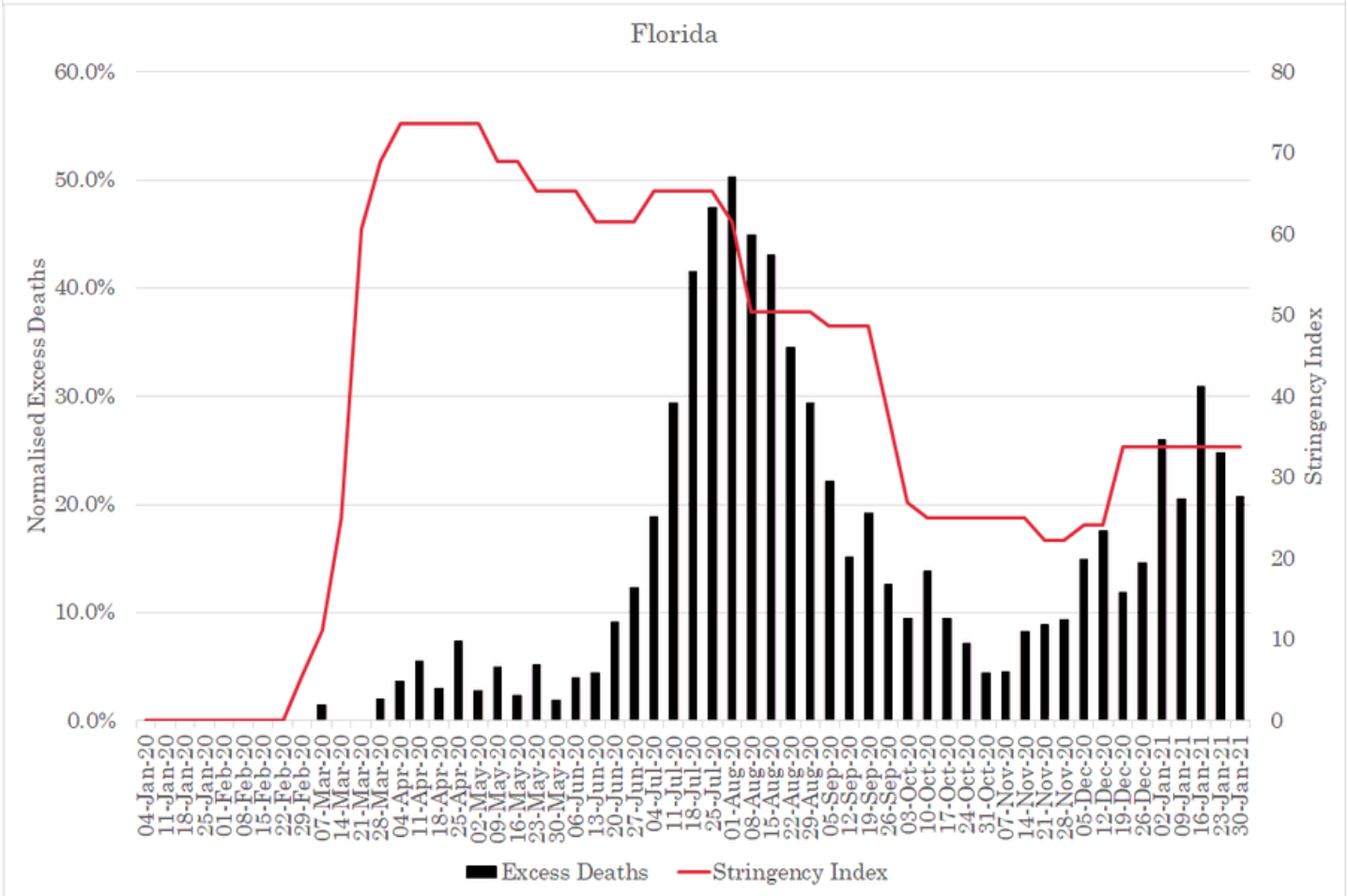
What I see here is a virus naturally spreading across the country according to physical and natural geographical constraints, i.e. population density, seasonality, and herd immunity. All the things that were unchallenged theories prior to 2019.





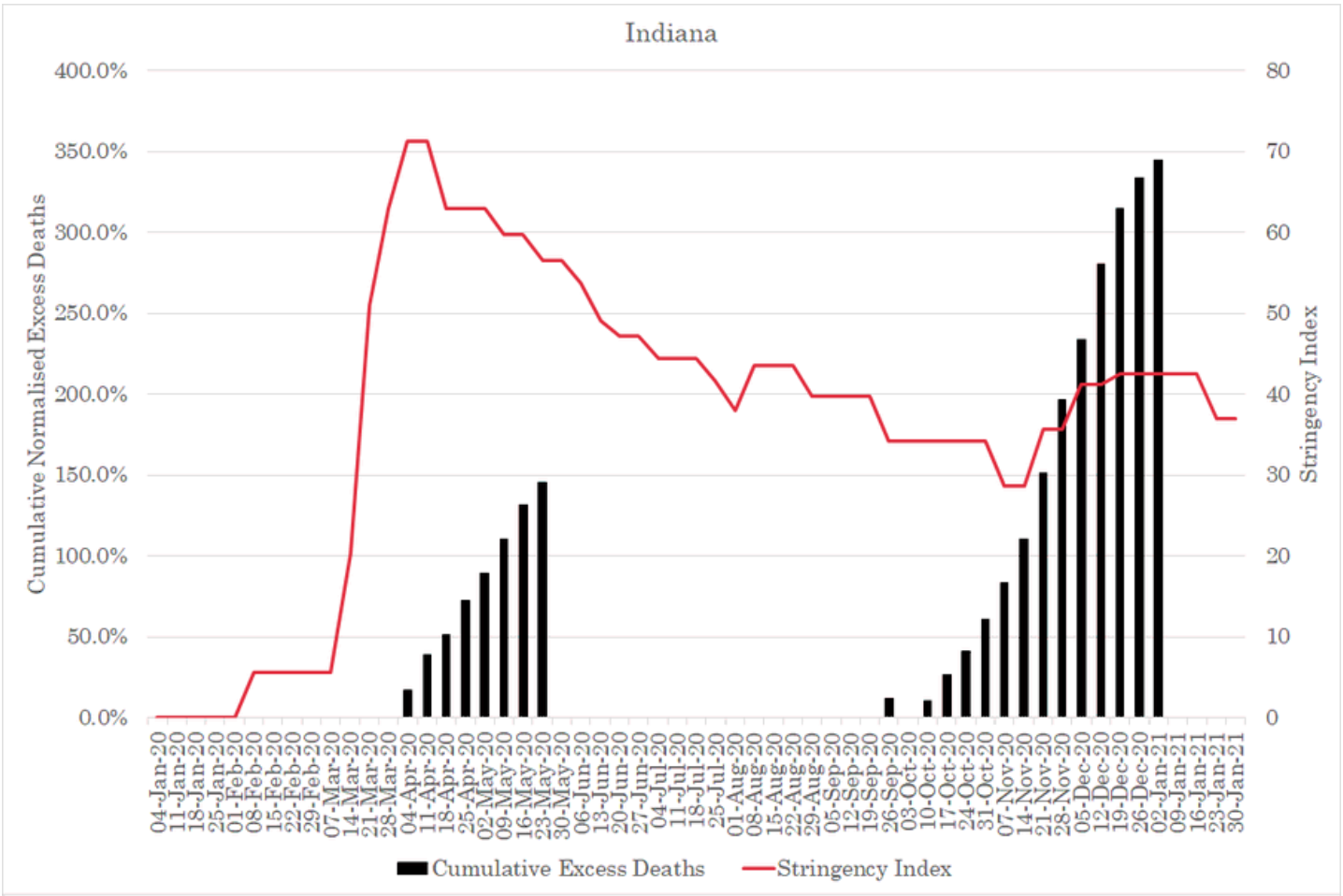
Where is the effect of lockdowns, social distincing and community mask-wearing? If these interventions were meaningful, it should not be problematic to identify their impact on the data.

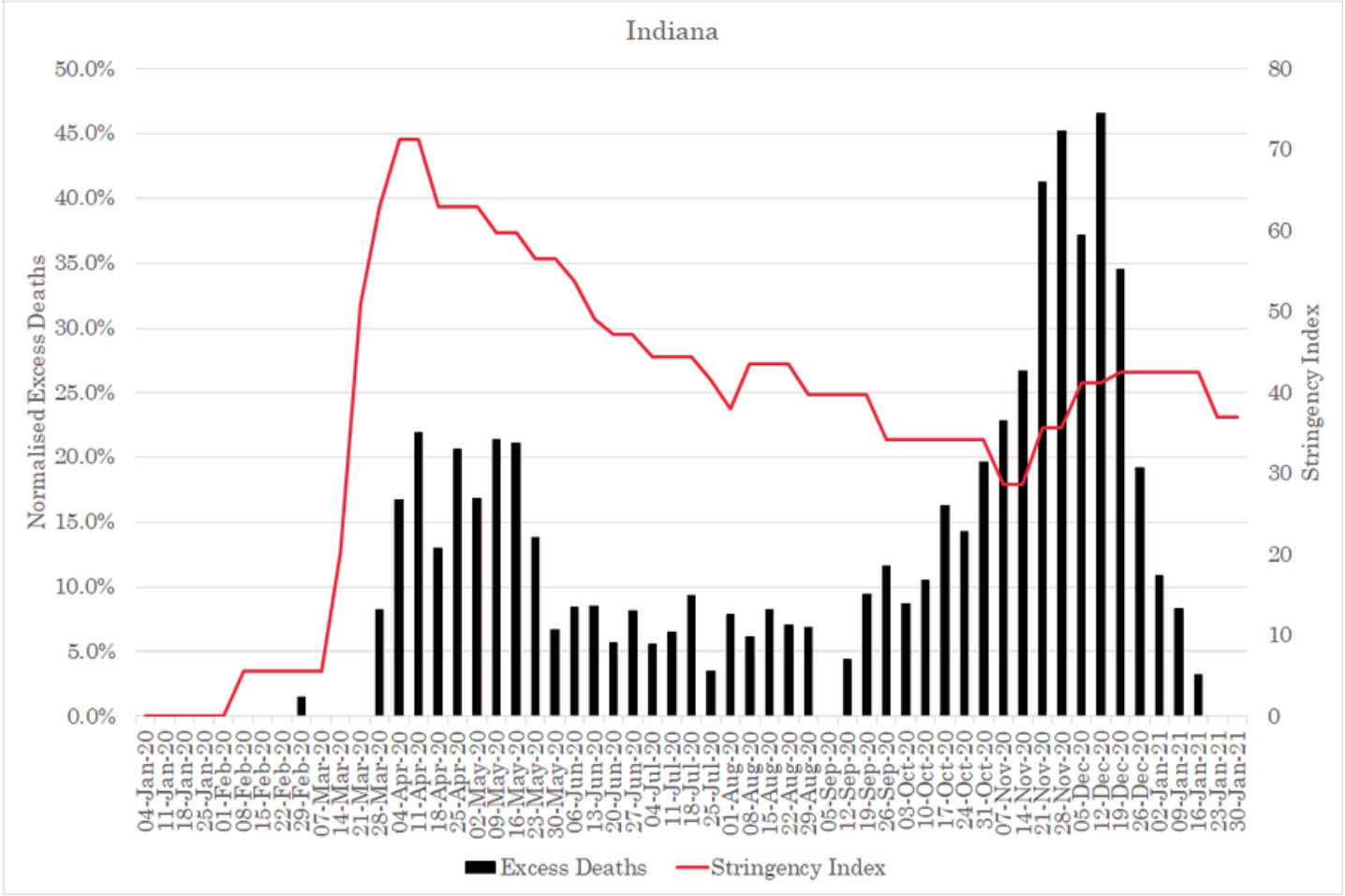




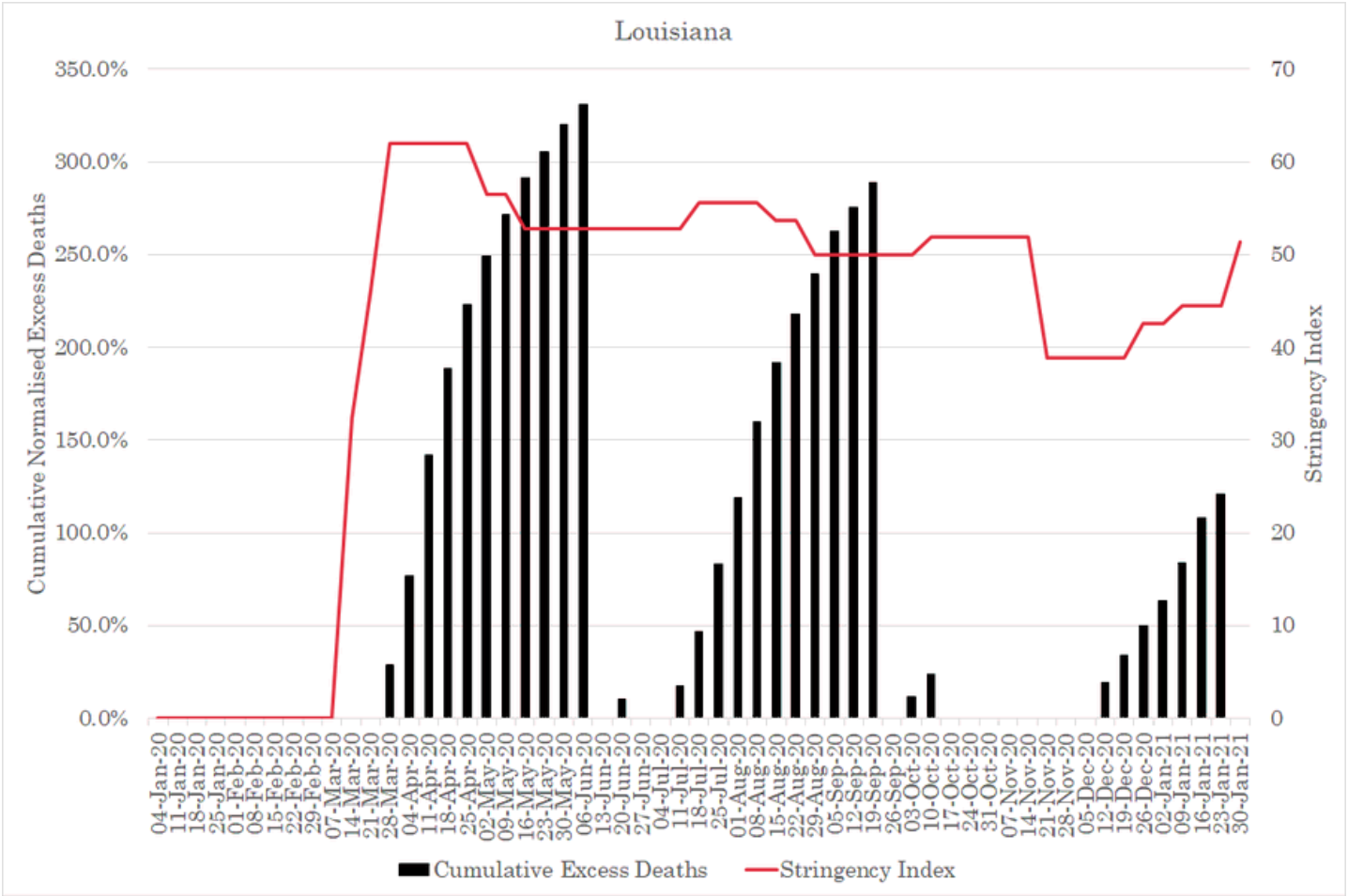
It is reasonable to attribute the virtual complete absence of excess death in NYC and Massachusetts, for example, to herd immunity. That's Occam's razor because for it to be interventions, you have to explain the incredible change in effectiveness

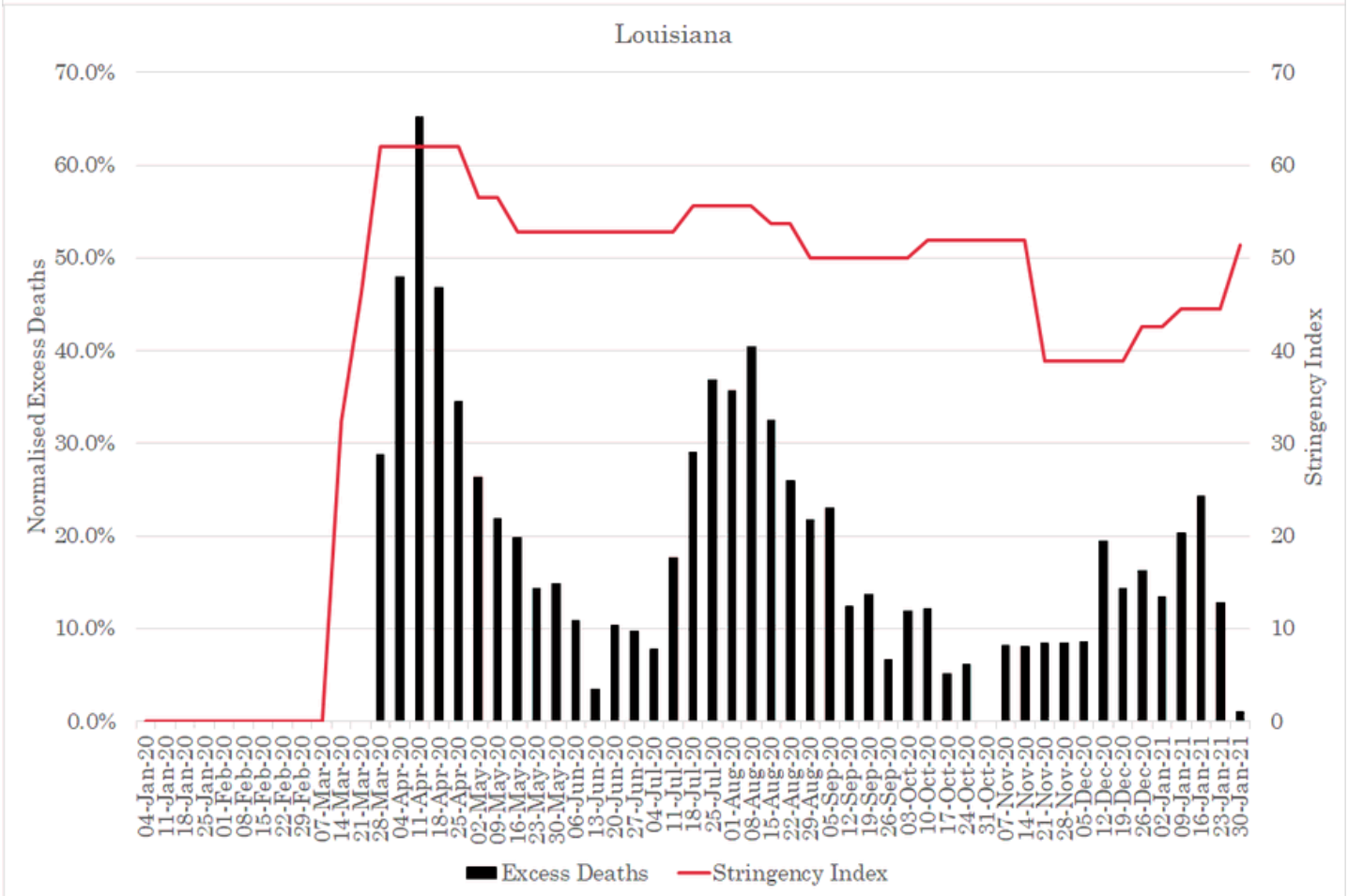
between the two seasons.



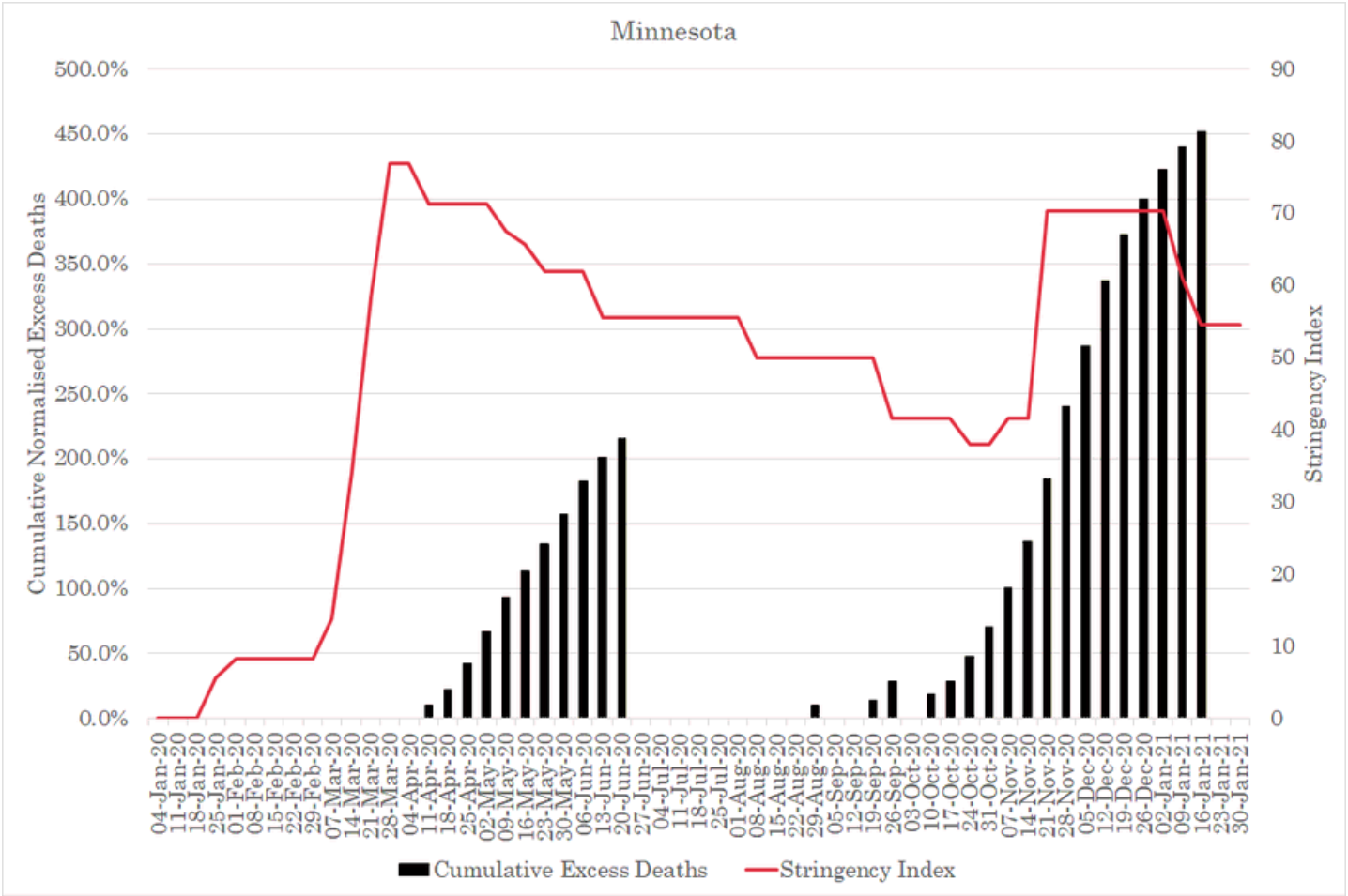


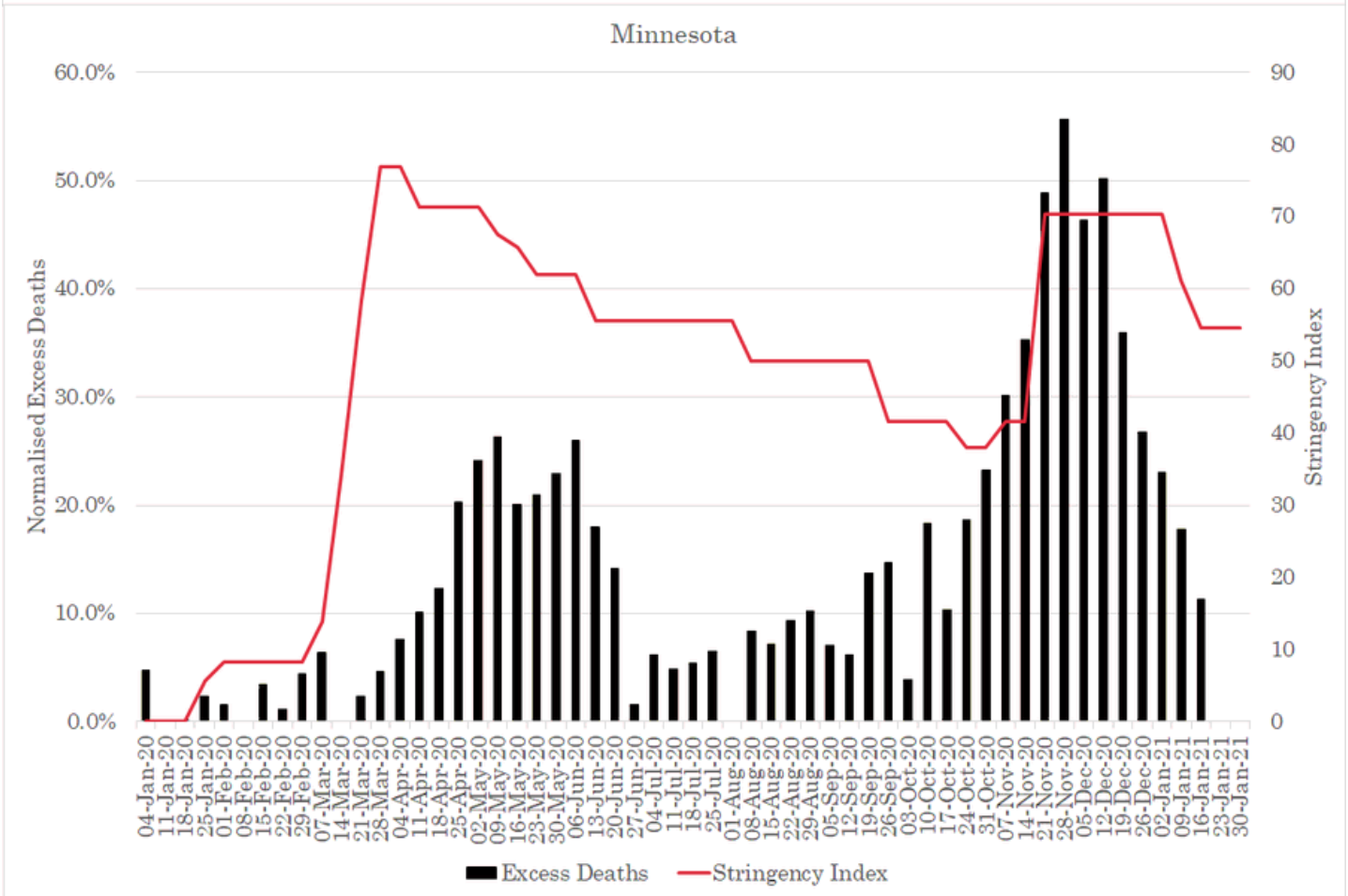
Similarly, how do Iowa, Kansas, Kentucky, Montana and Nebraska go from zero excess death to substantial across the two seasons without seasonality being the most plausible explanation?



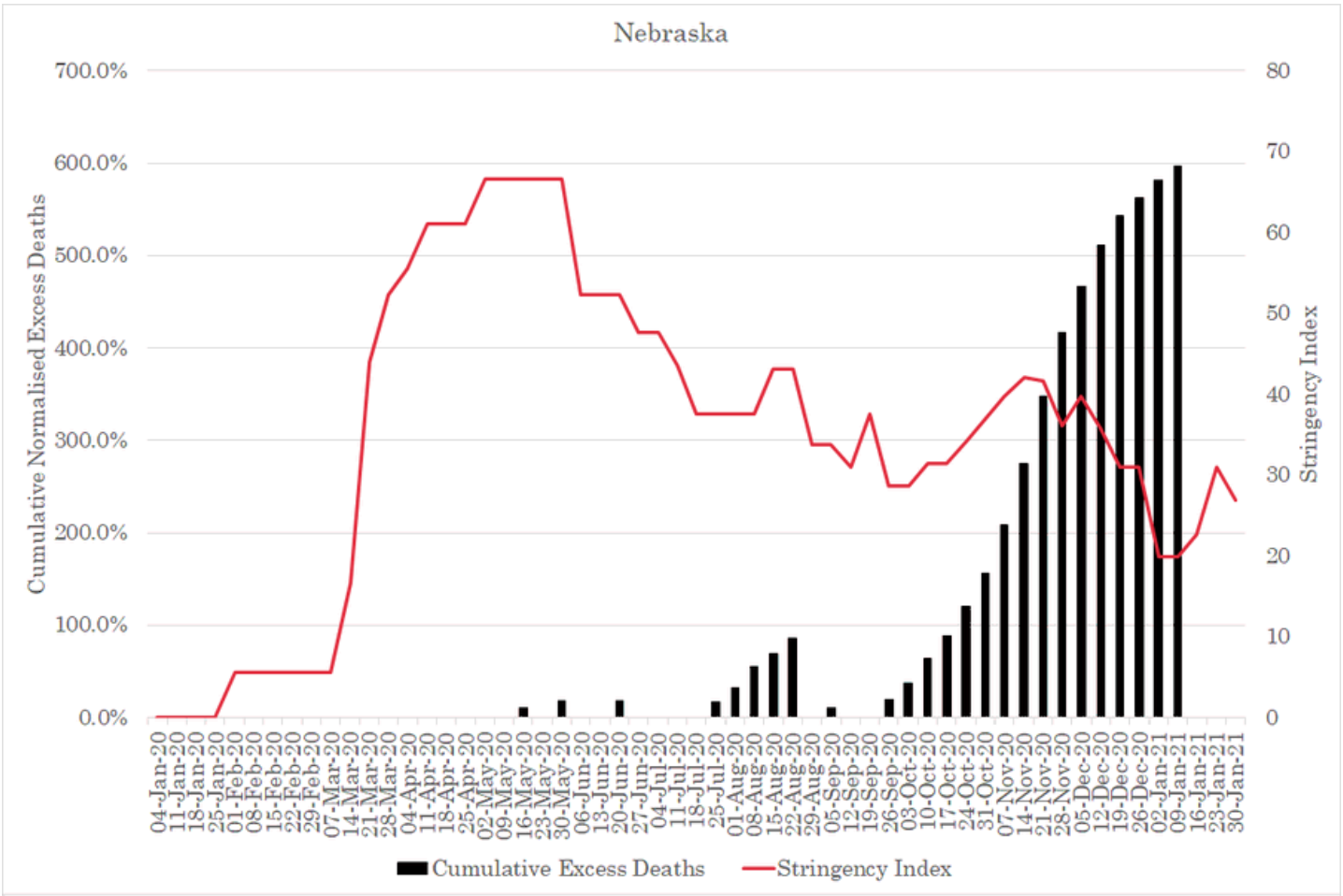


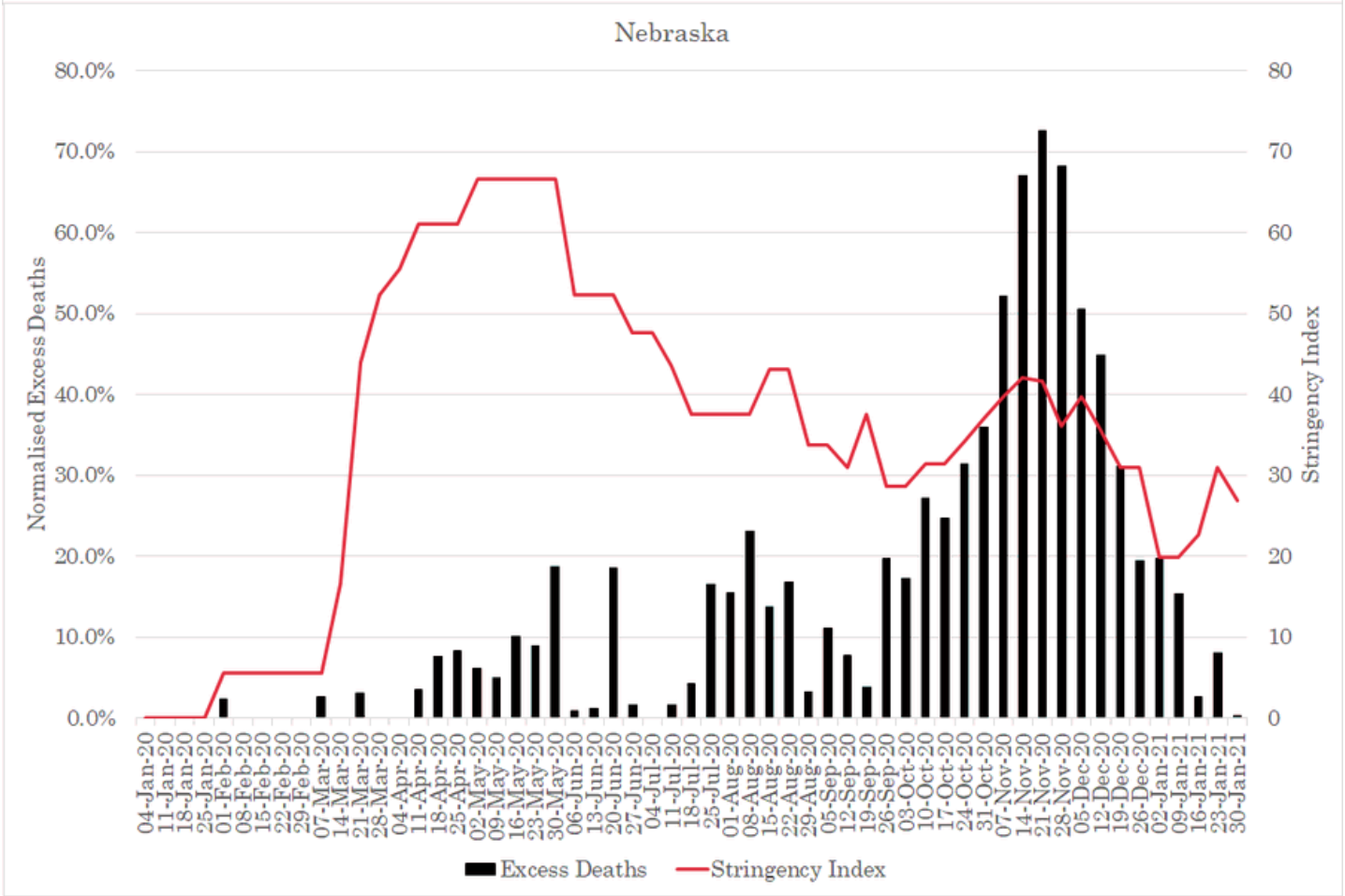
Inevitably, it is impossible to fully explain the vast differences in excess mortality outcomes across each US state but one thing is for sure, human intervention did not play a significant enough part to show up in the data...



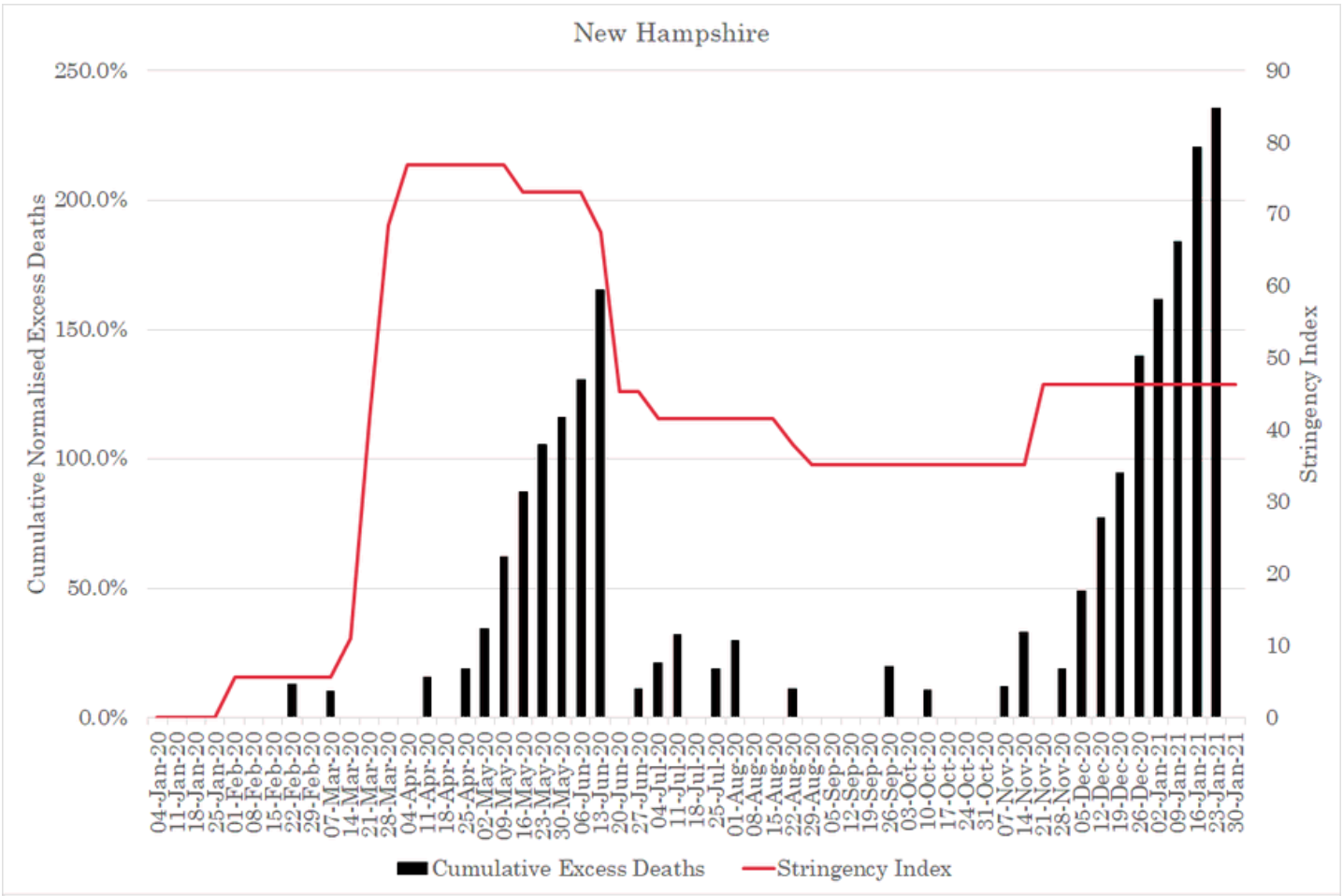


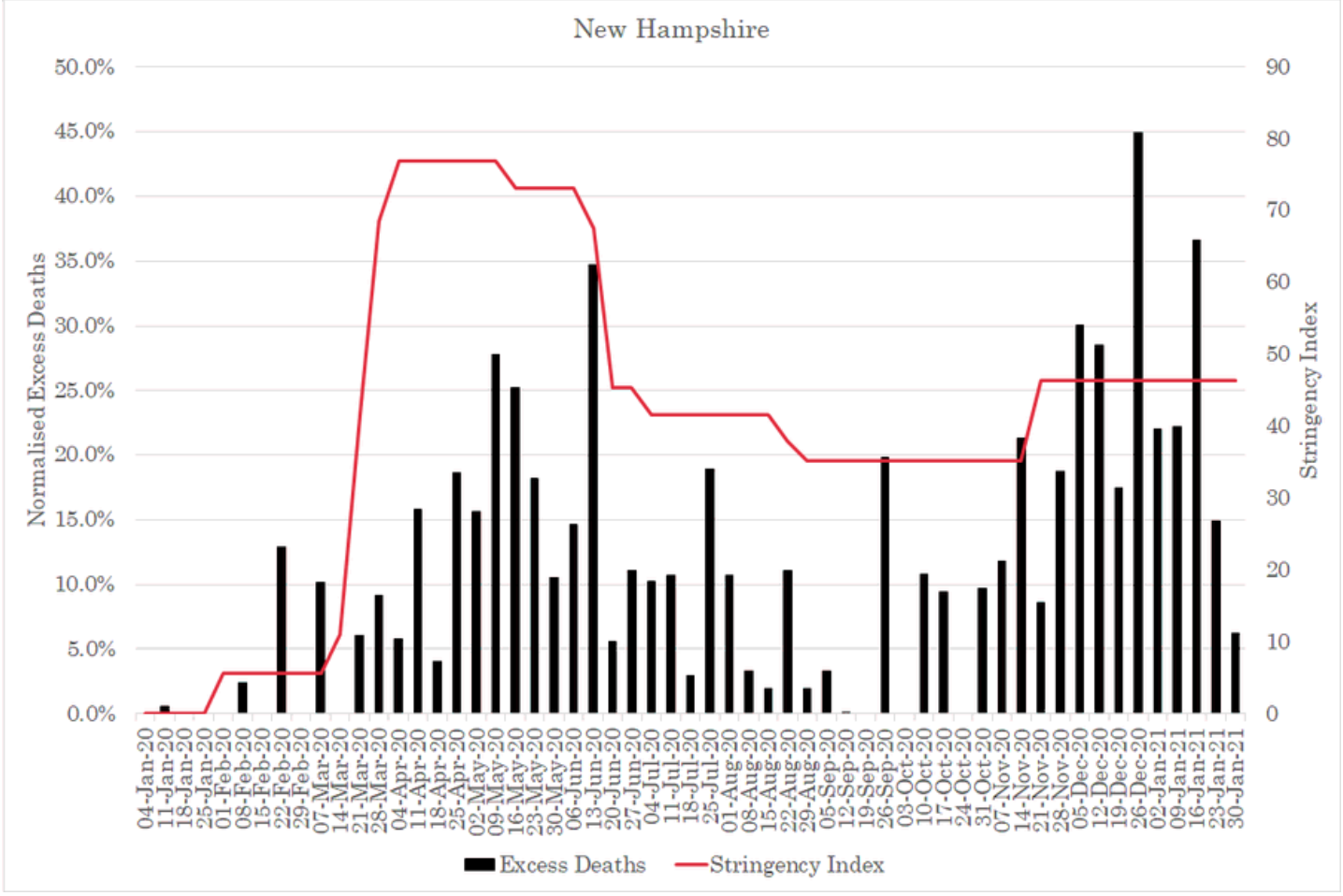
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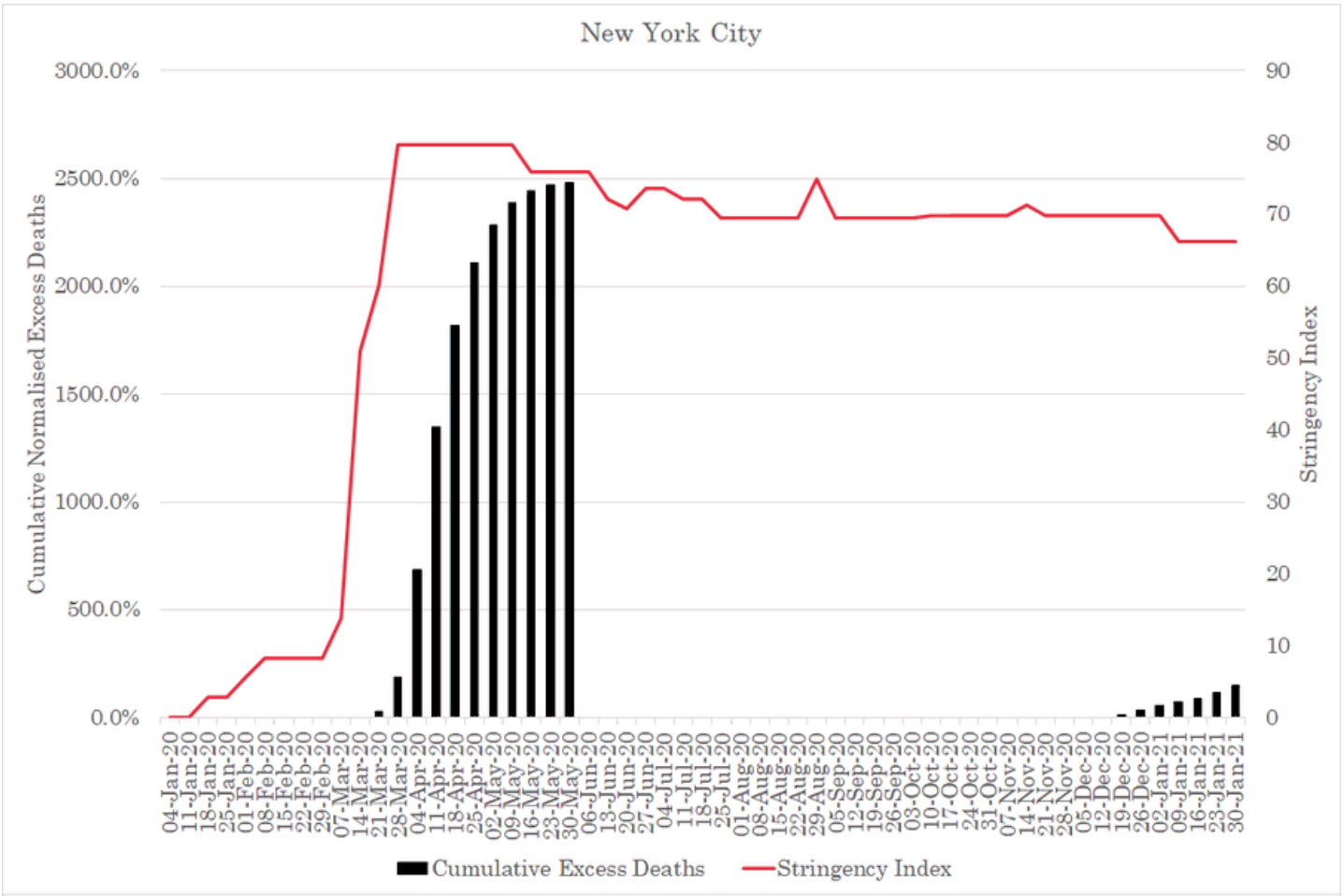


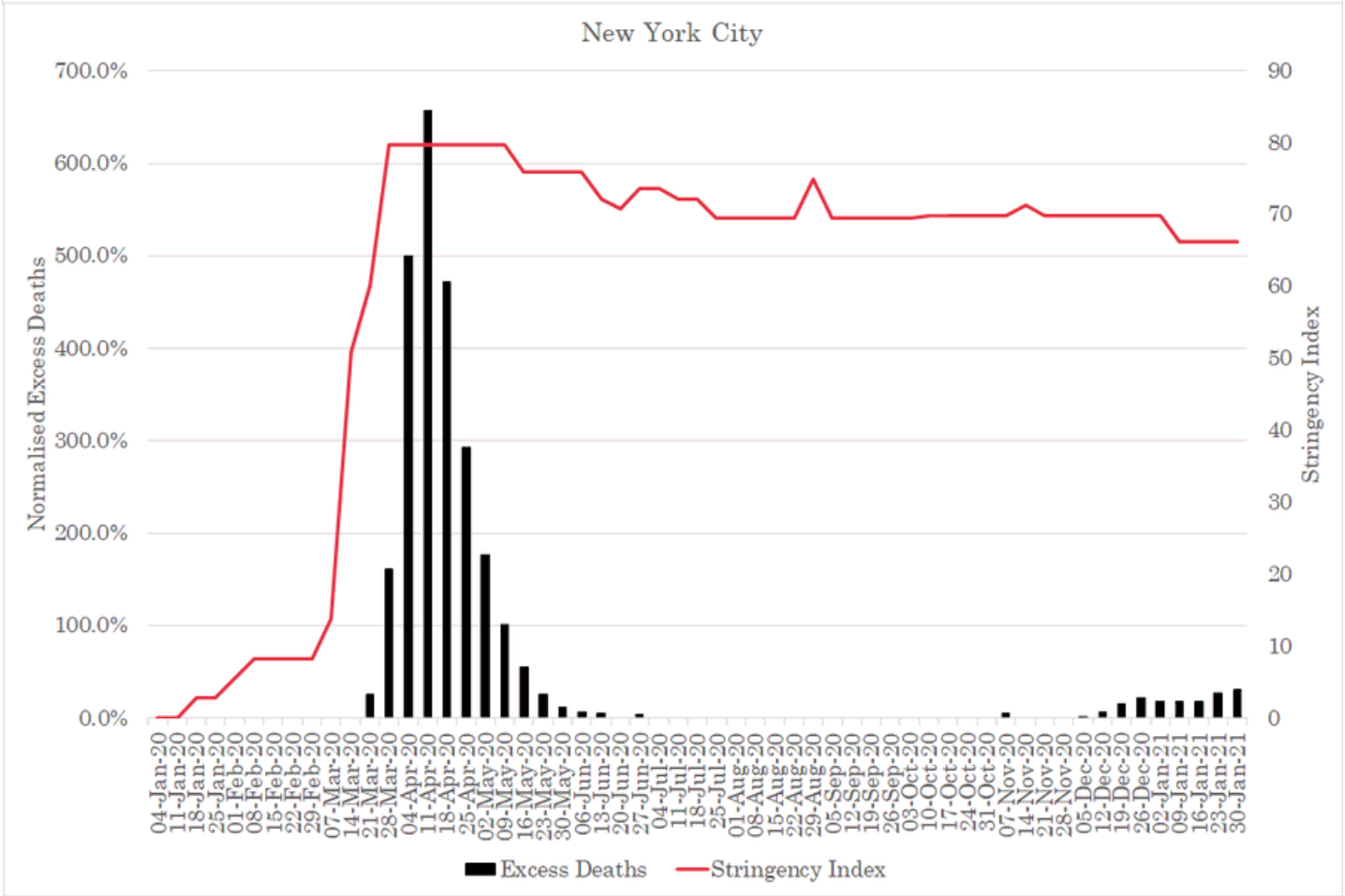
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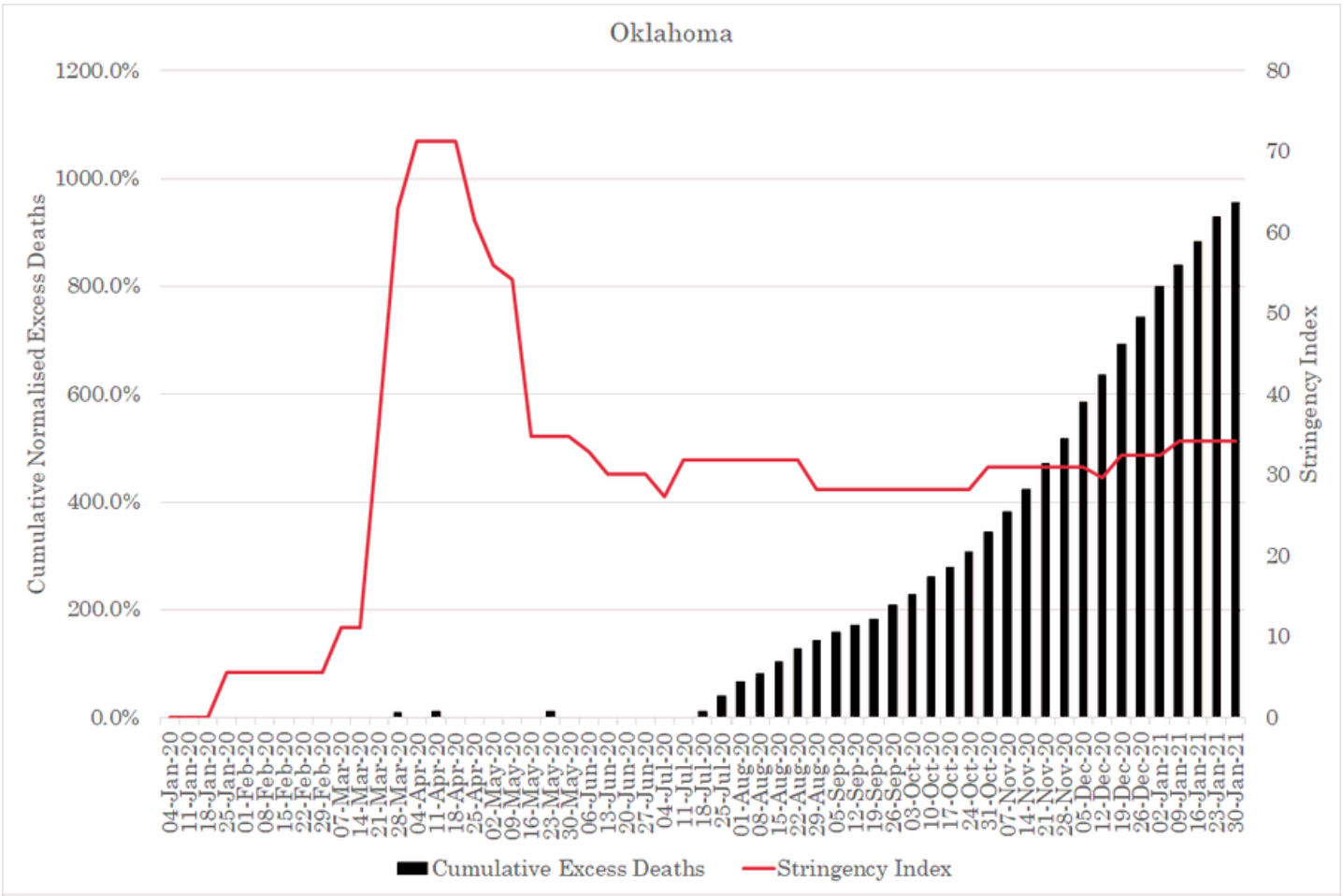


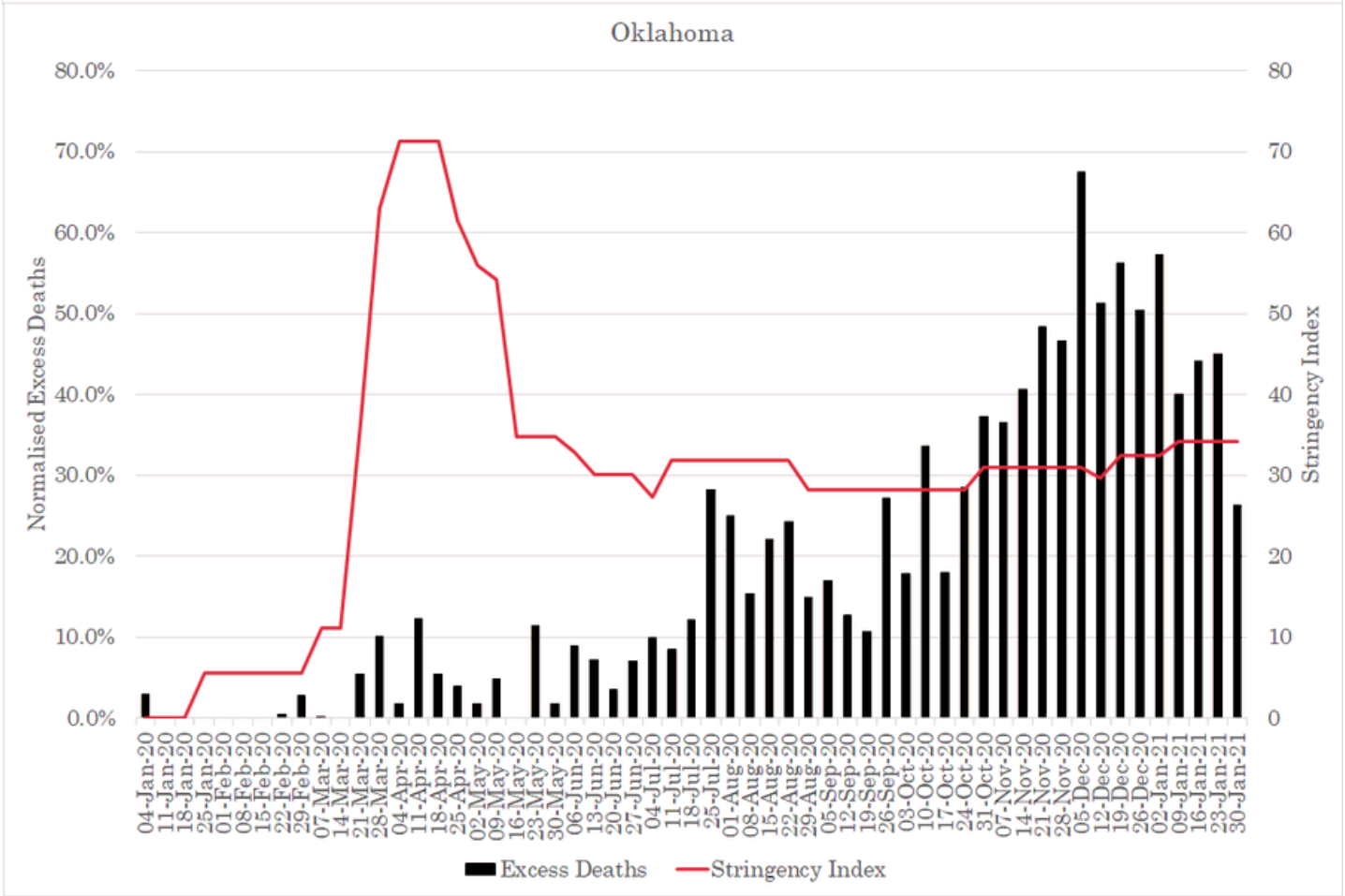
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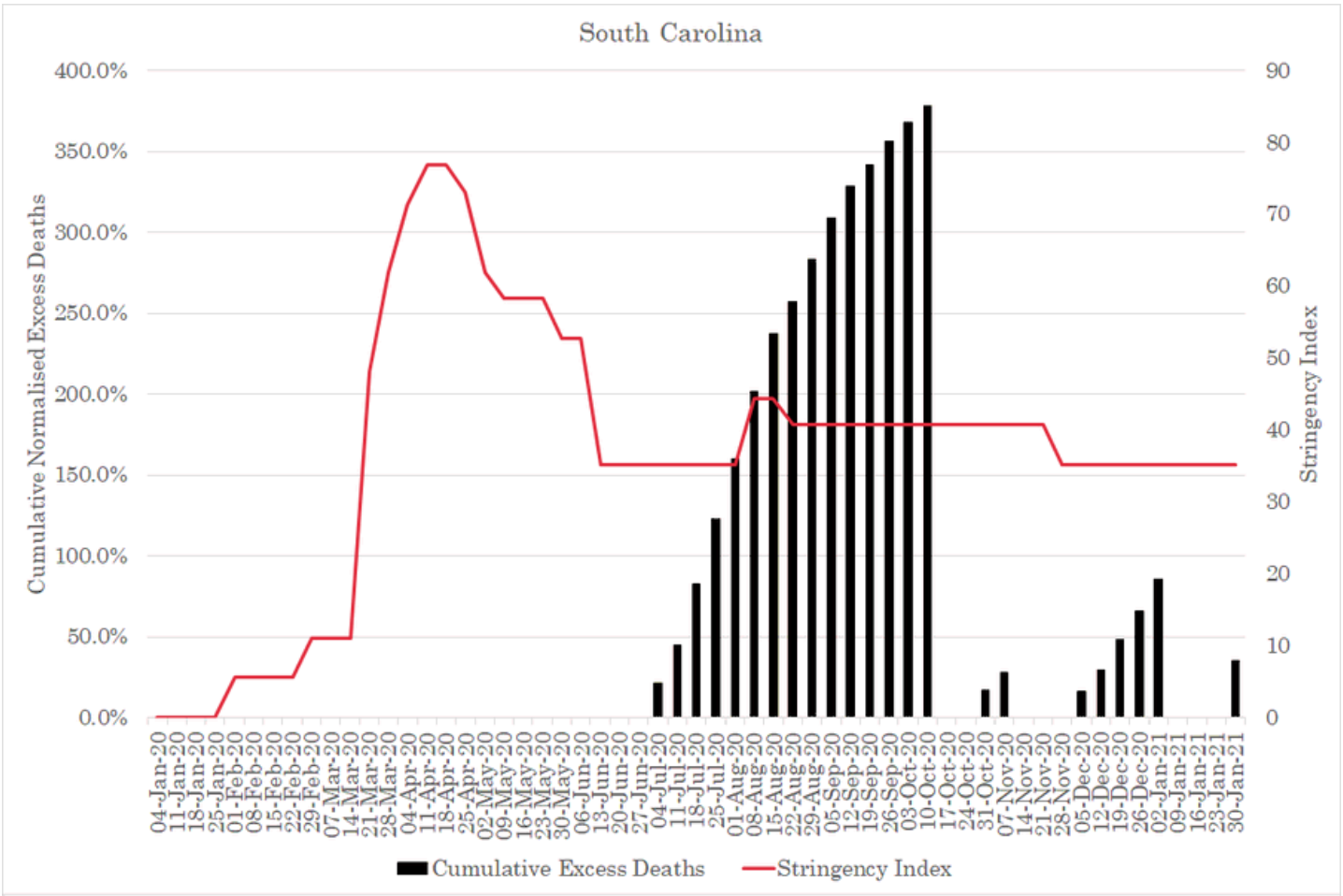


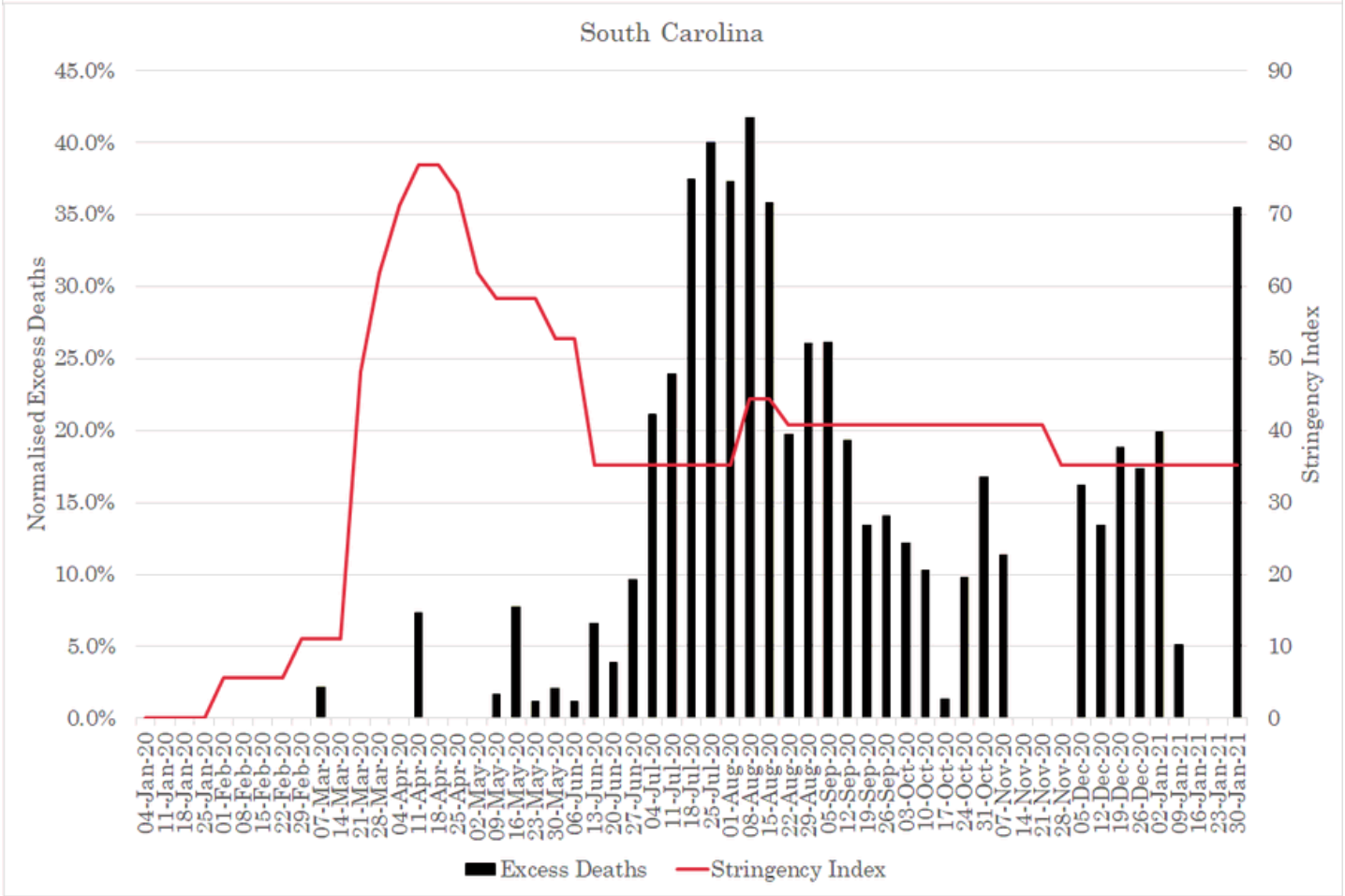
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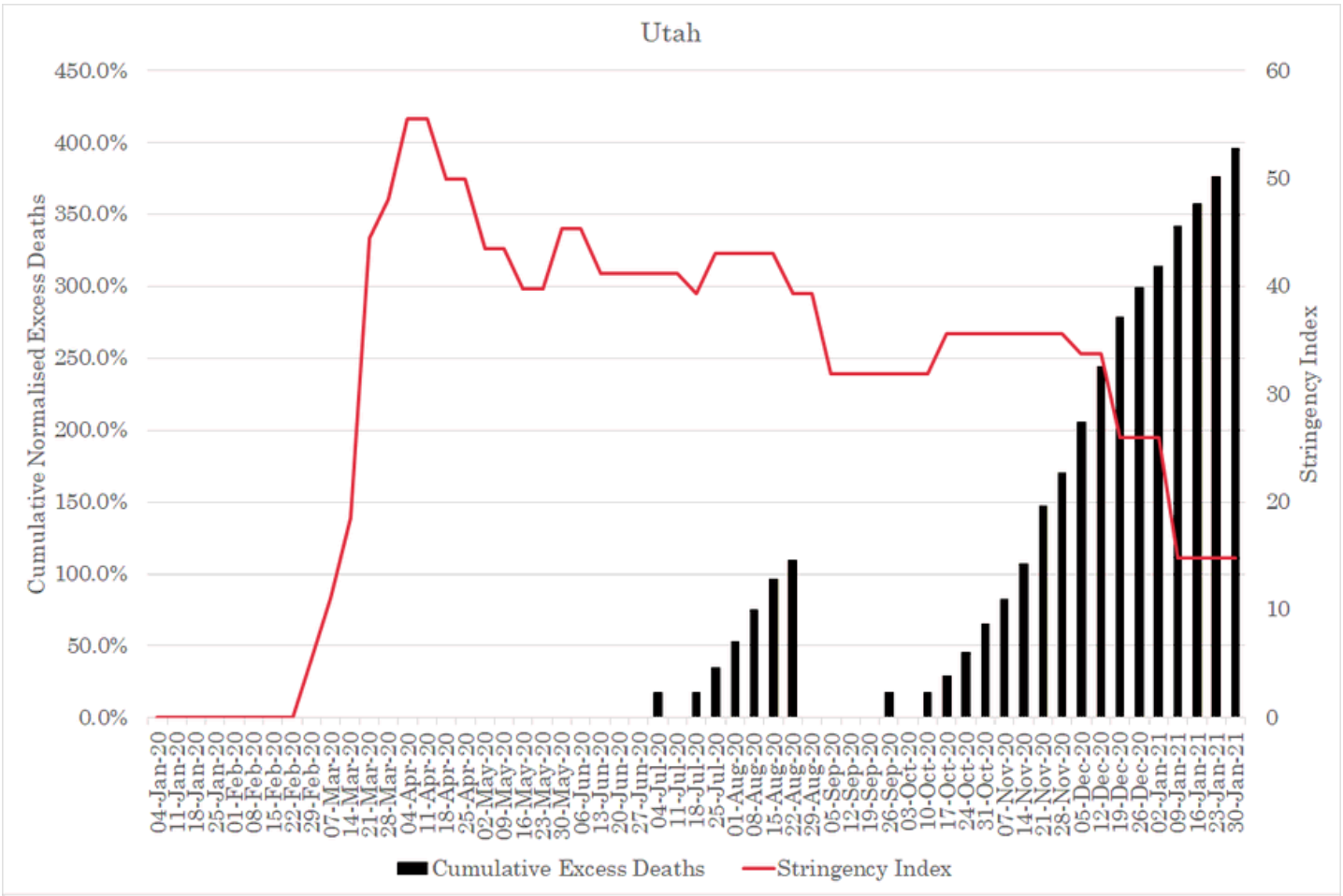


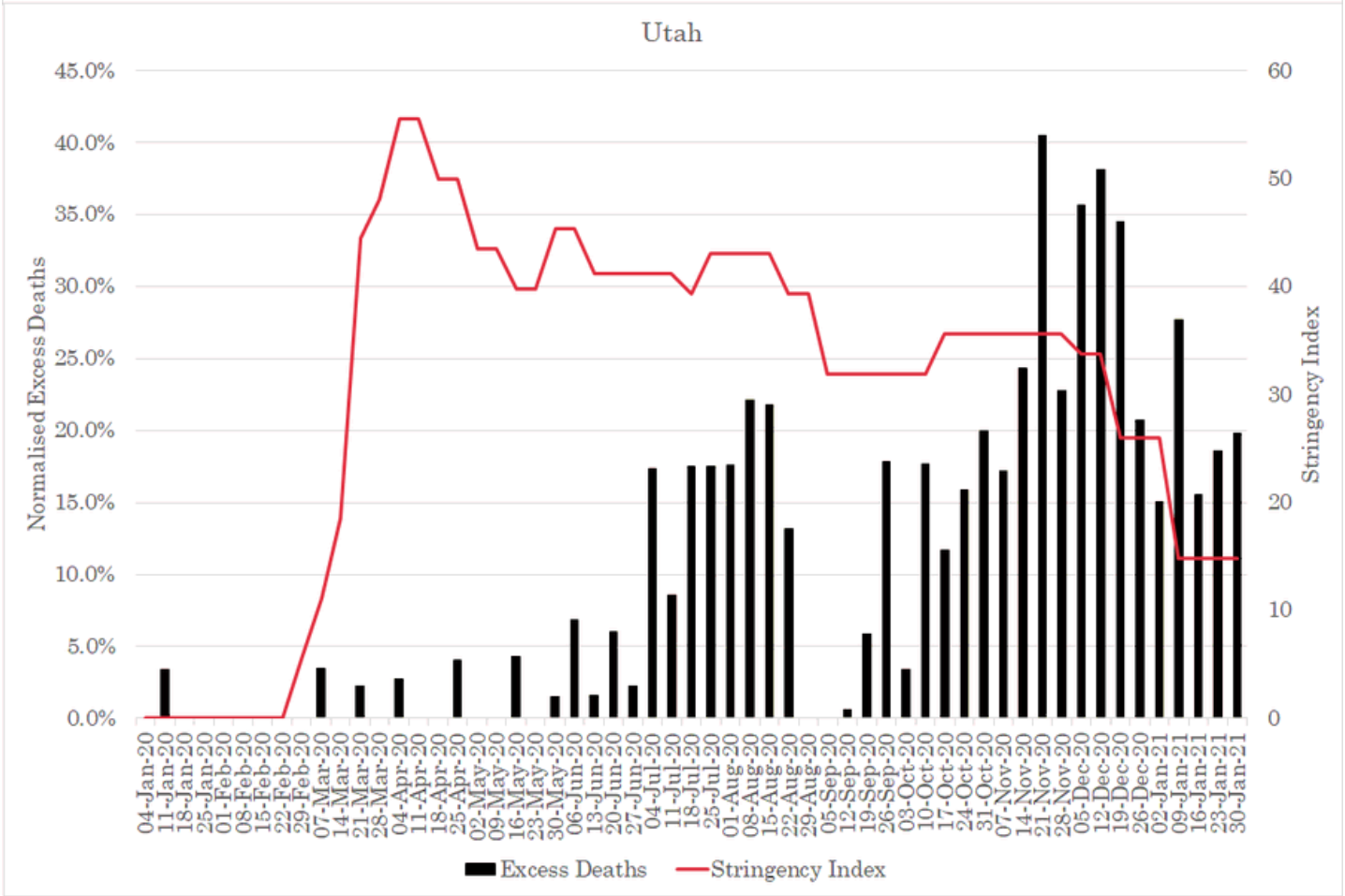
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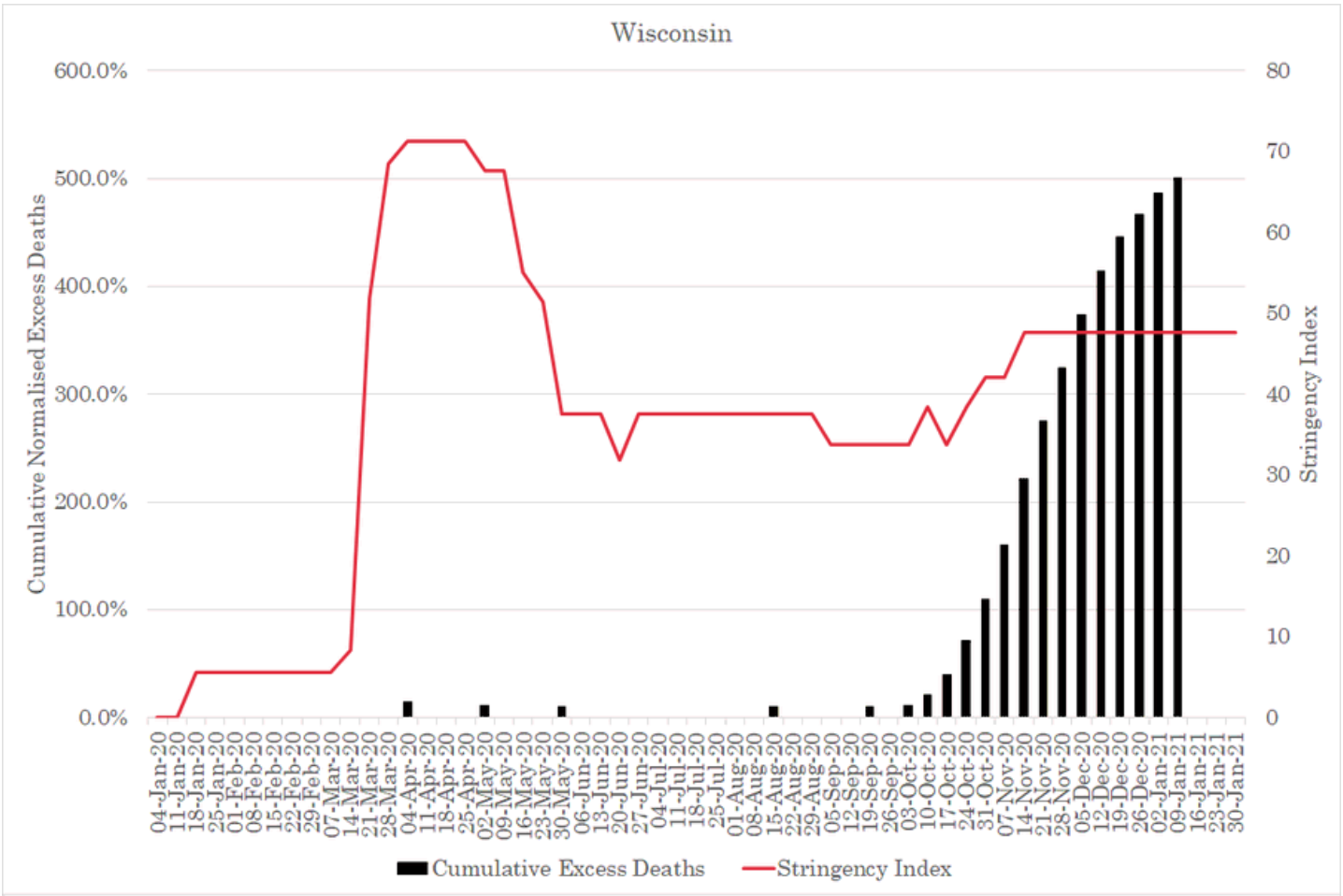


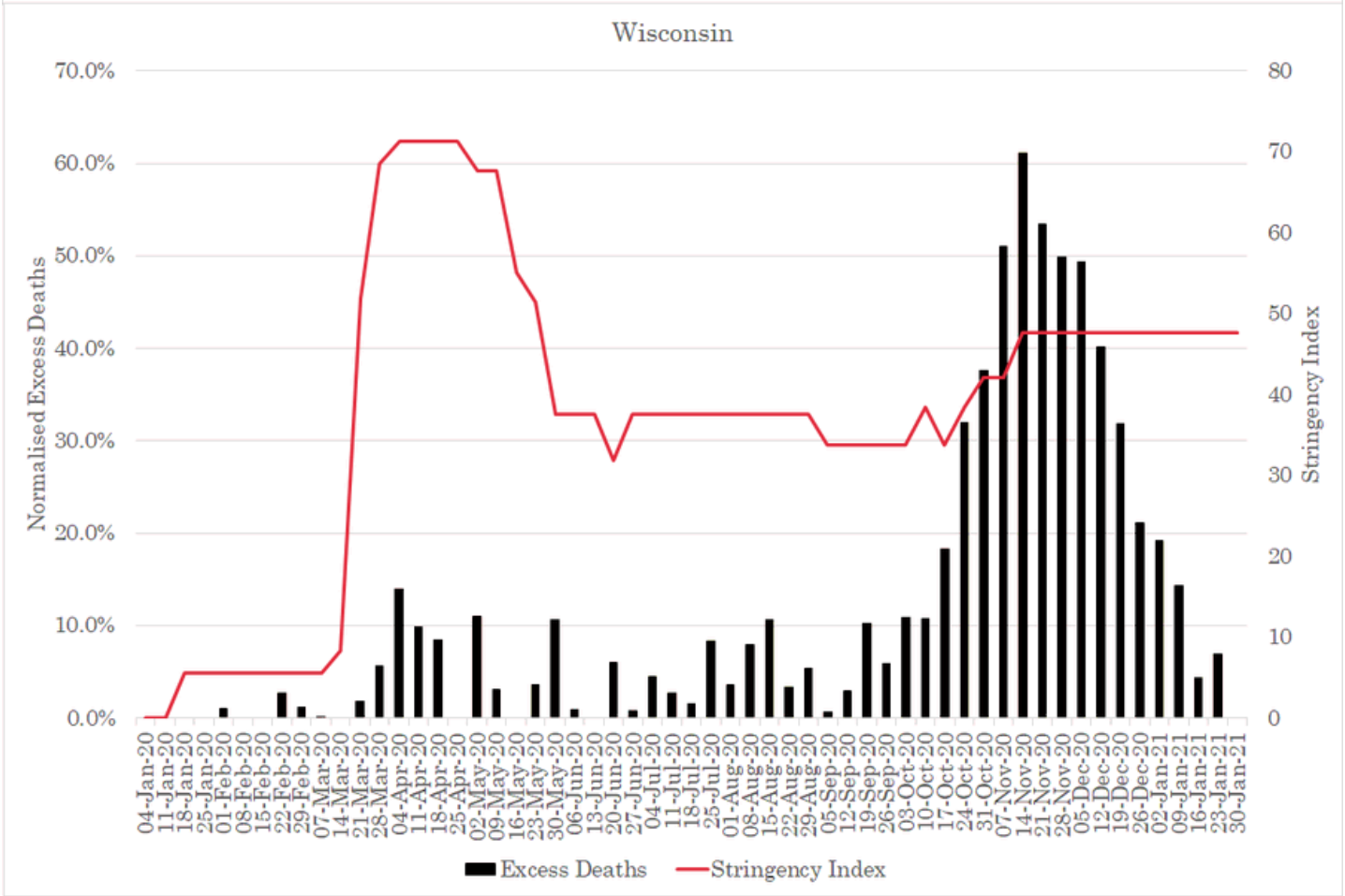
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Data sources: CDC and Blavatnik School of Government, University of Oxford. Contact me for methods.