

Study: 74% of Post-Jab Deaths Caused by the Shot

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✓ Fact Checked

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STORY AT-A-GLANCE

- › July 5, 2023, Dr. Peter McCullough, Dr. Harvey Risch, Dr. Roger Hodkinson, an expert clinical pathologist, and colleagues published a systematic review of autopsy findings in people who died after receiving a COVID shot on The Lancet journal's preprint server
- › The autopsy review found that 62.5% to 73.9% of post-jab deaths were likely caused by the injection
- › Preprints with The Lancet pulled the study in less than 24 hours
- › The New England Journal of Medicine (NEJM) also rejected the paper, as did the Journal of the American Medical Association (JAMA). The preprint server medRxiv and others also refused to post it
- › Belgian researchers report that two doses of the Pfizer mRNA COVID jab induced lethal "turbo cancers" in a mouse. Two days after receiving its second dose, one of the 14 injected mice (7%) died suddenly. No clinical signs of illness were present before its abrupt death. Upon post-mortem examination, the mouse was found to have lymphoma in several organs, including the heart, liver, kidneys, spleen and lungs

July 5, 2023, Dr. Peter McCullough, Dr. Harvey Risch, Dr. Roger Hodkinson, an expert clinical pathologist, and several other colleagues published a systematic review of autopsy findings in people who died after receiving a COVID shot on The Lancet journal's preprint server.¹

Disturbingly, but not surprisingly, they concluded that 62.5% to 73.9% of post-job deaths were likely caused by the injection. Previous autopsy reviews have also concluded that the mRNA COVID jabs are a causative factor in sudden cardiac deaths.²

Nearly Three-Quarters of Post-Job Deaths Caused by the Shot

As explained by the authors:³

“The aim of this systematic review is to investigate possible causal links between COVID-19 vaccine administration and death using autopsies and post-mortem analysis ... We searched for all published autopsy and necropsy reports relating to COVID-19 vaccination up until May 18th, 2023.

We initially identified 678 studies and, after screening for our inclusion criteria, included 44 papers that contained 325 autopsy cases and one necropsy case. Three physicians independently reviewed all deaths and determined whether COVID-19 vaccination was the direct cause or contributed significantly to death.

The most implicated organ system in COVID-19 vaccine-associated death was the cardiovascular system (53%), followed by the hematological system (17%), the respiratory system (8%), and multiple organ systems (7%). Three or more organ systems were affected in 21 cases.

The mean time from vaccination to death was 14.3 days. Most deaths occurred within a week from last vaccine administration. A total of 240 deaths (73.9%) were independently adjudicated as directly due to or significantly contributed to by COVID-19 vaccination ...

Among adjudicators, there was complete independent agreement (all three physicians) of vaccination causing or contributing to death in 203 cases (62.5%). The one necropsy case was judged to be linked to vaccination with complete agreement ...

The consistency seen among cases in this review with known COVID-19 vaccine adverse events, their mechanisms, and related excess death, coupled with autopsy confirmation and physician-led death adjudication, suggests there is a high likelihood of a causal link between COVID-19 vaccines and death in most cases.”

The Lancet Censors Paper

As has so often been the case over these past three years, the journal didn't waste time censoring the paper. Preprints with The Lancet pulled it within 24 hours,⁴ stating “the study's conclusions are not supported by the study methodology.”⁵ In what way? They don't say. As noted by McCullough, the methodology is as standard as it gets. Will Jones at the Daily Sceptic adds:⁶

“A number of the authors of the paper are at the top of their fields so it is hard to imagine that the methodology of their review was really so poor that it warranted removal at initial screening rather than being subject to full critical appraisal. It smacks instead of raw censorship of a paper that failed to toe the official line ...

Dr. Clare Craig, a pathologist and co-Chair of the HART pandemic advisory group, says that in her view the approach taken in the study is sound. She told the Daily Sceptic:

‘The VAERS system ... is designed to alert to potential harms without necessarily being the best way of measuring the extent of those harms. Quantifying the impact of deaths can be done by looking at overall mortality rates in a country.

However, this is imperfect as a deficit of deaths would be expected after a period of excess deaths, making the accuracy of any baseline dubious. An alternative approach of auditing such deaths through autopsy is sound.

There may be a bias [in the study] towards reporting the autopsies of deaths where there was evidence of causation and the likelihood of causation might be exaggerated by that bias. For example, 19 of the 325 deaths were due to vaccine-induced immune thrombocytopenia and thrombosis (VITT) but these reports may be overrepresented because of the regulators' willingness to acknowledge such deaths.

Nevertheless, it is important that attempts are made to quantify the risk of harm and censorship of these attempts, rather than open scientific critique, does nothing to help reassure people."

Prior to this, The New England Journal of Medicine (NEJM) had also rejected the paper, as had the Journal of the American Medical Association (JAMA). NEJM rejected it within a few days, and JAMA within about an hour of submission. The preprint server medRxiv and others also refused to post it.

In the video above, Naomi Wolf with Daily Clout interviewed McCullough about the censoring of his paper. According to McCullough, overnight, while the paper was still on the Preprint server, downloads of the paper were in the hundreds per minute, demonstrating there's a clear demand for this information.

“ This act of medical censorship occurred after the paper met all the criteria for listing on the Lancet PrePrint Server and appears to be triggered by very heavy worldwide interest and rapid downloading of the paper.

This speaks to the importance of our findings as the largest summary of autopsies after COVID-19 vaccination. Elsevier and Lancet are trying to suppress critical scientific observations on COVID-19 vaccine

safety. Their actions are reprehensible. ~ Dr. Peter McCullough”

The paper is currently only available for download on the preprint server Zenodo.⁷ Ironically, by pulling the paper off the server, The Lancet magnified its existence, as news of the censorship went viral on social media.

Mechanisms of Action

In the featured Daily Clout interview, McCullough explains the jab’s mechanisms of action that appear to be responsible for a majority of post-jab heart-related deaths. The first is myocarditis (heart inflammation). The other is progression of atherosclerotic cardiovascular disease.

In myocarditis, the electrical current can no longer conduct smoothly through the heart muscle, causing an abnormal heart rhythm. This abnormal heart rhythm can then lead to sudden cardiac death. This is one of the primary reasons behind many athletic deaths, where players have died on the field.

In a letter to the editor of the Scandinavian Journal of Immunology published in late 2022,^{8,9} McCullough compared the pre- and post-COVID jab cardiac death rates among athletes, finding that before the jab, there were an average of 29 cardiac-related deaths among pro athletes per year.

After the rollout of the jab, which was mandated on players, it shot up to 283 per year — a 10-fold increase. And, in many cases, players have no prior symptoms. Wolf points out that lipid nanoparticles have been found to damage electrical conduction in the myelin sheath, so why would it not also damage electrical conduction in the heart? It makes sense that it would.

McCullough adds that when lipid nanoparticles are taken up by human somatic cells — nonreproductive cells, found in the heart and other internal organs — it causes syncytia formation where cell membranes fuse together.

And, because the heart prefers lipids over glucose for fuel, it may preferentially take up lipid nanoparticles, more so than other tissues. On top of that, exercise increases blood flow, which draws more lipid nanoparticles to the heart.

He also cites research showing there are two primary periods of sudden cardiac death: during exercise and between 3 AM and 6 AM. The common factor between these two is adrenaline. Adrenaline surges during exercise and in the natural waking process. If you have myocarditis, this adrenaline surge can be enough to trigger sudden cardiac death.

Shining a Light on Possible Treatments

As noted by Wolf, by clearly identifying how the COVID jab is killing people, McCullough's paper also helps shed light on potential treatments. The spike protein produced by your body in response to the mRNA shot is the primary culprit that needs to be degraded and eliminated.

The enzymes in your body that would normally do this job are unable to degrade the synthetic spike protein, but there are products that can get the job done. McCullough refers to Japanese research that found [nattokinase](#) can be very helpful in this regard. However, [lumbrokinase is a much stronger fibrinolytic enzyme](#) and would likely work better.

Bromelain, an enzyme derived from pineapple stems, also works, McCullough says, as does [curcumin](#), the active ingredient in turmeric. We also know that both hydroxychloroquine and [ivermectin](#) aid in the elimination of spike protein.

As noted by McCullough, it's interesting that while the SARS-CoV-2 virus and the spike protein produced by the mRNA jab are synthetic and wholly unnatural, most of the best remedies are turning out to be all-natural compounds.

Reprehensible Medical Censorship

At the end of the interview, McCullough says that if the current censorship trend continues, medical history may well state that the COVID shots are perfectly safe, even though there's plenty of evidence to the contrary – evidence that was never allowed to be seen.

In a three-part series for TrialSite News, published in 2021, investigative journalist Sonia Elijah reviewed how scientific journals were censoring the science on COVID. July 7, 2023, she published a follow-up based on the most recent censoring of McCullough's paper:¹⁰

“This is just another example of a paper with findings, not fitting in with the ‘very good safety profile of the COVID-19 vaccines,’ being expelled from a prominent journal,” she writes. “Dr. McCullough commented exclusively for TrialSite about this highly concerning issue. This is what he said:

‘This act of medical censorship occurred after the paper met all the criteria for listing on the Lancet PrePrint Server and appears to be triggered by very heavy worldwide interest and rapid downloading of the paper.

This speaks to the importance of our findings as the largest summary of autopsies after COVID-19 vaccination. Elsevier and Lancet are trying to suppress critical scientific observations on COVID-19 vaccine safety. Their actions are reprehensible.’

My own research¹¹ in analyzing the Periodic Safety Update Reports compiled by Pfizer for the European Medicines Agency revealed damning data. As of June 2022, 161 children have died shortly after taking the Pfizer-BioNTech COVID-19 vaccine.

What is even more shocking is that an overwhelming majority of autopsies were not performed or followed up by the pharmaceutical behemoth ... This is why McCullough et al.'s study is so key because there is an incredible lack of laboratory data and post-mortem information on these post-vaccine deaths ...

This begs the all-important question – has this scarcity been carefully orchestrated to prevent sufficient evidence of a causal association of COVID-19 vaccines with the reported deaths?”

Case Report of mRNA Jab-Induced Turbo Cancers

In related news, Belgian researchers report that two doses of the Pfizer mRNA COVID jab induced lethal “turbo cancers” in a mouse. Two days after receiving its second dose, one of the 14 injected mice (7%) died suddenly. No clinical signs of illness were present before its abrupt death.

Upon post-mortem examination, the mouse was found to have lymphoma in several organs, including the heart, liver, kidneys, spleen and lungs. The case report, published in *Frontiers in Oncology* May 1, 2023, noted:¹²

“Two days following booster vaccination (i.e., 16 days after prime), at only 14 weeks of age, our animal suffered spontaneous death with marked organomegaly and diffuse malignant infiltration of multiple extranodal organs (heart, lung, liver, kidney, spleen) by lymphoid neoplasm.

Immunohistochemical examination revealed organ sections positive for CD19, terminal deoxynucleotidyl transferase, and c-MYC, compatible with a B-cell lymphoblastic lymphoma immunophenotyped ...

Given the paucity of data on the long-term safety of the SARS-CoV-2 mRNA vaccines, it is vital that clinicians and scientists report any adverse event to establish potential correlations.

Our case adds to previous clinical reports on malignant lymphoma development following novel SARS-CoV-2 mRNA vaccination. Interestingly, we are the first to report a B-LBL subtype ...

Although strong evidence proving or refuting a causal relationship between SARS-CoV-2 mRNA vaccination and lymphoma development or progression is

lacking, vigilance is required, with conscientious reporting of similar cases and a further investigation of the mechanisms of action that could explain the aforementioned association.”

Resources for Those Injured by the COVID Jab

Aside from autopsy assessments, case reports of harms and various other studies, things like job statistics, disability claims, life insurance claims and all-cause mortality statistics also tell us that the COVID jabs are having a devastating effect.¹³ All have skyrocketed since the introduction of these COVID jabs.

If you got one or more jabs and suffered an injury, first and foremost, never ever take another COVID booster, another mRNA gene therapy shot or regular vaccine. You need to end the assault on your body.

The same goes for anyone who has taken one or more COVID jabs and had the good fortune of not experiencing debilitating side effects. Your health may still be impacted long-term, so don't take any more shots.

When it comes to treatment, it seems like many of the treatments that worked against severe COVID-19 infection also help ameliorate adverse effects from the jab. This makes sense, as the toxic, most damaging part of the virus is the spike protein, and that's what your whole body is producing if you got the jab.

As mentioned earlier, eliminating the spike protein is a primary task to prevent and/or address post-jab injuries. Ivermectin and hydroxychloroquine bind to and facilitate the removal of spike protein. According to McCullough, nattokinase, bromelain and curcumin also help degrade the spike protein.

For a comprehensive treatment plan, see the Front Line COVID-19 Critical Care Alliance (FLCCC) [I-RECOVER](#) protocol. It's continuously updated as more data become available, so be sure to download the latest version straight from the FLCCC website at covid19criticalcare.com.¹⁴ Additional detox remedies can be found in [“World Council for Health Reveals Spike Protein Detox.”](#)

Sources and References

- ^{1, 5} [Lancet Preprints July 5, 2023](#)
- ² [The Health Site January 10, 2023](#)
- ^{3, 7} [Zenodo July 6, 2023](#)
- ^{4, 6} [Daily Sceptic July 6, 2023](#)
- ⁸ [Scandinavian Journal of Immunology December 28, 2022: e13242](#)
- ⁹ [Twitter Peter McCullough](#)
- ¹⁰ [Trial Site News July 7, 2023](#)
- ¹¹ [Sonia Elijah Substack June 24, 2023](#)
- ¹² [Frontiers in Oncology May 1, 2023; 13: 1158124](#)
- ¹³ [Vaxxter.com June 12, 2023](#)
- ¹⁴ [Covid19criticalcare.com](#)