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
19 hr ago

293 99

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.

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 more severe side effects upon rechallenge (i.e., with repeated doses). While the researchers wanted to warn the public, the Ministry altered their final report to say that adverse effects are mild and short-lived. The government then canceled any further research into adverse effects

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] [3] published in two parts [4] [5] 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, "Curing 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 [...] A meta-analysis of randomized controlled trials using the messenger*

> *ribonucleic acid (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 rise in cardiac arrest calls to ambulances in England was seen in 2021, with similar data emerging from Israel in the 16–39-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 continues to get worse. Something is killing an extraordinary number of people in the prime of their life, who 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 than face plain facts. The COVID shots, using mRNA technology to trigger antibody production in a way that had never been used before, were rolled out 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. [6]

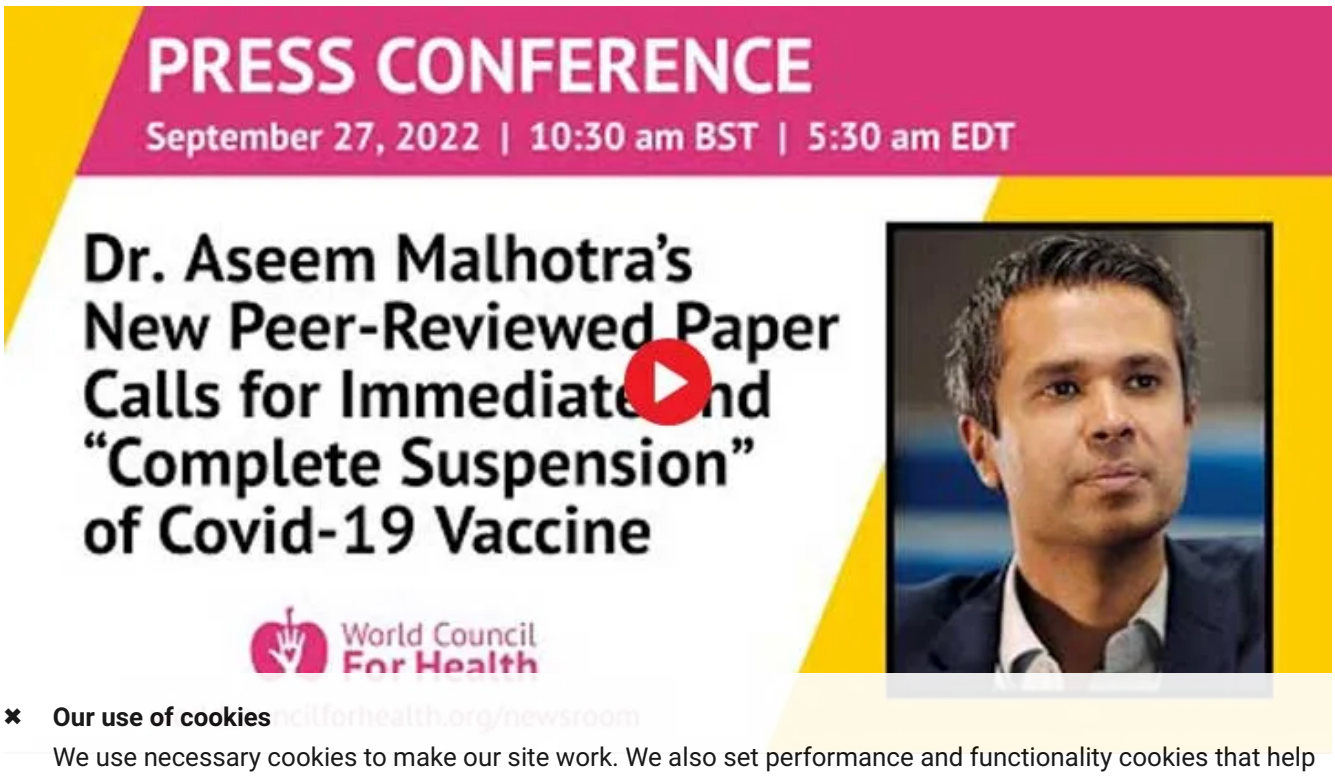
This year, we've also come to realize that Pfizer, the U.S. Food and Drug Administration and the Centers for Disease Control and Prevention have all repeatedly lied about the safety and effectiveness of the injection. Pfizer's own trial data showed the shots are dangerous as they come.

The only reason we now know this is because the FDA was sued and forced by a judge to release the trial data they initially wanted to keep hidden for 75 years. Pfizer data is now being released at a pace of 55,000 pages per month, [7] and these batches have proven to be a treasure trove of bad and worse news.

Pfizer hid serious injuries, falsely categorizing almost all of them as unrelated to the shot without investigation, and misrepresented data showing massive 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. [8]

Real-world data now 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, U.K. ambulance services recorded an extra 27,800 cardiac arrest calls above the national average in previous years, or about 500 per day [9] [10] — and disproportionally among the young. [11] Importantly, COVID-19 cannot account for this rise, as the relevant increase began in the spring of 2021.

A Change of Heart



In his post, 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 Maholtra's efforts in the lecture he recently gave captured in the video above.

A few months later, his father, who also got the shot, suffered cardiac arrest six months after his second dose. The post-mortem findings 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 eminent scientists involved in COVID-19 research, vaccine safety and development, and two investigative medical journalists, I have slowly and reluctantly concluded that contrary to my own initial dogmatic beliefs, Pfizer's mRNA vaccine is far from being as safe and effective as we first thought,"* Malhotra writes. [12]

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: [13]

> *"I couldn't explain his post-mortem findings, especially as there was no evidence of an actual heart attack ... This was precisely my own special area of research. That is, how to 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 11% pre-mRNA vaccine to 25% 2–10 weeks 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.*
>
> *... [illegible] ... Pfizer'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: [14]

- Pfizer data showing there were four cardiac arrests in the injection group and only one in the placebo group.
- The misleading 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, which may or may not be indicative of infection.
- Pfizer's trial found no statistically significant reduction in serious illness or COVID mortality from the injection over the course of six months (the length of the trial). Moreover, the risk of serious COVID-19 infection in the placebo group was only 0.04%, showing just how low the risk of serious illness was in the first place, and this despite the fact that the regions chosen for the trial were chosen for their perceived 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 17 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: "[R]esults 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 person received a COVID-19 vaccination."

Extrapolating Data to Determine Protection Against Death

Malhotra goes on to explain how he extrapolated data to determine the level of

protection these mRNA shots provide against COVID-related death: [15]

> *"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 from ancestral variants, then to find the protection against death, this figure (n = 119) must be multiplied by the number of infections that lead to a single death for each age group.*
>
> *This would give (for up to 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 3,000, then the absolute risk reduction from the vaccine protecting me from death is 1 over 3,000 multiplied by 119, that is, 1 per 357,000 ...*
>
> *From observational data it is possible to calculate the number who would need to be vaccinated to prevent a COVID-19 death. For example, comparing the population death rates during the Delta wave gives 230 for people over 80s needing to be 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 at least 230, but it rises the younger you are, reaching at least 2,600 for people in their 50s, 10,000 for those in their 40s, and 93,000 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 the [illegible] suffer serious COVID infection, stating: [16]

> *"Incidence of myocarditis rocketed 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 either myocarditis or pericarditis from COVID-19, strongly suggesting that the increases observed 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 80% have some degree 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 2,700. 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, 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 received in the first 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 yellow card, the level of reports — including serious ones — associated with*

> *COVID-19 vaccines is completely unprecedented. For example, over 24,000 deaths have now been recorded in VAERS as of March 2, 2022; 29% of these occurred within 48 h of injection, and half within two weeks.*
>
> *The average reporting rate prior to 2020 was less than 300 deaths per annum. One explanation often given for this is that the COVID-19 vaccine roll-out is unprecedented in scope; however, this is not valid, since (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 there 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 United Kingdom, it 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 [17] "coauthored by some of the most trusted medical scientists in the world in relation to data transparency," 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 net beneficial in all age groups ... and when the possible short-, medium- and unknown longer-term harms are considered (especially for multiple injections, robust safety data for which simply does not exist), the roll-out into the entire population seems, at best, a reckless gamble,"* Malhotra writes. [18]
>
> *"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) not 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 rechallenge (i.e., with repeated doses), the Ministry altered the researcher's final report to say that adverse effects are mild and short-lived. The government then canceled any further research into adverse effects.

At the end of September 2022, GB News interviewed Dr. Yaffa Shir Raz, who broke the story internationally [19] (see video above for leaked audio and GB's report). [20] [21] 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 to liability since they'd not been upfront with the risks and had endorsed the shots. The Ministry, apparently, decided to simply alter 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 bivalent COVID boosters for children. Moderna is seeking authorization for children ages 6 through 17, while Pfizer's shot is for children aged 5 through 11. [22] As reported by Reuters September 23, 2022: [23]

> *"... 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 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.

The information on this website is not intended to replace a one-on-one relationship with a qualified health care professional and is not intended as medical advice. It is intended as a sharing of knowledge and information from the research and experience of Dr. Mercola and his community. Dr. Mercola encourages you to make your own health care decisions based upon your research and in partnership with a qualified health care professional. The subscription fee being requested is for access to the articles and information posted on this site, and is not being paid for any individual medical advice.

If you are pregnant, nursing, taking medication, or have a medical condition, consult your health care professional before using products based on this content.

---

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

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

12 Journal of Insulin Resistance 2022; 5(1): a71 Full paper, Page 2

13 Journal of Insulin Resistance 2022; 5(1): a71 Full paper, Page 2

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

99 Comments

Write a comment...

Lioness of Judah Ministry Writes Exposing The Darkness 19 hr ago

Phasing out the human race will solve every problem on earth, social and environmental - David Foreman

"The earth has cancer and the cancer is man" - Club of Rome

Pfizer Documents Show FDA Knew of Death Risk

https://lionessofjudah.substack.com/p/dr-michael-yeadon-this-must-stop

THE COVID-19 FRAUD and WAR ON HUMANITY

" Make no mistake, we are currently being assailed by a worldwide fraud of such scale and malevolence that it threatens our very existence as we know it on this planet "

https://lionessofjudah.substack.com/p/the-covid-19-fraud-and-war-on-humanity

Dr. Michael Yeadon: The Most Important Single Message I've Ever Written

https://lionessofjudah.substack.com/p/dr-michael-yeadon-the-most-important

♡ 16 Reply Gift a subscription Collapse

13 replies

God Bless America 19 hr ago

Happy to have found your substack... thank you Dr. Mercola...

Prayers and blessings 🙏🙏🙏😊

♡ 13 Reply Gift a subscription Collapse

97 more comments...