

Forced to Get Vaccine to Remain on Lung Transplant List, 49-Year-Old Who Survived COVID Dies after Second Moderna Shot

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In an exclusive interview with The Defender, Amy Bolin said in order to be approved for a double-lung transplant, her husband had to be fully vaccinated for COVID even though he’d had the virus and recovered. After his second Moderna shot, he developed a pulmonary embolism and heart condition and died before he could get new lungs.

A 49-year-old Texas man who recovered from [COVID](#) — but was required to be fully vaccinated against the virus before being approved for a life-saving lung transplant — died when he developed a pulmonary embolism and heart issues after his second Moderna vaccine.

In an exclusive Interview with [The Defender](#), the man’s wife, Amy Bolin, said there was no reason her husband, Bobby Bolin, should have been forced to get the vaccine.

“In the medical field, your goal is supposed to be to improve and save people’s lives, and instead you’re giving them one option — you either do this or you can’t get a life-saving transplant,” Amy said.

Amy said her husband had no choice. “He knew that without lungs he was not going to live because his lungs were failing him. But look at what happened by making that choice.”

After his second [Moderna shot](#), received on April 17, Bolin developed a pulmonary embolism and [atrial fibrillation](#) — a heart condition characterized by an irregular heartbeat, shortness of breath, chest pain and extreme fatigue. His health rapidly deteriorated and he passed away Aug. 20, before receiving new lungs.

Bolin had [COPA syndrome](#), a rare genetic autoimmune disorder.

“The side effect from the disease was an attack on his lungs, and he was at 15% lung

capacity when he was being evaluated for a double-lung transplant,” Amy said.

Bolin started the evaluation process for new lungs in September 2020.

“During that process, they discovered he had a blockage in his main artery and a couple of other arteries so he had to have a stent procedure done in September,” Amy said.

The evaluation process was halted because Bolin was required to take blood thinners after the procedure.

Once Bolin was finally approved for new lungs, he was told he would have to get vaccinated against COVID in order to be an eligible candidate for the transplant, even though he had already recovered from the virus.

“Our entire family actually came down with COVID in December 2020,” Amy said. “When that happened for Bobby, he was immediately given the antibody transfusion. His transplant team was certain that because of his minimal lung capacity this would be certain death for him, but he didn’t really have any side effects from it. A loss of smell was all that really lingered for him.”

When Amy learned her husband would be required to get the COVID vaccine, she “pushed back pretty hard with the transplant team.” She said she didn’t understand why the team would force a COVID vaccine on her husband without first testing his antibodies.

“It didn’t make sense to me,” Amy said. “He was extremely immunocompromised. He even struggled to take the [flu shot](#), and we even fought the team about that because he would end up in the ICU every time it was given to him.”

Amy said:

“Unfortunately, he was desperate. He was very sick. He was not feeling well. The thought of taking this vaccine or not having the opportunity to have a chance at living was not something that he was willing to gamble with, so he agreed to take it.”

Bolin got his first dose of Moderna on March 20. He didn’t experience any effects outside of “typical achiness and feeling a little run-down,” Amy said, though he generally didn’t feel well due to his symptoms, so it was hard to tell if he was experiencing an [adverse event](#) or if it was part of his condition.

Shortly after he got the second dose, Amy and her husband took a three-day trip to Jamaica.

“It was going to kind of be our last hurrah knowing we were about to face a very big life change,” Amy said. “When you’re on the transplant list you can’t be more than an hour away from home. We felt like we needed to get away to reconnect and have some ‘us’ time before life got really crazy.”

On the way back from Jamaica, Bolin experienced a pulmonary embolism while in flight. According to Mayo Clinic, a [pulmonary embolism](#) is a life-threatening condition where a blockage caused by [blood clots](#) occurs in the pulmonary arteries of the lungs.

“All of a sudden his sats [oxygen saturation] started dropping,” Amy said. “He had a pulse oximeter on his finger, and I’m watching his oxygen levels go from 92 to 85, to 80, to 60. He dropped all the way down to the 40s, which is brain-damage level.”

Amy said they were lucky because an ICU nurse on the flight and a doctor sitting right behind them sprang into action. “They were our heroes on this flight,” Amy said.

The plane received permission to cruise at a lower altitude and made an emergency landing in Houston. The crew used oxygen tanks onboard to give Bolin pure oxygen.

Once the plane landed, Bolin was evaluated by EMTs. His sats were back to normal, so he decided not to go to the hospital because nearby hospitals were not familiar with his condition.

“A few days later we ended up in the hospital because I noticed his cognitive awareness had been impacted and he just wasn’t himself,” Amy said. During the evaluation process, they determined he had a pulmonary embolism while on the flight despite having no previous history of blood clots. They also diagnosed him with atrial fibrillation.

Amy said:

“This is a man who multiple times a year was in the hospital being observed for his lung condition and never, never ever, had they ever identified any rhythmic issues with his heart until this occurrence happens.

“And when I questioned it [the vaccine] of course it was ‘Oh no, that has nothing to do with it.’ And I said I can’t ignore the fact that the second injection just happened and now he has developed heart issues and blood clot issues that had never been present before, so why are we ruling that out so quickly rather than looking into that being a possibility, but it fell on deaf ears.”

His doctors never provided an explanation for why Bolin suddenly developed either condition. Amy said the risk of [myocarditis](#) following an mRNA vaccine was never discussed with them, despite her husband having had previous heart surgery.

Amy said her husband was in the hospital for 22 days.

“They put him on blood thinners and medication for his heart condition. When he passed away he was on 31 prescription medications, so we were just throwing medicine at him trying to figure it out and it just never got resolved,” Amy said.

Bolin had “several visits to the hospital between May and August, twice by ambulance because he got into a place where the AFib felt out of control,” Amy said. “When you have limited lung capacity and you feel like you can’t catch your breath and breathe, it just becomes a vicious circle of stress and anxiety, and again they could not figure out how to get this AFib under control.”

Amy said she doesn’t know what timeline her husband had with his organs, but she saw a complete change in him over four months’ time. “It was unfair, it was unjust and it was inhumane that he was going to sleep at night thinking — ‘what do I do here?’”

“People have the right to take the shot if that is what they think is best for them,” Amy said. “I never felt like this was best for him ... ever ever ever. And to be told again that you can either do this or not be eligible for transplant left him in a space of complete desperation — and he did it out of complete desperation.”

Amy told The Defender:

“For anyone who has an immunocompromised person in their lives, our lives did not change when COVID came about. We already lived a COVID lifestyle. We didn’t touch door handles, we didn’t go out with people who were ill, we already as a family ... take those necessary steps to protect ourselves.

“So the idea and the guilt that is being driven by all of this that we have to protect everyone else. These are people who already know how to protect themselves as best they can from things. My husband’s illness was his lungs and you can’t not breathe.”

Amy said she requested her own autopsy because she needed answers.

“It just sickens me, it really does,” Amy said. “His legacy is really important to me and I don’t want to see another wife and family face the same things we’ve faced these last few months.”

COVID vaccines are ineffective in immunocompromised people

As [The Defender reported](#) Oct. 29, the [Centers for Disease Control and Prevention](#) updated its guidance recommending immunocompromised adults [receive a fourth booster dose](#) of the Pfizer-BioNTech or Moderna COVID vaccine six months after receiving their third dose — as research shows people with compromised immune systems don’t mount an adequate immune response following vaccination.

The [purpose of the third dose](#) was to raise their immunity levels to what’s seen in people with normal immune systems after two doses.

The goal of the fourth dose is to “combat waning immunity.” It would serve the same purpose as a booster dose given to people without immune deficiencies six months after they were initially vaccinated.

Some experts are concerned about the effects of giving a fourth vaccine dose to the immunocompromised population — a practice that has not been studied for safety or efficacy, or signed off on by the U.S. Food and Drug Administration or CDC’s vaccine safety advisors.

“Dosing of COVID-19 vaccines is worrisome for accumulation of [spike protein](#) in the human body,” [said Dr. Peter McCullough](#), a consultant and cardiologist.

“With each injection, there is an uncontrolled production of the SARS-CoV-2 pathogenic spike protein which goes on for weeks or months,” McCullough said. “Recent evidence in the SARS-CoV-2 respiratory infection has found that the S1 segment of the spike protein is recoverable in human monocytes over a year after the illness.”

McCullough said the spike protein will progressively accumulate in the brain, heart and other vital organs — exceeding the rate of clearance with each dose — and is well known to

cause diseases, such as myocarditis, [neurologic damage](#) and blood clotting.

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