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Where Are the Autopsies of People Dying Post COVID Vaccine?

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Global Research, August 31, 2021
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Region: USA
Theme: Media Disinformation, Science and Medicine

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Dr. Jane Orient published a commentary in July 2021, asking why there is no information from autopsies of healthy people who died unexpectedly from the COVID-19 jab

Information from death certificates is notoriously inaccurate; autopsies are needed to inform public health policy and help people decide how they want to proceed with the genetic therapy injection program

As the death toll numbers reported to VAERS mounts daily, it is well over the rate of more than the number reported for 70 vaccines combined over 30 years and 500 times deadlier than the flu vaccine

Treatment for COVID-19 improved after Germany released data from 12 autopsies showing ventilators were likely a contributing cause of death

If you or a loved one took the shot and now regret it, there are options to help protect your health

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Dr. Jane Orient, executive director of the Association of American Physicians and Surgeons, published a commentary July 7, 2021[1] asking an important question about the rising number of deaths being reported to the U.S. Vaccine Adverse Events Reporting System (VAERS) in conjunction with the COVID-19 injection program.

Her credentials[2] are many: She's a clinical lecturer in medicine at the University of Arizona College of Medicine. She received her medical degree from Columbia University and is the author of several books. And, as president of Doctors for Disaster Preparedness and chairman of the Public Health Committee of the Pima County (Arizona) Medical Society, she asks: Why haven't there been autopsies of healthy people who are dying unexpectedly after receiving a COVID jab?

It's a reasonable and logical question since autopsies often reveal important information about diseases and illnesses — and it's information that can help guide future medical treatment to reduce the risk of long-term disability and death after the vaccine.[3] After all, without autopsy results, the ability to treat cardiovascular diseases,[4] cancers,[5] hereditary diseases like hypertrophic cardiomyopathy[6] and even catch murderers[7] would be incompetent.

Dr. Dylan Miller chairs the autopsy resource committee for the College of American Pathologists. He spoke with a reporter from The Wall Street Journal, saying,[8] "We think we always know what's going on inside our patients, but that's a fallacy. There's as much to be gained from an autopsy as ever."

The nature of an autopsy is diagnosis.[9] It can help family members come to terms with what caused a loved one's death, identify unknown diseases and offer clinicians an opportunity for a greater understanding of what happened before a patient dies. It also can provide a valuable educational opportunity for health officials and even students, who study disease processes.

It's been over eight months since the first COVID-19 vaccine was administered in the U.S. in December 2020.[10] Since then, VAERS reports show there have been over 12,000 people who have died after the shot.[11] Since autopsies are so incredibly important in the identification of disease and pathological processes, why haven't healthy people who have died after the COVID jab been autopsied?

Lack of Autopsy Results May Mean Data Are Hidden

At the time of Orient's published commentary,[12] she quoted a death toll after the COVID shot of nearly 7,000 people as reported in VAERS. This was in early July. By the end of July that number had risen to 12,366 people.[13] That's a jump of over 5,000 people in less than 30 days who reportedly had died after the COVID injections.

Orient comments that while it's the best system available now for recording adverse events from vaccines, VAERS is likely missing 90% or more of the actual number of individuals who are hospitalized, have suffered anaphylactic reactions, have Bell's Palsy, had heart attacks or had life-threatening reactions. The lack of accurate recording also includes the actual number of people who have died after receiving an injection.

When it comes to death certificates, data from The Johns Hopkins Hospital were published in the Archives of Internal Medicine in 2001,[14] demonstrating that the accuracy and reliability of the recorded cause of death, on death certificates, was a significant problem, indicating the continued need for autopsies to correctly identify the cause of death.

According to Orient, the death of a 45-year-old mother after receiving the COVID-19 shot that was required for her to start work at the same institution, Johns Hopkins University, will likely not be investigated by autopsy. Additionally, the hospital has not paused their demand for the injection program for mothers and potential mothers who want to work at the university.

In the past, when an individual died without significant medical illness, they were designated a case for the medical examiner, who would decide whether an autopsy was needed. Any evidence that was related to the death was gathered and considered along with the autopsy report.

The most important reason for requesting and performing an autopsy was to ensure quality health care and at one time was required for hospital accreditation.[15] However, that requirement has been dropped, and dropped along with it the number of autopsies routinely performed on patients who have died inside or outside the hospital.

The average rate for autopsies in the 1940s was 50%. That dropped to 41% in 1970, just before the Joint Commission on Accreditation of Hospitals removed the requirement that 20% of deaths in the hospital were to be autopsied to maintain accreditation.[16]

By 2018, experts estimated only 4% of in-hospital deaths were autopsied and only approximately 8% of all deaths. Since an estimated 700,000 die each year in the hospital, this means only approximately 28,000 of those deaths are autopsied. Experts have proposed three explanations for the falling rates, including:[17]

- Fear of finding mistakes leading to a malpractice lawsuit
- Lack of reimbursement for an autopsy
- The belief that medical technology has made autopsies obsolete

However, it's important to note that knowledge of why a person dies after vaccination will not help the family recover damages since the pharmaceutical industry is immune from liability.[18,19] Even so, this information should be used to inform public health policy and help people decide how they want to proceed with the genetic therapy injection program.

Death Certificates Are Notoriously Inaccurate

Orient also notes that death certificates, which researchers use to gather statistics on the cause of death, "are known to be extremely unreliable."[20] An evaluation of 494 death certificates at The Johns Hopkins Medical Institutions[21] in 2001 showed 41% had improperly completed forms and the reliability and accuracy of the death certificates listing cause of death was a significant problem.

A study published in the Southern Medical Journal[22] also found "major discrepancies" between the death certificates issued in the hospital and the information gathered on autopsy.

In 25% of the cases, the death was erroneously attributed to acute myocardial infarction, while an autopsy showed the deaths were actually from sepsis, cerebral hemorrhage, pneumonia and cardiac tamponade. Autopsy showed there were 52 myocardial infarctions that caused death, but death certificates accurately documented only 27. The researchers concluded:

> *"1) Death certificates are often wrong. 2) The time-honored autopsy is more valuable than ever. 3) Physicians need to write better death certificates and correct them. 4) Death certificate-based vital statistics should be corrected with autopsy results. 5) Vital*

statistics should note deaths confirmed by autopsy. 6) More autopsies would improve vital statistics and the practice of medicine."

According to the Centers for Disease Control and Prevention's document on understanding death data quality, hospitals and health care providers should use the following criteria when filling out cause of death on a patient's death certificate:[23]

> *"When a person dies, the cause of death is determined by the certifier — the physician, medical examiner, or coroner who reports it on the death certificate.*
>
> *Certifiers are asked to use their best medical judgment based on the available information and their expertise. When a definitive diagnosis cannot be made, but the circumstances are compelling within a reasonable degree of certainty, certifiers may include the terms "probable" or "presumed" in the cause-of-death statement."*

In other words, data being reported about cause of death can be manipulated with a "probable" or "presumed" assumption if the certifier makes a subjective evaluation and believes the "circumstances are compelling." This poor degree of accuracy only adds to the already notoriously inaccurate information found on death certificates.

Treatment for COVID-19 Improved After Autopsy Results

As Orient points out, there were tens of thousands of patients who died from COVID disease after being placed on ventilators before a small series of 12 autopsies done in Germany showed that most of these patients had blood clots and using a ventilator may have caused more damage.[24]

The improvement and treatment modalities for COVID-19 came after patients had been autopsied. Mechanical ventilation can easily damage lung tissue because it forces air into the lungs. Patients with COVID-19 who were ventilated had at best a 50-50 chance of surviving.[25]

However, risk analysis being reported indicated this chance of survival was higher than what was being seen clinically. China reported[26] of 22 patients on ventilators, 86% of them did not survive the treatment. A British study found two thirds of patients on mechanical ventilation died and a study of 320 mechanically ventilated patients in New York showed 88% of them died.

COVID-19 Jab: More Death Reports Than All Vaccines Combined

Imagine if you would, a vaccine so "safe" officials are threatening those who won't take it for a disease so deadly most people must be tested to know if they have it. Autopsies and accurate death certificates are part of an evaluation of safety for treatment protocols. If a reasonable safety standard had been in place, the campaign to inject the world would have stopped in early January 2021.

The voluntary reported death rate from the shots now exceeds that of more than 70 vaccines combined over 30 years and shows that it's 500 times deadlier than the flu vaccine,[27] which historically has been the most hazardous.

Trial Site News[28] reports that Pfizer documents submitted to the European Medicines Agency [EMA] reveal the company "did not follow industry-standard quality management practices during preclinical toxicology studies … as key studies did not meet good laboratory practice (GLP)."

Neither reproductive toxicity nor genotoxicity (DNA mutation) studies were performed, both of which are considered critical when developing a new drug or vaccine for human use. The problems now surfacing matter greatly, as they significantly alter the risk benefit analysis underlying the vaccines' emergency use authorization.

On the flip side of the risk-benefit analysis is the fact that effective treatment protocols have been developed by infectious disease specialists[29] who have a high rate of success and therefore negate the need for emergency use authorization of a dangerous gene therapy injection program.

Unfortunately, people not only are dying from the shot itself, but data now show countries that have launched a massive vaccination campaign have more cases of COVID-19.[30] In fact, data from the CDC show 74% of people who recently became sick with COVID-19 in Massachusetts were fully vaccinated.[31]

In a report from CNBC, the reporter announced that "public health experts" point out the majority of breakthrough cases in fully vaccinated people that lead to hospitalization and death are occurring in the elderly and those with comorbid conditions.[32]

In other words, the shot has increased the risk for severe disease in the very populations of people the shot is supposed to protect. In addition, the CDC changed how they count breakthrough cases in vaccinated individuals:

> *"As of May 1, 2021, CDC transitioned from monitoring all reported vaccine breakthrough cases to focus on identifying and investigating only hospitalized or fatal cases due to any cause. This shift will help maximize the quality of the data collected on cases of greatest clinical and public health importance."*

Autopsy on Vaccinated Man Raises Questions

The case[33] of an 86-year-old man who died after his first dose of the mRNA COVID-19 injection, but before he received the second, is posing questions about the safety, side effects, immunogenicity and possibility of antibody-dependent enhancement (ADE) after receiving just one dose.

Writing in the International Journal of Infectious Diseases, study authors said the man died from acute renal and respiratory failure. Although he tested positive for the virus two days before he died, his autopsy attributed his death to acute bronchopneumonia and tubular failure. "These results might suggest that the first vaccination induces immunogenicity but not sterile immunity," study authors said.

In a Twitter feed, however, at least one doctor[34] questioned the circumstances under which the patient died, and suggested that the vaccine may set the stage for antibody dependent enhancement (ADE). ADE occurs when antibodies help a virus infect cells, rather than

prevent it.

"This is a very important case, as it highlights the difference in the body's immune response to sarscov2 after vax but before fully neutralizing titers," AMM MD tweeted. "It also makes me wonder if this isn't what is happening in breakthrough covid cases (develop covid months after complete vaccination, when immunity is waning). This could all serve as evidence for antibody dependent enhancement."

What Can You Do if Someone You Love Dies Unexpectedly?

If someone you love dies unexpectedly after receiving the COVID shot, you have the right to ask for an autopsy. The medical examiner for your county is charged with maintaining public health.

If your loved one had no previous underlying medical conditions, there's a higher likelihood you can convince the medical examiner to do an autopsy that may reveal how the genetic therapy affected the vascular and organ systems of your loved one.

If you or a loved one received the vaccine and you're looking for information on how to protect yourself, please watch the video above. If you don't have a chance to watch it in its entirety search for it or bookmark it on BitChute under "How Covid-19 Shots Might Reduce Lifespan — Drs. Vladimir Zelenko And Joseph Mercola" In the interview we talk about the acute, subacute and long-term risks associated with the shot.

As you may know, this article will no longer be available 48 hours after being published. I would encourage you to copy and paste the information so you can share it with friends and family. Although I've published several steps you can take to help protect your health, because the information is no longer freely available, I'll share a list here:

- In the first three months after the shot there is a higher risk of blood clots. A natural anticoagulant with great promise is n-acetyl cysteine (NAC), as it has anticoagulant[35] and antithrombotic effects.[36] This means it prevents clots and breaks up those that have formed.
- In the subacute phase it's important to avoid antibody dependent enhancement (ADE). The key is to implement a prophylactic protocol. Any symptoms of upper respiratory infection should be treated immediately. COVID is a multiphase disease. The first phase lasts five to seven days and is most easily treated. After Day 7, it typically progresses to the inflammatory phase, which requires different treatment.
- A combination of a zinc ionophore such as quercetin, hydroxychloroquine or ivermectin, plus zinc is an important component of early treatment and prevention. If you want to use either hydroxychloroquine or ivermectin and live in a state that restricts their use, look for online telehealth options.

  The American Frontline Doctors is one resource. Most only charge $90 for a consultation and you will be able to get the prescription that you need. Do not use Ivermectin from veterinary sources as it may be contaminated and is not designed for human use.

- Optimize your vitamin D level in the range of 60 ng/mL to 80 ng/mL year-round.

After a blood test to determine your current level, consider the Grassroots calculator to determine the necessary dose.

- Vitamin C is another important component, especially if you're taking quercetin, as they have synergistic effects. To effectively act as a zinc ionophore, quercetin needs vitamin C.

The take-home message here is that if you've gotten the jab, consider yourself high risk for COVID and implement a daily prophylaxis protocol. This means optimizing your vitamin D, and taking vitamin C, zinc and a zinc ionophore daily, at least throughout the cold and flu season.

It would also be useful to do a daily sauna, ideally one that can heat up to 170 degrees Fahrenheit. Additionally, nebulized hydrogen peroxide may help. If you would like to watch a video on this protocol, you can view all of them here on Substack. If you're having post-vaccination symptoms, you could consider:

- Low-dose interferons such as Paximune, to stimulate your immune system
- Peptide T (an HIV entry inhibitor derived from the HIV envelope protein gp120; it blocks binding and infection of viruses that use the CCR5 receptor to infect cells)
- Cannabis, to strengthen Type I interferon pathways, which are part of your first line of defense against pathogens
- Dimethylglycine or betaine (trimethylglycine) to enhance methylation, thereby suppressing latent viruses
- Silymarin or milk thistle to help cleanse your liver

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Notes

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