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mRNA Vaccine: The COVID-19 Spike Injury You Need to Know About

mRNA Jabs Causally Linked to Lethal Myocarditis

By Dr. Joseph Mercola
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Mercola 1 August 2023

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In the video above, John Campbell, Ph.D., a retired nurse educator, reviews the findings of a systematic review[1] posted on Preprints.org in mid-July 2023, which concluded that mRNA COVID shots are causally linked to lethal myocarditis.

Authors of this review include Drs. Peter McCullough, Aseem Malhotra, Roger Hodkinson, Nicolas Hulscher and William Makis. As explained in the abstract,[2] "COVID-19 vaccines have been linked to myocarditis which in some circumstances can be fatal. This systematic review aims to investigate potential causal links between COVID-19 vaccines and death from myocarditis using post-mortem analysis."

McCullough and his team systematically reviewed all autopsy reports involving COVID-19 jab-related myocarditis published through July 3, 2023. Fourteen papers detailing 28 autopsies fit the inclusion criteria.

... there is a high likelihood of a causal link between COVID-19 vaccines and death from suspected myocarditis in cases where sudden, unexpected death has occurred in a vaccinated person. ~ Drs. Peter McCullough, Aseem Malhotra, Roger Hodkinson, Nicolas Hulscher and William Makis

Causality in each case was determined by "three independent reviewers with cardiac pathology experience and expertise." Pictures showing spike protein infiltration of the heart muscle and associated inflammation are included in Campbell's video.

As reported by the authors:[3]

> "The cardiovascular system was the only organ system affected in 26 cases. In 2 cases, myocarditis was characterized as a consequence from multisystem inflammatory syndrome (MIS).
>
> The mean and median number of days from last COVID-19 vaccination until death was 6.2 and 3 days, respectively. Most of the deaths occurred within a week from the last injection. We established that all 28 deaths were causally linked to COVID-19 vaccination by independent adjudication.
>
> The temporal relationship, internal and external consistency seen among cases in this review with known COVID-19 vaccine-induced myocarditis, its pathobiological mechanisms and related excess death, complemented with autopsy confirmation, independent adjudication, and application of the Bradford Hill criteria to the overall epidemiology of vaccine myocarditis, suggests there is a high likelihood of a causal link between COVID-19 vaccines and death from suspected myocarditis in cases where sudden, unexpected death has occurred in a vaccinated person."

Considering these disturbing findings, McCullough and his team call for "urgent investigation … for the purpose of risk stratification and mitigation in order to reduce the population occurrence of fatal COVID-19 vaccine-induced myocarditis."

Moderna Trial Data Reveal Safety Problems

The infuriating reality is that this risk — as well as many others — were evident in the original trials, despite their short duration, but the vaccine makers used all sorts of tricks to hide these effects.

As previously reported, one whistleblower claims Pfizer committed fraud in its COVID jab studies, and company data released through court order show Pfizer's shot was associated with some 158,000 recorded health problems that were never admitted publicly.

Now, data obtained through Freedom of Information Act (FOIA) litigation against the U.S. Food and Drug Administration (FDA) by the public interest group Defending the Republic (DTR)[4] throw similar doubts on Moderna's Spikevax trials.

DTR, which has obtained nearly 15,000 pages of Moderna's COVID-19 clinical trial data so far, warns that they reveal serious safety concerns. As reported by The Epoch Times, July 21, 2023:[5]

> "The records … include important information related to the safety profile of Spikevax, which was first authorized for emergency use in the United States in December 2020 and in January 2022 received full approval for adults.
>
> 'The public can be assured that Spikevax meets the FDA's high standards for safety, effectiveness and manufacturing quality required of any vaccine

> approved for use in the United States,' Acting FDA Commissioner Dr. Janet Woodcock said in a statement earlier this year.
>
> But the new data call this view into question. The advocacy group says that the tens of thousands of pages of clinical trial data released by the FDA supports the conclusion that there is 'serious doubt' about both the safety of Spikevax and the FDA's standards for approval."

For the record, as with Pfizer's trial data, the FDA had to be forced by court order to release Moderna's data. The agency initially rejected DTR's FOIA request claiming there was "no compelling need" for the public to review that information. As it turns out, Moderna's clinical trial data reveal shocking safety issues that neither the company nor the FDA have admitted publicly.

Side Effects Shrugged Off Without Investigation

For example, in one of Moderna's studies, 16 participants in the COVID jab group died suddenly, yet only two were autopsied. Despite this lack of investigation, Moderna concluded that none of the deaths were associated with the jab. "It seems they purposely decided not to investigate suspicious deaths in case the Moderna vaccine might be the cause," DTR said in a press release.[6]

The studies also recorded a number of serious adverse events in the jabbed groups, including Bell's palsy, shingles, heart attacks, pulmonary embolisms, transient ischemic attacks, lymphoma and miscarriages. However, even when life-threatening injuries occurred within days of injection, Moderna arbitrarily concluded that none were associated with their jab.

As noted by DTR, subsequent analyses of injury reports filed with the Vaccine Adverse Events Reporting System (VAERS), the U.S. Department of Defense's DMED database and European injury reporting systems show "heightened rates of these illnesses following administration of the Moderna vaccine."

Fertility and Fetal Development Adversely Affected

In the first batch of documents released by the FDA, DTR also received the results of a rat study[7]that assessed the effects on gestation, fertility, and pre- and postnatal development in pregnant and lactating lab rats. The findings are troubling considering the FDA's and U.S. Centers for Disease Control and Prevention's recommendation to use this shot on pregnant women. Key findings and observations made in this study included:[8]

- Skeletal deformities (wavy ribs and rib nodules) — *"Wavy ribs appeared in 6 fetuses in 4 litters for a fetal prevalence of 4.03% and a litter prevalence of 18.2%. Rib nodules appeared in 5 of those 6 fetuses. The fetal and litter incidence of wavy ribs exceeded the range observed historically at the Testing Facility ..."*
- Higher reproductive cycle lengths — *"The mean number of [reproductive] cycle lengths was statistically-significantly higher in the mRNA-1273 group as compared to the control group."*
- Reduced mating — *"Mating occurred in 95.5% of the rats in the control group*

and 88.6% of the rats in the mRNA-1273 group."

- Reduced pregnancy index — *"The female pregnancy index (number of rats mating/number of rats in the group) was 93.2% and 84.1% in the control and mRNA-1273 groups, respectively."*
- Kidney disease — *"At scheduled euthanasia, 1 pup in the mRNA-1273 dose group was observed with bilateral, small, minimal renal papilla and another pup from the same litter was observed with left, small, moderate renal papilla. These findings were not considered related to mRNA-1273 because the observations occurred only in 2 pups from a single litter."*

Moderna also conducted a tissue distribution study[9] in male rats, which revealed the mRNA, when injected intramuscularly, spread throughout the body. mRNA was detected in all tissues analyzed except for the kidneys. Levels were particularly elevated in the spleen and eyes.

mRNA was also found in the brain and heart, which other studies — including the featured autopsy review — suggest can have lethal consequences as the spike protein produced by cells in response to that mRNA is highly pathogenic and causes inflammation in the affected tissues.

Pfizer Booster Trial Trickery Discovered

In related news, Drs. Vinay Prasad, Tracy Hoeg and Ram Duriseti recently highlighted evidence showing Pfizer also employed "healthy vaccine bias" in its booster trial to make the COVID booster appear more effective than it is. How? Pfizer simply gave the real booster to people who were far healthier than the controls.

Those who got the real booster ended up with significantly lower COVID death rates, but they also had the same reduction in all-cause mortality, meaning they didn't die from other causes either. In a letter to the editor of The New England Journal of Medicine (NEJM), published July 20, 2023, Prasad, Hoeg and Duriseti explained:[10]

> "Using observational methods, Arbel et al. (Dec. 23, 2021, issue) calculated an adjusted 90% lower mortality due to COVID-19 among participants who received a first BNT162b2 vaccine (Pfizer–BioNTech) booster than among those who did not receive a booster.
>
> They found 65 COVID-19–associated deaths (reported as 0.16 per 100,000 persons per day) among participants in the booster group and 137 (reported as 2.98 per 100,000 persons per day) among those in the nonbooster group — a 94.6% difference.
>
> In a subsequent letter (March 10, 2022, issue), Arbel et al. reported 441 deaths not related to COVID-19 in the booster group and 963 deaths not related to COVID -19 in the nonbooster group …
>
> [U]sing the person-days of exposure included in the 2021 article by Arbel et al. and the deaths not related to COVID-19 reported in the subsequent letter, we estimated the mortality not related to COVID-19, according to vaccination status, with the following formula: the ratios of total deaths not related to

> COVID-19 to COVID-19–related deaths, according to vaccination group, multiplied by mortality due to COVID-19, according to vaccination group, which accounts for person-days of exposure.
>
> The mortality not related to COVID-19 was calculated as (441/65)×0.16=1.09 per 100,000 persons per day in the booster group as compared with (963/137)×2.98=20.95 per 100,000 persons per day in the nonbooster group.
>
> This corresponds to a 94.8% lower mortality not related to COVID-19 among participants in the booster group and indicates a markedly lower incidence of adverse health outcomes in the booster group.
>
> Underlying health plays a substantial role in COVID-19–related mortality. The unadjusted differences in mortality related to COVID-19 and mortality not related to COVID-19, according to vaccination status, were essentially the same in the 2021 study by Arbel and colleagues.
>
> These findings arouse strong concern regarding unadjusted confounding. The adjusted 90% lower mortality due to COVID-19 reported among the participants who received a booster cannot, with certainty, be attributed to boosting.
>
> 'Healthy vaccinee bias' in this population may have also led to overestimates of vaccine effectiveness in similar studies from Clalit Health Services. Inclusion of mortality not related to COVID-19 in all observational COVID-19 vaccine studies would provide important context."

In a July 20, 2023, Twitter post, Prasad commented:[11]

> "This week in NEJM, Tracy Beth Hoeg, RD & I prove that Israeli studies, which FDA relied upon, are CONFOUNDED. Boosters reduce non-COVID deaths far too much to be true. Israeli authors concede this in reply. Wow! Millions got unproven boosters. FDA failed."

Why CDC Changed Definition of Breakthrough Infection

While we're on the topic of trickery and bias, a recent investigation by The Epoch Times reveals the U.S. Centers for Disease Control and Prevention changed its definition of "breakthrough infection" to avoid having to admit the shots didn't work. Zachary Stieber with The Epoch Times writes:[12]

> "The CDC altered its definition of COVID-19 cases among the vaccinated, leading to a lower number of cases classified as a breakthrough, according to documents obtained by The Epoch Times.
>
> In early 2021, the CDC defined post-vaccination cases as people who tested positive seven or more days after receipt of a primary vaccination series, according to one of the documents.[13] The definition was changed on Feb. 2, 2021, to include only cases detected at least 14 days after a primary series, another document[14] shows.

> ‘We have revised the case definition,’ Dr. Marc Fischer, head of the CDC’s Vaccine Breakthrough Case Investigation Team, wrote to colleagues at the time. The rationale for the change was redacted …
>
> The breakthrough case definition was revised after multiple CDC officials emailed about the vaccines failing to prevent infection. Dr. Fischer said in one email on Dec. 21, 2020, that he was directed by a superior ‘to start working on a protocol to evaluate COVID vaccine failures or breakthrough cases.’
>
> Then-CDC Director Dr. Rochelle Walensky highlighted an editorial on Jan. 30, 2021, that described variants as a ‘growing threat’ of escaping the protection from vaccines …
>
> At about the same time, CDC officials circulated a one-page document about investigating post-vaccination cases … The version of the document that The Epoch Times received was fully redacted … the CDC declined to provide any other versions of the document.”

Why was the rationale for this decision redacted? And why was the document announcing an investigation into post-jab cases redacted? CDC spokesman Scott Pauley defended the change in definition, saying “many cases of COVID-19 were incubating for up to two weeks before becoming symptomatic,” but didn’t clarify why this explanation — if true — was deemed necessary.

Dr. Harvey Risch, professor emeritus of epidemiology at the Yale School of Public Health, told Stieber “there was ‘no cogent rationale’ for excluding early cases and other events among the vaccinated, whether they occurred within seven days or 14 days.”

Stieber also contacted Dr. Jay Bhattacharya, professor of health policy at Stanford University, who said that “rather than playing games with the definition of breakthrough cases” the CDC should have informed the recently jabbed that they had little or no protection for the first two weeks.

At the end of the day, by redefining breakthrough infection, the CDC was able to exclude a slew of post-jab COVID cases, thereby inflating the shot’s effectiveness while simultaneously feeding the false narrative that COVID was “a pandemic of the unvaccinated.”

Got the Jab? Take Action to Safeguard Your Health

If you already got one or more jabs and now have concerns about your health, what can you do? Well, first and foremost, never take another COVID booster, or another mRNA gene therapy shot. You need to end the assault on your system.

If you developed symptoms you didn’t have before your shot, I would encourage you to seek out expert help. At present, the Front Line COVID-19 Critical Care Alliance (FLCCC) seems to have one of the best treatment protocols for post-jab injuries. It’s called I-RECOVER and can be downloaded from covid19criticalcare.com.[15]

Dr. Pierre Kory, who co-founded the FLCCC, has transitioned to treating the vaccine injured more or less exclusively. For more information, see DrPierreKory.com. Dr. Michelle Perro[16] is also helping patients with post-jab injuries.

The World Health Council has also published lists of remedies that can help inhibit, neutralize and eliminate spike protein, which most experts agree is the primary culprit. I covered these in my 2021 article, "World Council for Health Reveals Spike Protein Detox."

Other Helpful Treatments and Remedies

Other treatments and remedies that may be helpful for COVID jab injuries include:

• Hyperbaric oxygen therapy, especially in cases involving stroke, heart attack, autoimmune diseases and/or neurodegenerative disorders. To learn more, see "Hyperbaric Therapy — A Vastly Underused Treatment Modality."

• Lower your omega-6 intake. Linoleic acid is consumed in amounts 10 times higher than the ideal in well over 95% of the population and contributes to massive oxidative stress that impairs your immune response. Seed oils and processed foods need to be diligently avoided. See "Linoleic Acid — The Most Destructive Ingredient in Your Diet" for more information.

• Pharmaceutical grade methylene blue, which improves mitochondrial respiration and assists in mitochondrial repair. A dose of 15 to 80 milligrams a day could go a long way toward resolving some of the fatigue many suffer post-jab.

It may also be helpful in acute strokes. The primary contraindication is if you have a G6PD deficiency (a hereditary genetic condition), in which case you should not use methylene blue at all. To learn more, see "The Surprising Health Benefits of Methylene Blue."

• Near-infrared light, as it triggers production of melatonin in your mitochondria[17] where you need it most. By mopping up reactive oxygen species, it too helps improve mitochondrial function and repair. Natural sunlight is 54.3% infrared radiation,[18] so this treatment is available for free. For more information, see "What You Need to Know About Melatonin."

• Lumbrokinase and serrapeptidase are both fibrinolytic enzymes that, when taken on an empty stomach one hour before a meal, or two hours after, will help reduce your risk of blood clots.

Articles by: Dr. Joseph Mercola