COVID: Breathing Ventilators, New York, Death Rate

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by Jon Rappoport
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A recent study from the Journal of the American Medical Association Network delivers numbers that should make you stop and think—

JAMA Network, April 22, 2020, "Presenting Characteristics, Comorbidities, and Outcomes Among 5700 Patients Hospitalized With COVID-19 in the New York City Area":

"Mortality rates for those who received mechanical ventilation in the 18-to-65 and older-than-65 age groups were 76.4% and 97.2%, respectively. Mortality rates for those in the 18-to-65 and older-than-65 age groups who did not receive mechanical ventilation were 19.8% and 26.6%, respectively."

Well, of course, the people who were put on ventilators were the most ill patients to begin with, right? Perhaps. We don't know that.

In any case, the numbers are shocking.

How to explain them?

I offer several clues.

CLUE ONE: A close and trusted researcher has told me the following: many older people live with chronically low oxygen levels. This may not be ideal, but they survive.

However, when such people arrive at hospitals, doctors can misinterpret the oxygen levels, believing these are dire emergency situations—and therefore, they put the patients on ventilators. With too much pressure, the result can be lung damage and death.

CLUE TWO: The now-famous New York ER doctor, Cameron Kyle-Sidell, at Maimonides Medical Center, has stated that standard ventilator protocol could be damaging and killing patients.

NY Post, April 6: "In another video posted Sunday, Kyle-Sidell described COVID-19…It is as if tens of thousands of my fellow New Yorkers are on a plane at 30,000 feet and the cabin pressure is slowly being let out'," he said in a video posted Tuesday."

"'These patients are slowly being starved of oxygen … and while they look like patients absolutely on the brink of death, they do not look like patients dying of pneumonia'."

Sidell has said the lung muscles of these patients are functioning. That is not the problem. Oxygen deprivation is the problem.

NY Post: "James Cai, a physician assistant who was New Jersey's first coronavirus patient, told The Post that he agreed with Kyle-Sidell's observations and conclusions…"

"Cai noted that the… '[lung muscle in the] COVID-19 patient works just fine. So [a] ventilator is actually doing more harm to [the] lung…thousands of thousands [of] Americans' lives are on the line!'"

CLUE THREE: Money. Insurance money. In a phone interview, physician and Minnesota state senator, Scott Jensen, told me that hospitals, who are suffering very deep financial losses, are incentivized by Medicare to label as many patients as possible "COVID-19," and to put them on ventilators.

Jensen stated that a patient on Medicare, diagnosed with straight pneumonia, would bring a $4600 payment to the hospital. The same patient, labeled “COVID-19 pneumonia,” would bring $13,000. And if that patient is put on a ventilator: $39,000.

Result? Patients unnecessarily put on ventilators. With the wrong protocol, harm and death could result.

CLUE FOUR: In New York, there are many elderly and very ill people, suffering from long-term conditions that have nothing to do with an epidemic. They have been treated for years with toxic drugs and toxic vaccines. They already have lung problems. Massive propaganda about the COVID virus terrifies them. They believe they might be “infected.” They’re also afraid their neighbors might report them to the authorities if they cough at night. They come to hospitals. There, in the midst of a foreign environment, they’re confused and even more scared. Diagnosed with COVID, put on ventilators, isolated from family and friends, they give up and die.

There is one more factor that has been overlooked. It involves the “high-altitude sickness” in patients. Oxygen deprivation. Some people have explained this as an effect of the recent rollout of 5G technology.

Here, from a CDC FAQ about 2003 SARS—yes, I said 2003—is a brief quote: “After 2 to 7 days, SARS patients may develop a dry, nonproductive cough that might be accompanied by or progress to a condition in which the oxygen levels in the blood are low (hypoxia).”

So unless the CDC is retrospectively rewriting history, straight oxygen deprivation (hypoxia) is not a recent development.

WebMD describes hypoxia: “Hypoxemia (low oxygen in your blood) can cause hypoxia (low oxygen in your tissues) when your blood doesn’t carry enough oxygen to your tissues to meet your

body’s needs. The word hypoxia is sometimes used to describe both problems.”

WebMD lists a number of causes: asthma attack; trauma (injury); COPD; emphysema; bronchitis; pain medicines, “and other drugs that hold back breathing”; heart problems; anemia, “a low number of red blood cells, which carry oxygen.”

Among the drugs that can cause the oxygen deprivation known as hypoxia? From drugabuse.com: “…opiate [opioid] drugs also slow your breathing…and in case of an overdose, your breathing is slowed to a virtually non-existent and lethal level.”

Is anyone looking into that, in New York?

More from drugabuse.com: “In the U.S., a whopping 44 people die each and every day as a result of respiratory arrest brought on by prescription opioid overdose. The opioids depress your breathing, bring on heavy sedation and make it impossible to wake up. What’s more, the opioids found in painkillers are the same ones found in heroin, which caused over 8,000 overdose deaths in 2013.”

From Medscape, there is more: “Life-threatening breathing difficulties can occur in patients who use gabapentin or pregabalin with opioids or other drugs that depress the central nervous system, as well as those with underlying respiratory impairment and the elderly, the US Food and Drug Administration (FDA) warned in a drug safety communication issued today.”

2018 estimate of deaths from opioid overdoses in New York: 3000. Many more people in the New York area are addicted to these drugs. In New York State, in 2017, the number of people discharged from hospitals, after treatment for opioid overdose or dependency: 25,000.

In 2020, still more people who have developed opioid hypoxia would be missed, because they are diagnosed with “COVID-19

lung problems.” Some of these people would be put on ventilators—ignoring the need to deal with their overdose, their addiction, their withdrawal—and they would die.

New York City, opioids, heroin, severe breathing problems, hypoxia.

None of the clues I’ve listed requires the existence or transmission of a purported coronavirus.

Note: In the near future, I hope to publish updated information from the extraordinary environmental researcher, Jim West, who has been documenting the effects of pollution in the New York area for 20 years.

SOURCES:

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