



Covid Lies: Autopsies, PCR Test, Cause of Death and Hospital Protocols

Description

“Ignoring this and hoping it will go away is naïve and very dangerous for us all. The perpetrators have not gone away and will likely return in the fall. I expect this year or the next will see them assume totalitarian tyranny, if we have not, before then, ‘inoculated’ important stakeholder groups to understand what has happened so far and cautioned them to be alert to the many potential presentations of the next fear-provoking episode.” – Dr. Mike Yeadon, 10 April 2022

Although not all central, there are a large number of ancillary points that reinforce Dr. Yeadon's conclusions. He assembled some of these points, “additional observations,” and included them towards the end of his paper titled '[The Covid Lies](#)'.

Dr. Yeadon's additional observations include fraud assessed; fraud rehearsed; autopsies; PCR test; cause of death; hospital protocols; experimental vaccines; revised definitions; bizarre statements; boosters and antibodies; Neil Ferguson's track record; and, prescient testimonies. “This list is not exhaustive,” he wrote.

This article relates to Dr. Yeadon's additional observations: autopsies; PCR tests; cause of death; and, hospital protocols.

Autopsies

“Why were autopsies strongly discouraged worldwide in 2020 and still today? My conclusion is that this was to cover up the lack of Covid-19 deaths. [After vaccination](#), a large fraction of deaths have been judged to be due to the vaccines, and the lack of autopsies covers them up, too.” – Dr. Mike Yeadon, *The Covid Lies*

In December 2021, during the [Doctors for Covid Ethics Symposium II](#), Professor Sucharit Bhakdi explained why Covid injections cannot protect against infection.

A fundamental mistake underlying the development of the Covid “vaccines” was to neglect the functional distinction between the two major categories of antibodies which the body produces in order to protect itself from pathogenic microbes.

The first category (secretory IgA) is produced by immune cells (lymphocytes) ... The second category of antibodies (IgG and circulating IgA) occur in the bloodstream.

Vaccines that are injected into the muscle – i.e., the interior of the body – will only induce IgG and circulating IgA, not secretory IgA. Such antibodies cannot and will not effectively protect the mucous membranes from infection by SARS-CoV-2.

[*On COVID vaccines: why they cannot work, and irrefutable evidence of their causative role in deaths after vaccination, Doctors for COVID Ethics, 15 December 2021*](#)

Prof. Bhakdi also explained why the vaccines can trigger self-destruction – a self-to-self attack, autoimmune or auto-attack.

A natural infection with SARS-CoV-2 (coronavirus) will in most individuals remain localised to the respiratory tract.

In contrast, the vaccines cause cells deep inside our body to express the viral spike protein, which they were never meant to do by nature. Any cell which expresses this foreign antigen will come under attack by the immune system, which will involve both IgG antibodies and cytotoxic T-lymphocytes. This may occur in any organ. We are seeing now that the heart is affected in many young people, leading to myocarditis or even sudden cardiac arrest and death.

[*On COVID vaccines: why they cannot work, and irrefutable evidence of their causative role in deaths after vaccination, Doctors for COVID Ethics, 15 December 2021*](#)

Dr. Arne Burkhardt, a pathologist, performed autopsies and histopathologic analyses on 15 people who died after vaccination. At the Symposium he presented his findings.

Histopathologic analysis shows clear evidence of vaccine-induced autoimmune-like pathology in multiple organs. That myriad adverse events deriving from such auto-attack processes must be expected to very frequently occur in all individuals, particularly following booster injections, is self-evident.

Beyond any doubt, the injection of gene-based COVID-19 vaccines places lives under the threat of illness and death. We note that both mRNA and vector-based vaccines are represented among these cases, as are all four major manufacturers.

[*On COVID vaccines: why they cannot work, and irrefutable evidence of their causative role in deaths after vaccination, Doctors for COVID Ethics, 15 December 2021*](#)

Read more: [‘Lymphocytes Amok’ Post-Covid Injection Is Very Alarming, Says Pathologist](#) and [Prof. Sucharit Bhakdi: The Vaccines Do Not Work and The Fear Is They Will Cause a Massive Self-To-Self Attack](#)

PCR Test

“The Nobel-prize-winning inventor of the PCR test, Dr. Kary Mullis, stated definitively that PCR **must not be used to diagnose** viral illnesses. On what basis, therefore, were “cases” determined purely by the results of this one test, much disputed as to its appropriateness?”
– Dr. Mike Yeadon, *The Covid Lies*

“Kary Mullis explains why his PCR test is not a diagnostic test.”

“Kary Mullis explains why his PCR test is not a diagnostic test.”

If the video above is removed from YouTube you can watch it on Brand New Tube [HERE](#).

Related: [Pandemic would end tomorrow if they stopped using the PCR test](#)

Cause of Death

“A death from any cause, within 28 days of a positive test for SARS-CoV-2, is recorded as a “Covid death”. It’s absurd—we have never assigned cause of death like this before, ever. The effect of untrustworthy PCR tests and the arbitrary assignment of a dubious “positive” as somehow causative of death has been a very effective way to fool and frighten people. Most do not know that there are literally scores of viruses, even common cold viruses, which can infect human airways, some of which—in elderly and infirm people—can give rise to severe illness.” – Dr. Mike Yeadon, *The Covid Lies*

Hospital Protocols

Hospital treatment protocols, where I have explored them, Dr. Yeadon wrote, look designed to kill:

- In the UK, the pathway starts with everyone being tested with untrustworthy PCR tests, which are applied repeatedly for an inpatient. Given that 2% of hospital admissions end in a hospital death, repeated poor testing guarantees a lot of “Covid deaths”.
- A patient “diagnosed” as “positive” Covid is then placed in isolation, and visitors are not allowed until the patient is moribund.
- A standard treatment involves intravenous midazolam (a benzodiazepine used for sedation) and morphine from a syringe driver, at doses up to 10 times greater than advisable for a patient capable of breathing unaided. This often results in respiratory failure and either immediate death or mechanical ventilation, accompanied by withdrawal of all care; of course, these patients then expire. It’s murder.

In the UK, we have documentary evidence that the UK National Health Service (NHS) stockpiled a

year's supply of midazolam by ordering it normally but banning 2019 prescriptions. By April 2020—over no more than two months—the entire supply was exhausted. Another year's supply was then bulk-purchased from a generics company in France, cleaning out their stock.

Related: [Clare Wills Harrison: Midazolam Orders and The Liverpool Care Pathway](#)

Something similar occurred in US hospitals, with ramped-up cash bonuses for each stage passed, up to and including mechanical ventilation.

Related: [Remdesivir Causes Renal Failure, Hospital Protocols Are Killing People](#)

Mechanical ventilation is rarely appropriate because Covid-19 is NOT an obstructive lung disorder. Blood oxygen desaturation is best addressed using non-invasive masks with elevated oxygen levels. When hospitals tried this in Italy in February 2020, they ceased mechanical ventilation within a week, so stark were the differences in outcomes; that is, most ventilated patients died, while most masked patients survived. Apparently, the method of treatment the Italian health care providers had been given from “colleagues in Wuhan” was what they called “the Wuhan protocol”. In this, the guidance given was that the sooner they sedated and ventilated an agitated patient, the better the patient's chances. This was a lie. Panicked patients needed anxiolytics (anti-anxiety drugs) and an oxygen mask, but instead, they were killed.

Source

Dr. Mike Yeadon wrote a paper titled ‘[The Covid Lies](#)’ which was published on the [Doctors for Covid Ethics](#) website. This paper is a working draft dated 10 April 2022.

At 31 pages long the paper is longer than most would read in one sitting. As it details vital information for all of us, we are republishing his paper in more easily digestible portions in a series of articles, one each day. This is the ninth in our series, ‘Covid Lies’, and covers topics included in the section of Dr. Yeadon's paper titled ‘*Additional Observations*’.

You can read Dr. Yeadon's full paper by following this [LINK](#).

posted by Rhoda Wilson

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Date Created

05/29/2022