More Non-Virus Causal Factors in “Epidemic Cases” — Hospitals

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by Jon Rappoport
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As my long-time readers know, since 1987 in my investigations of fake epidemics, I’ve deployed the strategy of finding actual causes of illness and death that have nothing to do with the latest and greatest hype about a “new virus” creating widespread harm.

In other words, I show there is no need to invoke a novel and unproven virus, in order to explain the so-called epidemic effects.

I have been doing that all along during this false COVID pandemic (full archive here).

In today’s episode of medical worshipers go crazy and virus fakery, let’s go to the hospitals to find yet more NON-VIRUS causes of illness and death in supposed “coronavirus patients.”

Three questions:

If hospitals are overwhelmed with patients, as night follows day it must be the coronavirus. Right?

WRONG.

If patients are on breathing ventilators, as night follows day their problem must be the coronavirus. Right?

WRONG.

If patients are being put on ibuprofen, as night follows day their problem must be the coronavirus. Right?

WRONG.

Before I explain what "wrong" means in each instance, an overview of hospital care in the US is instructive. The reference is Journal of the American Medical Association, July 26, 2000, Dr. Barbara Starfield, a revered public health expert at the Johns Hopkins School of Public Health. Starfield's review was: *"Is US Health Really the Best in the World?"* She blows the whistle on her own elite colleagues and vast numbers of other medical providers. Among her findings:

Annual number of deaths caused by mistreatment and errors in US hospitals: 119,000.

This should give pause for thought. Instead of blithely assuming that so-called coronavirus patients who die in hospitals are dying from the virus, consider the effects of care IN the hospitals.

Now let's get to the three questions I asked above. What about overwhelmed hospitals? Surely, this must mean coronavirus cases are the cause, right? What else could it be? Overwhelmed hospitals are a new phenomenon, paralleling the rise of COVID, right?

Here, from Time magazine, is a sample report from 2018, long BEFORE COVID supposedly emerged. "Hospitals overwhelmed by flu patients are treating them in tents":

"The 2017-2018 influenza epidemic is sending people to hospitals and urgent-care centers in every state, and medical centers are responding with extraordinary measures: asking staff to work overtime, setting up triage tents, restricting friends and family visits and canceling elective surgeries, to

name a few.”

“’We are pretty much at capacity, and the volume is certainly different from previous flu seasons’,” says Dr. Alfred Tallia, professor and chair of family medicine at the Robert Wood Johnson Medical Center in New Brunswick, New Jersey. ‘I’ve been in practice for 30 years, and it’s been a good 15 or 20 years since I’ve seen a flu-related illness scenario like we’ve had this year’.”

“Tallia says his hospital is ‘managing, but just barely,’ at keeping up with the increased number of sick patients in the last three weeks. The hospital’s urgent-care centers have also been inundated, and its outpatient clinics have no appointments available.”

“The story is similar in Alabama, which declared a state of emergency last week in response to the flu epidemic. Dr. Bernard Camins, associate professor of infectious diseases at the University of Alabama at Birmingham, says that UAB Hospital cancelled elective surgeries scheduled for Thursday and Friday of last week to make more beds available to flu patients.”

“’We had to treat patients in places where we normally wouldn’t, like in recovery rooms,’ says Camins. ‘The emergency room was very crowded, both with sick patients who needed to be admitted and patients who just needed to be seen and given [toxic] Tamiflu’.”

“In California, which has been particularly hard hit by this season’s flu, several hospitals have set up large ‘surge tents’ outside their emergency departments to accommodate and treat flu patients. Even then, the LA Times reported this week, emergency departments had standing-room only, and some patients had to be treated in hallways.”

“The Lehigh Valley Health System in Allentown, Pennsylvania, set up a similar surge tent in its parking lot on Monday, in

response to an increase in patients presenting with various viral illnesses, including norovirus, respiratory syncytial virus (RSV) and the flu. ‘We’ve put it into operation a couples times now over the last few days,’ said a hospital spokesperson. ‘I think Tuesday we saw upwards of about 40 people in the tent itself’.”

“Many hospitals are also encouraging visitors to stay away. Kaiser Permanente Los Angeles Medical Center announced last week that it was temporarily restricting visits from children 14 and under and anyone with flu symptoms. ‘This measure is to prevent unnecessary spread of influenza and to protect you, our patients, and our staff,’ the health system posted on Facebook.”

“Loyola University Health System in Chicago—which set a hospital flu-activity record of 190 confirmed cases between January 7 and 13—has also instituted similar visitor restrictions, although a spokesperson for the hospital says it’s a standard precaution for flu season. Loyola also requires all employees to receive a mandatory flu shot, a policy it started in 2009.”

“In Fenton, Missouri, SSM Health St. Clare Hospital has opened its emergency overflow wing, as well as all outpatient centers and surgical holding centers, to make more beds available to patients who need them. Nurses are being ‘pulled from all floors to care for them,’ says registered nurse Jennifer Braciszewski, and are being offered an increased hourly rate to work above and beyond their normal schedules. Many nurses have also become sick, however, so the staff is also short-handed…”

—All this, before 2019. Before the “epidemic.”

You can find other stories of such hospital problems. In Italy, for example, before the “epidemic,” the waiting lists for hospital appointments could stretch out for

months—revealing the whole system was heavily stressed, already overburdened, and short-staffed before the latter part of 2019.

Second question: If patients are on breathing ventilators, as night follows day their problem must be the coronavirus. Right?

Not necessarily. For example, what about potential adverse effects of the ventilators themselves? From the US National Institutes of Health, here is a list of those effects. As you read them, keep in mind that many hospital patients entering the wards already have pneumonia (and, of course, breathing problems):

“One of the most serious and common risks of being on a ventilator is pneumonia. The breathing tube that’s put in your airway can allow bacteria to enter your lungs. As a result, you may develop ventilator-associated pneumonia (VAP).”

“The breathing tube also makes it hard for you to cough. Coughing helps clear your airways of lung irritants that can cause infections.”

“VAP is a major concern for people using ventilators because they’re often already very sick. Pneumonia may make it harder to treat their other disease or condition [like PNEUMONIA].”

“…Using a ventilator also can put you at risk for other problems, such as:
* Pneumothorax (noo-mo-THOR-aks). This is a condition in which air leaks out of the lungs and into the space between the lungs and the chest wall. This can cause pain and shortness of breath, and it may cause one or both lungs to collapse.
* Lung damage. Pushing air into the lungs with too much pressure can harm the lungs.
* Oxygen toxicity. High levels of oxygen can damage the lungs.”
“These problems may occur because of the forced airflow or

high levels of oxygen from the ventilator.”

“Using a ventilator also can put you at risk for blood clots and serious skin infections. These problems tend to occur in people who have certain diseases and/or who are confined to bed or a wheelchair and must remain in one position for long periods…”

Third question: can ibuprofen cause problems?

From drugs.com, here is a list of adverse effects from Advil:

“Advil can increase your risk of fatal heart attack or stroke, especially if you use it long term or take high doses, or if you have heart disease. Even people without heart disease or risk factors could have a stroke or heart attack while taking this medicine.”
“Do not use this medicine just before or after heart bypass surgery (coronary artery bypass graft, or CABG).”
“Advil may also cause stomach or intestinal bleeding, which can be fatal. These conditions can occur without warning while you are using ibuprofen, especially in older adults.”
“You should not use Advil if you are allergic to ibuprofen, or if you have ever had an asthma attack [breathing problems] or severe allergic reaction after taking aspirin or an NSAID.”
“Ask a doctor or pharmacist if it is safe for you to take this medicine if you have:
* heart disease, high blood pressure, high cholesterol, diabetes, or if you smoke;
* a history of heart attack, stroke, or blood clot;
* a history of stomach ulcers or bleeding;
* asthma;
* liver or kidney disease;
* fluid retention; or
* a connective tissue disease such as Marfan syndrome, Sjogren’s syndrome, or lupus.”
“Taking Advil during the last 3 months of pregnancy may harm the unborn baby.Do not use this medicine without a doctor’s

advice if you are pregnant.”
“It is not known whether ibuprofen passes into breast milk or if it could affect a nursing baby. Ask a doctor before using this medicine if you are breastfeeding.”

NOTE: Antiviral drugs, given to many people diagnosed with COVID, have serious toxic adverse effects.

Getting the picture? It isn’t always the reason a person COMES to hospital which causes the worst problem. It can be what happens IN the hospital, including death. Unrelated to any purported COVID virus. And yet, the increased illness or death would be written up as a “coronavirus case.”