MERCOLA
Take Control of Your Health

What You Need to Know About the COVID Shot, and More

Analysis by Dr. Joseph Mercola ✔ Fact Checked

STORY AT-A-GLANCE -

- The COVID shots are based on the SARS-CoV-2 spike protein, which is the most pathogenic part of the virus, responsible for the worst symptoms of COVID-19, such as the abnormal blood clotting seen in severely ill patients
- Pfizer's and Moderna's mRNA shots, and Janssen's vector DNA shot, all inject genetic material into your body that program your cells to start producing this spike protein. They're gene transfer technologies that instruct your body to produce a dangerous protein inside its own tissues
- A Pfizer biodistribution study showed both the mRNA and spike protein is widely distributed in the body. In particular, it accumulates in the ovaries. Despite that, reproductive toxicology studies were eliminated in the interest of speed
- The average number of adverse event reports following vaccination for the past 10 years has been about 39,000 annually for all vaccines combined, with an average of 155 deaths. The COVID jabs alone now account for 701,126 adverse events in U.S. territories as of December 17, 2021, including 9,476 deaths
- Cases of myocarditis explode after the second shot, and disproportionally affect boys; 90% of post-jab myocarditis reports are males, and 85% of reports occurred after the second dose. Cases are also inversely correlated to age, with younger boys being at greater risk. The estimated incidence for post-jab cardiac adverse events is 162 per million for boys aged 12 through 15, and 94 per million for boys aged 16 to 17

In the video presentation above, Dr. Peter McCullough, a highly credentialed and published cardiologist, internist and epidemiologist, and one of the primary physicians leading the charge to provide commonsense clinical wisdom into COVID treatments, explains what the SARS-CoV-2 spike protein is and how it harms human biology — whether it comes from a natural SARS-CoV-2 infection or a COVID jab.

The presentation was given at the Burleson, Texas, COVID Symposium: A Legal Perspective, which streamed live December 3, 2021. He begins by addressing the necessity for safety whenever a new biologic product is launched. Safety is not something we can simply ignore, no matter what else is at stake. We must demand that whatever we're given actually meets some kind of safety standard.

Warning bells started ringing in McCullough's ears in the summer of 2020, long before the COVID shots were rolled out. "I was telling lawmakers that we've got a problem," McCullough says, because corners were being cut that might result in a dangerous product. Safety studies, for example, were truncated down to a mere two months, which doesn't allow for adequate evaluation.

Why Did They Use Spike Protein?

He also had several other concerns about the development program. Notably, the shots were based on the SARS-CoV-2 spike protein, which by then we already realized is the most pathogenic part of the virus, responsible for the worst symptoms of COVID-19, such as the abnormal blood clotting seen in severely ill patients.

As explained by McCullough, the virus can be illustrated as a ball with spike-like protrusions on its surface. Those spikes are what's causing the problems.

> *"They had been genetically altered and engineered in a lab in Wuhan, China"* McCullough says, *"to be particularly infectious, and to be particularly dangerous when they get into the human body.*
>
> *The last thing you want in your body is one of those [spike proteins], let alone billions of them because [they] damage the brain, they damage the heart, they*

damage bone marrow, they can tear up platelets and red blood cells. Very importantly, they damage blood vessels and cause blood clotting."

Pfizer's and Moderna's mRNA shots, and Janssen's vector DNA shot, all inject genetic material into your body that programs your cells to start producing the spike protein. They're gene transfer technologies.

In short, the shots instruct your body to produce a dangerous protein inside its own tissues. "We've never done that before in the history of medicine," McCullough says, and for good reason: It's a bad idea. "It's almost like a science fiction story going bad," he says.

The idea is that by making your body produce this damaging spike protein, your body will react and fight it off, thereby creating immunity. However, in the process, the spike protein can do near-incomprehensible damage. In some people, the spike protein is lethal.

Uncontrolled Spike Protein Production

What's more, we have uncontrolled production of spike protein, both in terms of quantity and time. The May 2021 paper,[1] "Circulating SARS-CoV-2 Vaccine Antigen Detected in the Plasma of mRNA-1273 Vaccine Recipients," proved the spike protein circulated in the blood stream for an average of 15 days' post-injection. The longest was 29 days.

This refuted the claim that the mRNA simply stayed in the arm and didn't circulate out of the injection site. Logically, that claim doesn't make much sense, and the Japanese government, early on, demanded Pfizer do a study to show them where the injected mRNA actually goes.

Pfizer did that biodistribution study,[2] which showed both the mRNA and spike protein were widely distributed in animals' bodies. In particular, it was found to accumulate in the ovaries. Despite that, the Pfizer biodistribution data package reveals reproductive toxicology studies were eliminated in the interest of speed.

June 25, 2021, a paper was posted on the preprint server BioRxiv, showing the S1 portion of the spike protein remains detectable for up to 15 months after you recover from COVID-19.

> *"No wonder people have long-COVID syndrome,"* McCullough says. *"The body is trying to clean out this spike protein that's not supposed to be there, 15 months after you've had the infection."*

McCullough points out that Bruce Patterson, the Stanford scientist who led that study, also continues to find the whole spike protein — both the S1 and S2 segments — in patients who got the COVID jab, months post-injection.

So, as of right now, we don't know when the spike protein production ceases. What we do know, with great certainty, is that the spike protein damages the human body and contributes to both acute and chronic health conditions and diseases.

Australia has already purchased 14 doses of the COVID jabs for every person. This is meant to cover them for seven years, at one dose every six months. As noted by McCullough, some people simply aren't going to survive that kind of continuous and ever-increasing onslaught of spike protein.

Urgent Questions on Vaccine Safety

Clear danger signals were apparent in April 2021, and May 24, 2021, McCullough published a paper along with 56 other international scientists in the journal Authorea.[3]

The paper, "SARS-CoV-2 Mass Vaccination: Urgent Questions on Vaccine Safety that Demand Answers from International Health Agencies, Regulatory Authorities, Governments and Vaccine Developers," demanded the injections be pulled from the market unless or until safety concerns are addressed. Key clinical concerns raised include:

> The potentially hazardous mechanisms of action of the shots resulting in cell, tissue

and organ damage
The presence of harmful spike protein in donated blood
Lack of genotoxicity, teratogenicity and oncogenicity studies
The effects of bioaccumulation in women's ovaries
The potential for reduced fertility
The lack of a data and safety monitoring board (DSMB) to oversee clinical trials and post-market surveillance
The lack of human ethics committee to oversee clinical trials
The lack of restrictions on exempted groups from randomized controlled trials (RCTs) such as pregnant women, women of childbearing potential, COVID survivors (previously immune)
The lack of risk stratification for hospitalization and death in the clinical trials
The lack of data transparency
The lack of public risk mitigation (early and at-home treatment options)

The paper was sent to every health and regulatory agency in the world. Here we are in early 2022 and, well, you can see what the response was. It's been nonexistent.

A Critical Appraisal of VAERS

In October 2021, Jessica Rose, Ph.D., with the Institute for Pure and Applied Knowledge in Israel, published a report in the Science, Public Health Policy, and the Law journal.[4] The report, "Critical Appraisal of VAERS Pharmacovigilance: Is the US Vaccine Adverse

Event Reporting System (VAERS) a Functioning Pharmacovigilance System?" details three primary problems found:

1. Deleted adverse event reports involving COVID jab injuries
2. Delayed entry of reports
3. Recoding of Medical Dictionary for Regulatory Activities (MeDRA) terms from severe to mild

It also includes bar plots showing the extreme difference between the COVID shots compared to all other vaccines on the market. If the shots were safe, the number of VAERS reports would remain relatively steady, not varying much from previous years, but what we see is a staggering spike in vaccine injuries reported in 2021.

The average number of adverse event reports following vaccination for the past 10 years has been about 39,000 annually, with an average of 155 deaths. That's for all available vaccines combined.

The COVID jabs alone now account for 701,126 adverse events in U.S. territories as of December 17, 2021, including 9,476 deaths. If you include international reports that make their way into the VAERS system, we're looking at 983,756 adverse event reports and 20,622 deaths.[5]

As staggering as these numbers are, they are just the tip of the iceberg. When you add in the underreporting factor, which is believed to be anywhere from five to 40, the numbers are simply astronomical.

VAERS is an early warning system and is supposed to alert our government to potentially hazardous vaccines once they've been rolled out. The signal from VAERS is so clear there's simply no doubt we have a safety problem on our hands.

Can COVID Shots Cause Death?

As noted by McCullough, there's a very tight temporality to the shots in most deaths. Half have occurred within 48 hours of injection, and 80% have died within one week of their jab (be it the first, second or third dose).[6]

Temporality is one of the 10 Bradford Hill criteria used to establish causal relationship. In order to be causative, one event must occur before another, and the shorter the duration between the two events, the higher the likelihood of a causative effect.

In June 2021, Scott McLachlan, Ph.D., at the University of London published an analysis[7] of VAERS death reports concluding that 86% of post-jab deaths could be attributed to the shots. There was no other explanation for the deaths. McLachlan also looked at who's getting killed by the shots and, sadly, it's the same people the shots are intended to protect — our seniors.

In September 2021, Ronald Kostoff, Ph.D., published a report[8] that also showed seniors were dying from the jab at far higher rates than other age groups. As noted by McCullough, this makes perfect sense because people die from COVID-19 due to the impact of the spike protein. Why would anyone assume they will survive having it produced in their own bodies?

Using the best-case scenario cost-benefit analysis, Kostoff estimates that people aged 65 and older are five times more likely to die of the COVID shot than from COVID-19 itself.

The reason for this is because if you take the shot, you're guaranteed to be exposed to its risks, but you're not guaranteed to get COVID-19 if you don't take the shot. You may be exposed, or you may not. And not everyone develops a severe infection even when directly exposed.

COVID Jab-Associated Myocarditis in Children

In early September 2021, Tracy Beth Hoeg and colleagues posted an analysis[9] of VAERS data on the preprint server medRxiv, showing that more than 86% of the children aged

12 to 17 who reported symptoms of myocarditis were severe enough to require hospitalization.

They also concluded that healthy boys have a "considerably higher" chance of being hospitalized with myocarditis post-jab than they are of requiring hospitalization for COVID-19.

According to McCullough, the FDA has heard these data twice in 2021 and never disputed them. Yet they've proceeded with recommendations to give the COVID jab to anyone with a pulse over the age of 5. It's just shocking. Historically, as a rule, we've never given drugs to people when they're more likely to harm than provide a benefit.

What Hoeg et. al.[10] showed is that cases of myocarditis explode after the second shot, and disproportionally affect boys. A full 90% of post-jab myocarditis reports are males, and 85% of reports occurred after the second dose. According to Hoeg et. al.:[11]

> *"The estimated incidence of CAEs [cardiac adverse events] among boys aged 12-15 years following the second dose was 162 per million; the incidence among boys aged 16-17 years was 94 per million. The estimated incidence of CAEs among girls was 13 per million in both age groups.*
>
> *The incidence of CAEs was considerably lower after the first dose across all age and sex groups. Median peak troponin was 5.2 ng/mL among boys aged 12-15 years, 11.6 ng/mL among boys aged 16-17 years, 0.8 ng/mL among girls aged 12-15 years, and 7.3 ng/mL among girls aged 16-17 years."*

Troponin Levels Reveal Massive Heart Damage

Troponin is a protein that helps regulate contractions of your heart and skeletal muscles. It's a biomarker for heart damage, as your heart releases troponin in response to an injury. Elevated troponin is used to assess whether you've had a heart attack, for example.

Normal troponin levels are nearly undetectable, so even small increases can indicate heart damage. A level above 0.4 ng/mL is typically indicative of a heart attack and anything between 0.04 ng/mL and 0.4 ng/mL indicates there's some kind of problem with the heart.[12]

So, the sky high post-jab troponin levels in these adolescent boys is anything but inconsequential. It can absolutely be life-threatening. Myocarditis can result in sudden death, as illustrated in an October 2021 case report[13] from Korea, where the death of a 22-year-old man from acute myocarditis was causally linked to the Pfizer shot.

"Without a doubt, it will kill kids," McCullough says. Even if not acutely lethal, myocarditis can significantly lower your life expectancy. Historically, the three- to five-year survival rate for myocarditis has ranged from 56% to 83%.[14] That means a certain percentage don't make it past five years because their heart is too damaged.

McCullough and Rose have also tried to publish an analysis on this topic. They submitted a paper[15] on myocarditis cases in VAERS following the COVID jabs to the journal Current Problems in Cardiology. But after initially accepting the paper, the journal suddenly changed its mind.

You can still **find the pre-proof on Rose's website** though. What they show is that post-jab myocarditis is inversely correlated to age, so the risk gets higher the younger you are. They too found there's a dose-dependent risk, with boys having a six-fold greater risk of myocarditis following the second dose.

Mortality in Adolescents Is Skyrocketing

McCullough's assertion that the shot will kill some children is also starting to show in statistics. British data, for example, shows deaths among teenagers have spiked since that age group became eligible for the COVID shots.[16]

Between the week ending June 26 and the week ending September 18, 2020, 148 deaths were reported among 15- to 19-year-olds. During that same time period in 2021,

217 deaths occurred in that age group. That's an increase of 47%, which has yet to be explained.

Deaths from COVID-19 also went up among 15- to 19-year-olds after the shots were rolled out. Significant concerns have been raised about the possibility that COVID jabs might worsen COVID-19 disease via antibody-dependent enhancement (ADE).[17] Is that what's going on here? As reported by The Exposé, which conducted the investigation:[18]

> *"Correlation does not equal causation, but it is extremely concerning to see that deaths have increased by 47% among teens over the age of 15, and COVID-19 deaths have also increased among this age group since they started receiving the COVID-19 vaccine, and it is perhaps one coincidence too far."*

COVID Jabs Double Risk of Acute Coronary Syndrome

Aside from troponin levels, researchers have also found Pfizer and Moderna mRNA COVID-19 shots dramatically increase other biomarkers associated with thrombosis, cardiomyopathy and other vascular events following injection.[19]

People who had received two doses of the mRNA jab more than doubled their five-year risk of acute coronary syndrome (ACS), the researchers found, driving it from an average of 11% to 25%. ACS is an umbrella term that includes not only heart attacks, but also a range of other conditions involving abruptly reduced blood flow to your heart.

In Months, the Jabs' Effectiveness Wanes to Zero

As should be evident by now, there are significant risks to these COVID shots. But what about the benefit side of the equation? As noted by McCullough, while the shots reduce the risk of death from COVID-19, the benefit is vanishingly small.

A number of papers have been published calculating the absolute risk reduction of the shots, showing the four available COVID jabs in the U.S. provide an absolute risk reduction between just 0.7% and 1.3%.[20,21]

McCullough goes on to cite a December 1, 2021, New England Journal of Medicine study[22] that compared the effectiveness of Pfizer's and Moderna's injections among hospitalized veterans. Here too, they found that the shots had an effectiveness of less than 1% against all COVID-19 events, over the course of six months.

As of the end of October 2021, we had 22 studies showing the shots' efficacy against all variants rapidly wane over the course of three to six months, eventually hitting zero.

For example, a Swedish study[23] published October 25, 2021, looked at data from 842,974 pairs, where each person who had received two COVID jabs was paired and compared against an unvaccinated individual, to see if the vaccinated had fewer symptomatic cases and hospitalizations.

Early on, the double-jabbed appeared to have decent protection, but that quickly changed. The Pfizer jab went from 92% effectiveness at Day 15 through 30, to 47% at Day 121 through 180, and zero from Day 201 onward. The Moderna shot had a similar trajectory, being estimated at 59% from Day 181 onward.

> **"Vaccines aren't viable if they can't last a year! The minimum criteria to accept a vaccine ... is 50% coverage and it must last one year. These [COVID shots] aren't cutting it. ~ Dr. Peter McCullough"**

The AstraZeneca injection had a lower effectiveness out of the gate, waned faster than the mRNA shots, and had no detectable effectiveness as of Day 121. All the while, millions of Americans have already had COVID[24] and have natural immunity that doesn't wane in this manner.

> *"Vaccines aren't viable if they can't last a year!"* McCullough exclaims. *"The minimum criteria to accept a vaccine ... is 50% coverage and it must last one year. These [COVID shots] aren't cutting it. None of them are viable to be commercial products."*

The COVID-Jabbed Are Just as Infectious as the Unvaccinated

COVID jab mandates are even more irrational when you take into account the fact that they don't prevent you from being infected, and studies have repeatedly shown that when you are infected, you have the same or higher viral load as unvaccinated individuals. What that means is you're just as infectious as an unvaccinated person.

What's more, as noted in a letter[25] to the editor of The New England Journal of Medicine, the shots also have only minor influence on viral clearance. If you get the COVID shot and come down with COVID, you might be sick for a day or so less than someone who is unvaccinated.

We Must Treat COVID Patients Early

McCullough closes out his presentation going over the all-important issue of early treatment. You need to treat COVID early and aggressively. You also need to hit it from multiple sides. No single drug can effectively treat all aspects of this infection (although the Omicron variant does not appear to have any of the blood clotting and low oxygen issues associated with the earliest strains).

Very few people need die from COVID as long as they get appropriate treatment early enough. The fact that our health authorities are to this day refusing to acknowledge successful treatment protocols is nothing short of a crime.

If you want to live, and if you want your family and friends to live, you'd be wise to ignore the CDC's and FDA's recommendation to wait until you can't breathe and then go to the hospital, where they'll give you toxic remdesivir and lethal ventilation. Instead, arm yourself with one or more early treatment protocols and make sure you have the basics in your medicine cabinet. Protocols you can use include:

- The Front Line COVID-19 Critical Care Alliance's (FLCCC's) **prevention and early at-home treatment** protocol. They also have an **in-hospital protocol** and **long-term management guidance for long-haul COVID-19 syndrome**. You can find a listing of

doctors who can prescribe ivermectin and other necessary medicines on the **FLCCC website**

- **The AAPS protocol**
- Tess Laurie's **World Council for Health protocol**
- **America's Frontline Doctors**

I reviewed all of these protocols and believe the FLCCC's is the easiest and most effective. I've posted a summary of it below. However, I've altered some of the recommendations. Specifically, I recommend:

Decreasing zinc dose from 100 mg to 50 mg elemental zinc, but only for three days, then decrease to 15 mg elemental zinc.
Increasing quercetin from 250 mg to 500 mg.
Add NAC to 500 mg per day.
When using vitamin C, I recommend liposomal vitamin C, 1,000 to 2,000 mg, four to six times per day.
When using honey, make sure it's raw, not normal honey from the grocery store. Raw honey can be obtained online or at a health food store.
Add fibrinolytic enzymes like lumbrokinase, serrapeptidase or nattokinase, two to four tablets, two to three times a day, on an empty stomach (one hour before or two hours after a meal). This will help break down any microclots and can be used in lieu of aspirin.

I've also added a couple of therapies that they have yet to include:

- Nebulized hydrogen peroxide — Nebulize 5 ml of 0.1% peroxide dissolved in 0.9% normal saline every hour or two. It's best to use a nebulizer that plugs into the wall,

as these are more effective than battery operated ones.

- Intravenous ozone administered by a trained ozone physician.

Sources and References

- [1] Clinical Infectious Diseases May 20, 2021; ciab465
- [2] Trial Site News June 6, 2021
- [3] Authorea May 24, 2021
- [4] Science, Public Health Policy, and the Law October 2021; 3: 100-129
- [5] OpenVAERS Data as of December 17, 2021
- [6] Dare to Seek the Truth Dr. Peter McCullough
- [7] ResearchGate June 2021 DOI: 10.13140/RG.2.2.26987.226402
- [8] Toxicology Reports September 2021; 8: 1665-1684
- [9, 10, 11] medRxiv September 8, 2021 DOI: 10.1101/2021.08.30.21262866
- [12] Medical News Today June 7, 2019
- [13] Journal of Korean Medical Science October 18, 2021; 36(40): e286
- [14] European Heart Journal September 2008; 29(17): 2073–2082
- [15] Journal Pre-proof, A Report on Myocarditis Adverse Events in the U.S. Vaccine Adverse Events Reporting System (VAERS) in Association with COVID [...]
- [16, 18] The Exposé September 30, 2021
- [17] Int J Clin Pract. 2020 Oct 28 : e13795
- [19] Circulation November 16, 2021; 144(Suppl_1)
- [20] Medicina 2021; 57: 199
- [21] The Lancet Microbe July 1, 2021; 2(7): E279-E280
- [22] NEJM December 1, 2021 DOI: 10.1056/NEJMoa2115463
- [23] Lancet Preprints October 25, 2021
- [24] Our World in Data December 15, 2021
- [25] NEJM December 23, 2021; 385: 26 (PDF)