

# Dispatches From the War: The Killing Fields of New York; Putting Cuomo and Trump on Notice

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*Note: this is a re-publication of an article I wrote several months ago. The subject has dropped off the radar. I'm bringing it back. Nothing has been done to remedy the tragedy and the crimes detailed below.*

by [Jon Rappoport](#), [No More Fake News](#)

August 28, 2020

BREAKING UPDATE—GreenMedInfo and GatewayPundit are reporting the CDC has quietly revised its COVID US death numbers. Instead of 161,000 deaths, the actual number is less than 10,000, in the category of “died from the virus and no other causes.”

GreenMedInfo: “The implications of this are jaw-dropping, confirming what so many of us have been saying for months, namely, the death stats have been overinflated, likely by several orders of magnitude. The CDC surreptitiously updated their COVID death statistics on August 26th, with astounding implications, namely, less than 10k of the 161k people the CDC has said ‘died from COVID’ were classified as having been killed by COVID-19 alone. The rest had 2-3 additional causes of death, the vast majority of which were chronic diseases indicative of poor health which long pre-existed this event. Sources:”

[www.cdc.gov/nchs/nvss/vsrr/covid\\_weekly/#Comorbidities](http://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/#Comorbidities)

[data.cdc.gov/NCHS/Conditions-contributing-to-deaths-involving-corona/hk9y-quqm](https://data.cdc.gov/NCHS/Conditions-contributing-to-deaths-involving-corona/hk9y-quqm)

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A study from the Journal of the American Medical Association Network delivers stunning numbers that should make you stop in your tracks—

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 [breathing] 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 breathing ventilators were the most ill patients to begin with, right? That’s an unwarranted assumption. And only medical lunatics would continue to apply ANY treatment to a defined group with the staggering kill-rates quoted in the study.

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 sedate the patients and put them on ventilators. The patients die.

Then there is 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 and murderously put on ventilators.

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." Then they ARE diagnosed with COVID, isolated from family and friends, and they they give up and die. Prematurely. Their deaths are BROUGHT ON AND FORCED by the COVID diagnosis and the isolation. And, in many instances, by ventilators.

NO VIRUS NEEDED.

These old people? Using worldometers.info for data, as of May 13, those 65 and older account for an astonishing 73.6 percent of all COVID deaths in New York.

The 75 and older group accounts, all on its own, for 48.7 percent of all COVID deaths in the city.

NO VIRUS NEEDED.

There is more to say about the issue of hypoxia (low oxygen levels in the blood of patients). A number of patients in New York have mystified ER doctors because they show up with this condition.

WebMD lists a number of obvious causes for hypoxia: 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.”

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, people who have developed opioid hypoxia are misdiagnosed with “COVID-19 lung problems.” Some of these people would be sedated further, put on ventilators—ignoring the need to deal with their overdose, their addiction, their withdrawal—and they die.

New York City, opioids, heroin, severe breathing problems, hypoxia, ventilators with sedation, death.

None of this requires the existence or transmission of a purported coronavirus.

And hypoxia can be alleviated with oxygen delivered through means other than ventilators.

Of course, the governor of New York, Cuomo, has opted to order tens of thousands of ventilators for his State, in order to “save lives.”

Trump, too, has taken emergency action to produce and provide more ventilators for America. Make death great again.

#### SOURCES:

[jamanetwork.com/journals/jama/fullarticle/2765184](https://jamanetwork.com/journals/jama/fullarticle/2765184)

[nypost.com/2020/04/06/nyc-doctor-says-coronavirus-ventilator-settings-are-too-high/](https://nypost.com/2020/04/06/nyc-doctor-says-coronavirus-ventilator-settings-are-too-high/)

[www.cdc.gov/sars/about/faq.html](https://www.cdc.gov/sars/about/faq.html)

[www.webmd.com/asthma/guide/hypoxia-hypoxemia#1](https://www.webmd.com/asthma/guide/hypoxia-hypoxemia#1)

[drugabuse.com/take-my-breath-away-a-deadly-warning-about-opiates/](https://drugabuse.com/take-my-breath-away-a-deadly-warning-about-opiates/)

[www.medscape.com/viewarticle/922932](https://www.medscape.com/viewarticle/922932)

[www.health.ny.gov/statistics/opioid/data/pdf/nys\\_opioid\\_annual\\_report\\_2019.pdf](https://www.health.ny.gov/statistics/opioid/data/pdf/nys_opioid_annual_report_2019.pdf)

[blog.nomorefakenews.com/2020/04/12/state-senator-and-doctor-exposes-medicare-payouts-for-covid-19-patients/](https://blog.nomorefakenews.com/2020/04/12/state-senator-and-doctor-exposes-medicare-payouts-for-covid-19-patients/)

[www.worldometers.info/coronavirus/coronavirus-age-sex-demographics/](https://www.worldometers.info/coronavirus/coronavirus-age-sex-demographics/)