

# Seniors Dying After COVID Vaccine Labeled as Natural Causes

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Analysis by [Dr. Joseph Mercola](#) [Fact Checked](#)

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Story at-a-glance

- Around the world, reports are pouring in of people dying shortly after receiving the COVID-19 vaccine. In many cases, they die suddenly within hours of getting the shot. In others, death occurs within the span of a couple of weeks
- Ironically, when seniors die before vaccination, it's due to COVID-19 and something must be done to prevent it, but when they die after vaccination, they die of natural causes and no preventive action is necessary
- Several areas have reported that deaths are rapidly increasing after vaccination programs are implemented, including in Gibraltar, which prior to a vaccine had recorded a total of 10 deaths due to COVID-19. Eight days into the vaccination program, the death toll had risen to 45
- Norway has recorded 29 senior citizen deaths in the wake of their vaccination push. Most were over the age of 75
- Aside from sudden death, examples of side effects include persistent malaise and extreme exhaustion, severe allergic, including anaphylactic reactions, multisystem inflammatory syndrome, psychological disturbances, seizures, convulsions and paralysis, including Bell's Palsy

Around the world, reports are pouring in of people dying shortly after receiving the COVID-19 vaccine. In many cases, they die suddenly within hours of getting the shot. In others, death occurs within the span of a couple of weeks.

One notable case is baseball legend Hank Aaron, 86, who died January 22, 2021, 17 days after publicly getting vaccinated for COVID-19.<sup>1,2</sup> He said at the time that he hoped other Blacks would follow his lead and get their vaccines too.

According to news reports, he died “peacefully in his sleep” and no cause of death had been announced. Aaron was famous for being the home-run king of baseball, and broke Babe Ruth’s record when he hit homerun No. 715; he had hit 755 by the time he retired from the sport.

## 29 Dead in Norway

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In related news, Norway has recorded 29 senior citizen deaths in the wake of their vaccination push.<sup>3</sup> Most were over the age of 75. A total of 42,000 Norwegians had by that time received the vaccine.

While health officials initially downplayed any connection to the vaccine, a report in Bloomberg suggests the Norwegian Medicines Agency are now reconsidering. At the time of the deaths, the Pfizer vaccine was the only COVID-19 vaccine available in Norway, so “all deaths are thus linked to this vaccine,” the agency told Bloomberg.<sup>4</sup>

“There are 13 deaths that have been assessed, and we are aware of another 16 deaths that are currently being assessed,’ the agency said. All the reported deaths related to ‘elderly people with serious basic disorders,’ it said.

*'Most people have experienced the expected side effects of the vaccine, such as nausea and vomiting, fever, local reactions at the injection site, and worsening of their underlying condition' ...*

*The findings have prompted Norway to suggest that COVID-19 vaccines may be too risky for the very old and terminally ill, the most cautious statement yet from a European health authority.*

*The Norwegian Institute of Public Health judges that 'for those with the most severe frailty, even relatively mild vaccine side effects can have serious consequences. For those who have a very short remaining life span anyway, the benefit of the vaccine may be marginal or irrelevant.'"*

Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, commented that the deaths have to be “put into context with the population they occurred in.”<sup>5</sup>

In other words, they were old and old people die. It's hypocrisy at its finest. When seniors die before vaccination, it's due to COVID-19 and something must be done to prevent it, but when they die after vaccination, they die of natural causes and no preventive action is necessary.

The World Health Organization added that since there was “no certain connection” of the vaccines to Norway's deaths, there is no reason to discontinue giving it to senior citizens.

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## **Questionable Coincidences**

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Interestingly, several areas have reported that deaths are rapidly increasing AFTER vaccination programs are implemented. The news stories don't actually say it straight out, but if you look at dates given, it raises questions. One such example is what's happening in Gibraltar at the southern tip of Spain, which has a population of 34,000.

The area rolled out its vaccination program on January 9, 2021, using the Pfizer mRNA vaccine. By January 17, 2021, 5,847 doses had been administered (about 17% of the population), according to a report by MedicalXpress.<sup>6</sup>

The curious thing about it is that the area's first recorded death from COVID-19 didn't occur until mid-November 2020. By January 6, three days before the vaccination program began, the total COVID-19-related death toll reportedly stood at 10.

Then, by January 17, the total death toll had suddenly skyrocketed to 45. In other words, 35 people died in the first eight days of the vaccination program. Most were in their 80s and 90s.

Chief Minister Fabian Picardo said, "This is now the worst loss of life of Gibraltarians in over 100 years. Even in war, we have never lost so many in such a short time."<sup>7</sup> None of the deaths are being blamed on the vaccine, however. Instead, they're loosely blaming them on the new variant of SARS-CoV-2.

## Vaccine Rollout Coincides With Outbreak

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Other areas are also reporting "outbreaks" of COVID-19, resulting in increased death tolls, after the rollout of vaccinations. Case in point: In Auburn, New York, a COVID-19 outbreak began December 21, 2020, in a Cayuga County nursing home.<sup>8,9</sup> Before this outbreak, no one in the nursing home had died from COVID-19.

The next day, December 22, they started vaccinating residents and staff. The first death was reported December 29, 2020. Between December 22, 2020, and January 9, 2021, 193 residents (80%) received the vaccine, as did 113 staff members.

As of January 9, 2021, 137 residents had been infected and 24 had died. Forty-seven staff members had also tested positive for SARS-CoV-2 and one was on life-support.

Considering we're also seeing cases in which healthy young and middle-aged individuals die within days of receiving the vaccine, it's not inconceivable that the vaccine might have something to do with these dramatic rises in deaths among the elderly in various parts of the world. In fact, I'd expect it.

You can rest assured, however, that the public health authorities and media will not report these observations. Anything that conflicts with vaccine safety and effectiveness will be intentionally and universally buried. This is precisely their modus operandi of the past three decades, so it's really up to each individual to do their own research.

## Massive Amounts of Serious Side Effects Emerging

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While the global vaccine campaign is less than a month old in most places, reports of serious side effects have already started pouring in. Many are sharing their personal experiences on social media networks. Disturbingly, many are having their stories censored as misleading or false. Videos, in particular, tend to be taken down.

Aside from sudden death within hours or days,<sup>10,11,12,13,14</sup> examples of side effects among survivors of the Pfizer and Moderna mRNA vaccines include:

- Persistent malaise<sup>15,16</sup> and extreme exhaustion<sup>17</sup>
- Severe allergic, including anaphylactic reactions<sup>18,19,20</sup>
- Multisystem inflammatory syndrome<sup>21</sup>
- Chronic seizures and convulsions<sup>22,23</sup>
- Paralysis,<sup>24</sup> including Bell's Palsy<sup>25</sup>

To get a feel for what's really happening, check out prezi.com, where someone has started collecting stories from various social media posts. It's a rather shocking compilation that is well worth sharing with family and friends who are still on the fence about getting the

vaccine.

Many say they “feel weird” and that they “don’t feel like myself.” Dizziness, racing heart and extreme high blood pressure seem to be a common complaint, as is severe, chronic seemingly “unbreakable” headache that does not respond to medication. Many describe the pain they feel in their body as “being run over by a bus” or “being beaten with a bat.”

Some report swollen and painful lymph nodes, severe muscle pain and gastrointestinal issues. Symptoms mimicking stroke are being reported, even though CT scans show nothing of concern. One such report is from a 19-year-old girl. Several report lethal heart attacks claiming the lives of someone they love.

Psychological effects are also starting to creep in. One woman who is on chemotherapy reports “mood changes with intermittent periods of elation and mild euphoria.” Bouts of anxiety, depression, brain fog, confusion and dissociation are also being reported, as is an inability to sleep.

One person reports having lost “the voice in my head,” which I suspect is the ability to hear yourself think. Another reports losing the ability to formulate words about half an hour after getting the first dose of vaccine, and a third reports “struggling for lost words.” Loss of taste and/or smell are also being reported, as well as taste alterations. Several say they have developed a metallic taste since their vaccination.

One pregnant woman reported spontaneous rupture of the amniotic sac resulting in premature delivery. Another woman’s baby was found to have no heartbeat two days after her vaccination and was delivered stillborn. Several describe effects suggesting vascular problems, such as skin blotchiness and fingers turning blue.

We see mass cell activation syndromes. The clinical symptoms are going to be the inflammatory diseases. We hear everybody calling it ‘long haul COVID’ — the extreme, profound, crippling fatigue, the inability to produce energy from your mitochondria. It’s not long haul COVID. It’s exactly what it always was — myalgic encephalomyelitis, inflammation of the brain and the spinal cord. ~ Judy Mikovits Ph.D.

While people are hoping and praying their side effects will be temporary, a significant portion say they’re still struggling with the effects one or two weeks after their shot. Time will tell whether they turn out to be permanent, but considering the fact that the mRNA vaccines reprogram your DNA, there’s certainly the possibility that they might be long-lasting.

## **Side Effects Were Predictable**

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I recently interviewed cellular and molecular biologist Judy Mikovits, Ph.D., about the mechanics of COVID-19 mRNA vaccines, which are in actuality gene therapy. They’re not conventional vaccines. Compare the summary of reported side effects in the section above to the longer-term side effects she suspects will become commonplace, based on the mechanics and biological effects of these gene therapy “vaccines”:

Migraines	Involuntary muscle movements, tics and spasms
Parkinson's disease	Microvascular disorders
Cancers	Severe pain syndromes
Bladder problems	Kidney disease
Psychological disorders such as psychosis and autism spectrum	Neurodegenerative diseases
Sleep disorders	Infertility and other reproductive problems

The underlying causes, according to Mikovits, are neuroinflammation and dysregulation of the immune system and endocannabinoid system.

*“It's the brain on fire,” she says. “You're going to see ticks, you're going to see Parkinsonian disease, you're going to see ALS, you're going to see things like this developing at extremely rapid rates, and it's inflammation of the brain.*

*We see mass cell activation syndromes. The clinical symptoms are going to be the inflammatory diseases. We hear everybody calling it ‘long haul COVID’ — the extreme, profound, crippling fatigue, the inability to produce energy from your mitochondria.*

*It's not long haul COVID. It's exactly what it always was — myalgic encephalomyelitis, inflammation of the brain and the spinal cord. What they're intentionally doing is killing off [certain] populations.”*

## Discrepancies in Moderna's FDA Report

According to a recent report by The Defender,<sup>26</sup> there are significant discrepancies in the data Moderna submitted to the U.S. Food and Drug Administration:

*“Moderna's reported death rate for its COVID vaccine, based on clinical trials, is 5.41 times greater than Pfizer's. Yet neither are representative of national death rates — that's a red flag ...*

*The Moderna vaccine arm death rate of 0.36 deaths/100K/day) is 5.14 times higher than Pfizer's (0.07 deaths/100K/day). This large discrepancy deserves notice and requires explanation.*

*If Moderna's on-vaccine death rate is so far below the national death rate and also simultaneously more than five times greater than Pfizer's on-vaccine death rate, then Pfizer's study sample appears even less representative of the entire population. This, too, requires due consideration ...*

*When comparing [Moderna's] study-wide number of deaths per day per 100K for the study to that of the entire U.S. population from 2019, I was shocked: the national number of deaths per day per 100K is 2.44.*

*Moderna's screening process and exclusion criteria in the trial led to evidence that the general population is dying at a rate 6.3 times greater than the death rate in the Moderna trial — which means the Moderna study, including its estimated efficacy rate and the vaccine's alleged safety profile — cannot possibly be relevant to most of the U.S. population.*

*The super-healthy cohorts studied by Moderna are in no way representative of the U.S. population. Most deaths from COVID-19 involve pre-existing health conditions of the types excluded from both Pfizer and Moderna trials ...*

*Those enrolling in the post-market surveillance studies deserve to know the abject absence of any relevant information on efficacy and risk for them. In their zeal to help humanity, or to help themselves, these people may very well be walking into a situation that will cause autoimmunity due to pathogenic priming, potentially leading to disease enhancement should they become infected following vaccination.”*

## **Why Is Moderna's Gene Therapy Deadlier Than Pfizer's?**

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What might account for Moderna's gene therapy “vaccine” causing more than five times more deaths than Pfizer's? One possibility raised in The Defender's article is that they failed to “screen out unsafe epitopes to reduce autoimmunity due to homology between parts of the viral protein and the human proteome.”

According to a 2020 paper<sup>27</sup> in the Journal of Translational Autoimmunity, “Pathogenic priming likely contributes to serious and critical illness and mortality in COVID-19 via autoimmunity,” noting that the same may apply post-vaccination.

As explained in this paper, all but one of SARS-CoV-2 immunogenic epitopes are similar to human proteins. Epitopes<sup>28</sup> are sites on the virus that allow antibodies or cell receptors in your immune system to recognize it.

This is why epitopes are also referred to as “antigenic determinants,” as they are the parts that are recognized by an antibody, B-cell receptor or T-cell receptor. Most antigens — substances that bind specifically to an antibody or a T-cell receptor — have several different epitopes, which allow it to be recognized by several different antibodies.

According to the author, some epitopes can cause “autoimmunological pathogenic priming due to prior infection or following exposure to SARS-CoV-2 ... following vaccination.”

In other words, if you've had the infection once, and get reinfected (either by SARS-CoV-2 or a sufficiently similar coronavirus), the second bout has a great potential to be more severe than the first. Similarly, if you get vaccinated and are then infected with SARS-CoV-2, your infection may be more severe than had you not been vaccinated.

For this reason, "these epitopes should be excluded from vaccines under development to minimize autoimmunity due to risk of pathogenic priming," the paper warns. The abstract lays out the basics of the pathogenic priming process.<sup>29</sup> As noted in *The Defender*:<sup>30</sup>

*"Thus, concern over vaccine-induced pathogenic priming is not zero, but it may be less than COVID-19 vaccines that use more than one SARS-CoV-2 protein. However, the hyper-focused IgG response to the fewer antigens could cause hyperimmunization, a condition considered ripe for off-target autoimmunity attacks."*

## **Are Lethal Effects Being Hidden?**

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The *Defender* points out that vaccine trials never use inert placebos. Instead, many use another vaccine. By doing so, they effectively hide side effects. In the case of Moderna, a total of 13 people died in the trial, seven in the vaccine group and eight in the placebo group. One severe adverse event in the placebo group, however, was relabeled as a death, and one death in the vaccine group was relabeled as a severe adverse event.

In the vaccine group, deaths were listed as cardio-respiratory arrest, heart attack, multisystem organ failure, head injury and suicide. None of the deaths were linked to the vaccine.

However, as noted in *The Defender*, heart attacks can involve autoimmunity and have been seen in post-vaccinations before. Multisystem organ failure is also "consistent with autoimmunity against ubiquitously expressed proteins as a result of vaccination."

"The suicide cannot be ruled out as not due the vaccine, either," *The Defender* writes, noting it could be related to "autoimmunity against oxytocin or serotonin receptors," which might result in "devastating depression."

Indeed, [prezi.com](https://prezi.com) includes a number of reports of people saying they've experienced anxiety and depression following their vaccination. Depression is also a possible outcome of neuroinflammation, as noted by Mikovits.

## **Do a Risk-Benefit Analysis Before Making Up Your Mind**

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While both Pfizer and Moderna report low rates of side effects — Moderna's being just 0.5% — the rates of side effects in the real world appear to be extraordinarily high. Data are still hard to come by, but if we go by initial data reported by the U.S. Centers for Disease Control and Prevention,<sup>31</sup> we end up with a side effect rate in the real world of 2.79%.



By December 18, 2020, 112,807 Americans had received their first dose of COVID-19 vaccine. Of those, 3,150 suffered one or more “health impact events,” defined as being “unable to perform normal daily activities, unable to work, required care from doctor or health care professional.” If you divide the number of reported side effects with the number that received the vaccine, you get a side effect rate of 2.79%.

If you then extrapolate that to the total U.S. population of 328.2 million, we may be looking at 9,156,780 Americans suffering vaccine injuries if everyone gets vaccinated.

To avoid becoming a sad statistic, I urge you to review the science very carefully before making up your mind about this experimental gene therapy.

v-safe active surveillance covid

Also remember that the lethality of COVID-19 is actually surprisingly low. It’s lower than the flu for those under the age of 60.<sup>32</sup>

If you’re under the age of 40, your risk of dying from COVID-19 is just 0.01%, meaning you have a 99.99% chance of surviving the infection. And you could improve that to 99.999% if you’re metabolically flexible, insulin sensitive, and vitamin D replete.

So, really, what are we protecting against with a COVID-19 vaccine? These mRNA vaccines aren’t even designed to prevent infection, only reduce the severity of symptoms. Meanwhile, they could potentially make you sicker once you’re exposed to the virus, and/or cause persistent serious side effects such as those reviewed above.

While I won’t tell anyone to do, I would urge you to take the time to review the science and weigh the potential risks and benefits based on your individual situation before you make a decision that you may regret for the rest of your life, which can actually be shortened with this vaccine.