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Sudden Death: The No. 1 Cause of Death for Under 65s in 2021

Analysis by Dr. Joseph Mercola ✔ Fact Checked | January 06, 2023

STORY AT-A-GLANCE

- Mounting evidence shows the COVID shots are destroying people's immune systems and are triggering turbo-charged cancers
- A survey by Steve Kirsch found sudden death is the No. 1 cause of death among those under the age of 65 who got the COVID jab
- Myocarditis as a cause of death is now registering across all age ranges but only for the vaccinated. Cardiac-related deaths are also significantly elevated among younger people (under 65) who got the jab compared to their unjabbed peers
- Recent research shows repeated jabs trigger a switch in the types of antibodies your body produces and lower your ability to clear viruses. By switching from spike-specific neutralizing IgG antibodies to IgG4 antibodies, your body switches from tumor suppression mode into tumor progression mode
- In addition to the potential for cancer cells to run amok, IgG4 dominance may also have severe autoimmune implications, as the COVID jab spike protein share similarities with human proteins

Evidence showing the COVID shots are a public health disaster keeps mounting. In late December 2022, Steve Kirsch[1] and Jessica Rose,[2] Ph.D., both published Substack articles detailing some of the latest evidence showing the shots are destroying people's immune systems and have triggered an avalanche of turbo-charged cancers.

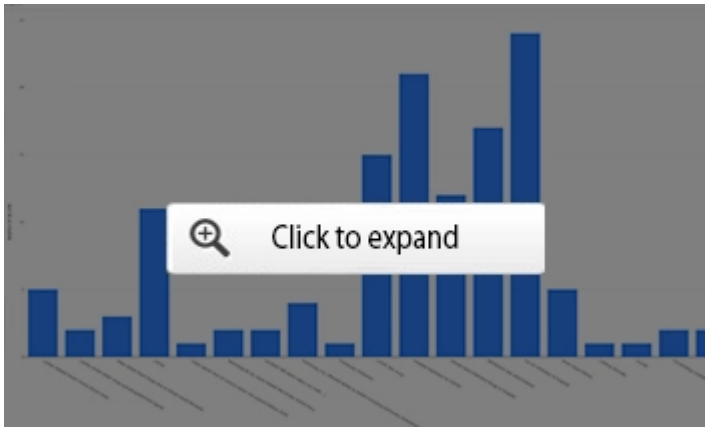
Kirsch's article[3] features results from a recent survey he conducted. It included four questions: age, whether the deceased was jabbed or not, year of death and cause of death. While the number of responses is low, major insights can still be gleaned by looking at the trends.

First, we have the baseline data from 2020, which show cancer was the No. 1 killer of Americans younger than 65, followed by hospital treatment for COVID. Turbo-charged cancers accounted for one-ninth of the cancer reports, and there were no reports of death from myocarditis.

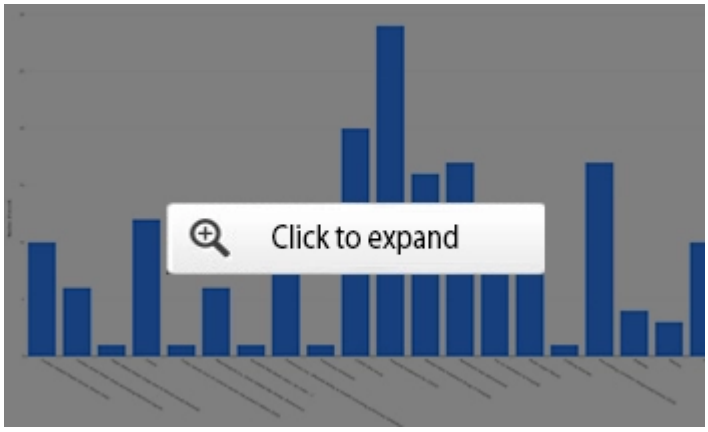
Among seniors over the age of 65, preexisting conditions were the top cause of death in 2020. Cancer was second, COVID infection third and cardiac events fourth. There were no turbo-charged cancer deaths, nor any myocarditis deaths. Kirsch then gets into the differences between the vaxxed and the unvaxxed in 2021 and 2022.

What the Unvaxxed Died of in 2021 and 2022

In 2021 and 2022, the primary cause of death for people 65 and younger was hospital treatment for COVID. Incidences of sudden death, pulmonary embolism and turbo-charged cancers were all low, and there were no unknown causes of death, nor any myocarditis deaths.

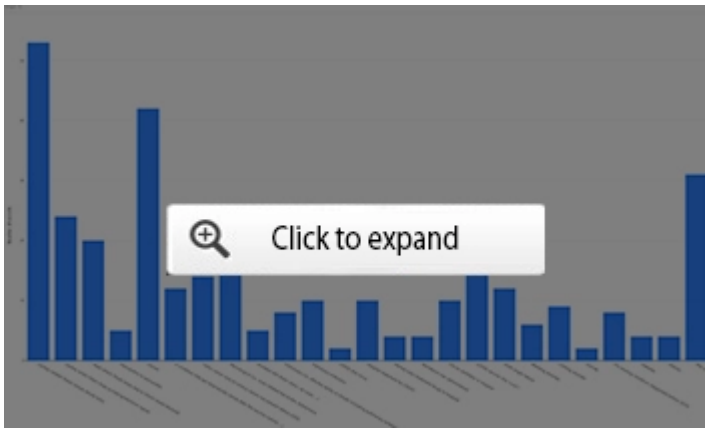


The same went for people older than 65. Hospital treatment for COVID was the No. 1 killer. Heart attacks, turbo-charged cancer and sudden death were all low, and there were no deaths from myocarditis.

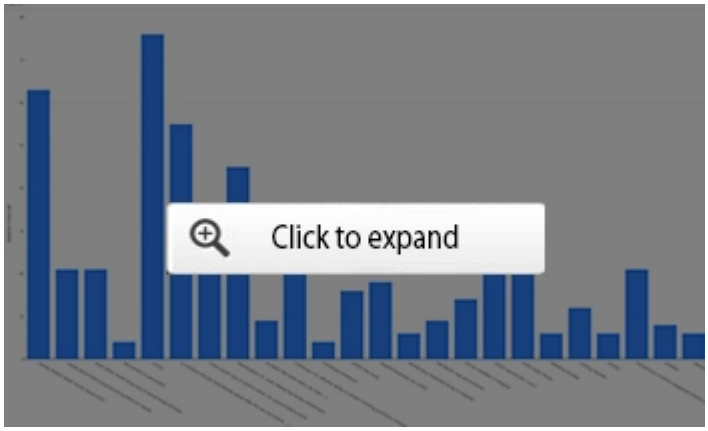


What the COVID-Jabbed Died of in 2021 and 2022

Among the COVID-jabbed aged 65 and younger, sudden death was the No. 1 cause of death in 2021 and 2022. The second was cardiac-related death and cancer was third. Importantly, the incidence of turbo-charged cancer among the jabbed was significant in this group, and myocarditis killed more than COVID-19.



Among those older than 65, cancer was the No. 1 cause of death, and the turbo-charged cancer rate is "huge compared to those without the vaccine." Sudden death was also significantly elevated.



Stark Difference in Cancer Deaths Between Jabbed and Unjabbed

Kirsch summarizes the three most stunning differences between the jabbed and unjabbed:[4]

1. *"Sudden death rates are off the charts for the vaccinated cf. unvaccinated for those <65 ... It's the #1 cause of death for this age group ...*
2. *Myocarditis as a cause of death is registering now for both age ranges but only for the vaccinated ...*
3. *Cardiac issues as a cause of death in vaccinated young people (<65) are significantly elevated vs. their unvaxxed peers."*

How COVID Jabs Raise Risk of Infections and Cancer

Exploding cancer rates is precisely what you would expect from a drug that impairs and destroys your immune system, which is what the COVID jabs do. The scientific paper "Innate Immune Suppression by SARS-CoV-2 mRNA Vaccinations"[5] describes how the COVID shots suppress your innate immune system by inhibiting the type-1 interferon pathway, which is the first-stage response to all viral infections.

The reason type-1 interferon is suppressed is because it responds to viral RNA, and there's no viral RNA in the COVID shot. The RNA is modified to look like human RNA, so

the interferon pathway doesn't get triggered. As a result, the COVID jab makes you more susceptible to infections.

One mechanism by which the jab causes cancer has to do with the fact that the SARS-CoV-2 spike protein obliterates 90% of the DNA repair mechanism in lymphocytes,[6] a type of white blood cell that helps your body fight infections and chronic diseases such as cancer. That's bad enough, yet that's just one mechanism of many.

How the Jab Lowers Your Viral Clearance Capacity

Recent research[7,8] also shows that repeated jabs trigger a switch in the types of antibodies your body produces and lower your ability to clear viruses. Jessica Rose reviews these findings in her Substack article:[9]

> *"A paper was published in Science Immunology on December 22, 2022 entitled: 'Class switch towards non-inflammatory, spike-specific IgG4 antibodies after repeated SARS-CoV-2 mRNA vaccination'[10] ...*
>
> *[It] explains in wonderful detail how a class of antibody that commands a non-inflammatory response (more like tolerizing) is prominent in people who have been repeatedly injected with the modified mRNA COVID-19 injectable products.*
>
> *Translation: Instead of the intended pool of spike-specific neutralizing IgG antibodies being dominant in multiply-injected people, a pool of antibodies associated with spike-specific **tolerance** are dominant in multiply-injected people.*
>
> *Besides the tolerizing capacity, they also showed that the phagocytic enabling capacities were much reduced overall. These activities lead to clearance of viral pathogens. Reduce them → reduction in viral clearance capacity ...*
>
> *To be clear, this wasn't a 'maybe the antibody profile was a little different' ... This was a 'whoa there's a 48,075% increase in spike-specific antibodies between the*

2nd and 3rd injections ...

IgG4 antibodies among all spike-specific IgG antibodies rose on average from 0.04% shortly after the second vaccination to 19.27% after the third ... [I]mportantly, that is not a typical consequence of repeat antigen exposure from either natural infections and vaccination."

Spike Overexposure Also Opens the Door for Cancer

As noted by Substack author Brian Mowrey:[11]

"This is a totally bonkers thing for an anti-spike-protein B cell to decide to do, and reflects B cell over-exposure to spike, *which reflects super-excess production of spike by the Pfizer/BioNTech mRNA code ...*

It is not normal to make IgG4 when repeat encounter with a virus is spaced out over a lifetime, but injection-prompted antigen exposure promotes this response, and mRNA vaccines accelerate this effect ...

There is no reason to predict that this would be 'good' in an antiviral response ... 'Wearing out' the immune response in this way is believed to contribute to the development of tolerance against tumors."

So, to summarize the effects in layman's terms, the switch from spike-specific neutralizing IgG antibodies to IgG4 antibodies switches your body from tumor suppression mode into tumor progression mode, as cancerous cells now can evade your immune system. You become "tumor tolerant" as your immune system is no longer scavenging for and eliminating cancer cells. Mowrey also points out that:[12]

"Once a B cell has switched to IgG4, it cannot switch to any other IgG subclass, as the genes for all those other base designs have been discarded. *All future clones of this B cell will code for IgG4 receptor/antibody for the antigen in question."*

What Other Health Effects May Result?

For clarification, IgG4 is a subclass of the immunoglobulin G (IgG) antibody type that responds to repeated and/or long-term exposure to an antigen. The mRNA shot evaluated here was that of Pfizer, and it was compared against Janssen's viral vector-based shot. Moderna's shot was not included. Notably, these results were not found among people who got Janssen's shot, only Pfizer's Comirnaty jab.

> **“ Comirnaty ... induces a shift away from a viral clearing to a tolerance-inducing antibody class, and this is not the status quo for traditional vaccines or natural infections. The main problem here is ... we have no idea of the effects of this 'effect.' ~ Jessica Rose, Ph.D.”**

As noted by Rose:[13]

> *"... the bottom line here is that the Comirnaty product ... induces a shift away from a viral clearing to a tolerance-inducing antibody class, and this is not the status quo for traditional vaccines or natural infections. The main problem here is ... we have no idea of the effects of this 'effect.'"*

That said, we can look at what happens in people with IgG4-related disease, and start formulating hypotheses from there. As explained by Rose, a hallmark of IgG4-related disease is fibrosis, i.e., tissue scarring, which can lead to organ dysfunction, organ failure and even death if left untreated.

Rose is now researching the possible links between this antibody switching and the stringy white deposits found in COVID-jabbed people who died. Might it be a new form of connective tissue disease?

In addition to the potential for cancer cells to run amok (as discussed in the section above), IgG4 dominance may also have severe autoimmune implications seeing how the COVID jab spike protein share similarities with human proteins.

> *"Molecular mimicry has been shown[14] in multiple publications to be a potential problem with regard to the spike protein whereby it has been shown to share motifs with human proteins,"* Rose writes.[15] *"What this means is that autoimmunity potential against these human proteins is clear and present.*
>
> *In the context of this recent publication showing a dominant IgG4 pool, I have to wonder what the implications of this dominant pool are for molecular mimicry. Are these IgG4 antibodies capable of tolerizing in the context of our own protein?"*

Resources for Those Injured by the COVID Jab

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 system.

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, there are still more questions than answers, and most doctors are clueless about what to do — in part because they never bothered to give early treatment for COVID and therefore don't understand how different medicines and supplements impact the spike protein.

So far, 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.

Two doctors who have started tackling the treatment of COVID jab injuries in earnest include Dr. Michelle Perro (DrMichellePerro.com), whom I've interviewed on this topic, and Dr. Pierre Kory (DrPierreKory.com).

Both agree that eliminating the spike protein your body is now continuously producing is a primary task. Perro's preferred remedy for this is hydroxychloroquine, while Kory's is ivermectin. Both of these drugs bind and thereby facilitate the removal of spike protein.

As a member of the Front Line COVID-19 Critical Care Alliance (FLCCC), Kory helped develop the FLCCC's post-vaccine treatment protocol called I-RECOVER. Since the protocol is continuously updated as more data become available, your best bet is to download the latest version straight from the FLCCC website at covid19criticalcare.com[16] (hyperlink to the correct page provided above).

The World Health Council has also published lists of remedies that can help inhibit, neutralize and eliminate spike protein. Inhibitors that prevent spike protein from binding to your cells include Prunella vulgaris, pine needle tea, emodin, neem, dandelion extract and the drug ivermectin.

Spike protein neutralizers, which prevent the spike from damaging cells, include N-acetylcysteine (NAC), glutathione, fennel tea, star anise tea, pine needle tea, St. John's wort, comfrey tea and vitamin C. A March 2022 review paper[17] suggests combating the neurotoxic effects of the spike protein using the flavonoids luteolin and quercetin.

Time-restricted eating (TRE) and/or sauna therapy can also help eliminate toxic proteins by stimulating autophagy. Several additional detox remedies can be found in "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 ten times of 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. You can review my **previous post** for more information.

- Pharmaceutical grade methylene blue, which improves mitochondrial respiration and aid in mitochondrial repair. It's actually the parent molecule for hydroxychloroquine. 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[18] 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,[19] 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 taken on an empty stomach one hour before or two hours after to help reduce the risk of blood clots.

Sources and References

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