

From: David Dickson

Sent: Wednesday, June 26, 2024 10:49 AM

To: Peter A. McCullough; Roger Hodkinson; Paul Alexander; Dr M Trozzi; Dr. Harvey Risch

Subject: RE: A Systematic REVIEW of Autopsy findings in deaths after covid-19 vaccination - ScienceDirect

Thank you for the response, Peter.

My responses are below in **[Blue]** and attached as a PDF supplement.

I look forward to your response.

David

From: Peter A. McCullough

Sent: Wednesday, June 26, 2024 4:40 AM

To: David Dickson

Cc: Roger Hodkinson; Paul Alexander; Dr M Trozzi; Dr. Harvey Risch

Subject: Re: A Systematic REVIEW of Autopsy findings in deaths after covid-19 vaccination - ScienceDirect

See responses in ALL CAPS

On Tue, Jun 25, 2024 at 10:29 PM David Dickson <david.dickson@dksdata.com> wrote:

Hi Peter,

I am working through your republished study and the associated studies in detail.

I have some questions.

Could these be part of the issue you are having with the threat of the publication being pulled by Elsevier like the Lancet did?

Type of publication

This is just a Journal Pre-Proof isn't it?

Is that similar to the Lancet Pre-Print?

FULL PUBLICATION IN GALLEY PROOF FORM BEFORE FINAL PRINT/PUBLICATION

[Thank you for the clarification. As this is confirmed as a Galley proof, hopefully my comments below could be useful in any final changes for clarification.]

Declared interests.

The publication seems to have some inaccuracies in this area.

All the authors are connected to The Wellness Company (TWC) and/or your foundation.

Are they truly independent based on this?

Nicolas Hulscher - McCullough Foundation

Paul E. Alexander - TWC

Richard Amerling - TWC

Heather Gessling - TWC

Roger Hodkinson - TWC

Viliam Makis - TWC

Harvey A. Risch - TWC

Mark Trozzi – TWC

Peter A. McCullough - TWC, McCullough Foundation

ALL AUTHORS ARE TRULY INDEPENDENT AND LIKE YOU HAVE AFFILIATIONS TO ORGANIZATIONS THAT HAD NO ROLE IN THE MANUSCRIPT

[See comment below.]

The article lists Viliam Makis current contact details with the Cross Cancer at Alberta Health Services. I had informed you and Roger Hodgkinson about that last year, when it was published as a pre-print in the Lancet. However, it still shows that same information despite being incorrect since 2016 (*based on publically available information and comments by Viliam Makis*).

THERE AFFILIATIONS OF WHICH THERE ARE MANY ARE IRRELEVANT TO THE PAPER

[Their affiliations, where they are optically relevant to the credibility of the publication, should be referenced in the interest of transparency. I know from numerous discussions with Roger that many of you have been working together for quite some time. As a result, independent appears hard to justify, and brings with it questions as to credibility of the group as a whole, based on your responses here.

Organisations such as the Cross Cancer and Alberta Health Services who terminated Dr. Viliam Makis' short three-year contract early which has resulted in many years of clearly venomous (on both sides) Court and College battles seems to be a strange contact to list on such a publication that is bound to be under intense scrutiny. He has a resume that lists many other associations that could have been used and on other related publications has listed TWC as his contact. Again, the optics here are not favourable to an outside observer.

TWC was listed as a Declaration of Competing Interest for all but Dr. Trozzi and Dr. Hulscher, when Dr. Trozzi is affiliated with the TWC and Dr. Hulscher is affiliated with the McCullough Foundation. Surely, in the interest of transparency, they would qualify for the same declaration as a result, or at least some clarification.

With all due respect Peter, if this group really wants to ensure credibility, they really should consider full transparency.

I am just trying to provide some honest feedback on the optics of the presentation that may be of assistance.]

In the associated studies, I have found some clear indications of COVID vaccine-associated deaths (enough for concerns, especially when taken next to the massive AEFI reports I have tracked for over three years).

<https://dksdata.com/ONSDATA>

However, there seems to be a significant amount in the report that doesn't line up. Also, the table of percentages is not accurate to two decimal places when that is what it is represented as. Not to be picky but that was a bit of a red flag in a study with so much attention.

ALL RECONCILE

[Again Peter, I have to disagree here.

Table retrieved on 25th, June, 2024 from:

<https://www.sciencedirect.com/science/article/pii/S0379073824001968/pdf?md5=785eada02d59f6c16760c1510f5f1b88&pid=1-s2.0-S0379073824001968-main.pdf>

and confirmed on 8th June 2024 from:

<https://www.sciencedirect.com/science/article/pii/S0379073824001968>

“Table 2 shows the number and proportion of each reported cause of death.” “N=326”

Column.Headers

“Reported.Cause.of.Death”, “Cases”, “Proportion of Cases (N=98)”

The published table lists »N=98» Reported.Cause.of.Death, and yet the supplementary information lists 325 (as one is the postmortem examination of a human heart).

On that point of 325 vs 326, may I present a suggestion on the use of Necropsy for the explanted transplanted

human heart? Anyone Googling that term may be confused that it is more commonly (but not exclusively) used for the postmortem examination of an animal (nonhuman) body. I have already had medical professionals asking that very question and I had to consult a retired pathologist and a retired CNRA investigator I am working with for clarification on that item.

With 326 Cases with a »Reported.Cause.of.Death«, as listed in the table, the error becomes apparent at two decimal points where the total comes to 99.60%, not 100%.

As there are only 325 »Reported.Cause.of.Death« ? the total comes to 100.31% (based on the Myocarditis row being 17 deaths as listed in the table).

However, if you remove the one case of Myocarditis (from 17 to 16) for the heart transplant (Kang [31]) the totals do reconcile to 100%. However, the Cases row for Myocarditis is now incorrect for Deaths and the percentage should show 4.92% (two decimal places) or 4.9% as per the published table at one decimal place, not 5.2% as published.

As you can see, there has to be some mental gymnastics to make the table reconcile at a total level but then the rows are inaccurate. This is only clear when looking at the data to two decimal places which highlights the error on the Myocarditis row (and the total saying 326 deaths when there were 325 deaths and one transplant).

With this simple error on the primary table in the main paper being inaccurate, and the challenges with the "Declaration of Competing Interest" and contact details appearing less than transparent, is it possible other errors have been made that would bring further questions to the paper again?

On that point, I note you have provided no feedback below this. Considering some of the items, such as missing 5 Cases in Yeo [36], I now have more questions than answers.

I look forward to any response from any of the authors on this.

Note I have only sent this to people I have confirmed emails for as part of prior communications. Due to the concerns with the contact details as outlined above, I have not used the contact emails on any of the papers listed in the attached.]

Chaves [21]

<https://ncbi.nlm.nih.gov/pmc/articles/PMC9618417/>

Says "individual case data unavailable" and yet your three doctors disagreed with most of the original authors. The comment that the study contained Sinovac (traditional vaccine), AZ and Pfizer is somewhat misleading for the paper as 118 of the 121 cases received Sinovac. That should probably be made clear in your report.

Suzuki [27] and Schneider [41].

<https://pubmed.ncbi.nlm.nih.gov/36037554/>

<https://pubmed.ncbi.nlm.nih.gov/34591186/>

Another collection of cases where your doctors disagree with the original authors but there seems to be little to justify this. I do note the original study authors listed some that would be probable though. Did your doctors confirm with the original study authors where they disagreed to ensure information was not missing or misinterpreted?

Hojberg [17]

<https://journals.sagepub.com/doi/10.1177/19253621231157933>

'76 year old who died at home with multiple significant comorbidities. Did not seek medical treatment despite 9 days of new symptoms leading to possible cause of death.'

This seems similar to the misattribution of COVID deaths due to the person not going to the hospital/doctor when sick.

Yeo [36]

<https://pubmed.ncbi.nlm.nih.gov/35078041/>

This was surprising as your review only identified 28 cases when there were 33. Did the page break on the original study report cause some confusion in the review?

Pomara [44]

<https://pubmed.ncbi.nlm.nih.gov/34073536/>

This study provides two highly probable cases that align with the WHO directions on causation from April 2021. It is worth a read from that perspective alone.

"This study aims to establish a practical workflow to define the relationship between adverse events following immunization (AEFI) and COVID-19 vaccination, following the basic framework of the World Health Organization"

Is the WHO framework what you are following in the report?

I am still working through it (just over halfway for a detailed review). I would welcome some feedback on the above though.

<https://x.com/dksdata/status/1805724595325899179>

Thanks,

David

Attachments below.

Reported Cause of Death	Cases	Proportion of Cases (N=326)	Actual*	325 (17)**	325 (16)**
Cardiovascular System	158	48.5%	48.47%	48.31%	48.31%
Sudden Cardiac Death	69	21.2%	21.17%	21.23%	21.23%
Myocardial Infarction	31	9.5%	9.51%	9.54%	9.54%
Ischemic Heart Disease	22	6.8%	6.75%	6.77%	6.77%
Myocarditis	17	5.2%	5.21%	5.23%	4.92%
Coronary Artery Disease	8	2.5%	2.45%	2.46%	2.46%
Heart Failure	2	0.6%	0.61%	0.62%	0.62%
Aortic Dissection	2	0.6%	0.61%	0.62%	0.62%
Cardiomyopathy	2	0.6%	0.61%	0.62%	0.62%
Pericarditis	1	0.3%	0.31%	0.31%	0.31%
Hypertensive Heart Disease	1	0.3%	0.31%	0.31%	0.31%
Cor Pulmonale	1	0.3%	0.31%	0.31%	0.31%
Coronary Postal Stenosis	1	0.3%	0.31%	0.31%	0.31%
Ventricular Dysplasia	1	0.3%	0.31%	0.31%	0.31%
Hematological System	56	17.2%	17.18%	17.23%	17.23%
Pulmonary Embolism	31	9.5%	9.51%	9.54%	9.54%
Vaccine-Induced Immune Thrombotic Thrombocytopenia (VITT)	19	5.8%	5.83%	5.85%	5.85%
Bleeding from Ruptured Aorta	1	0.3%	0.31%	0.31%	0.31%
Coronary Thrombosis	1	0.3%	0.31%	0.31%	0.31%
Thalassemia	1	0.3%	0.31%	0.31%	0.31%
Systemic Capillary Leak Syndrome	1	0.3%	0.31%	0.31%	0.31%
Thrombotic Microangiopathy	1	0.3%	0.31%	0.31%	0.31%
Hemorrhagic Shock	1	0.3%	0.31%	0.31%	0.31%
Respiratory System	36	11.0%	11.04%	11.08%	11.08%
COVID-19 Pneumonia	19	5.8%	5.83%	5.85%	5.85%
Respiratory Failure	8	2.5%	2.45%	2.46%	2.46%
Bacterial Pneumonia	4	1.2%	1.23%	1.23%	1.23%
Aspiration Pneumonia	1	0.3%	0.31%	0.31%	0.31%
Hemopneumothorax	1	0.3%	0.31%	0.31%	0.31%
Vaccine-Induced Acute Respiratory Distress Syndrome	1	0.3%	0.31%	0.31%	0.31%
COVID-19 Acute Respiratory Distress Syndrome	1	0.3%	0.31%	0.31%	0.31%
Exacerbation of Usual Interstitial Pneumonia	1	0.3%	0.31%	0.31%	0.31%
Multiple Organ Systems	24	7.4%	7.36%	7.38%	7.38%
Gastric Cancer	2	0.6%	0.61%	0.62%	0.62%
COVID-19 pneumonia/Myocardial Infarction	2	0.6%	0.61%	0.62%	0.62%
Multisystem Inflammatory Syndrome	1	0.3%	0.31%	0.31%	0.31%
Pneumonia/brain hemorrhaging	1	0.3%	0.31%	0.31%	0.31%
Myocardial Infarction/Respiratory Failure/Pulmonary Embolism	1	0.3%	0.31%	0.31%	0.31%
Heart Failure/Small Bowel Ischemia	1	0.3%	0.31%	0.31%	0.31%

Reported Cause of Death	Cases	Proportion of Cases (N=326)	Actual*	325 (17)**	325 (16)**
Respiratory Failure/Cardiomyopathy/Encephalopathy	1	0.3%	0.31%	0.31%	0.31%
Anaphylaxis/Hypoxic Brain Damage/Thrombosis/Myocardial Infarction	1	0.3%	0.31%	0.31%	0.31%
Hyperglycemic Coma	1	0.3%	0.31%	0.31%	0.31%
Multi-Organ Failure from Cardiac Arrest	1	0.3%	0.31%	0.31%	0.31%
Encephalitis/Myocarditis	1	0.3%	0.31%	0.31%	0.31%
Renal/Respiratory Failure	1	0.3%	0.31%	0.31%	0.31%
COVID-19	1	0.3%	0.31%	0.31%	0.31%
Adhesion Ileus	1	0.3%	0.31%	0.31%	0.31%
Strangulation Ileus	1	0.3%	0.31%	0.31%	0.31%
Incarceration of Inguinal Hernia	1	0.3%	0.31%	0.31%	0.31%
Ischemic Colitis	1	0.3%	0.31%	0.31%	0.31%
Sigmoid Colon Cancer	1	0.3%	0.31%	0.31%	0.31%
Lung cancer	1	0.3%	0.31%	0.31%	0.31%
Multiple Thrombosis/Rhabdomyolysis	1	0.3%	0.31%	0.31%	0.31%
Severe Interstitial Lung Disease/Coronary Artery Disease	1	0.3%	0.31%	0.31%	0.31%
Unknown	1	0.3%	0.31%	0.31%	0.31%
Neurological System	14	4.3%	4.29%	4.31%	4.31%
Cerebral Hemorrhage	7	2.2%	2.15%	2.15%	2.15%
Subarachnoid Hemorrhage	2	0.6%	0.61%	0.62%	0.62%
Multiple Sclerosis	1	0.3%	0.31%	0.31%	0.31%
Cerebral Ischemia	1	0.3%	0.31%	0.31%	0.31%
Acute Disseminated Encephalomyelitis	1	0.3%	0.31%	0.31%	0.31%
Epilepsy	1	0.3%	0.31%	0.31%	0.31%
Guillain-Barre Syndrome	1	0.3%	0.31%	0.31%	0.31%
Immunological System	13	4.0%	3.99%	4.00%	4.00%
Cytokine Storm	4	1.2%	1.23%	1.23%	1.23%
Diabetic Ketoacidosis	3	0.9%	0.92%	0.92%	0.92%
'Metabolic Conditions'	3	0.9%	0.92%	0.92%	0.92%
Neoplasia	2	0.6%	0.61%	0.62%	0.62%
Eosinophilia	1	0.3%	0.31%	0.31%	0.31%
Gastrointestinal System	3	0.9%	0.92%	0.92%	0.92%
Sigmoid Volvulus	2	0.6%	0.61%	0.62%	0.62%
Bleeding Duodenal Ulcer	1	0.3%	0.31%	0.31%	0.31%
Other	22	6.8%	6.75%	6.77%	6.77%
Unexplained	8	2.5%	2.45%	2.46%	2.46%
Drowning	6	1.8%	1.84%	1.85%	1.85%
Head injury	2	0.6%	0.61%	0.62%	0.62%
Sepsis	2	0.6%	0.61%	0.62%	0.62%
Malnutrition	1	0.3%	0.31%	0.31%	0.31%

Reported Cause of Death	Cases	Proportion of Cases (N=326)	Actual*	325 (17)**	325 (16)**
Pyelonephritis	1	0.3%	0.31%	0.31%	0.31%
Alcohol Intoxication	1	0.3%	0.31%	0.31%	0.31%
Poisoning	1	0.3%	0.31%	0.31%	0.31%
Total	326	99.60%	100.00%	100.31%	100.00%
<i>*Column "Actual" is calculated as Cases/326 to two decimal places.</i>					
<i>**Column "325 (17)" is calculated as Cases/325 which does not account for the non fatal Myocarditis case resulting in a transplant (Kang [31]).</i>					
<i>***Column "325 (16)" is calculated as Cases/325 (with Myocarditis Cases dropped from 17 to 16 to account for the one non fatal case resulting in a transplant (Kang [31]).</i>					

Table retrieved on 25th, June, 2024 from:

<https://www.sciencedirect.com/science/article/pii/S0379073824001968/pdf?md5=785eada02d59f6c16760c1510f5f1b88&pid=1-s2.0-S0379073824001968-main.pdf>

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On that point of 325 vs 326, may I present a suggestion on the use of Necropsy for the explanted transplanted human heart? Anyone Googling that term may be confused that it is more commonly (but not exclusively) used for the postmortem examination of an animal (nonhuman) body.

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Named Author	https://www.sciencedirect.com/science/article/pii/S0379073824001968	https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4496137	https://onlinelibrary.wiley.com/doi/10.1002/ehf2.14680	https://europepmc.org/article/PPR/PPR693314	https://www.preprints.org/manuscript/202307.1198/v1
Nicolas Hulscher	<i>University of Michigan School of Public Health, Ann Arbor, MI, USA</i>	<i>University of Michigan at Ann Arbor - School of Public Health</i>	<i>University of Michigan School of Public Health, Ann Arbor, MI, USA</i>	<i>University of Michigan School of Public Health, Ann Arbor, MI, USA</i>	<i>McCullough Foundation</i>
Paul E. Alexander	<i>The Wellness Company, Boca Raton, FL</i>	<i>Government of the United States of America - Department of Health and Human Services</i>			
Richard Amerling	<i>The Wellness Company, Boca Raton, FL</i>	<i>Wellness Company</i>			
Heather Gessling	<i>The Wellness Company, Boca Raton, FL</i>	<i>Wellness Company</i>			
Roger Hodkinson	<i>The Wellness Company, Boca Raton, FL</i>	<i>Wellness Company</i>	<i>The Wellness Company, Boca Raton, FL</i>	<i>The Wellness Company, Boca Raton, FL</i>	
William Makis	<i>Cross Cancer Institute, Alberta Health Services, 11560 University Avenue, Edmonton, AB T6G 1Z2, Canada</i>	<i>CancerControl Alberta - Alberta Health Services</i>	<i>The Wellness Company, Boca Raton, FL Cross Cancer Institute, Alberta Health Services, Edmonton, Canada</i>	<i>Cross Cancer Institute, Alberta Health Services, 11560 University Avenue, Edmonton, AB T6G 1Z2, Canada</i>	
Harvey A. Risch	<i>Professor Emeritus, Yale University School of Public Health, New Haven, CT</i>	<i>Yale School of Public Health</i>			
Mark Trozzi	<i>Independent Physician, Bancroft, Canada</i>	<i>Wellness Company</i>			
Peter A. McCullough	<i>Truth for Health Foundation, Tucson, AZ</i>	<i>Wellness Company</i>	<i>The Wellness Company, Boca Raton, FL, USA Truth for Health Foundation, Tucson, AZ, USA McCullough Foundation, Dallas, TX, USA</i>	<i>1. The Wellness Company, Boca Raton, FL 2. McCullough Foundation, Dallas, TX</i>	

Declaration of Competing Interest	<i>Drs Alexander, Amerling, Gessling, Hodkinson, Makis, McCullough, Risch, are affiliated with and receive salary support and/or hold equity positions in The Wellness Company, Boca Raton, FL which had no role in funding, analysis, or publication. Nothing to declare for Dr. Trozzi and Mr. Hulscher</i>
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In addition, Dr. Viliam Makis listing the Cross Cancer at Alberta Health Services considering the position between them and manner of parting in 2016 (a matter of public record but not easy to find under “William Makis” should be clarified in the interest of transparency for the reader.)