

# COVID Vaccine Deaths and Injuries Are Secretly Buried

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*In the European Union’s database of adverse drug reactions from COVID shots, called EudraVigilance, there were 1,509,266 reported injuries, including 15,472 deaths as of June 19, 2021. EudraVigilance only accepts reports from EU members, so it covers only 27 countries. Remarkably, about HALF of all reported injuries — 753,657 — are listed as “serious”*

*The British Yellow Card system had, as of June 9, 2021, received 276,867 adverse event reports following COVID “vaccination,” including 1,332 deaths*

*Before you make the decision to participate in this unprecedented health experiment, it may be wise to assess your personal insurance and financial ability to handle a serious injury, as pandemic vaccine manufacturers are indemnified against lawsuits*

*If you are injured by a COVID shot and live in the U.S., your only recourse is to apply for compensation from the Countermeasures Injury Compensation Act (CICP). Payouts are rare, cover only lost wages and unpaid medical bills, cannot be appealed, are capped around \$370,000 for death, and require you to exhaust your private insurance before kicking in*

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Reports of deaths and serious injuries from the COVID-19 jabs have been mounting with breakneck rapidity. Those who look at the numbers and have some awareness of historical vaccine injury rates agree we’ve never seen anything like it, anywhere in the world. While data can be hard to come by for some countries, the ones we can check reveal deeply troubling patterns.

- United States — As of June 11, 2021, the U.S. Vaccine Adverse Events Reporting System (VAERS) had posted 358,379 adverse events,<sup>1</sup> including 5,993 deaths

and 29,871 serious injuries. In the 12- to 17-year-old age group, there were 271 serious injuries<sup>2</sup> and seven deaths. Among pregnant women, there were 2,136 adverse events, including 707 miscarriages or premature births.<sup>3</sup>

All of these are bound to be undercounts as, historically, less than 10% of vaccine side effects are reported to VAERS.<sup>4</sup> An investigation by the U.S. Department of Health and Human Services put it as low as 1%.<sup>5,6</sup>

Be that as it may, the reported rate of death from COVID-19 shots now exceeds the reported death rate of more than 70 vaccines combined over the past 30 years, and it's about 500 times deadlier than the seasonal flu vaccine,<sup>7</sup> which historically has been the most hazardous.

The COVID shots are also five times more dangerous than the pandemic H1N1 vaccine, which had a 25-per-million severe side effect rate.<sup>8,9</sup> Assuming the COVID shots had the same side effect rate, and assuming some 200 million got the vaccine, the estimated number of people suffering a serious side effect would be about 5,000. We're well past that already, as 35,864<sup>10</sup> people have been seriously injured or killed.

Even though there are nearly 6,000 reported deaths in VAERS, this number is likely seriously compromised. I recently interviewed Dr. Vladimir Zelenko, who has treated COVID patients quite successfully, and we discussed the very distinct possibility that everyone who receives the COVID jab may die from complications in the next two to three years.

He personally knows of 28 COVID jab deaths that were not accepted by VAERS. Zelenko suspects the number of deaths may exceed 100,000 already.

Getting the COVID jab immediately places the injected individual in the very high risk of dying from COVID. Most have the false assurance that they are protected, but in reality, they are far more vulnerable and as a result will not take very aggressive proactive measures to avoid dying from pathogenic priming or paradoxical immune enhancement before it is too late.

Please be sure and make a notation in your calendar to review my groundbreaking interview with Zelenko this Sunday, July 4, 2021, which is only three days away. We will review protocols you can use to protect you and your family or those you love, who now regret getting the COVID jab.

- European Union — In the European Union's database of adverse drug reactions from COVID shots, called EudraVigilance, there were 1,509,266 reported injuries, including 15,472 deaths as of June 19, 2021.<sup>11</sup> EudraVigilance only accepts reports from EU members, so it covers only 27 of the 50 European countries.

Remarkably, about HALF of all reported injuries — 753,657 — are listed as "serious," meaning the injury is life-threatening, requires hospitalization, results in a medically important condition, significant disability or persistent incapacity.

- U.K. — The British Yellow Card system had received, as of June 9, 2021, 276,867 adverse event reports following COVID “vaccination,” including 1,332 deaths.<sup>12</sup>
- Israel — According to a report by the Israeli People Committee, a civilian body of health experts, “there has never been a vaccine that has harmed as many people.”<sup>13</sup> For example, Israeli data show boys and men between the ages of 16 and 24 who have been vaccinated have 25 times the rate of myocarditis (heart inflammation) than normal.<sup>14</sup>

(Myocarditis is also affecting teens and young adults in the U.S. Although CDC officials say no confirmed deaths have been reported, at least two deaths have been linked temporally to the vaccine.<sup>15,16,17,18,19</sup>)

- Australia — In Australia, two people have died from blood clots after taking AstraZeneca’s COVID shot. Meanwhile, only one person — an elderly woman — has died from COVID-19 this year.<sup>20,21</sup>

### If Something Goes Wrong, You’re on Your Own

The pain and suffering these shots have already created is hard to imagine. Clearly, millions around the world have had their lives turned upside down by them. Many may not recover, physically or financially. It’s really important to realize that if something goes wrong, you’re largely on your own.

Before you make the decision to participate in this unprecedented health experiment, it may be wise to assess your personal insurance and financial ability to handle a serious injury, as pandemic vaccine manufacturers are indemnified against lawsuits. You cannot sue them for damages. Nor can you sue the government or anyone else.

If you are injured by a COVID shot and live in the U.S., your only recourse is to apply for compensation from the Countermeasures Injury Compensation Act (CICP), under which [COVID-19 vaccines](#) are a covered countermeasure.<sup>22</sup> The CICP is run by a sparsely staffed agency under the U.S. Department of Health and Human Services.

Details and hyperlinks to benefit request forms can be found in the Congressional Research Service’s legal sidebar, “Compensation Programs for Potential COVID-19 Vaccine Injuries.”<sup>23</sup> You cannot apply for and will not receive compensation from the National Vaccine Injury Compensation Program (VICP), which covers other vaccines, including the flu vaccine.

Compensation from CICP is very limited and hard to get. In its 15-year history, it has paid out just 29 claims, fewer than 1 in 10.<sup>24,25,26</sup> You only qualify if your injury requires hospitalization and results in significant disability and/or death, and even if you meet the eligibility criteria, it requires you to use up your private health insurance before it kicks in to pay the difference.

The average CICP award is \$200,000, and death cases are capped around \$370,000. Meanwhile, you can easily rack up a \$1 million hospital bill if you suffer a serious thrombotic event.

There's no reimbursement for pain and suffering, only lost wages and unpaid medical bills. This means a retired person cannot qualify even if they die or end up in a wheelchair. Salary compensation is of limited duration, and capped at \$50,000 a year. On top of all that, you cannot appeal the CICP's decision. Appeals simply get reviewed by another staff member in the same office.

### Can You Afford a COVID Shot Injury?

Even if they can get it, CICP awards are likely to be a drop in the bucket for most people. The average award is \$200,000, and death cases are capped at \$370,376.<sup>27</sup> Meanwhile, you can easily rack up a \$1 million hospital bill if you suffer a serious thrombotic event.<sup>28</sup> You must also pay for your own legal help and any professional witnesses you may need to support your claim.

In early June 2021, KRDO news reported<sup>29</sup> on the case of Kendra Lippy, a 38-year-old woman who had no health complaints prior to getting her Johnson & Johnson shot. Within a week, she developed headaches, abdominal pain and nausea. Her diagnosis: Severe [blood clots](#) that progressed into multiple organ failure and coma.

She had to have most of her small intestine removed and will need total parenteral nutrition for the rest of her life — a feeding method that bypasses her gastrointestinal tract. She was hospitalized for 33 days, including 22 days in the intensive care unit. She now needs occupational and physical therapy to regain basic functions like walking, writing and holding a fork.

Lippy's hospital bill already exceeds \$1 million, a sum she'll likely never be able to pay off, and there's no telling what kind of medical treatment she'll need in years to come. Clearly Lippy is headed for bankruptcy, and medical bills are the most common cause in the U.S.

### Additional Stipulations That Make Payouts Rare

There are also time stipulations. You must file a request for benefits within one year of the date the vaccine was administered in order to qualify. This is a serious barrier, as serious side effects can take time to develop. For example, after the 2009 [swine flu pandemic](#), people started reporting Guillain-Barre syndrome years after getting the pandemic H1N1 vaccine. At that point, they no longer qualified.<sup>30</sup>

Worst of all, however, is the fact that it is now your responsibility to prove your injury was the "direct result of the countermeasure's administration based on compelling, reliable, valid, medical and scientific evidence beyond mere temporal association."

In other words, you basically have to prove what the vaccine developer itself has yet to ascertain, seeing how you are part of their still-ongoing study! The CICP is also notoriously secretive about why claims are approved or rejected. As reported by the Insurance Journal, "it doesn't release even the most basic details such as the kinds of sicknesses people claim they got from vaccines."<sup>31</sup>

As of June 1, 2021, 1,360 Americans had sought compensation from the CICP for injuries and deaths arising from pandemic countermeasures, but only 869 were deemed eligible to file a

claim.<sup>32</sup> None has been adjudicated. Professor Peter Meyers, a former director of the Vaccine Injury Litigation Clinic, who has referred to the CICP as a “black hole process,”<sup>33</sup> warns that it’s a “lousy program.” He told Life Site News:<sup>34</sup>

*“It’s a secretive, opaque program whereby some unknown officials within the Department of Health and Human Services will make decisions; we don’t know how many people are adjudicating, who they are, or what the process is.”*

The secrecy means there are no official statistics on the types of injuries people are filing for, or what countermeasure is said to have caused their injury. By the way, vaccines are not the only countermeasures shielded from liability. Hospital treatment errors are shielded too, and we know some [hospitals routinely killed patients](#), whether they had confirmed COVID-19 or not, by placing them on ventilators even when they didn’t need it.<sup>35</sup>

### Can You Trust These White-Collar Criminals?

As mentioned, pandemic vaccine makers are [shielded from financial liability](#). The only way you can sue is if you can prove “willful misconduct,” such as deliberate deception, fraudulent behavior or hiding relevant information. To get around this, vaccine makers may simply not look for certain problems.

The potential for infertility is a perfect example. The spike protein is suspected of having [reproductive toxicity](#), and Pfizer’s biodistribution data show it accumulates in women’s ovaries.<sup>36</sup> Despite that, Pfizer did not perform any reproductive toxicology tests. Since they didn’t look, they can with a straight face say they “didn’t know” the shot might cause reproductive failure. The thing is, they should have suspected it, and done the tests to make sure.

Already, we’re seeing signs of reproductive toxicity. Data suggest the miscarriage rate among women who get the COVID “vaccine” within the first 20 weeks of pregnancy is a whopping 82%. The normal rate is 10%, so this is no minor increase. Infertility will be far more difficult to ascertain, and could take decades.<sup>37</sup>

In a May 28, 2021, letter to the editor of The New England Journal of Medicine, Drs. Ira Bernstein and Sanja Jovanovic and Deann McLeod, HBS, of Toronto, pointed this out by highlighting that preliminary safety studies published in the NEJM in April 2021 were in error by including “clinically unrecognized pregnancies” in them.<sup>38</sup>

They included adjusted graphs reflecting this, and asked the study’s authors to remove the erroneous data but, interestingly, their letter disappeared from the internet the last week of June, although it was still in Wayback archives as of June 27, 2021. Coincidentally, June 17, 2021, the NEJM republished the April study with no explanation as to why it was being republished and with no adjustments to the data.

Considering the criminal history of Pfizer, Johnson & Johnson and AstraZeneca, it’s hard to understand how millions of people trust these companies not to lie in order to make a buck. As reported by Life Site News:<sup>39</sup>

*“Just three main vaccine makers, Pfizer, Johnson & Johnson and AstraZeneca, have been*

*ordered by state and federal courts to pay a combined more than \$8.6 billion in fines to resolve dozens of allegations of criminal and civil misconduct.*

*Pfizer alone was [fined](#) \$2.3 billion — the largest such settlement in history, according to the Department of Justice — for willfully defrauding and misbranding its drugs that had already been yanked from shelves for their documented dangers.*

*But for six whistleblowers who brought evidence forward against the company, it may have continued misbranding and selling its dangerous wares.*

*'We've made a trade-off in America,' said Meyers, in giving vaccine manufacturers liability protection to ensure that they will keep making vaccines that, before legal immunity, were bogged down in lawsuit litigation for side effects.*

*Manufacturers who make cars or ladders or other products can be sued if they are faulty. Vaccine makers have blanket liability to ensure their products are produced, government funding to produce them, ensured government orders for products, government-paid mass-marketing and mandates ...*

*'The tradeoff seems unfair today because the CICI program is such a flawed program,' said Meyers, particularly when vaccine companies are raking in colossal profits (Pfizer is set to haul in \$26 billion from its COVID vaccines this year and COVID vaccine manufacturing is churning out billionaires whose annual salaries are multiples of a decade of CICI payouts to dozens of people).*

*The CICI benefits are 'stingy compensations,' he added, for people who are suffering and waiting in the face of corporate greed and government opacity. Notwithstanding the drug companies' criminal records, Meyers thinks they would be 'crazy to risk misconduct.' If it turned out that vaccine makers were actually hiding information on risks of COVID vaccines, he said, 'it would be a catastrophe.'"*

Are Government and Big Pharma Guilty of Willful Misconduct?

I don't know about you, but the feeling I get when I look at the cascade of injuries and deaths occurring within days or in many cases mere hours after injection is that something is terribly amiss, and vaccine makers are sweeping it all under the rug. Isn't that willful misconduct? Failing to perform reproductive toxicology tests after they discover that spike protein accumulates in the ovaries — isn't that reprehensible willful misconduct?

Continuing to claim that the mRNA stays in the shoulder muscle when they have data showing it gets distributed into virtually all organs in the human body — isn't that hiding important information? Isn't that reprehensible willful misconduct?

I would argue that government officials are also guilty of medical maleficence. As noted by Dr. Robert Malone, the inventor of the [mRNA](#) and DNA vaccine core platform technology,<sup>40</sup> the most current version of the Emergency Use Authorization (EUA) that governs these COVID shots reveals the FDA opted not to require stringent post-vaccination data collection and evaluation, even though they had the power to do so.

Again, if you don't look for injuries, you're unlikely to find them. If there's no robust data collection and review process, they can say the shots are safe and shuttle them through the

licensing process far more easily. The problem they're now facing is that VAERS is getting such an overwhelming number of reports that even if they account for only 10% of actual injuries, or less, it's absolutely unmistakable that there are serious problems.

Failing to require vaccine makers to put together a comprehensive system to capture adverse event data is a sign of incompetence at best. But that's not all. The FDA really starts appearing deceitful when refusing to acknowledge that the VAERS reports indicate there are problems.

To call "coincidence" more than 35,000 times is simply not believable, and to dismiss the risks of permanent disability and death as being "worth it" is beyond heartless, seeing how we have safe and effective treatments and no one actually needs to gamble their health on an experimental gene therapy.

### COVID Shots Are Clearly Riskier Than Advertised

As noted in a June 22, 2021, Wall Street Journal article,<sup>41</sup> while VAERS cannot tell us whether the shots were causative in any given side effect report, when you see clusters of reports that form a trend, it's time to investigate.

Four serious adverse effects that are currently trending are thrombocytopenia (low platelet count), noninfectious myocarditis (heart inflammation), especially in those under 30, deep-vein thrombosis and [death](#).<sup>42</sup>

In order for such effects to be tolerable, even if rare, the vaccine (or drug) would need to be absolutely crucial for survival. Think of a highly infectious pandemic of Ebola, for example — something where death is swift and virtually assured, and treatment, once infected, is ineffective.

None of those criteria apply to COVID-19, which has a lethality rate on par with the seasonal flu for all but the elderly and those most frail. The vaccine would also need to be an actual vaccine — something that provides immunity. COVID-19 gene therapy injections don't do that either.

Overall, it's clear that deaths and injuries from these shots are being swept under the rug, and we cannot allow that to continue. We must keep pushing for transparency, honesty and accountability.

Remember, mark your calendar to view my groundbreaking interview with Dr. Vladimir Zelenko this Sunday, which is only three days away. We will review protocols you can use to protect you and your family or those that you love who now regret getting the COVID jab.

The National Vaccine Information Center (NVIC) recently posted more than 50 video presentations from the pay-for-view Fifth International Public Conference on Vaccination held online October 16 to 18, 2020, and made them available to everyone for free.

The conference's theme was "Protecting Health and Autonomy in the 21st Century" and it featured physicians, scientists and other health professionals, human rights activists, faith community leaders, constitutional and civil rights attorneys, authors and parents of vaccine injured children talking about vaccine science, policy, law and ethics and infectious diseases, including coronavirus and COVID-19 vaccines.

In December 2020, a U.K. company published false and misleading information about NVIC and its conference, which prompted NVIC to open up the whole conference for free viewing. The conference has everything you need to educate yourself and protect your personal freedoms and liberties with respect to your health.

Don't miss out on this incredible opportunity. I was a speaker at this empowering conference and urge you to watch these video presentations before they're censored and taken away by the technocratic elite.

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## Notes

<sup>1, 10</sup> [MedAlerts / VAERS June 11, 2021](#)

<sup>2</sup> [MedAlerts / VAERS June 11, 2021, Cases where Vaccine is COVID19 and Serious](#)

<sup>3</sup> [The Defender June 18, 2021](#)

<sup>4</sup> [BMJ 2005;330:433](#)

<sup>5</sup> [AHRQ December 7, 2007](#)

<sup>6</sup> [The Vaccine Reaction January 9, 2020](#)

<sup>7, 37</sup> [Trial Site News May 25, 2021](#)

<sup>8, 26, 27, 30, 31</sup> [Insurance Journal December 29, 2020](#)

<sup>9</sup> [CNBC March 25, 2021](#)

<sup>11</sup> [Based Underground June 22, 2021](#)

<sup>12</sup> [Gov.UK Yellow Card Reporting Summary June 17, 2021 \(Covers 12/9/2020 – 6/9/2021\)](#)

<sup>13</sup> [Aletho News April 21, 2021](#)

<sup>14</sup> [Ottawa Citizen June 4, 2021](#)

<sup>15</sup> [STAT News June 10, 2021](#)

<sup>16</sup> [NBC News June 23, 2021](#)

<sup>17</sup> [The Defender June 24, 2021](#)

<sup>18</sup> [The Defender June 15, 2021](#)

<sup>19</sup> [WLWT June 14, 2021](#)

<sup>20</sup> [USA Today June 22, 2021](#)

<sup>21</sup> [The Defender June 21, 2021](#)

<sup>22, 23</sup> [Congressional Research Service Legal Sidebar CACP March 22, 2021 \(PDF\)](#)

<sup>24, 34, 39</sup> [Life Site News June 15, 2021](#)

<sup>25</sup> [Insurance Journal August 14, 2020](#)

<sup>28</sup> [The Defender June 2, 2021](#)

<sup>29</sup> [KRDO June 2, 2021](#)

<sup>32</sup> [HRSA June 1, 2021](#)

<sup>33</sup> [Yahoo News August 21, 2020](#)

<sup>35</sup> [11alive.com June 4, 2021](#)

<sup>36</sup> [Trial Site News June 6, 2021](#)

<sup>38</sup> [Wayback June 27, 2021](#)

<sup>40</sup> [Trial Site News May 30, 2021](#)

<sup>41, 42</sup> [WSJ Opinion June 22, 2021 \(Archived\)](#)

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