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COVID Jab Is Far More Dangerous Than Advertised

Analysis by Dr. Joseph Mercola ✔ Fact Checked

STORY AT-A-GLANCE

- According to a September 2021 analysis, based on conservative, best-case scenarios, the COVID shots have killed five times more seniors (65+) than the infection
- In younger people and children, the risk associated with the COVID shot, compared to the risk of COVID-19, is bound to be even more pronounced
- Data show higher vaccination rates do not translate into lower COVID-19 case rates
- The COVID shots are an epic failure. The U.S. Centers for Disease Control and Prevention reports having more than 30,000 spontaneous reports of either hospitalizations and/or deaths among the fully vaccinated; data from the Centers for Medicare & Medicaid Services show 300,000 vaccinated CMS recipients have been hospitalized with breakthrough infections; 60% of seniors over age 65 hospitalized for COVID-19 have been vaccinated
- 50% of reported deaths after COVID-19 "vaccination" occur within 24 hours; 80% occur within the first week. According to one report, 86% of deaths have no other explanation aside from a vaccine adverse event. A Scandinavian study concluded about 40% of post-jab deaths among seniors in assisted living homes are directly due to the injection

October 26, 2021, Global Research published an interview with Dr. Peter McCullough, in which he reviews and explains the findings of a September 2021 study published in the journal Toxicology Reports, which states:[1]

> *"A novel best-case scenario cost-benefit analysis showed very conservatively that there are five times the number of deaths attributable to each inoculation vs those attributable to COVID-19 in the most vulnerable 65+ demographic.*
>
> *The risk of death from COVID-19 decreases drastically as age decreases, and the longer-term effects of the inoculations on lower age groups will increase their risk-benefit ratio, perhaps substantially."*

McCullough has impeccable academic credentials. He's an internist, cardiologist, epidemiologist and a full professor of medicine at Texas A&M College of Medicine in Dallas. He also has a master's degree in public health and is known for being one of the top five most-published medical researchers in the United States, in addition to being the editor of two medical journals.

Authors Defend Their Paper

Not surprisingly, the Toxicology Reports paper has received scathing critique from certain quarters. Still, corresponding author Ronald Kostoff told Retraction Watch that the criticism has actually been "an extremely small fraction" of the overall response, which by and large has been overwhelmingly positive and supportive. Kostoff went on to say:[2]

> *"Given the blatant censorship of the mainstream media and social media, only one side of the COVID-19 'vaccine' narrative is reaching the public. Any questioning of the narrative is met with the harshest response …*
>
> *I went into this with my eyes wide open, determined to identify the truth, irrespective of where it fell. I could not stand idly by while the least vulnerable to serious COVID-19 consequences were injected with substances of unknown mid and long-term safety.*
>
> *We published a best-case scenario. The real-world situation is far worse than*

our best-case scenario, and could be the subject of a future paper.

What these results show is that we 1) instituted mass inoculations of an inadequately-tested toxic substance with 2) non-negligible attendant crippling and lethal results to 3) potentially prevent a relatively small number of true COVID-19 deaths. In other words, we used a howitzer where an accurate rifle would have sufficed!"

COVID Jab Campaign Has Had No Discernible Impact

Certainly, data very clearly show the mass "vaccination" campaign has not had a discernible impact on global death rates. On the contrary, in some cases the death toll shot up after the COVID shots became widely available. You can browse through covid19.healthdata.org[3] to see this for yourself. Several examples are also included at the very beginning of the video.

This trend has also been confirmed in a September 2021 study[4] published in the European Journal of Epidemiology. It found COVID-19 case rates are completely unrelated to vaccination rates.

Using data available as of September 3, 2021, from Our World in Data for cross-country analysis, and the White House COVID-19 Team data for U.S. counties, the researchers investigated the relationship between new COVID-19 cases and the percentage of the population that had been fully vaccinated.

Sixty-eight countries were included. Inclusion criteria included second dose vaccine data, COVID-19 case data and population data as of September 3, 2021. They then computed the COVID-19 cases per 1 million people for each country, and calculated the percentage of population that was fully vaccinated.

According to the authors, there was "no discernable relationship between percentage of population fully vaccinated and new COVID-19 cases in the last seven days." If anything, higher vaccination rates were associated with a slight increase in cases.

According to the authors:[5]

> *"[T]he trend line suggests a marginally positive association such that countries with higher percentage of population fully vaccinated have higher COVID-19 cases per 1 million people."*

The Kostoff Analysis

Getting back to the Toxicology Reports paper,[6] which is being referring to as "the Kostoff analysis," McCullough says the analysis is definitely making news in clinical medicine. The paper focuses on two factors: assumptions and determinism.

Determinism describes how likely something is. For example, if a person takes a COVID shot, it's 100% certain they got the injection. It's not 50% or 75%. It's an absolute certainty. As a result, that person has a 100% chance of being exposed to whatever risk is associated with that shot.

On the other hand, if a person says no to the injection, it's not 100% chance they'll get COVID-19, let alone die from it. You have a less than 1% chance of being exposed to SARS-CoV-2 and getting sick. So, it's 100% deterministic that taking the shot exposes you to the risks of the shot, and less than 1% deterministic that you'll get COVID if you don't take the shot.

The other part of the equation is the assumptions, which are based on calculations using available data, such as pre-COVID death statistics and death reports filed with the U.S. Vaccine Adverse Event Reports System (VAERS).

Mortality Data

As noted by McCullough, two reports have detailed COVID jab death data, showing 50% of deaths occur within 24 hours and 80% occur within the first week. In one of these reports, 86% of deaths were found to have no other explanation aside from a

vaccine adverse event. McCullough also cites a Scandinavian study that concluded about 40% of post-jab deaths among seniors in assisted living homes are directly due to the injection. He also cites other eye-opening figures:

- The U.S. Center for Disease Control and Prevention reports having more than 30,000 spontaneous reports of either hospitalizations and/or deaths among the fully vaccinated
- Data from the Centers for Medicare & Medicaid Services show 300,000 vaccinated CMS recipients have been hospitalized with breakthrough infections
- 60% of seniors over age 65 hospitalized for COVID-19 have been vaccinated

COVID Shots Are 'Failing Wholesale'

"When we put all these data together, we have clear-cut science that the vaccines are failing wholesale," McCullough says. The shots are particularly useless in seniors.

Again, based on a best-case conservative scenario, seniors are five times more likely to die from the shot than they are from the natural infection. This scenario includes the assumption that the PCR test is accurate and reported COVID deaths were in fact due to COVID-19, which we know is not the case, and the assumption that the shots actually prevent death, which we have no proof of.

All things considered, you are FAR better off taking your chances with the natural infection, as McCullough says. The Kostoff analysis also does not take into account the fact that there are safe and effective treatments.

It bases its assumptions on the notion that there aren't any. It also doesn't factor in the fact that the COVID shots are utterly ineffective against the Delta and other variants. If you take into account vaccine failure against variants and alternative treatments, it skews the analysis even further toward natural infection being the safest alternative.

FDA and CDC Should Not Run Vaccine Programs

While the U.S. Food and Drug Administration and the CDC claim not a single death following COVID inoculation was caused by the shot, they should not be the ones making that determination, as they are both sponsoring the vaccination campaign.

They have an inherent bias. When you conduct a trial, you would never allow the sponsor to tell you whether the product was the cause of death, because you know they're biased.

> **"We have actually fulfilled all of the Bradford Hill criteria. I'll tell you right now that COVID-19 vaccine is, from an epidemiological perspective, causing these deaths or a large fraction. ~ Dr. Peter McCullough"**

What we need is an external group, a critical event committee, to analyze the deaths being reported, as well as a data safety monitoring board. These should have been in place from the start, but were not.

Had they been, the program would most likely have been halted in February, as by then the number of reported deaths, 186, already exceeded the tolerable threshold of about 150 (based on the number of injections given). Now, we're well over 17,000.[7] There's no normal circumstance under which that would ever be allowed.

> *"The CDC and FDA are running the [vaccination] program. They are NOT the people who typically run vaccine programs,"* McCullough says. *"The drug companies run vaccine programs.*
>
> *When Pfizer, Moderna, J&J ran their randomized trials, we didn't have any problems. They had good safety oversight. They had data safety monitoring boards. The did OK. I mean I have to give the drug companies [credit].*

But the drug companies are now just the suppliers of the vaccine. Our government agencies are now just running the program. There's no external advisory committee. There's no data safety monitoring board. There's no human ethics committee. NO one is watching out for this!

And so, the CDC and FDA pretty clearly have their marching orders: 'Execute this program; the vaccine is safe and effective.' They're giving no reports to Americans. No safety reports. We needed those once a month. They haven't told doctors which is the best vaccine, which is the safest vaccine.

They haven't told us what groups are to watch out for. How to mitigate risks. Maybe there are drug interactions. Maybe it's people with prior blood clotting problems or diabetes. They're not telling us anything!

They literally are blindsiding us, and with no transparency, and Americans now are scared to death. You can feel the tension in America. People are walking off the job. They don't want to lose their jobs, but they don't want to die of the vaccine! It's very clear. They say, 'Listen, I don't want to die. That's the reason I'm not taking the vaccine.' It's just that clear."

Bradford Hill Criteria Are Met — COVID Jabs Cause Death

McCullough goes on to explain the Bradford Hill criterion for causation, which is one of the ways by which we can actually determine that, yes, the shots are indeed killing people. We're not dealing with coincidence.

"The first question we'd ask is: 'Does the vaccine have a mechanism of action, a biological mechanism of action, that can actually kill a human being?' And the answer is yes! because the vaccines all use genetic mechanisms to trick the body into making the lethal spike protein of the virus.

It is very conceivable that some people take up too much messenger RNA;

they produce a lethal spike protein in sensitive organs like the brain or the heart or elsewhere. The spike protein damages blood vessels, damages organs, causes blood clots. So, it's well within the mechanism of action that the vaccine could be fatal.

Someone could have a fatal blood clot. They could have fatal myocarditis. The FDA has official warnings of myocarditis. They have warnings on blood clots. They have warnings on a fatal neurologic condition called Guillain-Barré syndrome. So, the FDA warnings, the mechanism of action, clearly say it's possible.

The second criteria is: 'Is it a large effect?' And the answer is yes! This is not a subtle thing. It's not 151 versus 149 deaths. This is 15,000 deaths. So, it's a very large effect size, a large effect.

The third [criteria] is: 'Is it internally consistent?' Are you seeing other things that could potentially be fatal in VAERS? Yes! We're seeing heart attacks. We're seeing strokes. We're seeing myocarditis. We're seeing blood clots, and what have you. So, it's internally consistent.

'Is it externally consistent?' That's the next criteria. Well, if you look in the MHRA, the yellow card system in England, the exact same thing has been found. In the EudraVigilance system in [Europe] the exact same thing's been found.

So, we have actually fulfilled all of the Bradford Hill criteria. I'll tell you right now that COVID-19 vaccine is, from an epidemiological perspective, causing these deaths or a large fraction."

Zero Tolerance for Elective Drugs Causing Death

There may be cases in which a high risk of death from a drug might be acceptable. If you have a terminal incurable disease, for example, you may be willing to experiment

and take your chances. Under normal circumstances however, lethal drugs are not tolerated.

After five suspected deaths, a drug will receive a black box warning. At 50 deaths, it will be removed from the market. Considering COVID-19 has a less than 1% risk of death across age groups, the tolerance for a deadly remedy is infinitesimal. At over 17,000 reported deaths, which in real numbers may exceed 212,000,[8] the COVID shots far surpass any reasonable risk to protect against symptomatic COVID-19. As noted by McCullough:

> *"There is zero tolerance for electively taking a drug or a new vaccine and then dying! There's zero tolerance for that. People don't weigh it out and say, 'Oh well, I'll take my chances and die.' And I can tell you, the word got out about vaccines causing death in early April [2021], and by mid-April the vaccination rates in the United States plummeted …*
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> *We hadn't gotten anywhere near our goals. Remember, President Biden set a goal [of 70% vaccination rate] by July 1. We never got there because Americans were frightened by their relatives, people in their churches and their schools dying after the vaccine.*
>
> *They had heard about it, they saw it. There was an informal internet survey done several months ago, where 12% of Americans knew somebody who had died after the vaccine.*
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> *I'm a doctor. I'm an internist and cardiologist. I just came from the hospital … I had a woman die of the COVID-19 vaccine … She had shot No. 1. She had shot No. 2. After shot No. 2, she developed blood clots throughout her body. She required hospitalization. She required intravenous blood thinners. She was ravaged. She had neurologic damage.*
>
> *After that hospitalization, she was in a walker. She came to my office. I checked for more blood clots. I found more blood clots. I put her back on*

blood thinners. I saw her about a month later. She seemed like she was a little better. Family was really concerned. The next month I got called by the Dallas Coroner office saying she's found dead at home.

Most of us don't have any problem with vaccines; 98% of Americans take all the vaccines … I think most people who are still susceptible would take a COVID vaccine if they knew they weren't going to die of it or be injured. And because of these giant safety concerns, and the lack of transparency, we're at an impasse.

We've got a very labor-constrained market. We've got people walking off the job. We've got planes that aren't going to fly, and it's all because our agencies are not being transparent and honest with America about vaccine safety."

Early Treatment Is Crucial, Vaxxed or Not

As noted by McCullough, the vast majority of patients require hospitalization for COVID-19 is because they've not received any treatment and the infection has been allowed free reign for days on end.

"To this day, the patients who get hospitalized are largely those who receive no early care at home," he says. *"They're either denied care or they don't know about it, and they end up dying.*

The vast majority of people who die, die in the hospital; they don't die at home. And the reason why they end up in the hospital, it's typically two weeks of lack of treatment. You can't let a fatal illness brew for two weeks at home with no treatment, and then start treatment very late in the hospital. It's not going to work.

There's been a very good set of analyses, one in the Journal of Clinical Infectious Diseases … that showed, day by day, one loses the opportunity of reducing the hospitalization when monoclonal antibodies are delayed … No

doctor should be considered a renegade when they order FDA [emergency use authorized] monoclonal antibody. The monoclonal antibodies are just as approved as the vaccines.

I just had a patient over the weekend, fully vaccinated, took the booster. A month after the booster she went on a trip to Dubai. She just came back, and she got COVID-19! … I got her a monoclonal antibody infusion that day. [The following day] she started the sequence of multidrug therapy for COVID-19. I am telling you, she is going to get through this illness in a few days …

Podcaster Joe Rogan just went through this. Governor Abbott was also a vaccine failure. He went through it. Former President Trump went through it. Americans should see the use of monoclonal antibodies in high risk patients, followed by drugs in an oral sequenced approach. This is standard of care!

It is supported by the Association of Physicians and Surgeons, the Truth for Health Foundation, the American Front Line Doctors, and the Front Line Critical Care Consortium. This is not renegade medicine. This is what patients should have. This is the correct thing! …

If we can't get the monoclonal antibodies, we certainly use hydroxychloroquine, supported by over 250 studies, ivermectin, supported by over 60 studies, combined with azithromycin or doxycycline, inhaled budesonide … full-dose aspirin … nutraceuticals including zinc, vitamin D, vitamin C, quercetin, NAC … we do oral and nasal decontamination with povidone-iodine.

In acutely sick patients we do it every four hours, [and it] massively reduces the viral load … Fortunately, we have enough doctors now and enough patient awareness, patients who … understand that early treatment is viable, is necessary, and it should be executed."

Sources and References

- [1, 6] Toxicology Reports September 2021; 8: 1665-1684
- [2] Retraction Watch October 4, 2021
- [3] Covid19.healthdata.org
- [4, 5] European Journal of Epidemiology September 30, 2021
- [7] OpenVAERS Data as of October 15, 2021
- [8] SKirsch.io/vaccine-resources