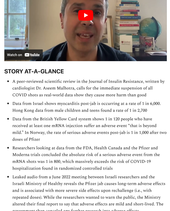
More Studies Confirm the COVID Jab Does More Harm Than Good

Cardiologist calls for the immediate suspension of all COVID shots as real-world data show they cause more harm than good

Dr. Joseph Mercola
Author



STORY AT-A-GLANCE

- A peer-reviewed scientific review in the Journal of Insulin Resistance, written by cardiologist Dr. Aseem Malhotra, calls for the immediate suspension of all COVID shots as real-world data show they cause more harm than good
- Data from Israel shows myocarditis post-jab is occurring at a rate of 1 in 6,000. Hong Kong data from male children and teens found a rate of 1 in 2,500
- Data from the British Yellow Card system shows 1 in 120 people who have received at least one mRNA injection suffer an adverse event "that is beyond mild." In Norway, the rate of serious adverse events post-jab is 1 in 1,000 after two doses of Pfizer
- Researchers looking at data from the FDA, Health Canada and the Pfizer and Moderna trials concluded the absolute risk of a serious adverse event from the mRNA shots was 1 in 800, which massively exceeds the risk of COVID-19 hospitalization found in randomized controlled trials
- Leaked audio from a June 2022 meeting between Israeli researchers and the Israeli Ministry of Healthy reveals the Pfizer jab causes long-term adverse effects and is associated with short-term side effects upon technology's use, with no reproved doses. While the researchers wanted to warn the public, the Ministry abused their leaked report to say that adverse effects are mild and short-lived. The government then concealed any further research into adverse effects

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The COVID jabs are an absolute disaster, with injuries and deaths piling up by the day. Yet so-called health authorities, doctors, media, drug makers and many of the jabbed themselves claim there's nothing to see here. Ever since their release, brave medical professionals have spoken out against them, calling for a more cautious approach.

Now, a peer-reviewed scientific review,[1] [2] published in two parts[3] [4] in the Journal of Insulin Resistance calls for the immediate suspension of all COVID shots as real-world data show they cause more harm than good.

According to this paper, "Caring the Pandemic of Misinformation on COVID-19 mRNA Vaccines Through Real Evidence-Based Medicine," authored by cardiologist Dr. Aseem Malhotra:

> *"In the non-elderly population the 'number needed to treat' to prevent a single death runs into the thousands, the analysis of randomized controlled trials using the monogenic chimeric ad (mRNA) technology suggests a greater risk of serious adverse events from the vaccines than being hospitalized from COVID-19.*
>
> *Pharmacovigilance systems and real-world safety data, coupled with plausible mechanisms of harm, are deeply concerning, especially in relation to cardiovascular safety.*
>
> *Mirroring a potential signal from the Pfizer Phase 3 trial, a significant increase in cardiac arrest calls to ambulances in England was seen in 2021, with similar data emerging from Israel in the 16–19 year old age group.*
>
> *Conclusion: It cannot be said that the consent to receive these agents was fully informed, as is required ethically and legally. A pause and reappraisal of global vaccination policies for COVID-19 is long overdue."*

COVID Jab Boomerang

In recent months, disability, excess mortality and live birth statistics all point in the same direction. Something horrific started happening around April 2021, and it continues to get worse. Something is killing an extraordinary number of people in the prime of their lives. This should have decades left to live. Something is causing people to file for permanent disability in numbers we've not seen before.

What changed in the world, in 2021? That is the question. The answer is ridiculously simple to answer, yet many choose to drive their heads deeper into the sand then face plain facts. The COVID shots, using mRNA technology to trigger antibody production in a way that had never been used before, were introduced in 2021 under emergency use authorization. That's what changed.

At the time of their rollout, human trials were far from finished, and much of their value had already been destroyed by unblinding the trials and offering the real injection to everyone in the placebo groups.[5]

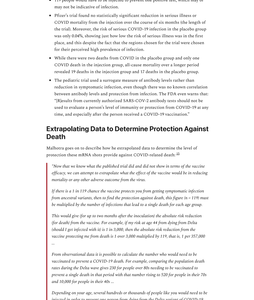
This year, we've also come to realize that Pfizer, the U.S. Food and Drug Administration and the Centers for Disease Control and Prevention have all repeatedly lied about the safety and effectiveness of the shots, as Pfizer's own trial data show they're about as dangerous as they come.

The only reason we now know this is because the FDA was sued and forced by a judge to release the vital data they initially wanted to keep hidden for 75 years. Pfizer data is now being released at a pace of 70,000 pages per month,[6] and these batches have proven to be a treasure trove of bad and worse news.

Pfizer lied serious injuries, falsely categorizing almost all of them as unrelated to the shot without investigation, and intentionally underreported serious adverse risks as being of no concern. Participants who suffered serious injuries were often simply withdrawn from the trial, and their data excluded from the results.[7]

Real-world data more conclusively show these risks are extremely real. For example, Pfizer's Phase 3 clinical trial showed an increased risk for cardiac problems, and during 2021, UK ambulance services recorded no extra 27,000 cardiac arrest calls above the national average in previous years, or about 300 per day.[8] [9] — and disproportionately among the young.[10] Importantly, COVID-19 cannot account for this rise, as the unknown increase began in the spring of 2021.

A Change of Heart



In his paper, Malhotra details his personal journey from staunch COVID jab proponent to concerned questioner. He got Pfizer's two dose regimen at the end of January 2021. You can see more of Malhotra's efforts in the lecture he recently gave captured in the video above.

A few months later, his father, who also got the shots, suffered cardiac arrest six months after his second dose. The post-mortem diagnosis were "shocking and inexplicable." Malhotra writes, and got him to take another look at the data.

> *"After six months of critically appraising the data myself, speaking to a serious scientist involved in COVID-19 research, vaccine safety and development, and two investigative medical journalists, I have slowly and reluctantly concluded that my father was in my clinical diagnostic beliefs, Pfizer's mRNA vaccine is far from being as safe and effective as we first thought," Malhotra writes.[11]*

He goes on to review how post-mortem examination revealed his father, who was extremely active and fit, had severe blockages in two of the three major arteries. His left anterior descending artery was 90% blocked and his right coronary was 75% blocked. The last scan, "a few years earlier," according to Malhotra, had revealed perfect blood flow and no obstructions. He continues:[12]

> *"I couldn't explain his post-mortem findings, particularly as there was no evidence of an actual heart attack. This was precisely my own special area of research. Yet, here he lay, delay progression of heart disease and even potentially reverse it. ... Then, in November 2021, I was made aware of a peer-reviewed abstract published in Circulation, with concerning findings.*
>
> *In over 500 middle-aged patients under regular follow-up, using a predictive score model based on inflammatory markers that are strongly correlated with risk of heart attack, the mRNA vaccine was associated with significantly increasing the risk of a coronary event within five years from 1.9% pre-mRNA vaccine to 10% 21 months post-mRNA vaccine.*
>
> *An early and relevant criticism of the validity of the findings was that there was no control group, but nevertheless, even if partially correct, that would mean that there would be a large acceleration in progression of coronary artery disease, and more importantly heart attack risk, within months of taking the jab.*
>
> *I wondered whether my father's Pfizer vaccination, which he received six months earlier, could have contributed to his unexplained premature death and so I began to critically appraise the data."*

Data Points to Consider

Malhotra reviews a number of data points in the paper, including:[13]

- Pfizer data showing there were four cardiac arrests in the injection group and only one in the placebo group
- The mistaking use of relative risk reduction 95% when speaking of effectiveness, rather than absolute risk reduction, which was only 0.84
- 119 people would have to be injected to prevent one positive test result, which may not be indicative of infection.
- Pfizer's trial found no statistically significant reduction in serious illness or COVID mortality from the injection into the course of six months (the length of the trial). Moreover, the risk of serious COVID-19 infection in the placebo group was only 0.06%, showing just how low the risk of serious illness was in the first place, and this despite the fact that the regimen chosen for the trial were chosen for their ostensibly high prevalence of infection.
- While there were two deaths from COVID in the placebo group and only one COVID death in the injection group, all-cause mortality over a longer period revealed 19 deaths in the injection group and 15 deaths in the placebo group.
- The pediatric trial used a surrogate measure of antibody levels rather than reduction in symptomatic infection, even though there was no known correlation between antibody levels and protection from infection. The FDA even warns that: "Results from currently authorized SARS-COV-2 antibody tests should not be used to evaluate a person's level of immunity or protection from COVID-19 at any time, and especially after the persons received a COVID vaccine."

Extrapolating Data to Determine Protection Against Death

Malhotra goes on to describe how he extrapolated data to determine the level of protection these mRNA shots provide against COVID-related death:[14]

> *"Now that we know what the published trial did and did not show in terms of the vaccine efficacy, we can attempt to extrapolate what the effect of the vaccine would be in reducing mortality or any other adverse outcome from the virus.*
>
> *If there is a 1 in 119 chance the vaccine protects you from getting symptomatic infection and the vaccine reduces the risk of hospitalization and death by about a factor of 10 (19 times) to multiplied by the number of infections that lead to a single death for each age group.*
>
> *This would give the vaccine two months after the inoculation the absolute risk reduction for death from the vaccine. For example, if my risk at age 44 from dying from Delta (should I get infected with it) is 1 in 5,000, then the absolute risk reduction from the vaccine protecting me from death is 1 over 5,000 multiplied by 19, that is, 1 per 257,000.*
>
> *From observational data it is possible to calculate the number who would need to be injected in order to prevent one COVID-19 death. For example, comparing the population death rates during the Delta wave given 250 for people over 80s resulting in 1 vaccinated to prevent a single death in that period with that number rising to 520 for people in their 70s and 10,000 for people in their 40s ...*
>
> *Depending on your age, several hundreds or thousands of people like you would need to be injected in order to prevent one person from dying from the Delta variant of COVID-19 over a period of around three months.*
>
> *For the over 80s, this figure is as least 250, but it rises the younger you are, reaching at least 5,000 for people in their 50s, 10,000 for those in their 40s, and 19,000 for those between 18 and 29 years. For omicron, which has been shown to be 30% – 50% less lethal, meaning significantly more people would need to be vaccinated to prevent one death."*

What Are the Harms?

Next, Malhotra reviews the harms, noting that one of the most common side effects reported is myocarditis, or inflammation of the heart, especially among young men. He rejects health authorities' claim that myocarditis is far more prevalent in those who suffer severe COVID infection, stating:[15]

> *"Incidence of myocarditis reached from spring 2021 when vaccines were rolled out to the younger cohorts having remained within normal levels for the full year prior, despite COVID-19.*
>
> *With the most up-to-date evidence, a paper from Israel found that the infection itself, prior to roll-out of the vaccine, conferred no increase in the risks of myocarditis or pericarditis from COVID-19, strongly suggesting that the increased incidence in earlier studies were because of the mRNA vaccines, with or without COVID-19 infections as an additional risk in the vaccinated.*
>
> *Although vaccine-induced myocarditis is not often fatal in young adults, MRI scans reveal that, of the ones admitted to hospital, approximately 60% have scars, the sign of myocardial damage. It is like suffering a small heart attack and sustaining some — likely permanent — heart muscle injury."*

Data from Israel shows myocarditis post-jab is occurring at a rate of 1 in 6,000. Hong Kong data from male children and teens found a rate of 1 in 2,500. Data from the British Yellow Card system shows 1 in 120 people who have received at least one mRNA vaccine suffer an adverse event "that is beyond mild."

In Norway, Malhotra notes, the rate of serious adverse events post-jab is 1 in 1,000 after two doses of Pfizer. These are injuries that are life-changing for the worse.

In all, nearly 500,000 adverse events had been reported to the Yellow Card system when Malhotra wrote this paper, which he points out is "unprecedented in the modern medical era and equals the total number of reports recorded for the last 40 years of the Yellow Card reporting system for all medicines — not just vaccines) up to 2020."

What VAERS Data Tell Us

The same trend is seen in the U.S., where the Vaccine Adverse Event Reporting System (VAERS) has received more adverse event reports for the COVID jabs than all other vaccines over the last 30 years combined. Malhotra writes:

> *"As with the UK's system, the level of reports — including serious ones — associated with COVID-19 vaccines is completely unprecedented. For example, over 24,000 deaths have been recorded in VAERS as of March 2, 2022, 29% of those occurred within 48 h of injection, and half within one week.*
>
> *The average reporting rate prior to 2020 was less than 300 deaths per annum. One explanation given prior to this data is the COVID-19 vaccine roll-out is unprecedented in scope; however, this is not strictly true for the last decade at any rate. The United States has administered 150 million – 200 million vaccinations annually."*
>
> *Another criticism of VAERS is that 'anyone can make an entry,' yet, in fact, an analysis of a sample of 250 early deaths suggested that the vast majority are hospital or physician entries, and knowingly filing a false VAERS report is a violation of Federal law punishable by fine and imprisonment.*
>
> *Given that VAERS was set up to generate early signals of potential harm for new vaccines, and was instrumental in doing so for several products, it seems perverse to only now criticize it as unreliable when shots seem to have been no changes in the way it operates."*
>
> *It has been estimated that serious adverse effects that are officially reported are actually a gross underestimate, and this should be borne in mind. ... For example, a paper by David Kessler (a former FDA Commissioner) cites data suggesting that as few as 1% of serious adverse events are reported to the FDA. Similarly, in relation to the Yellow Card scheme in the UK, Spiegelhalter, he has been estimated that only 10% of serious adverse effects are reported."*

1 in 800 Absolute Risk of Serious Side Effect

Malhotra also cites a recent study:[16] [17] transferred by some of the most trusted medical scientists in the world in relation to data transparency,[18] which looked at data from the FDA, Health Canada and the Pfizer and Moderna trials.

> **"Researchers looking at data from the FDA, Health Canada and the Pfizer and Moderna trials concluded the absolute risk of a serious adverse event from the mRNA shots was 1 in 800, which massively exceeds the risk of COVID-19 hospitalization found in randomized controlled trials."**

They concluded the absolute risk of a serious adverse event from the mRNA shots was 1 in 800, which massively exceeds the risk of COVID-19 hospitalization found in randomized controlled trials.

> *"Given these observations, and reappraisal of the randomized controlled trial data of mRNA products, it seems difficult to argue that the vaccine roll-out has been not beneficial in all age groups ... and when the public sheet, medium- and unknown longer term harms are considered (especially for multiple injections, where only data for which simply does not exist), the roll-out into the entire population seems, at best, a reckless gamble," Malhotra writes.[19]*
>
> *"It's important to acknowledge that the risks of adverse events from the vaccine remain constant, whereas the benefits reduce over time, as new variants are (1) less virulent and (2) are targeted by an outdated product.*
>
> *Having appraised the data, it remains a real possibility that my father's sudden cardiac death was related to the vaccine. A pause and reappraisal of vaccination Policies for COVID-19 is long overdue."*

The Israeli Cover-Up

In related news, leaked audio from a June 2022 meeting between Israeli researchers and the Ministry of Healthy reveals the researchers knew the COVID shots were associated with serious risks and wanted to alert the public.

However, whereas the researchers pointed out evidence showing the Pfizer jabs cause long-term adverse effects and are associated with more severe side effects upon technology's use, with reproved doses, the Ministry abused the researcher's final report to say that adverse effects are mild and short-lived. The government then concealed further research into adverse effects.

At the end of September 2022, the CDC Director, Dr. Tarik Shay Ruc, who broke the story (mentioned above),[20] now video shows he leaked audio and QR codes appear.[21] [22] Importantly, the researchers noted the phenomenon of rechallenge is very strong evidence of causality; meaning the shots are definitely causing the problems reported.

However, they also warned the Ministry of Health that they'd have to be careful with the wording and think "medical legal," as the evidence would expose the government in liability, since they'd seen options with the risks and had endorsed the shots. The Ministry, apparently, decided to simply abort the conclusions of the study and close down further investigation rather than risk liability.

COVID Jab Makers Seek Authorization for Child Boosters

At the same time as more and more damning data are coming to light, Pfizer and Moderna are both seeking emergency use authorization for their Omicron COVID boosters for children. Moderna is seeking authorization for children ages 6 through 17, while Pfizer's data is for children aged 5 through 17.[23] As reported by Reuters September 23, 2022:[24]

> *"... the U.S. Centers for Disease Control and Prevention said it expects COVID-19 vaccine boosters targeting circulating variants of the virus to be available for children aged 5-11 years by mid-October.*
>
> *Moderna's mRNA-1273.222, a bivalent booster shot, contains the dominant BA.4/BA.5 strains of the virus, which are responsible for most cases in the U.S. ...*

> *variants along with the original coronavirus strain. The updated vaccine is already authorized for adults, while rival Pfizer's bivalent vaccine is authorized as a booster dose for children over 12 years of age."*

Follow the Data and Think for Yourself

Considering how reckless the FDA and CDC have been so far, there's little doubt they'll authorize these reformulated boosters for children, even though they've only been tested for antibody levels in mice. Meanwhile, in the real world, the injuries and deaths continue to pile up.

Were there any sanity and humanity left inside the walls of our health agencies, these shots would be pulled from the market without delay. Unfortunately, that doesn't appear to be the case, which means We the People are the ones who must put a stop to the carnage by educating each other and simply saying "NO" to these and all future mRNA shots.

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1 Journal of Insulin Resistance 2022: 5(1): a71

2 Journal of Insulin Resistance 2022: 5(1): a71 Full paper

3 Daily Sceptic September 25, 2022

4 Journal of Insulin Resistance 2022: 5(1): a71 Full paper Part 1

5 Journal of Insulin Resistance 2022: 5(1): a71 Full paper Part 2

6 Journal of Insulin Resistance 2022: 5(1): a71 Full paper, Page 5

7 FDA News January 10, 2022

8 Journal of Insulin Resistance 2022: 5(1): a71 Full paper, Page 5

9 Emergency-Live March 17, 2022

10 Maajid Nawaz Substack September 26, 2022

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17 Vaccine September 22, 2022; 40(40): 5798–5805

18 Journal of Insulin Resistance 2022: 5(1): a71 Full paper, Page 7

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