

Negative Evidence: Postmortem Examinations of Post-COVID-19 Vaccine Fatalities

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Introduction

As discussed previously in connection with vaccination-related antibody-dependent enhancement (VADE), the term “negative evidence” is generally understood to mean evidence for a theory provided by the absence of something.¹ It is not the same thing as a mere absence of evidence. Rather, the lack of expected data constitutes evidence of deliberate hiding of information. Hence, in any research process negative evidence must be diligently sought by astute investigators.

This paper focuses on the unexpected paucity of autopsies in cases of deaths occurring after COVID-19 vaccination. When thousands of unexpected sudden deaths, or deaths “after a short illness” are reported in previously healthy young persons, gathering postmortem information is of substantial scientific, clinical, social, and legal importance. However, counterintuitively, despite this obvious need, available data are very scarce.

The Age of Narratives

It seems apparent that objective truth is no longer prized. We have entered the brave new era of weaponized narratives.² In the not-so-remote past there was no need for deceptive narratives. Americans could deal with reality, although it was often harsh, and they were free to exercise their inalienable rights. Reasonable happiness and prosperity were generally attainable.

Then things started to change. Few noticed as their rights were incrementally eroded, along with their prospects for attaining prosperity. Powerful elites dominated increasing areas of American life. Well-informed, free-thinking Americans might interfere with the elites’ agendas. Hence, a culture of carefully curated lies coalescing into narratives was developed. Those misleading narratives started to take over all aspects of life including science and medicine.

Deceptive narratives used by elites to gain and keep power work best on people who are unaware that they are deceived. Any reasonable person who is cognizant of being manipulated can break the magic spell of narratives. This is naturally easier said than done. Humans are afraid of uncertainty. Hence, they tend to form strong beliefs based upon opinions from what they consider to be “reliable sources”—such as recognized medical experts or supposedly objective journalists. Unfortunately, those traditionally reliable sources are no longer trustworthy.

Deceitful narratives are created by both sides of the political spectrum. The experts and journalists who claim to espouse the same political views as their target audience may also lie. The misinformation disseminated by such false allies—while different on the surface—may be as dangerous as the propaganda pushed by the opposing side.

The best way of seeking the truth in the epoch of narratives is to abandon the tendency to automatically accept any information without scrutinizing it—even if the information comes from a favored source. Instead of uncritically believing in one version of the story, one should start to assign probabilities to all its potential variants. In this process, it is necessary to

leave the comfort zone of absolute certainty. One cannot know everything all the time, and certain things will remain unknown. Yet, despite this uncertainty, one’s diligent guesstimate about what is going on will be more accurate than a made-to-order narrative prepared by manipulative experts or media.

In the tedious process of vigorously questioning the pervasive narratives, diligent attention to negative evidence is especially valuable since it allows for maximal efficiency. Collecting positive evidence by persuasively proving the falsehood of every element in the carefully crafted narrative is difficult and time-consuming. It is much easier and faster to discover the suspicious information hole: that is, to note the absence of the data that logically should be there. The lack of expected information implies strongly that it is being deliberately suppressed. For those reasons, it is important to stay focused on the negative evidence in the ongoing controversy about the dangers of COVID vaccinations.

Autopsies and Assessment of Adverse Events Following Immunization (AEFI)

The World Health Organization (WHO) defines adverse events following immunization (AEFI) as “any untoward medical occurrence which follows immunization and which does not necessarily have a causal relationship with the usage of the vaccine. If not rapidly and effectively dealt with, [an adverse event] can undermine confidence in a vaccine and ultimately have dramatic consequences for immunization coverage and disease incidence.”³ Furthermore, WHO acknowledges that “vaccine-associated adverse events may affect healthy individuals and should be promptly identified to allow additional research and appropriate action to take place.”

Collecting accurate information about AEFI allows to efficiently assess *vaccine safety signals*—that is a collection of data that can imply the existence of a plausible correlation between a vaccine and adverse reactions that were previously unknown.⁴ Emergence of this signal indicates a high probability of a novel causal association between administration of vaccine and a specific adverse event. WHO points out that pathological studies including autopsies are required to establish evidence of a causal relationship between the vaccine and its safety signal.³

No matter what one thinks about the well-known political bias of WHO, its concept of AEFI and the emphasis on pathology studies represent a common-sense approach to the issue of the safety of vaccination. In the era of COVID, formal autopsies with histopathologic examinations have been promptly confirmed as the gold standard to be used in determination of the exact cause of death and the presence of contributing pathologies in patients affected by COVID.⁵ Similarly, and in keeping with the WHO rationale, autopsies would be expected to play a role in establishing death as the ultimate adverse of COVID immunization. Moreover, postmortem exams should also be instrumental in elucidating the nature of potential nonlethal organ damage in patients who died due to other causes after being vaccinated. In other words, postmortem examinations should be the backbone of the process formally known as the

pharmacovigilance of AEFI. The term pharmacovigilance is used to denote *“the science and activities relating to the detection, assessment, understanding and prevention of adverse effects or any other medicine-related problem.”* It is an accepted and standardized methodology applied for decades and utilized by major governmental agencies such as the European Medicines Agency (EMA) and the Food and Drug Administration (FDA).^{6,7} The Vaccine Adverse Event Reporting System (VAERS) and similar self-reporting systems are supplementary tools of pharmacovigilance but not the core of it. Formal databases such as the National Electronic Injury Surveillance System—Cooperative Adverse Drug Event Surveillance Project (NEISS-CADES) and similar registries are examples of such tools.⁸

Autopsies and COVID Vaccines: Expectations versus Reality

The autopsy-based pharmacovigilance of AEFI should be same for COVID vaccines as for any other major commonly used medical modality. Surprisingly, this is not happening for some reason. The “emergency pandemic situation” could explain some initial delay of formal pharmacovigilance procedures but cannot explain long-term scarcity of data, which we continue to witness.

Logically, one would reasonably expect to see the following pattern taking place in the official medical literature regarding COVID vaccine-related autopsies. After the understandable short delay in reporting due to the after-shock effects of pandemic measures such as lockdowns and limitation of medical services, the research should start to gain momentum. Initially, scattered autopsy reports of a few cases from single centers would be expected to appear. Subsequently, a steady flow of better-quality autopsy cases including multi-center studies should follow. Next, systematic reviews and meta-analyses of published reports should become available. Ultimately, the establishment of an official formal registry of autopsies related to AEFI, run by major governmental and nongovernmental institutions, should be established. The data contained in those registries should be used by scientists to perform a variety of epidemiological modeling studies examining the adverse effects of vaccines.

Though both logic and established policies should dictate such a sequence of events, this is not what is happening. Instead of the predicted smooth flow in a crescendo pattern, we have unexpected scarcity of postmortem data and chaos in the official medical literature.

Alternative Platforms

The vacuum in the official medical literature is being filled by information of variable quality presented on alternative platforms, frequently by anonymous authors, retirees, well-intentioned laymen, or even sinister charlatans. Despite their variable quality, those reports are relevant since they indicate the possibility that there is a strong safety signal present in the post mortem data—a signal that seems to be deliberately ignored by officialdom.

It is clear that powerful officialdom is not merely uninterested in the autopsy studies focused on COVID vaccine AEFIs, but is actively suppressing data inconsistent with its preferred narrative that the COVID vaccines are safe, effective, and necessary for all.

There is an obvious power asymmetry between officialdom and the rank-and-file scientists who would dare to question the preferred narrative. Decisions about undertaking certain types of research are being made under duress and in fear of possible repercussions. Many honest researchers prefer to remain silent. Others are forced to present their data anonymously—without

an opportunity to engage in open peer-to-peer discussion. Out of necessity, the role of data presenters is assigned to individuals who have little to lose professionally—such as retired scientists or laypeople. Some of those “designated presenters” are well-intentioned individuals; others may be bad actors driven by greed or other dark agendas. This is unfortunate since the Gresham-Copernicus law, which states that “bad money drives out good money,” applies to information as well. False narratives are multiplying and obstructing the truth even more.

From the plethora of dissenting reports presented on alternative platforms, a representative example is discussed below.

The German Pathology Conferences

An event labeled by its participants as “Pathology Conference: Cause of Death after COVID-19 Vaccination” took place on Sept 20, 2021, in Reutlingen, Germany. It was followed by a similar symposium on Dec 4, 2021, in Berlin. The materials related to those meetings, including video recordings and a PDF file of the slide presentation are available on the conference webpage.⁹ This conference was led by two retired pathologists, Dr. Arne Burkhardt and Dr. Walter Lang, and interestingly by a retired professor of electrical engineering, Werner Bergholz, Ph.D., who specializes in “nanoelectronics.”¹⁰ Notable participants included activist lawyer Viviane Fischer, who was featured in a Corona.Film documentary¹¹ and who is involved in various COVID-related initiatives along with the prominent COVID vaccine skeptic attorney Reiner Füllmich.^{11,12}

The conference was not formally divided but consisted of two distinct parts: classic pathology content, which discussed the classic pathologic findings in patients who died after being vaccinated against COVID, and unorthodox forensic content, in which the participants including the nanoelectronics expert attempted to analyze the actual ingredients of the COVID vaccines—mainly using dark-field microscopy.

Classic Pathology Content

In brief, the autopsy results of 10 to 15 patients (median age 72 years, range 28–95 years) who died within a period of 7 to 180 days after COVID vaccinations were discussed. Discussion included presentation of the postmortem pathology slides and the discussants’ hypotheses. The autopsies were not performed by the presenters. They simply reviewed the documentation and slides submitted to them by various undisclosed pathologists.

Numerous details were not disclosed. For instance, presenters did not release the original digital photographs or the slides. Only the PDF file of the PowerPoint presentation including the images was made available. The past medical histories of the deceased were not presented either. This way of presenting the postmortem data lacks the expected academic rigor. Still, the issues discussed during this part of the conference were classic and routine pathology matters, which were examined using standard methods utilized by mainstream clinical pathologists.

Unorthodox Forensic Content:

In a contrast to the above, certain parts of the conference deal with issues that are not a part of the standard medical non-forensic autopsy. Namely, throughout the conference, several images were discussed, which according to speakers showed the presence of sinister-looking artifacts. Those objects were present not only in the tissues and blood of the deceased vaccinated patients but also in the vaccine itself. Dark-field microscopy was used to better visualize their structure and their alleged ability to self-propel. Those were clearly attempts

to discover the undisclosed ingredients of the COVID vaccine.

Medical pathologists are rarely if ever tasked with the structural analysis of unknown components of various materials such as drugs, foods, etc. They lack expertise and do not have the requisite equipment. Such tasks are assigned to forensic scientists. There is a plethora of literature dealing with the forensic analysis of unknown substances. There are certified commercial firms that perform sophisticated forensic analysis of unknown substances using established, reliable analytical methods from high-performance liquid chromatography (HPLC) and mass spectroscopy (MS) to Fourier-transform infrared spectroscopy (FTIR). There are international law enforcement agencies such as the European Union Agency for Law Enforcement Training (CEPOL), which produce guidelines, reviews, and bulletins on that topic. In this context, use of dark-field microscopy alone is not a valid analytical method. It was likely used because it was the only tool available to this underfunded group.

It is also notable that the conference itself was filmed in an ostentatious theatrical style, which included the use of scientific equipment as stage props.

Reception

Videos of those conferences have been posted in viral fashion on numerous social media sites. They were received with great enthusiasm by many vaccine skeptics.¹³ As expected, they were subjected to harsh criticism by vaccine proponents.¹⁴ There are two competing narratives describing those symposia. The supporters' narrative concentrated on the fact that finally some scientists dared to present important information that was considered to be taboo by officialdom. In contrast, the critics' narrative emphasized the obvious scientific deficiencies of the seminars and their pretentious theatrics.

Instead of uncritically adopting one of those narratives, let us try to assign the probability of truthfulness to each of them, considering the possibility that the truth may in the middle of those two extremes.

The Critical Narrative

The critical narrative contains elements of truth. The seminars clearly do not represent a standard way in which new scientific findings are presented within the academic community. Typically, a group of academic authors perform a carefully designed and officially funded study. The preliminary results of their research are submitted as an abstract for a prestigious national meeting. If selected for a presentation, the first author presents the data in the form of a poster or oral presentation. The input gathered from this presentation is used to write the formally structured manuscript, which is submitted to an established scientific journal to undergo the peer-review process. After passing muster in peer review, the paper is published and may be discussed and cited by the authors' fellow scientists.

The German Pathology Conferences did not adhere to this format. They were informal, not peer reviewed, and were delivered in a disorganized stream of findings and hypotheses without scientific rigor. The primary target audience appeared to be the general public and not the scientific community. Claims were made that the conference was taking place in the "Institute of Pathology," the existence of which could not be confirmed. The conference room looked like a Hollywood vision of a pathology laboratory. While the theatrical details were perhaps introduced to increase credibility with the general audience, such pretentiousness is bound to arouse suspicion in the academic community.

Are all those deficiencies highlighted by officialdom's narrative sufficient to promptly dismiss those seminars as a ludicrous hoax of no value? I think not. Many shortcomings of the symposia can be explained by the power asymmetry. The underfunded and intimidated dissident scientists simply do not have the luxury of producing work that would meet high academic standards. The participants likely had little control over the way in which their presentations were filmed and marketed. Release of the original digital photos with the metadata could jeopardize the anonymity of contributors who were reasonably afraid of being persecuted for committing "thought crimes." The metadata written into the image will show who holds the copyright; the picture's catalog number in the database; who is the registered Custodian of Records; and the exact GPS location where the image was taken, with an interactive map. Though these features are a great advance for forensics, they destroy privacy by disallowing anonymous submission of images.

The Supportive Narrative

Like the critical narrative, the supportive narrative contains a mixture of truths, exaggerations, and omissions. Many supporters of this symposium concentrate on the fact that worrisome pathologies have been found in patients who died after being vaccinated against COVID. However, those enthusiasts overlook the fact that correlation does not imply causation. It is the *Post Hoc Ergo Propter Hoc* fallacy to conclude that the deceased, recently vaccinated patient who had a demonstrable pathology has died because of the vaccine. Proving causality in medicine is a very complex and rigorous process.¹⁵ In this scenario it requires much more data collection and processing than the contributors to the pathology conference were able to deliver. As mentioned above, many deficiencies of those seminars are caused by circumstances beyond the control of their participants. However, this does not change the objective fact that the information gathered by them is insufficient. Their findings do not constitute persuasive evidence of the harm of COVID vaccines.

Analysis of the Standard Content

The critics of the conferences have spent a lot of energy on scrutinizing the obviously substandard *form* of the conference. Yet, they glossed over the substantial *content* of the seminars, such as the veracity of the interpretations of the standard pathology slides. Knowing the significance of negative evidence, this omission is an obvious red flag. The interpretation of the slides discussed at the conferences can be scrutinized by any diligent physician, even a nonpathologist. The detailed examination of every single slide is beyond the scope of this editorial. However, the most essential parts of this process will be presented here as encouragement to physicians to analyze those images themselves.

The starting point of the conference was related to the article published in the official journal of the German Medical Association *Deutsches Ärzteblatt*,¹⁶ which reported the concerns of the renowned German pathologist Dr. Peter Schirmacher¹⁷ about the impact of COVID vaccinations on mortality. This story was repeated by the German press including *Süddeutsche Zeitung*,¹⁸ one of the most popular daily newspapers in Germany.

During the conference, Dr. Burkhardt presented numerous slides, which he said represented the variety of pathologies discovered in the deceased vaccinated patients. His claims could be easily vetted by any pathologist. However, any diligent nonpathologist physician who has access to medical literature can do it too. A simple visual/textual comparison of the presented

images and interpretation with the images and description contained in the literature will suffice. This vetting process is possible since Dr. Burkhardt discussed well-described, common conditions for which the histopathological presentation is well-documented in the literature. Naturally, the help of a fellowship-trained pathologist can save a lot of time and effort.

As illustrated below, after correcting for the magnification, resolution, and type of staining, it is obvious that the vast majority of pathologies visible on the conference slides were interpreted correctly. A couple of representative examples are selected.

Figure 1 shows one of Dr. Burkhardt's slides,¹⁹ which he interpreted as post-vaccination myocarditis with lymphocytic infiltration. Findings include myofiber necrosis and lymphocytic infiltration. Figure 2 shows a case of myocarditis from the literature.²⁰

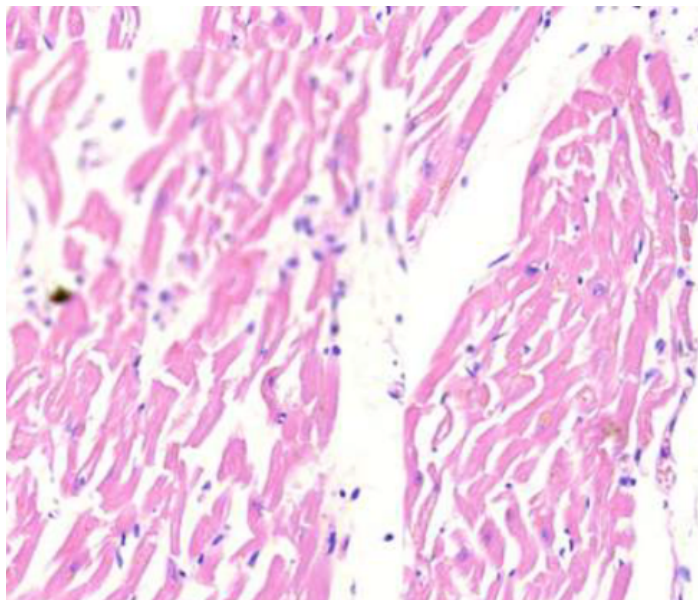


Figure 1. Magnified Portion of Slide from Dr. Burkhardt's Fall 1 (Case 1).¹⁹

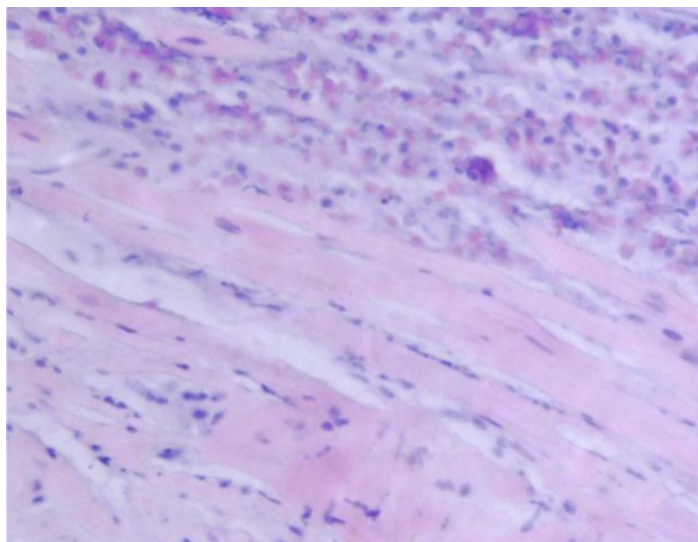


Figure 2. Endomyocardial Biopsy Specimen. Extensive eosinophilic infiltrate involving the endocardium and myocardium (hematoxylin and eosin).²¹

Figure 3 shows Dr. Burkhardt's slide demonstrating alveolitis with lymphocytic infiltration. Figure 4²² shows lymphocytic infiltration and vascular congestion.

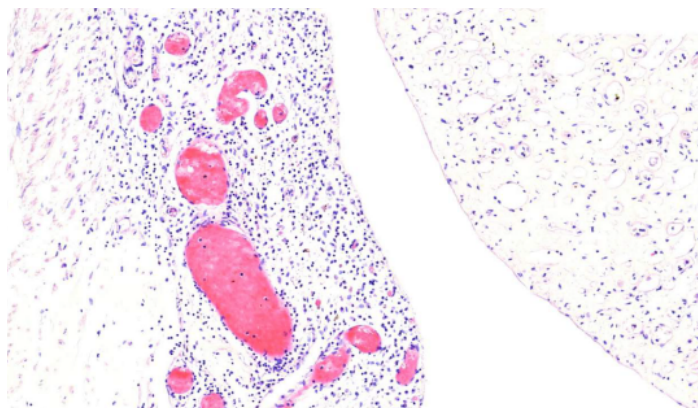


Figure 3. Alveolitis with Lymphocytic Infiltration from Dr. Burkhardt's Fall 4 (Case 4).¹⁹

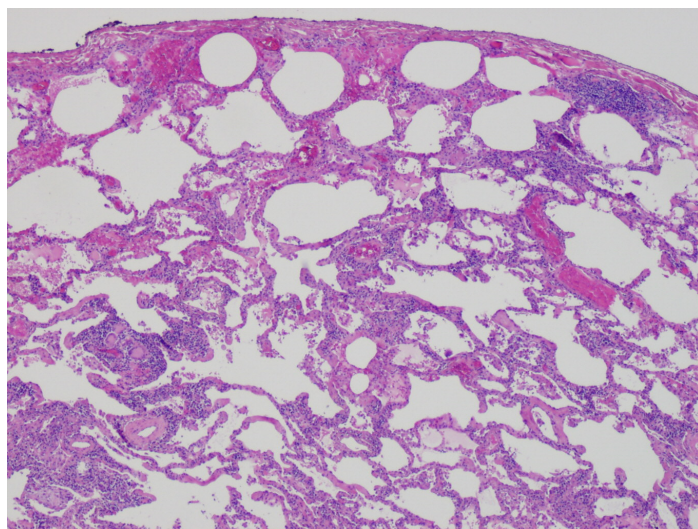


Figure 4. Lymphocytic Infiltration and Vascular Congestion in a Patient with Hypersensitivity Pneumonitis. [Cropped image of chronic hypersensitivity pneumonitis. Mutleysmith, Wikimedia Commons.]²²

In summary, the German Pathology Conference demonstrated that people who died after COVID vaccine had demonstrable histopathological changes. The correlation does not imply causation. But showing the presence of the correlation is an important first step, which no one dared to perform before.

Analysis of the Unorthodox Content

As discussed above, there are no major problems with Dr. Burkhardt's interpretation of classic pathology slides. He discussed well-described conditions, and his claims can be easily verified using the visual/textual comparison method with studies in the published literature that use the same standard procedures as he used.

This cannot be said about unorthodox content. As discussed above, medical pathologists do not generally perform forensic analysis of unknown materials due to lack of expertise. The same principle applies to the opinion of the nanoelectronics engineer. Engineers may know how to build the nanoelements and therefore how they look, but that does not make them expert in forensic analysis. Mere visual interpretation of unknown structures, even by the expert engineer, is prone to pareidolia. Pareidolia is a common psychological phenomenon characterized by the subconscious misidentification of prev-

iously unseen and unrelated objects as familiar ones. It is clear that the participants of the conference went beyond the area of their direct expertise and that this group had very limited access to standard forensic analytical methods. This leads to several problematic issues.

Namely, Dr. Burkhardt showed several slides that, he claimed, proved that unusual foreign bodies were present in vaccines. Those slides displayed a variety of box-, thread-, and crystal-shaped elements. As shown in Figure 5, the alleged crystal-shaped foreign bodies are likely cholesterol clefts, also known as athero emboli, a relatively common finding with no significance other than that they may be mistaken for foreign bodies.²³ Another example is atheroembolic renal disease.²⁴

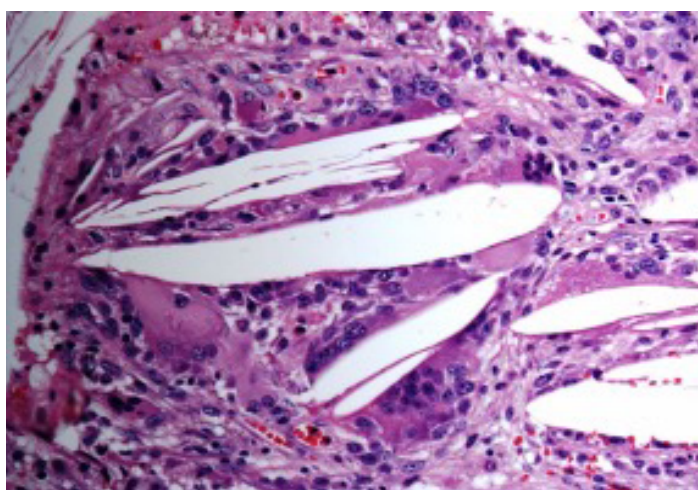
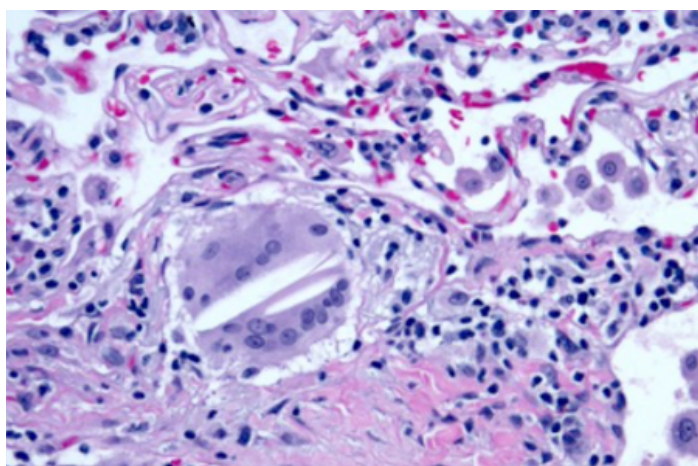
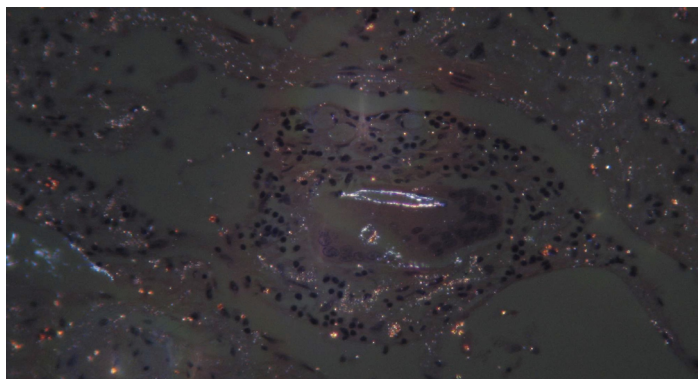


Figure 5. Crystal-Shaped Objects on Slides. A. Dr. Burkhardt's Slide Containing Crystalline Artifact.¹⁹ B. Giant cells of Hypersensitivity Pneumonitis Containing Cholesterol Clefts. [Cleveland Clinic Pathology Residency²⁵] C. Cholesterol Clefts in Cerebral Tumor. [Photo by Brian E. Moore, M.D., with permission]²⁶

Other unusually shaped inorganic elements visible on the slides are easily identifiable as common contaminants and innocent mimickers that may occasionally be seen on pathology slides.²⁷ Such contaminants include glove powder, dust particles, insect parts, cotton and synthetic fibers.²⁸ While pathology laboratories maintain protocols to minimize such accidental contaminations, they unfortunately still occur.²⁹ It is quite puzzling that an experienced pathologist would not recognize the possibility that the artifacts he discussed could represent simply accidental contamination. To be fair, the observation alone does not allow one to draw the conclusion that the observed object is a mere contamination and not something else. To make such a firm conclusion, advanced forensic analytical methodologies would need to be applied as explained above. And those were not used, likely due to the lack of funds.

The additional dark-field slides discussed by other participants are even more problematic. Of numerous such images, two representative ones are shown in Figure 6. Are these an illustration of pareidolia? We may never know for sure.



Figure 6. Mysterious Objects Seen on Dark-Field Microscopy.¹⁹ A. Is it a microscopic electro-mechanical part or a contaminant which just looks like a machine to us? B: Is this an innocent illusion or a nano chip?

The discussants seem to be convinced that both images showed in Figure 6 are electronic microchips, as that is what they seem to resemble based on the viewer's experience. Other people who have scientific expertise and who were shown the images said they resembled other things. One person claimed that image A looked like a tiny submarine; another, like a tiny pistol. Image B looked like a tiny car model to some and a crystal

to others. Simple visual appearance is not conclusive. We need specialized forensic methods.

Dark-field microscopy is a useful method of microbiology, but it makes a poor analytical tool. Because of spectacular visuals that easily impress laypersons, dark-field microscopy has been misused by various charlatans already. A classic example is the “live blood cell analysis” gimmick.^{30,31} The simple comparison method that was used to vet the standard pathology slides cannot be used here. The dark-field images are not standard histopathology slides related to common pathological conditions that can have a textbook “gold standard” to compare. Those are random or novel artifacts, which were not subjected to systematic study before.

The whole unorthodox part of the conferences is concerning. However, it does not change the fact that other much more pertinent slides were interpreted correctly.

The Meaning of the Conferences

Though the presented findings are inconclusive, the participants’ effort was not useless. They did the best they could under the difficult circumstances. They have bravely broken the taboo surrounding the adverse effects of the COVID vaccine. It is much more than what their powerful academic colleagues have done so far. Neither of the two narratives is perfectly accurate. The truth probably lies in the middle. The German conferences are neither a useless hoax nor the irrefutable proof of the dangers of the vaccinations. This is not the evidence that we need or want, but it is a useful challenge to the official experts, who are unable to respond to it in a meritorious way. And that is better than nothing. The controversy stirred by those imperfect seminars has successfully undermined the official repressive narrative. Hence it provided the impetus to pursue the truth about the side effects of the COVID vaccine.

Status of the Official Literature on COVID Vaccine AEFI-Related Autopsies

It is very easy to dismiss the less-than-perfect efforts of under-funded and professionally vulnerable scientific dissidents. However, what about the contributions of generously sponsored and established academicians to our understanding of potential side effects of the COVID vaccine? The expectations outlined above have, shockingly, not been met.

To date, a diligent search for any paper containing any autopsy-COVID vaccine data in reputable data bases (Medline, EMBASE, Scopus, Web of Science, Research Gate, and Google Scholar) have revealed only a meager number of unimpressive studies.³²⁻⁴⁶ Surprisingly, the majority of those publications are not autopsy-dedicated papers. Rather, they are morbidity-and-mortality reports containing some postmortem data. From the handful of available papers, the two most representative ones are discussed below.

An interesting but very limited report describing autopsies of two adolescent patients who died suddenly after the COVID-19 vaccination has been published by the Yale & UCONN-based research group.³⁰ The microscopic findings from the autopsies were not consistent with the alterations seen with typical COVID myocarditis but rather with catecholamine-induced heart injury. This, according to authors, might be related to vaccination-induced cytokine storm.

The authors postulated that knowledge about the instances of the atypical COVID vaccine-related myocarditis that they described may help to guide screening and therapy of COVID vaccination complications.

This paper may appear to be a minor but welcome step

in the efforts to close the mysterious negative evidence gap. However, despite its obvious implications, the authors did not dare conclude that the hastily developed COVID vaccination should not be given to apparently healthy teenagers. Such patients may have asymptomatic cardiac fibrosis, cardiac hypertrophy, congenital heart defects, or catecholaminergic polymorphic ventricular tachycardia, and a variety of other conditions, which the vaccine could potentially worsen to the point of causing sudden cardiac death syndrome. The risk/benefit ratio of vaccination is clearly not favorable here. Hence, this report written by the faculty of prestigious universities is not only very limited but its relevance is lost due to authors’ decision to avoid any statements that would contradict the prevailing narrative.

In a similarly limited paper, Schneider et al. reported the autopsy results of 18 deceased patients who were recent recipients of COVID vaccines (Vaxzevria™ in nine patients, Comirnaty™ in five, Spikevax™ in three, and Janssen in one). In 13 of those patients, the cause of death was attributed not to sequelae of AEFI but to their preexisting pathologies, even though some unexplained pathological processes were observed as well. In the remaining cases, AEFI-related mortality was considered possible but not certain.³⁴ Compared with the previous study this is an expanded but still very narrow project. Despite the larger number of cases, it can be still considered to be a mere anecdotal contribution. Moreover, the conclusions are very vague, as if the authors of this study preferred not to challenge the orthodoxy.

Those two papers represent very well the studies referenced above that originated in mainstream academia. They are typically very small studies, whose authors maneuver very hard to avoid any controversy by omitting even the most obvious conclusions if such inferences would contradict or cast doubt on the prevailing narrative.

In summary, the result of formal literature searches shows an unexpected scarcity of published papers describing autopsy-focused investigation of COVID-AEFI related mortalities and morbidities. Moreover, the authors of the papers seem to be overly cautious in making any implications about a relationship between COVID vaccination and both lethal and nonlethal pathologies observed during autopsies.

Conclusions

The lack of robust and reliable data related to postmortem pharmacovigilance in cases related to potential COVID vaccine AEFIs is negative evidence pointing towards widespread stealthy malfeasance. This situation is unacceptable. To ensure public safety, postmortem investigations on all fatalities associated with COVID-19 vaccination should be done. Autopsies should be publicly funded, carried out by independent pathologists, with results published free of authoritarian censorship that supports deceiving narratives. Pathologists must be protected against intimidation and retaliation if their reports differ from results desired by officialdom.

These retired German pathologists have thrown down the gauntlet. All who would now continue to manufacture, distribute, approve, or administer these products are ethically bound to try to refute these pathologists’ findings on the basis of rigorous autopsies of COVID-vaccinated patients.

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