

# All Organ Donors and Recipients Must Be Vaccinated

Analysis by Dr. Joseph Mercola



#### **STORY AT-A-GLANCE**

- Leilani Lutali is not taking someone's spot on the transplant list, but she and her direct donor are mandated to take the COVID shot, or she will not get the life-saving surgery
- > The hospital reasons the shot will reduce the risk of infection and death when Lutali takes antirejection drugs for the transplant, but they do not mandate the flu vaccine to reduce the risk of rejection and severe infection, or death
- Data show that there is a high percentage of transplant patients who have comorbid conditions strongly associated with severe COVID disease and death, such as obesity,
  Type 2 diabetes and chronic pulmonary disease
- > How many of the COVID deaths can be attributed to the disease or to the lack of effective treatment? Although the answer is unknowable, it is known that effective treatments are being withheld from patients and they are instead being given medication with little efficacy and dangerous consequences to kidney health

Your kidneys are essential to filter excess water and waste from your blood.¹ Chronic kidney disease (CKD) can lead to dialysis and the need for a kidney transplant to live. One woman in Colorado recently learned that the University of Colorado Health System's policy change meant she was no longer eligible for a kidney transplant.²

Conditions that damage your kidney and decrease their function are called chronic kidney disease.<sup>3</sup> Chronic kidney disease is divided into stages.<sup>4</sup> The higher the stage,

the greater the damage to the kidneys. Stages range from Stage 1 indicating mild kidney damage to Stage 5, which is just before complete failure.

Dialysis is needed when a person reaches Stage 5 kidney failure. This process helps the body eliminate waste products, salt and extra water, and helps control blood pressure. Dialysis is done in a dialysis unit or at home, depending upon the process used. However, without a kidney transplant, the average life expectancy on dialysis is between five and 10 years.

For the majority of people, a kidney transplant is the best option. Although it is not a cure for kidney disease, it can improve the quality and length of life. The United Network for Organ Sharing (UNOS) maintains the list of individuals who need any type of organ transplant, including a kidney transplant.

On average, people wait three to five years for a kidney transplant. In some areas, it can be even longer. The wait time is dependent on blood type and history of blood transfusions or transplants.

Leilani Lutali's situation became public when Colorado state Rep. Tim Geitner published the letter that Lutali received from UCHealth denying the transplant. Geitner posted a copy of the letter on Twitter without Lutali's identifying information saying, "UCHealth denies lifesaving treatment — kidney transplant — to El Paso County resident. See my FB live post @timgeitnercolorado"

## **Unvaccinated Woman Denied Direct Kidney Transplant**

Lutali met her kidney donor, Jaimee Fougner, at a Bible study. In August 2021, Lutali confirmed with UCHealth that a COVID shot was not required, but by September 28, 2021, she learned she would be denied the lifesaving transplant because she and her donor were unwilling to get the shot.

In an interview with CBS,8 we learn that Lutali has already had COVID and Fougner cannot get the shot for religious reasons, in what the news anchor called the "latest

example of someone facing severe consequences after refusing to get vaccinated for COVID."

Despite thousands of deaths and disabilities<sup>9</sup> resulting from the vaccine, another newscaster quoted UCHealth, saying,<sup>10</sup> "The hospital system says that keeping people from dying unnecessarily is kind of the point."

Hospitals have routinely placed conditions on organ transplants, hoping to extend the life of those who receive the organ. Some of these requirements include stopping smoking, avoiding alcohol, changing eating habits or taking certain vaccinations. However, with the COVID shot, Lutali clearly expresses her concern that it's still new and there are many questions about how it would affect her health. 12

Interestingly, the hospital also requires the donor to be vaccinated. They reason that a living donor could pass a COVID infection to the recipient after testing negative. <sup>13</sup> And yet, according to government officials, anyone vaccinated can pass COVID to anyone else. <sup>14</sup> Therefore, using the hospital's reasoning, it does not track that the donor must also be vaccinated.

Lutali is receiving a direct donation and is not taking a kidney from the transplant waiting list. According to the Department of Health Resources and Services Administration,<sup>15</sup> there are currently 106,729 people on the waiting list and 17 people will die every day waiting for an organ transplant.

It is worth noting that while government officials and hospitals continue to call the shot a vaccine, it does not meet the definition of a vaccine by the CDC before 2021. Until September 1, 2021, the definition was:<sup>16</sup>

"A product that stimulates a person's immune system to a specific disease, protecting the person from that disease. Vaccines are usually administered through needle injections, but can also be administered by mouth or sprayed in the nose."

However, just days after the FDA approved the Pfizer shot, <sup>17</sup> September 1, 2021, the

CDC changed the definition of a "vaccine" to:18

"A preparation that is used to stimulate the body's immune response against diseases. Vaccines are usually administered through needle injections, but some can be administered by mouth or sprayed into the nose."

As you may have noticed, in this latest iteration, a vaccine is a "preparation" that:

- No longer directly stimulates the immune response, but is used to stimulate the system
- Does not produce immunity
- Stimulates the immune response against diseases, not against a specific disease
- No longer protects a person from the disease

# **Data Show Transplant Deaths Related to Comorbid Conditions**

9 News reported that the hospital released a statement saying,<sup>19</sup> "... studies indicate the mortality rate for transplant recipients who test positive for COVID ranges from 18% to 32%, compared to a 1.6% mortality rate among all people who have tested positive."

After a kidney transplant, patients must take anti-rejection drugs that have a significant impact on their innate immune system.<sup>20</sup> Children and adults are prescribed a combination of immunosuppressant medications that must be taken for as long as the kidney transplant is working.

These drugs have serious side effects, including an increased risk for all infections.<sup>21</sup> They also increase the risk for influenza infection. However, while past research has demonstrated influenza vaccination may reduce the risk of flu after a kidney transplant,<sup>22,23,24</sup> UCHealth has not mandated a flu vaccine, only a COVID shot.

One literature review<sup>25</sup> found the overall mortality rate from COVID-19 was 20% for

those who had received a transplant. However, the median age range of the patients was 66 years and the participants had other comorbid conditions often related to severe disease, including high blood pressure, diabetes, malignancy and chronic obstructive pulmonary disease.

In one prospective cohort study<sup>26</sup> in France, 5% of the participants were diagnosed with COVID. Again, the mortality rate was 24% with comorbidities that included obesity, diabetes, asthma and chronic pulmonary disease. A third study<sup>27</sup> enrolled 1,073 patients with a mean age of 60 years who had either a kidney transplant or were on dialysis.

Mortality was associated with older age in transplant patients, and with age and frailty in those on dialysis. Interestingly, one study<sup>28</sup> found factors strongly associated with mortality from COVID after a kidney transplant were demographic, clinical and social determinants, such as age, sex, body mass index, diabetes, education and socioeconomic status.

### **Religious Exemption Based on Use of Aborted Fetal Cells**

Fougher cannot get the shot for religious reasons, supported by the announcement in February 2021 by the New Orleans Archdiocese in which they stated the Johnson & Johnson vaccine was "morally compromised as it uses the abortion-derived cell line in development and production of the vaccine as well as the testing."

While the Archdiocese recommended avoiding the Johnson & Johnson vaccine, it did not have the same concerns for Pfizer and Moderna. However, other clergy disagree since abortion-derived cell lines were used in lab testing for all the vaccines. This debate has a long history that centers on using HEK293 cells that were harvested from an aborted fetus in the early 1970s.<sup>29</sup>

This is the moral dilemma that is at the basis for most religious exemptions for the vaccine. Several fact-checkers including PolitiFact,<sup>30</sup> The Associated Press<sup>31</sup> and

Snopes<sup>32</sup> have labeled this claim as false because the fetal cells are not directly in the vaccine.

However, as it turns out the fact-checkers relied on semantics when, technically, fetal cells are used during the production of certain vaccines. Several of the cell lines commonly used in vaccine development that originated from aborted fetuses include:

- HEK293<sup>33</sup> human embryonic cell line originally derived from kidney tissue obtained from a female fetus aborted in the Netherlands in 1972
- MRC5<sup>34</sup> human embryonic cell line originally derived from the lung tissue of a 14-week-old male fetus aborted in 1966
- PER.C6<sup>35</sup> human embryonic cell line originally derived from the retina of an 18-week-old male fetus aborted in the Netherlands in 1985
- WI38<sup>36</sup> human embryonic cell line originally derived from the lung tissue of a 12-week-old female fetus aborted in 1961

Some critics of abortion-derived cell lines have claimed that since the vaccines literally do not contain abortion-derived cells, the entire claim is false. In other instances, fact-checkers claim the cell lines are not original, as in the statement made in an archived article from The Washington Post,<sup>37</sup> but rather a clone.

However, the claim that the cells are clones of the original is like saying your 20-yearold or 40-year-old body is no longer your body since all the cells are copies of those when you were a baby. They are, in essence, a clone of the original.

Yet, there is virtually no difference between cells that grow and multiply in a petri dish and those that grow and multiply in your body during your lifetime. If the cells in your body are still you, then the cells in the petri dish are still those of the original aborted fetus.

It has become apparent that fact-checkers are trying to dissuade people from having a public conversation about the ethics of using abortion-derived cell lines to produce

and test vaccines.

### **How Many Deaths Attributed to Disease or Lack of Treatment?**

So how many deaths could there be that are attributable to disease or lack of treatment? The answer to this question is unknowable. At the start of 2020, doctors scrambled to find treatments that would be effective against the SARS-CoV-2 virus. If you have been reading my newsletter, you know that I have interviewed several of these experts, including Dr. Vladimir Zelenko,<sup>38,39</sup> who has been successfully treating his patient population with hydroxychloroquine and zinc.

In the video above you can see Dr. Peter McCullough's early treatment regimen at minute 53:40 that includes a nutraceutical bundle, progressing to monoclonal antibody therapy, antiinfectives like hydroxychloroquine or ivermectin, antibiotics, steroids and blood thinners.

You have also heard from Front Line care doctors, including Dr. Paul Marik who is a critical care doctor at Sentara Norfolk General Hospital in East Virginia. Marik was one of the founding critical care doctors who formed the Front Line COVID-19 Critical Care Working Group (FLCCC)<sup>40</sup> early in the pandemic.

In each case, the experiences of these physicians have demonstrated treatment protocols that have severely reduced the mortality rate in those treated. Yet, physicians who chose to use these protocols or institute early treatment for their patients experienced the unthinkable — they were being threatened with the loss of their medical license for trying to help.<sup>41,42</sup>

Hospitals were sued to use ivermectin, and the decisions were reversed.<sup>43</sup> Without hope of early or effective treatment, the public was being conditioned to wait for a vaccination. Since the U.S. rollout of the vaccine in December 2020,<sup>44</sup> through October 1, 2021, the Vaccine Adverse Event Reporting System<sup>45</sup> has recorded:

• 16,310 deaths

- 75,605 hospitalizations
- 17,619 life-threatening adverse events
- 30631 severe allergic reactions
- 23,712 permanent disabilities.

### **Approved Drugs May Be Deadly**

Instead of using drugs with a low side effect profile, the FDA<sup>46</sup> approved the use of remdesivir October 22, 2020. Remdesivir is an antiviral drug that's a nucleoside/nucleotide reverse transcriptase inhibitor.

According to the National Institutes of Health,<sup>47</sup> the drug is approved for hospitalized adult and pediatric patients 12 years and older and has emergency use authorization for hospitalized pediatric patients younger than 12 years.

This treatment protocol is not recommended by the World Health Organization that published a conditional recommendation against remdesivir November 20, 2020, which they have not rescinded.<sup>48</sup> They stated, "there is currently no evidence that remdesivir improves survival and other outcomes in these patients."<sup>49</sup>

What is important to note is that remdesivir, the only recommended treatment protocol in the U.S., has significantly damaged kidney function in past studies<sup>50,51</sup> and has not been used yet in COVID vaccine clinical trials for patients with kidney damage.<sup>52</sup>

I recommend that you proactively work to support your immune system using strategies evidence has demonstrated reduces your risk of severe disease. Should you get sick at home, there are several early treatment protocols you may consider that do not require prescription.

If you have had an organ transplant or other underlying medical condition, check with your health care professional, or a physician familiar with early treatments and your

health condition. You may find a list of telemedicine doctors at Aesthetic Advisor<sup>53</sup> or the FLCCC.<sup>54</sup> Take care to share your current medical history and ensure the drugs being prescribed are safe for your situation.

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